County: Riverside **Date Submitted** DRAFT
Project Name: Tech Suite

PLEASE NOTE: USING THIS TEMPLATE IS **OPTIONAL**. It is being provided as a technical assistance tool to staff who wish to make use of it.

An "Innovative Project" means "a project that the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports" (*California Code of Regulations, Title 9, Sect. 3200.184*). Each Innovative Project "shall have an end date that is not more than five years from the start date of the Innovative Project" (*CCR, Title 9, Sect. 3910.010*). Counties shall expend Innovation Funds for a specific Innovative Project "only after the Mental Health Services Oversight and Accountability Commission approves the funds for that Innovative Project" (*CCR, Title 9, Sect. 3905*).

The goal of this template is to assist County staff in preparing materials that will adequately explain the purpose, justification, design, implementation plan, evaluation plan, and succession plan of an Innovation Project proposal to key stakeholders, including local and State decision-makers, as well as interested members of the general public.

General regulatory requirements for Innovative Projects can be found at CCR, Title 9, Sect. 3910. Regulatory requirements for the Innovation (INN) Component of the 3-Year Program and Expenditure Plan & Annual Update can be found at CCR, Title 9, Sect. 3930. In some cases, the items contained in this **OPTIONAL** template may be ***more specific or detailed*** than those required by the regulations; you may skip any questions or sections you wish.

The template is organized as follows. Part I, Project Overview steps through a series of questions designed to identify what the County has identified as a critical problem it wishes to address via an Innovative Project, the steps the County has taken to identify an innovative strategy or approach to address that critical problem; how it intends to implement the innovative strategy or approach; what it hopes to learn and how those learning objectives relate the innovative strategy or approach to the critical problem it has identified; how it intends to address the learning objectives; and how the County intends to address any transition for affected stakeholders at the end of the time-limited project.

Part II, Additional Information for Regulatory Requirements, poses a series of questions that relate to specific regulatory requirements, either for the proposal or for subsequent reports.

I. Project Overview

1) Primary Problem

a) What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community.

Riverside has a robust, client-centered stakeholder process that offers multiple avenues for stakeholder input. These avenues include: advisory committees from each of the identified underserved communities; central and regional mental health boards; MHSA Forums held at community events; collaborative meetings and steering committees; and, our MHSA Plan update process with on-line feedback and public hearings. During the process, stakeholders continuously voiced the need for greater access to services, especially in a geographically large county with areas of significant sprawl. The feedback revealed priority for the following four populations:

1) Service to Hearing and Visually Impaired Communities

Riverside County is home to one of the two schools for the deaf in California, and as a result, Riverside County has one of the largest populations of deaf and hard of hearing individuals in the State. Model Deaf Community states, "National studies indicate that approximately 10% of the total population is deaf. In Riverside, that number is estimated to be 17%." Though traditional avenues of recruiting ASL speaking employees, having deaf and hard of hearing representation at our advisory committees and the use of ASL interpreters are unutilized to engage this population, the hearing impaired remain underserved. During our most recent Public Hearing, the visually impaired community also advocated for improved services for their unique engagement and service needs.

2) Better Outcomes for Higher Risk Populations: first onset; re-entry; FSP consumers; eating disorders; and, suicide prevention

- The State is prioritizing the detection and treatment of first onset psychosis as a State-wide standard in Prevention and Early Intervention. Research indicates that prodromal signs of the illness can be detected and early intervention can delay the disorder. Intervention can be highly effective when prescribed early with greatest success within the first 18 months of onset.

- Riverside County has one of the highest parolee populations in the State. The criminal justice reentry population is at high risk of failing to connect with behavioral health services upon discharge from jail in addition to being at high risk for homelessness. Moreover, the re-entry population has exceptionally high rates of behavioral health need. The Department of Health Care Service has Re-entry Focused Whole Person Care (WPC) Pilots; Riverside is one of four approved WPC pilots that is especially dedicated to serving individuals re-entering the community post-incarceration and that have designed programs to directly engage local jails and/or probation departments. Prevention of re-incarceration is a primary goal of service and additional tools can enhance already existing programs targeted at this population.

- Full Service Partnership (FSP) programs are designed to serve consumers who have the highest service utilization and the greatest risk for relapse. We have traditionally not done well at engaging this population and the consequences of a lack of service results in repeated arrests, acute hospitalizations, and chronic homelessness. Working with FSP clients can be challenging and adding tools to assist the consumer in his or her own wellness management may provide immediate feedback and better tailored wellness strategies that more readily meet the goals of this population.

- Improving Suicide Prevention to High Risk Populations: In Riverside County, males died at greater rates than females due to self-inflicted injury. Caucasians have the highest rate of deaths in Riverside County and California. In Riverside County, people between the ages of 45 to 84 years old die at the highest rates by suicide than other age groups. Overall, California shows the same trends for adult suicide rates. However, Riverside County's 65-84 year old population between 2003 and 2013 died at higher rates of

self-inflicted injuries most years than the overall California population. Riverside County had higher rates of non-fatal injury ER visits than California overall. Females were in the emergency room due to non-fatal self-inflicted injuries (suicide attempts) at higher rates than males. Riverside County females' ER visit rates were also higher than the overall rate for California females. In Riverside County in 2006-2010 and 2012, non-fatal self-inflicted injuries that resulted in ER visits were recorded for Caucasians at a higher rate than other races/ethnicities. However, in 2011 and 2013 the African Americans in Riverside County were treated in the ER a higher rate than Caucasians. Fifteen to 19 year olds were treated in the ER because they injured themselves at the highest rate compared to other age groups in Riverside County and California. Also, 20-24 year olds were in the ER at a high rate for self- injury both in Riverside County and California. Both of these age groupings include transitional age youth (TAY).

The reasons men don't talk about their mental health:

'I've learnt to deal with it' (40%)

'I don't wish to be a burden to anyone' (36%)

'I'm too embarrassed' (29%)

'There's negative stigma around this type of thing' (20%)

'I don't want to admit I need support' (17%)

'I don't want to appear weak' (16%)

'I have no one to talk to' (14%)

(The Priory Hospital survey, 2018)

- Better Outcomes for Consumers with Eating Disorders: Though the therapeutic professions have grown more sophisticated in serving people with eating disorders, the disorders remain challenging to treat due to the co- morbid physical health problems that result from the disorder, as well as the addictive dynamics that often fuel the disorder in secrecy. Additional self-monitoring tools that can be used in conjunction with our existing Eating Disorder program could enhance outcomes and reduce risk.

3) Better Engagement and Culturally Tailored Services to Traditionally Underserved Communities:

"…The Latino community is poised to become a major trendsetter with new forms of technology and early adoption of media use. Nielsen Media Research has observed that Latinos access media from every available platform … when compared with non-Hispanic Whites. Although Latinos may use the same technologies as non-Hispanic Whites, they tend to use them differently, with greater importance placed on cultural and linguistic factors….Given the prevalence of smartphone and mobile device use among Latinos, López and Grant suggested that cell phone–mediated interventions may prove most effective in targeting hard-to-reach populations." (Victorson, Banas, Smith et al., Am J Public Health. 2014 December; 104(12): 2259–2265)

Riverside identifies the following populations as underserved: 1) Hispanic/Latino; 2) American Indian; 3) African American; 4) Asian-Pacific Islander; 5) LGBTQ; and, 6) Deaf and Hard of Hearing. Riverside has community advisory committees for each of these communities. Riverside's PEI Plan includes the implementation of a Community Health Promoters model for each underserved cultural population, as well as, some other culturally specific intervention models chosen by stakeholders. Yet, this outreach can become even more effective with the integration of the Tech Suite, especially for people who are attracted to modern technology.

Riverside County's estimated population is 2,423,266 with a growth rate of 4.28% in the past year according to the most recent United States census data, making it the 4th-most populous county in California and the 11th-most populous in the United States. Of the underserved communities, Riverside is home to a large Latino/Hispanic population (48%) and Spanish is Riverside's only threshold language. The next large underserved ethnic groups are African American (6.4%) and Asian (6.0%). Riverside County Department of Public Health (2014) estimated the

county's LGBT population between 71,000 to 236,000 people, potentially making this community the third largest minority group in Riverside County.

4) Geographic Service Barriers to Rural and Frontier Communities:

Riverside is a diverse county consisting of metropolitan, rural, and frontier regions. According to the U.S. Census Bureau, the county has a total area of 7,303 square miles. It is the fourth-largest county in California by area. At roughly 180 miles wide in the east-west dimension, the area of the county is massive. Riverside County, California is roughly the size of the State of New Jersey in total area. For some areas, access to services can be extremely difficult due to a lack of resources and transportation issues. In small towns, limited surrounding services decrease the potential for consumer engagement due to stigma and the possibility of the town hearing about the behavioral health needs of individuals. If there is only one access point to services, anonymity and privacy are impacted.

b) Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

The introduction of joining the county collaborative with other California State counties to implement this technology across the State was appealing to our stakeholders, who also saw truly innovative strategies to use the technology to serve our unique communities. The technology allows for a county-wide implementation that can be tailored to the various population densities of each county region. The Tech Suite allows for an additional engagement tool to reach people who may typically feel uncomfortable seeking behavioral health services. With the advent of texting, social media community, and fit-bits – the Tech Suite appeals to a new generation of people raised in an advanced technology as well as prior generations who enjoy the immediacy and privacy that it provides in monitoring their own wellness.

2) What Has Been Done Elsewhere To Address Your Primary Problem?

"A mental health practice or approach that has already demonstrated its effectiveness is not eligible for funding as an Innovative Project unless the County provides documentation about how and why the County is adapting the practice or approach… (*CCR, Title 9, Sect. 3910(b)*).

The Commission expects a County to show evidence that they have made a good-faith effort to establish that the approach contained within their proposed project either has not been demonstrated to be effective in mental health or is meaningfully adapted from an approach that has been demonstrated to be effective. Describe the efforts have you made to investigate existing models or approaches close to what you're proposing (e.g., literature reviews, internet searches, or direct inquiries to/with other counties). Have you identified gaps in the literature or existing practice that your project would seek to address?

a) Describe the methods you have used to identify and review relevant published literature regarding existing practices or approaches. What have you found? Are there existing evidence-based models relevant to the problem you wish to address? If so, what limitations to those models apply to your circumstances?

b) Describe the methods you have used to identify and review existing, related practices in other counties, states or countries. What have you found? If there are existing practices addressing similar problems, have they been evaluated? What limitations to those examples apply to your circumstances?

In October of 2017, the Mental Health Services Oversight and Accountability Commission approved a multi-county innovations project. "The Technology Suite" is a project initially proposed by Los Angeles and Kern counties, with the opportunity for other counties to participate. Riverside County is pursuing the possibility of being a part of the collaborative.

Riverside University Health System – Behavioral Health (RUHS-BH) is seeking approval from the Mental Health Services Oversight and Accountability Commission to use Innovation Funds to join the technology-based project.

This project will bring interactive technology tools into the public mental health system through a highly innovative set or "suite" of applications designed to educate users on the signs and symptoms of mental illness, improve early identification of emotional/behavioral destabilization, connect individuals seeking help in real time, and increase user access to mental health services when needed.

Technology-based mental health support and services has been increasing access to services for those who do not seek traditional means of treatment. Private-industry technology-based services have been utilized with universities and public health institutions previously – however, a project utilizing a technology-based services and supports to increase access and linkage has never-before been tested by multiple counties, which this project intends to do.

3) The Proposed Project

Describe the Innovative Project you are proposing. Note that the "project" might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).

Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.

a) Provide a brief narrative overview description of the proposed project.

b) Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental health system a promising community- driven practice approach that has been successful in non-mental health contexts or settings).

c) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply to mental health a practice from outside of mental health, briefly describe how the practice has been applied previously.

Riverside University Health System – Behavioral Health and its collaborative county partners intends to utilize a suite of technology-based mental health services and solutions which collect passive data that identifies early signs and signals of mental health symptoms and will then provide access and linkage to intervention. Technology-based services would be accessible to clients and public users through devices like computers, tablets, smartphones and other mobile devices. The project will identify those in need of mental health care services through active online engagement, automated screening, and assessment. Services are focused on prevention, early intervention, and family and social support intended to decrease the need for psychiatric hospital and emergency care service.

The primary focus areas of this project are:

Early Detection and Suicide Prevention
Improve Outcomes for High Risk Populations
Improve Service Access for Rural Regions and Underserved Communities

This project, implemented in multiple counties across California, will bring interactive technology tools into the public mental health system through a highly innovative set or "suite" of applications designed to educate users on the signs and symptoms of mental illness, improve early identification of emotional/behavioral destabilization, connect individuals seeking help in real time, and increase user access to mental health services when needed. Counties will pool their resources through the Joint Powers Authority, CalMHSA, to jointly manage and direct the use of selected technology products. A significant amount of funding will be used to support infrastructure in rural and frontier communities.

Innovation serves as the vehicle and technology serves as the driver, promoting cross-county collaboration, innovative and creative solutions to increasing access and promoting early detection of mental illness and signs of decompensation, stopping the progression of mental illness and preventing mental illness all together.

This approach has not previously been used in a public mental health care setting. Given the popularity of technology-based services, it has been determined that engagement focused in this way can provide a method of access and linkage to care never previously achieved in the public mental health system.

Riverside stakeholders approached the Tech Suite as integrated enhancements to existing program or outreach practices. At the core of the model is the "Technology Ambassadors" program that will become part of our Transition Age Youth (TAY) drop in centers. The Ambassadors would serve as Peer Support Interns, an expansion of Riverside's existing Peer Internship Program that includes stipends for participants. Each regional TAY center will have a peer lead who will invite members to serve as Ambassadors of the technology. These TAY peers will receive special training and will serve as the primary outreach workers, trainers, and coaches in the use of the technology. The targeted populations described in the "Primary Problem" description of this proposal would then have planned engagement strategies. Mutuality would be the ideal (example: African-American TAY Ambassadors would engage African American community). Not only is the community served with this approach, but this approach also generates an expertise, purpose, and job skills for the TAY Ambassador. Both Gen Z and Millennials are most interested in working in technology (45%) and education (17%). (Workplacetrends.com, 2018)

In order to improve access for rural regions, the technology would be made available to our programs that currently provide service to members in our Mid-County and Desert Regions. Those consumers who have greater barriers to accessing regular clinic contact or outreach would be candidates to utilize the technology as an addition to their existing services. Additionally, primary care and urgent care agencies in these regions would be outreached to participate in an Allied Health Care Education program. Agencies that agree to receiving education on better serving mental health consumers would also have access, in conjunction with a regional peer, to utilizing the technology with their clientele.

Each region of Riverside's large geographic county (Western, Mid-County, and Desert) would have two dedicated Peer Support Specialists: one for each TAY center to organize and lead the TAY Ambassadors and another to serve as lead to the other programs (like FSP, re-entry/AB 109, or eating disorder programs, as well as the Allied Health Education component of) within that region. The direct service Peer Support Specialists would report to a Senior Peer Support Specialist that is responsible for overall program development. The Senior Peer would work in conjunction with an Administrative Services Manager that would oversee the monitoring and usage of the technology and serve as the Department's liaison to the technology vendors. The Ambassadors would have the additional support of a Clinical Therapist educator that would provide additional training to our Allied Health Education component and to the community at large, consult on clinical application of data for FSP and other clinical programs, and provide support for any consumer at risk that is not currently receiving services from a Department program.

Outreach and service would range across the service spectrum. Prevention and engagement presentations would provide a "soft" touch intervention to groups of people within the targeted communities; this approach would result in approximately 500 people being outreached each month. Direct service interventions, identified as more one-on-one support or active partnership with an existing one-on-one provider using the technology as part of a consumer's treatment plan – would average approximately 150 people served per month.

4) Innovative Component

Describe the key elements or approach(es) that will be new, changed, or adapted in your project (potentially including project development, implementation or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

a) If you are adapting an existing mental health model or approach, describe how your approach adds to or modifies specific aspects of that existing approach and why you believe these to be important aspects to examine. If you are applying an approach or practice from outside of mental health or that is entirely new, what key aspects of that approach or practice do you regard as innovative in mental health, and why?

Accessible from a computer, cell phone, tablet or other mobile device utilizing customized applications for:

1) Digital detection of emotional, thought and behavioral disturbances through passively collected data and sophisticated analyses that sense changes in the user interface known to correlate with social isolation, depression, mania, the early psychotic (prodromal) syndrome, and other indicators of either the onset of new mental illness or the recurrence of a chronic condition. As concerning signals are detected, communication to the user is generated through texts, emails, peers or clinician outreach to prompt care.

2) A web-based network of trained and certified peers available to chat 24/7 with individuals (or their family members/caregivers) experiencing symptoms of mental illness. A link to the chatroom will be available through a shared web-portal and social media will be used to promote the service across the multi-county collaborative. As the menu of options develops, it is anticipated that this service may be provided by a contractor to address the unique needs of the collaborative partners. Branding will stress the resource as both a support and triage tool for anyone experiencing problems at any time, especially those unfamiliar with self-management techniques, confused or unclear about the available resources, or reluctant to visit a mental health clinic.

3) Virtual, evidence-based on-line treatment protocols using treatment algorithm-based avatars to deliver clinical care. By their nature as virtual tools, this client-provider interface is available 24/7 and can be accessed in the home, clinical settings, and mobile devices.

5) Learning Goals / Project Aims

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices.

a) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?
b) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

Though evidence supports the use of smartphone-based apps as a vehicle for mental health treatment delivery, there remains debate around whether these apps have demonstrated high efficacy . This is due to both the lack of evidence-based mobile apps available on the market, and the lack of studies that bring together the disorder-specific silos of evidence that do exist. (Chandrashekar, P., Mhealth. 2018; 4: 6.)

1. Whether those at risk of or experiencing mental symptoms of mental illness use peer chatting accessed through technological platforms.
2. Whether those accessing technology-based supports and services including virtual peer chat will engage in manualized therapeutic interventions.
3. Whether virtual chatting and peer-based interventions will result in greater social connectedness, reduction of symptoms related to mental illness and increase wellbeing.
4. Which virtual-based strategies are most helpful in compelling individuals to feel willing and capable of seeking necessary behavioral health care or services.
5. Whether passive data collected from smart phones or other mobile devices can accurately detect changes in mental health status and prompt behavioral change effectively.

6. How digital data informs the need for mental health interventions and coordination of care.
7. Determine effective strategies to reduce the duration of untreated mental illness.
8. Whether online social engagement is successful in mitigating the severity of mental health symptoms.
9. Determining the most effective strategies and approaches in promoting virtual care and support for the most appropriate populations.

Special attention will be given to the target populations outlined in this plan.

6) Evaluation or Learning Plan

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. What observable consequences do you expect to follow from your project's implementation? How do they relate to the project's objectives? What else could cause these observables to change, and how will you distinguish between the impact of your project and these potential alternative explanations?

The greater the number of specific learning goals you seek to assess, generally, the larger the number of measurements (e.g., your "sample size") required to be able to distinguish between alternative explanations for the pattern of outcomes you obtain.

In formulating your data collection and analysis plan, we suggest that you consider the following categories, where applicable:

a) Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?
b) What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and/or effective dissemination. Please provide examples.
c) What is the method for collecting data (e.g. interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients, analysis of encounter or assessment data)?
d) How is the method administered (e.g., during an encounter, for an intervention group and a comparison group, for the same individuals pre and post intervention)?
e) What is the *preliminary* plan for how the data will be entered and analyzed?

The Tech Suite will be open to all Riverside County residents who would like to participate. The University of California Irvine will work with all members of the collaborative to collect data, using the technology. Special attention will be given to the target populations outlined in this plan. RUHS-BH will work with clinicians, consumer focus groups, family members, the evaluators to provide a robust evaluation that can be used statewide.

The evaluation will:
1. Determination of whether users experience increased purpose, belonging and social connectedness
2. Reduction of duration of untreated or undertreated mental illness and increase in timely access to mental health care for unserved and underserved populations
3. Whether users experience increase in the ability to identify cognitive, emotional and behavioral changes and actively address them
4. Determination of whether users experience increases in quality of life, as measured objectively and subjectively by the user and by indicators including activity level, employment, school involvement, etc.

7) Contracting

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

RUHS-BH will have a Joint Powers Agreement with CalMHSA as part of the collaborative. The collaborative has hired a compliance agency to make certain contract with vendors and privacy concerns are monitored.

As the plan advance additional technology vendors may be added. RUHS-BH will follow proper procedures and protocols to ensure quality and regulatory compliance.

II. Additional Information for Regulatory Requirements

1) Certifications

Innovative Project proposals submitted for approval by the MHSOAC must include documented evidence of County Board of Supervisors review and approval as well as certain certifications. Additionally, we ask that you explain how you have obtained or waived the necessity for human subjects review, such as by your County Institutional Review Board.

a) Adoption by County Board of Supervisors. Please present evidence to demonstrate that your County Board of Supervisors has approved the proposed project. Evidence may include explicit approval as a stand-alone proposal or as part of a Three-Year Plan or Annual Update; or inclusion of funding authority in your departmental budget. If your project has not been reviewed in one of these ways by your Board of Supervisors, please explain how and when you expect to obtain approval prior to your intended start date.

Once the Innovation Project is approved by the MHSOAC, County Board of Supervisors approval will be sought prior to funds expenditure and implementation. If the timing of this Innovation Project coincides with the submittal of the County MHSA 3-Year Program and Expenditure Plan then the approval will be included when the MHSA Plan is submitted to the County Board of Supervisors. If the timing is earlier than the expected MHSA 3-Year Plan submittal than independent Board of Supervisor approval will be requested prior to funds expenditure and implementation.

b) Certification by the County mental health director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA). Welfare and Institutions Code (WIC) 5847(b)(8) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and nonsupplantation requirements."

Mental Health Director Certification form will be signed and attached after 30-day posting period.

c) Certification by the County mental health director and by the County auditor-controller if necessary that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA. WIC 5847(b)(9) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act." Of particular concern to the Commission is evidence that the County has satisfied any fiscal accountability reporting requirements to DHCS and the MHSOAC, such as submission of required Annual Revenue and Expenditure Reports or an explanation as to when any outstanding ARERs will be completed and filed.

County Certification will be signed and attached after 30-day posting period.

d) Documentation that the source of INN funds is 5% of the County's PEI allocation and 5% of the CSSallocation.

Riverside County adheres to MHSA Regulations utilizing the MHSA allocation of 80% of CSS and 20% of PEI. Five percent (5%) of each of these components is then dedicated to the Innovation Component. Documentation will be submitted after 30-day posting period.

2) Community Program Planning

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

Include a brief description of the training the county provided to community planning participants regarding the specific purposes and MHSA requirements for INN Projects.

Riverside hosts MHSA forums at community events that operate much like a grade school science fair; each component of the plan has at least one "station" where the community can learn about the component. Every hour, a presentation is also provided to highlight a program within a component. Community members receive raffle tickets as an incentive to participate and are provided feedback forms for written input.

Additionally, Riverside employs an Innovations Planner. One of the Planner's duties is to attend our mental health board meetings, community advisory meetings and collaboratives, in order to provide Innovations education, receive stakeholder input, and monitor Innovations plan compliance. Riverside has an advisory group and cultural broker for each of the underserved communities (Hispanic/Latino, African American, LGBTQ, Asian-Pacific Islander, American Indian, Deaf and Hard of Hearing), and for special populations such as re-entry, homeless, TAY, children, older adults, and veterans. These committees are comprised of consumers, family members, parents, Department staff, partner agencies, and general community volunteers.

Furthermore, when Riverside conducts a public hearing, it begins the hearing with MHSA education, including an overview of the Act as well as an operational outline of each component. At ever MHSA presentation, website information is also provided so that stakeholders understand how to provide feedback electronically as well.

From February – August 2018, RUHS-BH held a multiple stakeholder presentations, focus groups, and information sessions regarding the Technology Suite. As a result, Riverside moved forward with a plan specifically tailored to the needs and services expressed by over 1,000 consumers, peers, clinicians, family advocates, and general residents of Riverside County. Some of the avenues used to generate feedback included but were not limited to:

2 Adult System of Care Committee meetings
2 Behavioral Health Commission meetings
1 Center on Deafness Inland Empire staff meeting
2 Children's Committee meetings
1 Criminal Justice Committee meeting
2 Cultural Competency Reducing Disparities Committee meetings
1 Desert Regional Board meeting
1 Eating Disorder Collaborative meeting
1 Inland Empire Kindness Campaign meeting
1 Legislative Committee meeting
2 May is Mental Health Month Fairs – Western and Mid County Regions
1 Mid County Regional Board meting
1 Model Deaf Community Committee
1 NAMI San Jacinto meeting
1 Older Adults System of Care Committee meeting
2 Riverside Resilience community meetings
11 TAY Collaborative meetings – Desert, Mid, and Western County Regions

3) Primary Purpose

Select one of the following as the primary purpose of your project. (I.e. the overarching purpose that most closely aligns with the need or challenge described in Item 1 (The Service Need).

a) Increase access to mental health services to underserved groups
b) Increase the quality of mental health services, including measurable outcomes
c) Promote interagency collaboration related to mental health services, supports, or outcomes
d) Increase access to mental health services

This plan addresses all four primary purposes; most importantly it increases access to mental health services to underserved groups.

4) MHSA Innovative Project Category

Which MHSA Innovation definition best applies to your new INN Project (select one):

a) Introduces a new mental health practice or approach
b) Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community
c) Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

This plan addresses all three project categories and primarily introduces a new mental health practice or approach.

5) Population (if applicable)

a) If your project includes direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number?

b) Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate. In some circumstances, demographic information for individuals served is a reporting requirement for the Annual Innovative Project Report and Final Innovative Project Report.

c) Does the project plan to serve a focal population, e.g., providing specialized services for a target group, or having eligibility criteria that must be met? If so, please explain.

The technology in this plan will be available to all Riverside County residents. However, additional attention will be given to consumers who are linked to the RUHS-BH service delivery system and the targeted populations listed in the plan.

6) MHSA General Standards

Using specific examples, briefly describe how your INN Project reflects and is consistent with all potentially applicable MHSA General Standards set forth in Title 9 California Code of Regulations, Section 3320. (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standard could not apply to your INN Project, please explain why.

a) Community Collaboration

Upon invitation to join the Tech Suite collaboration, Riverside introduced the technology to our stakeholder advisory groups. Two of the primary concepts of the plan – training TAY consumers as Technology Ambassadors and using this visual media to serve Deaf and Hard of Hearing consumers – came straight from that engagement. We will also use community relationship with allied providers to bring the technology to targeted populations: schools; primary care doctor offices; cultural community networks through our cultural brokers; older adult service agencies.

b) Cultural Competency

The plan includes traditionally, underserved populations as an identified target population. Riverside employs cultural brokers for each of the underserved communities who chair a related advisory committee. We will continue to partner with these groups in order to keep each side mutually informed on progress.

c) Client-Driven

The primary service providers are Peer Support Specialists who report to a Senior Peer Support Specialist that is responsible for development and implementation. Riverside also has a county-wide program called, Consumer Affairs, that is administered by a manager that also has lived experience. All consumer peers are managed via this program. The Senior Peer in this plan will report to the Consumer Affairs Manager.

d) Family-Driven

Riverside has a well-established relationship with our local NAMI affiliates and two county-wide programs called, The Family Advocate and Parent Support and Training. These programs are administered by managers with the same related lived experience and employ direct service practitioners that also have lived experience. Outreach and engagement, as well as education for families that have a consumer using the technology, will be performed in conjunction with these existing relationships.

e) Wellness, Recovery, and Resilience-Focused

Tech Suite tools are designed to empower the user to monitor their own well-being and to access a community that understands and can support them in their own resiliency development. The consumer will hold the authority, with thorough informed consent, if they want to share their data and pathways planning with their treatment team.

f) Integrated Service Experience for Clients and Families

Riverside's stakeholders envisioned the Tech Suite as "enhancements" to current PEI and direct service programs. The technology has been integrated by design into existing programs to support outcomes and reach individual care plan goals.

7) Continuity of Care for Individuals with Serious Mental Illness

Will individuals with serious mental illness receive services from the proposed project?
If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.

Yes. Because the technology has been integrated into existing programs like our TAY centers and FSP programs, most of the population served will already have other behavioral health supports. Any consumer or family member that is reached through other engagement or education strategies will be appropriately linked to a care provider based on his or her individual need. Families and parents can receive community supports via our Family Advocate and Parent Support and Training programs regardless if they have a loved one open to our system of care.

8) INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement.

a) Explain how you plan to ensure that the Project evaluation is culturally competent.
Note: this is not a required element of the initial INN Project Plan description but is a mandatory component of the INN Final Report. We therefore advise considering a strategy for cultural competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.

b) Explain how you plan to ensure meaningful stakeholder participation in the evaluation.
Note that the mere involvement of participants and/or stakeholders as participants (e.g. participants of the interview, focus group, or survey component of an evaluation) is not sufficient. Participants and/or stakeholders must contribute in some meaningful way to project evaluation, such as evaluation planning, implementation and analysis. Examples of stakeholder involvement include hiring peer/client evaluation support staff, or convening an evaluation advisory group composed of diverse community members that weighs in at different stages of the evaluation.

The primary purpose of the plan is to it increases access to mental health services to underserved groups. The evaluation process includes routine contact with members of these culturally diverse populations for feedback. Feedback from clinicians, consumers, stakeholder focus groups, family members, etc. will all be entered into the evaluation of the plan.

9) Deciding Whether and How to Continue the Project Without INN Funds

Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion. For example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next steps?

If the plan is effective RUHS-BH plans to absorb it into the service delivery system.

10) Communication and Dissemination Plan

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

a) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties?

b) How will program participants or other stakeholders be involved in communication efforts?

c) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

The plan results will be communicated as part of the overall collaboration. Additionally, RUHS-BH will be in continuous communication with its stakeholders regarding the plan by participating in various community meetings, using social media, holding presentation and focus groups, and annual plan updates.

11) Timeline

a) Specify the total timeframe (duration) of the INN Project: Years 3 Months 0

b) Specify the expected start date and end date of your INN Project: Start Date 01/2019 End Date 12/31/21

Note: Please allow processing time for approval following official submission of the INN Project Description.

c) Include a timeline that specifies key activities and milestones and a brief explanation of how the project's time frame will allow sufficient time for

i. Development and refinement of the new or changed approach;
ii. Evaluation of the INN Project;
iii. Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project;
iv. Communication of results and lessons learned.

The plan will follow the specific timeline of the collaborative – cohort #2.

12) INN Project Budget and Source of Expenditures

The next three sections identify how the MHSA funds are being utilized:

a) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)

b) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)

BUDGET CONTEXT (If MHSA funds are being leveraged with other funding sources)

A. Budget Narrative:

RUHS-BH anticipated that its estimated portion of project expenditures for four fiscal years shall not exceed $25 million, with final budget determination prior to solicitation of the project. All funding utilized will be MHSA Innovation component funds and will be included as part of the Joint Powers Authority with CalMHSA, who is acting as the fiscal agency for counties involved in this collaborative project. Upon MHSOAC approval to join the Tech Suite project, RUHS-BH plans to use FY 2018-19 Innovation funds, as well as reverted Innovation dollars.

RUHS-BH proposes a budget that was developed in conjunction with the community stakeholder process, the collaboration, technology experts and RUHS-BH staff.

Though the collaborative is focused on specific vendors, due to the specifics of the RUHS-BH plan, RUHS-BH will have additional vendors to focus on specified populations. Budget elements are an approximation and proportion of funds allocated to each element may change as finalization of contracts for services are determined. The budgeted expenditure details are estimated in the narrative and table below and may vary as collaborative negotiations and contracts evolve.

<u>Personnel Expenditures</u>

1 FTE Administrative Manager - A county staff will be hired as a project manager to lead development, implementation, operations, and evaluation of the program. The manager will act as the liaison with software vendors, contract staff, CalMHSA, joint counties participating in project, and the community. Additional staff will be used to support this project:

- 1 FTE Senior Peer Specialist
- 1 FTE Clinical Therapist II
- 9 FTE Peer Specialist
- 1 FTE Office Assistant II

Funding amount includes benefits packages and room for growth and expansion.

<u>Application Development</u>

A web-based network of trained and certified populations specific peers available to chat 24/7 with individuals (or their family members/caregivers) experiencing symptoms of mental illness.

Digital detection of emotional, thought and behavioral disturbances through passively collected data and sophisticated analyses that sense changes in the user interface known to correlate with social isolation, depression, mania, the early psychotic (prodromal) syndrome, and other indicators of either the onset of new mental illness or the recurrence of a chronic condition.

<u>Future Applications Development</u>

Due to the specific populations RUHS-BH looks to address, the creation of additional applications will be necessary for targeted approaches to care. A significant amount of funding will be used in the creation of infrastructure to support technology for in rural and frontier communities.

Additional Local Customization

The health application will work with consumers by tracking progress and outcomes. The application will alert consumers when certain changes in behavior are detected and encourage consumers when they are doing well.

The care application will give RUHS-BH staff the ability to track the progress and keep a record of the consumer's progress and outcome. The application will alert the specified recipient when the consumer is experiencing changes in behavior.

Clinical services will act as an intervention strategy to prevent consumers from going into crisis, during crisis, and to individual who are not in the RUHS-BH service system by providing telehealth to mobile devices.

Consultant Evaluator

University of California Irvine (UCI) has been identified as the outside consultant for the overall collaboration. RUHS-BH will also work with UCI for county specific, individualized evaluation purposes. The costs associated with this component were identified through consultation with subject matter experts in the field of research and discussions with the qualified vendors identified by CalMHSA.

Expert Consultants

Due to the specifics of the plan, experts from each primary focus group will be used to assess the needs of each particular population. Experts will also be used to identify challenges and successes that the application has on their specific.

Outreach & Marketing

The outreach and marketing component includes CalMHSA costs for the development and design of all materials. This may include development of:

- Newspapers/articles/advertising inserts
- Printing business cards
- Facebook, Twitter, and Instagram advertisement
- Ads at popular community sites, such as buses, malls, concert venues and signage nearbehavioral health providers
- Campus newspaper advertisements
- Radio promotion in threshold languages (English, Spanish)
- Movie theater promos, including a 15-second spot
- Branded items (e.g., pens, wrist bands, bumper stickers, leaflets, notepads, etc.,)
- Brochures, flyers, advertisements, etc.

Licensure/Annual Fees

The licensing fee that allows the county to use all applications in the vendor's, as much or as little as desired.

Start-Up Costs

Covers planning, customization and implementation of the applications.

TAY Peer Interns

Two interns per county region.

Indirect Expenses

CalMHSA: consistent with the agreement between CalMHSA and currently approved counties, 5% of the total program expenditures will be allocated to CalMHSA.

Riverside County Tech Suite Budget

	Year 1	Year 2	Year 3	Innovation Total	% of Total
Personnel Expenditures (Including benefits)					
Administrative Manager (1 FTE)	$ 125,020.76	$ 131,217.82	$ 137,804.41	$ 394,042.99	2%
Senior Peer Specialist (1 FTE)	$ 80,546.75	$ 84,409.89	$ 88,484.79	$ 253,441.43	1%
Clinical Therapist II (1 FTE)	$ 99,464.13	$ 104,294.90	$ 109,462.13	$ 313,221.16	1%
Peer Specialist (9 FTE)	$ 665,109.60	$ 696,018.60	$ 728,635.80	$ 2,089,764.00	8%
OAII (1FTE)	$ 54,614.00	$ 57,052.72	$ 59,624.60	$ 171,291.32	1%
Total Personnel Expenditures	**$ 1,024,755.24**	**$ 1,072,993.93**	**$ 1,124,011.73**	**$ 3,221,760.90**	**13%**
Vendor App/Program Expenditures					
Application Development	$ 600,343.00	$ -	$ -	$ 600,343.00	2%
Future Applications Development	$ 1,622,931.70	$ 1,404,624.70	$ 1,404,624.70	$ 4,432,181.10	18%
Additional Local Customization	$ 2,420,000.00	$ 2,420,000.00	$ 2,420,000.00	$ 7,260,000.00	29%
Consultant Evaluator	$ 1,250,000.00	$ 1,413,730.00	$ 1,413,730.00	$ 4,077,460.00	16%
Expert Consultants	$ 159,650.00	$ 168,675.00	$ 162,675.00	$ 491,000.00	2%
Outreach & Marketing	$ 163,730.00	$ 109,153.00	$ 109,153.00	$ 382,036.00	2%
Licensure/Annual Fees	$ 709,497.00	$ 709,497.00	$ 709,497.00	$ 2,128,491.00	9%
Start Up Costs	$ 1,244,348.00	$ -		$ 1,244,348.00	5%
TAY Peer Interns- (6)	$ 24,960.00	$ 24,960.00	$ 24,960.00	$ 74,880.00	0%
Total Vendor App/Program Expenditures	**$ 8,195,459.70**	**$ 6,250,639.70**	**$ 6,244,639.70**	**$ 20,690,739.10**	**83%**
Indirect Expenses					
CalMHSA Overhead (5%)	$ 362,500.00	$ 362,500.00	$ 362,500.00	$ 1,087,500.00	4%
Total Indirect Expenses	**$ 362,500.00**	**$ 362,500.00**	**$ 362,500.00**	**$ 1,087,500.00**	**4%**
Total Proposed Budget	**$ 9,582,714.94**	**$ 7,686,133.63**	**$ 7,731,151.43**	**$ 25,000,000.00**	