



**Increasing Access to Mental Health Services and Supports  
Utilizing a Suite of Technology-Based Mental Health Solutions**

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**Innovation Plan  
FY 2018-19 – FY 2020-21**



**Innovation Collaboration Project:  
Increasing Access to Mental Health Services and Supports  
Utilizing a Suite of Technology-Based Mental Health Solutions**

Tri-City Mental Health Authority (TCMHA) was created in 1960 as a result of the Joint Powers Authority adopted by the cities of Claremont, La Verne, and Pomona. TCMHA provides high-quality, culturally-competent, behavioral health care treatment as well as prevention programs and education for the people we serve.

Through funding received under the Mental Health Services Act, and with stakeholder input, Tri-City has implemented programs that promote outreach and engage individuals with mental health needs in our community. While these approaches have been typically effective, Tri-City has become increasingly aware that its methods have been ineffective with specific populations. Moreover, outreach and engagement strategies must evolve in order to make a greater impact in reducing the duration of untreated mental illness and disparities in mental health treatment. This project seeks to utilize technology as an outreach, and a real-time engagement strategy to reach individuals for whom we have not been previously successful.

It is the intention of TCMHA to engage in a joint, multi-county Innovation project which explores the impact and effectiveness of a technology-based mental health approach to providing services. The primary purpose of this project is to increase access to mental health care by providing a non-traditional system for individuals who may be reluctant to access services through a more formal clinical setting. Through the use of computers, tablets and smartphones, community members will be able to access a suite of technology-based mental health services focused on prevention, early intervention, and family and social support with the intent to: decrease emergency care services; reduce psychiatric hospitalizations; and reduce the duration of untreated mental illness.

This three-year project is projected to utilize a total of \$1,674,700 in Innovation dollars. This amount includes \$799,187 that was recently identified as unspent Innovation funds under Assembly Bill 114 and subject to reversion if not expended by June 2020.

**I. Project Overview**

**Primary Problem**

One of the primary objectives of the Mental Health Services Act is to identify and engage individuals with mental illness who may be unserved or underserved and experiencing barriers in accessing local mental health services. With a population of almost 220,000, Tri-City is considered a mid-size county with two unique statistics: 1) our three cities are home to four universities with a combined student population of over 45,000 students; and 2) our combined older adult population is 19% which exceeds the same population in Los Angeles County of 15%.



Based on feedback obtained through our FY 2017-18 community planning process and stakeholder participation in multiple Innovation workgroups, concern was expressed for the younger population of the three cities, including college students and transition age youth (TAY) as well as older adults and non-English speaking community members.

Early signs of mental illness tend to manifest in adolescence and early adulthood. According to the National Alliance on Mental Illness (NAMI), 75% of all mental illness begins before the age of 24. Focus groups targeting transition age youth from the Tri-City area reveal the stigma associated with receiving services in a traditional clinical setting is considered a challenge for many who then choose to forego treatment rather than risk the label of mental illness. Alternatively, it was noted that these same individuals have a strong connection to technology, including texting and social media. Through continued discussions it was determined that the Innovation Collaboration Project: *Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions* was a logical choice for this Innovation project. The intent is to provide a bridge that will potentially increase access to mental health services for this demographic.

A second, but equally important, population targeted in this project is older adults. By 2050, it is expected that the United States population age 65 and over will almost double in size. Accommodating the mental health needs of this growing population will require new and innovative solutions. While the overall percentage of persons over age 60 for the entire Tri-City region is the same as the State average, this demographic, in fact, represents a larger than State and Los Angeles county average for two of the three cities we serve, Claremont and La Verne. Although Tri-City has implemented several programs targeting this population (i.e. Older Adult Full-Service Partnership, Older Adult Wellbeing programming both at Tri-City's Wellness Center and at sites community-wide, Peer Mentoring, and Field Capable Services for Older Adults), challenges still remain that present barriers to these individuals receiving services. Two of the primary challenges include self-imposed isolation and lack of transportation. In response to this concern, Tri-City conducted focus groups in preparation for this project. Based on feedback received through surveys and older adult participants, 75% indicated they would be likely to seek mental health support if it was available online 24/7.

Finally, through the use of multi-language applications, Tri-City hopes to continue to expand our current language options for non-English speaking individuals who may consider this a viable approach to mental health support.

### **What Has Been Done Elsewhere to Address the Primary Problem?**

Although technology-based mental health support has been utilized with universities and other public health institutions, employing this method to increase access and linkage to services in a multi-county collaboration is unique.

The counties of Los Angeles, Kern, Mono, Orange and Modoc have proposed and received approval from the Mental Health Services and Oversight Accountability Commission (MHSOAC) to implement this joint Innovation project. Other California



counties have been invited to collaborate in a Joint Powers Authority with California Mental Health Services Authority (CalMHSA) acting as the fiscal sponsor for this project. With stakeholder approval, it is Tri-City's desire to join this collaborative.

### **Proposed Project**

Tri-City Mental Health Authority will partner with other California counties to utilize a suite of technology-based mental health services that will be accessible through computers, tablets and smartphones. Through carefully vetted applications or websites that offer digital technology including trained peers or avatars to deliver support, TCMHA will identify vendors that support the needs and diversity of our community members.

Virtual service providers currently being proposed include chat based technology that will connect a person seeking services with trained peers or "listeners". Additional considerations are mobile phone based applications that allow passive data collection and alert the user based on changes to certain criteria such memory, cognition or mood.

The peer chat technology applications are web-based and easily accessible. Thus, participants, both paid listeners and consumers, need not have their own computer nor smart phone to engage with this technology but will be able to access the applications from computers located at Tri-City's Wellness Center or any number of community locations including libraries, senior centers, and community centers.

Additionally, tablet computers will be loaned to local senior centers to allow home-bound older adults the opportunity to participate without having to leave their place of residence. Peers, who wish to become a paid listener but lack a smartphone, may be provided one for use during the project on a case by case basis.

Through this multi-county collaborative Tri-City will have access to a consultant to assist with the identification of vendors and applications that provide support to individuals in real time as well as a consistent method to increase access to services based on the therapeutic needs and schedule of the user. For clients enrolled in services, Tri-City will coordinate internally with therapists and case managers to ensure these applications work in unison to complement their current course of treatment.

This project seeks to expand Tri-City's use of peer and volunteer support, creating new roles for these individuals who offer a unique perspective and will play a critical role throughout the life of this project. Participants will be able to leverage their personal experiences as a source of expertise when connecting with others who may be going through similar situations. Peers participating in this project will also have the opportunity to apply these efforts as a pathway for their own wellness and potential employment as they transition from a person receiving support to a person who is providing it. Peer involvement is a critical component for Tri-City and stipends as well as paid positions will be available for those who complete the required trainings. It is our hope that by incentivizing their participation we will be able to increase our pool of peer participants and recognize their valuable contribution to the success of this project.

Examples of the proposed technology components of the project:

1. Leverage our network of Tri-City peers and service-learners (i.e. volunteers) to become trained in using technology to offer support. Potential provider groups include:
  - a. Tri-City peers, volunteers and community advocates with lived experience.
  - b. Tri-City college interns and/or volunteers interested in helping others and earning service-learning (volunteer) hours through this project.
  - c. Clinical staff interested in gaining experience with this cutting edge technology.
  - d. Non-English speaking peers, volunteers and community advocates who are interested in engaging our non-English speaking populations and helping them learn about and more readily access services at Tri-City.
  - e. Older Adults.

***Please note that the following examples were adapted from other counties participating in this joint project and supported by TCMHA and its stakeholders.***

2. Utilize technology-based solutions to engage, educate and provide access to mental health services for individuals experiencing symptoms of mental illness. Services may include:
  - a. Virtual peer chatting with trained peers, volunteers and community members.
  - b. Virtual support communities for populations including those experiencing mental health challenges and family members of those with mental illness.
  - c. Virtual interventions including mindfulness exercises and Dialectical Behavior Therapy (DBT) skills, Community Resiliency Model (CRM), and Motivational Interviewing delivered simply to impart skill learning and motivation.
  - d. Referral process for those seeking additional services through Tri-City Mental Health.
3. Utilize passive sensory data to engage, educate and suggest mental health coping strategies to users, including:
  - a. Incorporating passive data from smart phones or mobile devices into an interactive approach, where the technology analyzes factors associated with cell phone usage (passive data) and interacts with the user through a pop-up chat function which allows for increased user understanding of thought and feeling states.
  - b. Incorporating emerging research in mental health early detection to target individuals who may be at risk of or are experiencing early symptoms of mental illness and use passive data collection to identify risk/symptoms or potential for relapse.
4. Create outreach programs to introduce and expose individuals to technology-based mental health solutions, including:
  - a. Engage colleges and universities to promote use of services and supports.  
*(Tri-City intends to collaborate with each college or university to identify*

*campus liaisons to coordinate the outreach efforts and participation for this project.)*

- b. Utilize social media, public websites and other outreach tools to promote the use of technology- based services.
  - c. Work with mental health organizations, including the local chapter of (NAMI) National Alliance for Mental Illness and other community groups to promote the use of these technology-based services.
  - d. Collaborate with those providing services to older adults at risk for social isolation, including working with senior apartment complexes, senior centers and faith-based organizations that outreach to seniors.
  - e. Work with local public locations, including agencies, libraries and other community programs to promote this technology-based service.
5. Develop and conduct outcome evaluation of all elements of the project, including:
- a. Increased wellbeing of those utilizing services.
  - b. Reduced duration of untreated/undertreated mental illness.
  - c. Increase in the ability for users to identify cognitive, emotional and mental changes and actively address them.
  - d. Increased quality of life, measured objectively and subjectively by both the user and by indicators such as activity level, school involvement, social engagement, etc.
  - e. Measure the number of peers, volunteers and community advocates who complete the related trainings.
  - f. Measure improvements in self-esteem by peers via self-surveys who complete the related trainings and participate in helping others.
  - g. Measure outreach attempts to promote this technology and which methods yielded the best results.
  - h. Measure increases in community awareness by tracking website visits, chat usage, social media mentions, etc.

### **Innovative Component**

The primary purpose of this Innovation project is to increase access to mental health services and to promote early detection of mental health symptoms. By utilizing a technology-based approach to services, Tri-City hopes to engage hard to reach and underserved populations by reducing the stigma associated with mental health treatment through the use of virtual engagement, social connectedness and bidirectional feedback. In addition, through cross-county collaboration, we hope to maximize the resources, impact and shared-learning from this project which can only be achieved through a partnership approach.

It is our intention to provide specialized training or access to training for peers, volunteers, and community members who seek to become virtual support persons. In addition to training provided by the technology vendors, which will help peers to learn the basics of using the application and becoming online “listeners”, peers will also have access to Tri-City sponsored trainings that include Motivational Interviewing, Community Resiliency Model, and Adverse Childhood Experiences. These trainings will help our

peers develop more in depth listening skills and educate them on steps to take such as referring a person to services, how to recognize a crisis and the proper referral and/or response process. Once trained, these individuals may choose to continue to offer support utilizing these skills even after this Innovation project is complete, which is considered a critical component to the sustainability of this project. Peers becoming paid listeners will be encouraged to leverage this employment experience as a stepping stone towards a career in customer support, customer service or peer advocacy.

### **Learning Goals/Project Aims**

- a) Can the use of this technology enable our peers and volunteers to become trained listeners and use their lived experience to help persons struggling with similar life situations?
- b) Does becoming a trained listener and participating in peer chats help our peers and volunteers in their path to wellness and self-development?
- c) Will the capacity to chat in their native language attract unserved/underserved community members to use this technology?
- d) Does participating in virtual chats or social engagement lead the consumer to use additional services from Tri-City such as visiting the Wellness Center, participating in groups or enrolling in services?

***Please note that the following goals were adapted from other counties participating in this joint project and supported by TCMHA and its stakeholders.***

- e) Will individuals either at risk of or who are experiencing symptoms of mental illness use virtual peer chatting accessed through a website or through a phone application?
- f) Will the use of virtual peer chatting and peer-based interventions result in users reporting greater social connectedness, reduced symptoms and an increase in well-being?
- g) Can passive data from mobile devices accurately detect changes in mental status and effectively prompt positive mental change in users?
- h) What are the most effective strategies or approaches in promoting the use of virtual care and support applications and for which populations?

### **Evaluation or Learning Plan**

Evaluation will consist of tracking and analysis of passive data, number of users reached, level of user engagement, access and timeliness of care and clinical outcomes. Passive data from smart phones and mobile devices will be analyzed to determine changes in mental status and response to online peer-based supports, digital therapeutic and virtual behavioral health care services. Continuous assessment and feedback would drive the interventions.

In addition to the outcomes adapted from other counties, Tri-City incorporates an additional internal measuring system called Results Based Accountability (RBA). This popular method for collecting and reporting data is utilized by both communities and

agencies to measure the impact of services by seeking to measure:

- How much did we do?
- How well did we do it?
- Is anybody better off?

By including this secondary metric system, we will also track the following:

1. Determination of whether peers experience increased purpose, confidence and social connectedness by completing virtual chat training, Tri-City sponsored training and/or participating in client chat sessions. Self-surveys will be used to help measure this.
2. Outreach attempts made to various target populations through in-person, social media or other methods of engagement. Response levels are to be measured by usage of the technology applications or enrolling in training to provide support.

***Please note that the following outcomes were adapted from other counties participating in this joint project and supported by TCMHA and its stakeholders.***

- a) Determination of whether users experience increased purpose, belonging and social connectedness.
- b) Reduced stigma of mental illness as reported by user.
- c) Reduction of duration of untreated or undertreated mental illness and increase in timely access to mental health care for unserved and underserved populations.
- d) Whether users experience increase in the ability to identify cognitive, emotional and behavioral changes and actively address them.
- e) 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.

## **Contracting**

All counties participating in this joint venture are expected to contract with California Mental Health Services Authority (CalMHSA) as part of a Joint Powers Authority. CalMHSA will provide administrative services and oversight for the implementation of this three-year Innovation project. It is anticipated that 50% of the allocated project funds will be provided to CalMHSA for FY 2018-19 through 2020-21. These funds will purchase multiple virtual programs as well as cover the cost for administration, outreach, marketing and evaluations. The remaining 50% will be held in account to cover local expenses and salaries.

Tri-City expects to collaborate with CalMHSA's technical consultant to spearhead the vetting and vendor selection process. However, community stakeholders, including individuals with lived experience, will participate in a technology suite advisory committee that will be included in the final product selection. This will also allow them the opportunity to provide input in the development of the peer training and stipend component of this project.

In addition, an effective outreach and marketing campaign will be a crucial factor to the success of this project. Tri-City intends to collaborate with CalMHSA's marketing



professional with an expertise in digital and media-based advertising to develop a comprehensive strategy that is culturally compatible with the diverse individuals we serve.

### **Community Program Planning**

Tri-City Mental Health Authority launched their community planning process for FY 2017-18 with two stakeholder meetings held in October 2017. Attendees were informed of several workgroups scheduled to be held in response to the request for community involvement in the review of current MHSA programming as well as a new Innovation project. Over a 30 day period, stakeholders were surveyed to seek their input regarding perceived barriers to service and recommendations for future MHSA programs. Responses from this survey included expanding access to services for students and providing an alternative for those who are reluctant to seek services due to self-stigma regarding the need for mental health support. Access to services for older adults was also an expressed concern and specifically those who are home-bound and unable to access treatment due to health issues or lack of transportation.

With this data in mind, the Innovation workgroups were convened beginning in November 2017 where these issues were discussed in greater detail. After considering several options, the focus seemed to center on support for transition age youth, older adults and the benefits of technology. Concerns regarding language capacity were identified in subsequent groups. The possibility of partnering with other counties to implement a technology-based plan for services that would be accessible to each of these demographics drew an enthusiastic response from the workgroup members. This project, *Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions*, seemed to open the door to new and untried strategies that could potentially expand Tri-City's System of Care and its impact.

In March 2018, this project was presented to stakeholders over the course of two MHSA meetings where the approval response was, again, overwhelming. Comments from the surveys included statements such as "good forward innovative thinking". Another stated that the project was "innovative and impactful at every age level". One stakeholder shared their reluctance to use an "Avatar" but felt that the project would be effective for the transition age youth groups, as they seem "lonely and often depressed and use their phones too much". This heavy use of phones is exactly what we hope to capitalize on as we look for immediate-response-alternatives to traditional forms of therapy.

One older adult stated that she didn't feel comfortable with artificial intelligence/Avatar therapy as it could never replace the benefits of social interaction in physical supportive environments (i.e. Tri-City's Wellness Center). She was concerned that this type of technology would not help with her isolation and depression. Although Tri-City continues to offer direct services, this concern will be considered as we look for options which may include a combination of technology and the "human touch". We also hope to leverage our community partnerships with educators to strengthen our support for older adults. A local community college offers free computer classes for seniors where the directors are gerontologists. These individuals seem like a natural fit for our Innovation advisory

committee and we will seek to include them in the process of tailoring this project to the needs of older adults.

In preparation for this project, Tri-City conducted several focus groups targeting populations including foster care youth, older adults, LGBTQ, monolingual Spanish speakers and peers participating in the Courageous Minds Speakers Bureau. Preliminary feedback includes the following:

1. % that have access to a smart phone:

- Foster Care TAY Respondents 100%
- LGBTQ TAY Respondents 53%
- Older Adult Respondents 100%
- Spanish Respondents 67%
- Peer Speakers Bureau Participants 100%

% that agree or strongly agree with the following:

2. Would likely seek mental health support if they could connect with someone with similar life experience, age and ethnicity:

- Foster Care TAY Respondents 72%
- LGBTQ TAY Respondents 86%
- Older Adult Respondents 60%
- Spanish Respondents 83%
- Peer Speakers Bureau Participants 80%

3. Would likely seek mental health support if available online 24/7:

- Foster Care TAY Respondents 72%
- LGBTQ TAY Respondents 50%
- Older Adult Respondents 75%
- Spanish Respondents 100%
- Peer Speakers Bureau Participants 100%

4. Would use the option to text or chat with a support person

- Foster Care TAY Respondents 43%
- LGBTQ TAY Respondents 57%
- Older Adult Respondents 60%
- Spanish Respondents 100%
- Peer Speakers Bureau Participants 60%

Additional focus groups are scheduled and outcomes will be available upon request.

This Innovation project was posted for a 30 day public comment period beginning April



4 through May 3, 2018. The MHSA Public Hearing was held on May 16 and hosted by Tri-City's Mental Health Commission at the La Verne Community Center. Over 130 individuals attended this annual event consisting of community stakeholders, professionals, faith-based organizations, and local schools and colleges located in the cities of Pomona, Claremont and La Verne. The Innovation project was approved by the Commission and then presented to the Governing Board and adopted on June 20, 2018.

All feedback and comments were reviewed and considered and are attached herein.

### **Primary Purpose**

Increase access to mental health services to underserved groups.

### **MHSA Innovation Project Category**

Introduces a new mental health practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.

### **Primary Population**

The target populations, identified by our workgroup/community, will include:

1. Transition age youth and college students (up to age 25) who are seeking peer support or who are interested in offering their support as trained peer listeners.
2. Older adults (ages 60+) who lack transportation or are unable to access traditional services.
3. Non-English speaking clients and community members.

### **Secondary Beneficiaries**

1. Peers, volunteers and persons connected with Tri-City who are interested in becoming trained virtual support persons and offering their support through chat or other technologies.
2. Current clients enrolled in services who are seeking additional sources of support.

Tri-City is the Mental Health Authority for the cities of La Verne, Claremont and Pomona which have a combined population total of almost 220,000. Of this population, approximately 26,000 are ages 18 to 25 which represent one target demographic for our project. In addition, Tri-City is also in a unique situation in that four major universities are located in the Tri-City area we serve. The student populations of Western University, the Claremont Colleges, Cal Poly Pomona and the University of La Verne exceed 45,000. These college students are not only potential users of these services but could also become advocates or possible trained peer listeners offering support. This is a critical age for mental, social, and emotional development and many mental health disorders often present during adolescence.

Another segment of our population that we anticipate will benefit from this technology is older adults (60+) which represent over 37,000 individuals combined for all three cities. Older adults are more likely to experience critical events such as loss, bereavement or a

drop in socioeconomic status with retirement. In addition, these persons may experience physical frailty or other health concerns which may restrict their mobility and ability to seek services. All of these stressors can result in isolation, loneliness or psychological distress in older people, for which they may require long-term care.

With an emphasis on outreach and engagement, Tri-City will leverage our existing relationships with colleges and universities to introduce and promote the use of these technologies. In addition, Tri-City will outreach to organizations and facilities that focus on the older adult populations in order to introduce, train and possibly equip this population with the tools needed to leverage these solutions as a potential resource for support.

Our final, and possibly most difficult population to reach, is our non-English speaking residents. In the three cities that Tri-City serves, statistics indicate that more than one-third of the households have a language other than English spoken in the home. Members of these households may be reluctant to seek services due to perceived language barriers, distrust or fear due to immigration status. Offering an informal way to chat or speak with a peer in their native language may be a first step in offering assistance or a way of introducing them to the services that Tri-City has available.

In addition to our target population there are two secondary groups that could potentially benefit from the project. 1) Peers and volunteers trained as peer listeners who can utilize their lived experience to support others through online applications. Each participating peer will receive training such as Community Resiliency Model where they will learn coping mechanisms they can internalize and use during times of stress or anxiety. 2) Clients enrolled in services at Tri-City who are seeking additional sources of support will have opportunity to enroll in passive data collection or connect with a Peer Listener.

## **MHSA General Standards**

1. Community Collaboration
  - a. This project will seek to work with organizations serving transition age youth, older adults and monolingual speakers who would benefit from technology-based mental health services and supports. This would include community centers, including Tri-City's Wellness Center, universities, schools, senior centers and other peer based and community organizations.
2. Cultural Competency
  - a. The technology-based services will have the capability to address and engage with youth, adults, older adults and peers with lived experience who may be interested in becoming providers of support. In addition, it is the hope that this technology will help Tri-City to more fully and readily engage our Spanish and Vietnamese monolingual populations.

3. Client-Driven
  - a. This project requires active initiation of the client or potential client seeking technology-based mental health support. Those utilizing online or application-based services initiate their role in care and determine the frequency. The goal of the program is to engage those in need of care and reduce the duration of untreated mental illness.
4. Family-Driven
  - a. Family members and adults with mental illness can initiate technology-based mental health support through the online or application-based program at will. Seniors are included as a targeted group and family members often assume the role of caregivers. This project provides the opportunity to outreach to these family members in order to offer them support or solicit advice on how to effectively care for this population.
5. Wellness, Recovery and Resilience-Focused
  - a. Using virtual peer chat and online support communities, users are connected to those with lived experience who can actively provide support and encouragement for those experiencing a mental illness or family members of TAY or adults with mental illness. Additionally, it is our plan to train a pool of our peers, volunteers and Wellness Advocates in the methods of delivering chat-based support. We believe the peer's process of becoming trained and then utilizing these new skills to support another person will be a beneficial step in their path to recovery and self-confidence.
6. Integrated Service Experience for Clients and Families
  - a. Tri-City has a pool of parents who have participated in previous Prevention and Early Intervention (PEI) trainings. As part of our outreach, we will engage these parents and introduce this technology as a means of support as well as an avenue for gaining insight into some of the challenges that TAY may be currently experiencing. Though support group experiences may be different for clients than for family members, skills and supportive practices can be used by both family members and those with mental illness to work toward common recovery goals.

### **Continuity of Care for Individuals with Serious Mental Illness**

By offering these technology-based mental health solutions and the benefit of analytics of passive data collection, we will be able to assess participants for a higher level of care, if needed. For those who exhibit severe mental health symptoms, we can refer them to the appropriate services or resources. It is our hope that by introducing individuals to these technology-based mental health solutions we can also provide a gateway to other available services including formal treatment or socialization and support activities provided through the Tri-City Wellness Center.

### **Cultural Competence and Meaningful Stakeholder Involvement**

This project addresses the needs associated with multiple age and culturally diverse

populations including transition age youth, older adults and monolingual speakers. As part of our project, we will outreach and leverage relationships with colleges and senior centers to engage these populations. We will also seek to engage non-English speaking persons in our community. Tri-City demographics includes significant monolingual Spanish and Vietnamese speaking populations and it is our hope to identify and support monolingual and bilingual peers or community members who are interested in providing chat or email support to engage these populations. Additionally, instant online access to support communities for parents of TAY with mental illness and those experiencing mental health symptoms or addiction are available.

Through the inclusion of paid peers as well as community volunteers, we hope to explore both the giving and receiving aspects of this pioneering proposal while offering another source of support to individuals who are in need of help but hesitant to seek services due to their real and/or perceived barriers to recovery.

### **Sustainability**

Having potentially trained a group of our peers, volunteers and college students to become virtual support persons, the possibility exists that these community members will continue to offer their support after the project is completed. In addition, there is the ongoing possibility that these individuals, now familiar with the chat based support systems, will introduce this technology to their friends and families which will increase awareness and usage.

Internal evaluations will be conducted by Tri-City's data analysts in addition to the data and analytics provided through the technology vendors. This will determine the continued need and availability of the program beyond the three-year innovative period. With favorable results and stakeholder support, Community Services and Supports, Prevention and Early Intervention or other non-MHSA funding could be used to extend this project.

### **Communication and Disseminating Plan**

As part of a multi-county collaborative Innovation project, communication by participating partners regarding data and outcomes will continue throughout the duration of the three-year project. Through this collaboration, an opportunity for shared learning will continue as well as development of best practices in utilizing the technology suite.

At a local level, Tri-City will provide stakeholders with periodic reports during MHSA presentations and through Annual Updates and Three Year Integrated plans. Tri-City will also seek opportunities to provide information on shared learnings during conferences, community meetings and collaborations with county partners.

### **Timeline/Milestones for Project Implementation**

#### April 2018:

- Post Innovation project proposal for 30 day review and comment period on Tri-City's website. Send link for project proposal to MHSOAC for additional feedback.



- Distribute copies of proposal to local city and government locations for community feedback.

#### May - June 2018:

- Revise Innovation project proposal to include substantive feedback. Final Innovation project proposal presented to the Tri-City Mental Health Commission and Tri-City Governing Board and was approved and adopted.

#### July - September 2018:

- Presentation and anticipated approval from the Mental Health Services Oversight and Accountability Commission.

#### October – December 2018:

- Recruit and convene our advisory committee comprised of individuals with lived experience, representatives from our three target populations, family members, and other project stakeholders. The committee will provide input on the selection and implementation of the applications and make recommendations on the use of the technology suite in the role of the services within Tri-City's System of Care.
- Select the technology applications to be used in this project and work with vendors to customize the applications for county specific needs.
- Train project, support staff and peers on the use of the selected applications.
- Select peers to participate in this project with compensation in the capacity of peer "listener" or other qualified positions and begin training.
- Identify campus liaison(s), older adult and monolingual speaking individual(s) to coordinate the outreach efforts and participation for this project.

#### January – March 2019:

- Begin the outreach and engagement process. Introduce technology-based solutions at strategic access points, including: community centers, inpatient and outpatient behavioral health care providers, senior centers, peer-based services centers, law enforcement and other key community organizations.
- Identification of analytics to be collected and reported on, including developing reporting framework.
- Soft Launch of Peer Chat technology component.

#### April – June 2019:

- Development, testing and implementation of early detection applications through use of passive data collection to identify risk/symptoms or potential for mental health relapse.
- Train project staff, clinicians and interested peers on the use of passive data collection technology.
- Soft launch of passive data technology component.

#### July 2019 – June 2021:

- Continue to offer virtual services with modifications, as needed, based on



feedback and input from users and the technology suite advisory committee.

## **Innovation Project Budget and Source of Expenditures**

### **Budget Narrative:**

Tri-City Mental Health Authority (TCMHA) has allocated \$1,674,700 in Innovation funds for the following project: *Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions*. This three-year project is expected to commence in FY 2018-19, pending approval from the MHSOAC, and conclude in FY 2020-21. TCMHA will collaborate with other California counties through a Joint Powers Authority agreement with CalMHSA (California Mental Health Services Authority) acting as the fiscal sponsor/agent for all counties. All cost elements included in this budget are estimated and subject to revision based on final determination of contracts, costs for technology applications, evaluations, and additional services as required.

Direct salaries and stipends for peer listeners and trainees are estimated to be \$238,808 over three years.

- **Part-Time Peer Listeners:** These individuals with lived experience will act as the primary participants in this project by offering support to community members through online applications. These trained individuals will be paid to utilize their knowledge and experience with assisting individuals who connect with them through their roles as “Listeners”.

Direct salaries and stipends are estimated to be \$454,392 over three years and include the following positions:

- **Part-Time College Liaison(s):** College student with lived experience will focus on the outreach and engagement of students in need of support as well as develop relationships with mental health staff on each of the four college campuses. In addition, these liaisons will connect with other transition age youth in the community to create an awareness of these online support services.
- **Part-Time Older Adult Liaison(s):** Older adult with lived experience who is able to foster relationships with other seniors who may feel isolated or reluctant to seek services, by guiding them through the process of identifying available treatment options both online and through direct care.
- **Part-Time Monolingual Liaison(s):** Individual with lived experience who is fluent in Spanish (or other non-English language) and able to build trusting relationships with unserved and underserved community members who are in need of mental health support but experiencing barriers due to culture or stigma.
- **Program Coordinator:** Coordinator will oversee the implementation of the Tech Suite project including the planning, organizing, training and directing of activities as they relate to this project.



- Communication Coordinator: Coordinate with the Outreach and Engagement team for the Tech Suite Collaborative (CalMHSA) to promote and support the implementation of this project including local as well as statewide social media and community campaigns.

Indirect Salaries-Leadership and Support Staff estimated to be \$110,000 over three years and includes the following positions:

- Executive Management
- Clinical Director
- Director of MHSA
- IT support Staff
- Finance Staff
- Quality Assurance

Equipment/Materials costs are estimated to be \$28,500 over three years and include the following:

- Technology Equipment
- Tablet computers for users

Technology Suite Development-Portion of CalMHSA Joint Powers Authority contract is estimated to be \$843,000 over three years and includes:

- Technology Development
- Product Management
- Marketing/Evaluation
- Software Applications/Products
- Technology Developer Liaisons

Technology Suite Budget

Description	Year 1	Year 2	Year 3	Total
<b>Peer Salaries &amp; Stipends</b>	69,900.00	88,204.00	80,704.00	<b>238,808.00</b>
<b>Direct Salaries</b>	137,248.00	178,848.00	138,296.00	<b>454,392.00</b>
<b>Equipment</b>	13,500.00	10,000.00	5,000.00	<b>28,500.00</b>
<b>Tri-City Admin</b>	30,000.00	40,000.00	40,000.00	<b>110,000.00</b>
<b>Technology Suite Costs-3rd Party</b>	421,500.00	421,500.00	0.00	<b>843,000.00</b>
<b>Total</b>	<b>672,148.00</b>	<b>738,552.00</b>	<b>264,000.00</b>	<b>1,674,700.00</b>