

NEW/REVISED PROGRAM DESCRIPTION
Innovation

County: Orange

- Completely New Program
 Revised Previously Approved Program

Program Number/Name: INN 02-003 Access to Mobile/Cellular/Internet Devices in Improving Quality of Life

Date: April 2, 2014

Complete this form for each new INN Program. For existing INN programs with changes to the primary¹ purpose and/or learning goal, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

- Increase access to underserved groups
 Increase the quality of services, including better outcomes
 Promote interagency collaboration
 Increase access to services

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.

Increased access to services: The Pew Research Center found that 27% of adults living with a disability in the U.S. are significantly less likely to actively use the internet as a means to access resources and services. Low-income consumers are at an increased disadvantage, as a recent survey found that the majority of residents living in low-income housing lacked technological connectivity, including but not limited to cellular phones and internet access. Residents of low-income housing in Orange County statistically have less access to technology than those in similar housing situations in other areas. Fewer than 50% of Orange County's supportive housing residents own a cellular telephone and approximately only 25% own a computer with internet connectivity. In comparison, the Pew Internet and American Life Project (2011-2012) found that 88% of all U.S. adults own a cellular phone (of which 53% own a smart phone with internet connectivity).

Harvey & Keefe (2012) mention in their study: Technology, Society and Mental Illness, published in Innovations in Clinical Neuroscience Computer that "technology has revolutionized the delivery of cognitive training, typically referred to as cognitive remediation. These interventions now have been shown, in conjunction with other psychosocial interventions, to lead to improvements in everyday functioning on the part of people with schizophrenia in as little as 12 weeks."

This project strives to connect low-income individuals with severe and persistent mental illness, on the other side of the digital divide with the capability and resources needed for success, one of which is access to technology. This project will address the lack of connectivity through mobile smart phone distribution accompanied by Peer Specialist supportive services.

This project is designed to increase access to mental health services and enhance the quality of life of adults living with severe and persistent mental illness through the use of mobile devices, which will thereby:

- Reduce barriers to accessing mental health services
- Reduce social isolation and increase support networks
- Increase self-reliance and management of mental health treatment

There have been some successful studies showing the effectiveness of mobile Interventions for symptom tracking of individuals with severe mental illness (Spaniel et al, 2008), but no documented project with the targeted purpose of bringing mobile devices to low-income individuals with severe and persistent mental illness, in an effort to track positive outcomes on access to services, social networks, self-reliance and management of mental health. There is scant research as to how mobile devices could be used to deliver comprehensive aspects of interventions for people with SPMI.

2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

¹ The term "essential purpose" has been replaced with the term "primary purpose" for INN.

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Description of the INN Access to Mobile Devices Project: (Participant = Consumer receiving mobile device)

This project is designed to increase access to mental health services through the use of mobile smart phones. This project will provide mobile smartphones with internet capability to low-income consumers with severe and persistent mental illness, in supportive housing, transitional housing and/or full service partnership programs. Each participant will be assigned a Peer Specialist to provide them with technical training and support in addition to case management and supportive counseling services.

This project is proposed to be contracted out to a community based agency. This project will examine if access to mobile devices and internet improve aspects of each participant's life including but not limited to: access to community mental health resources, mental health management, employment retention, housing stability, medication management, reduced isolation, ability to job search, mental health appointment management, stable housing retention, overall management of mental health, and ultimately to live well independently. Participants enrolled in the project will be assigned one mobile smart phone with internet capability. Participants given the smart phone will receive introductory and ongoing training and support by a technologically savvy Peer Specialist. Project participants will meet with the Peer Specialists on a weekly basis to check-in and report on usage frequency and purpose. Each participant will be given a log book in which they are asked to record date, use and purpose; for example- a participant record may include 12/10, call the doctor, request dosage change and talk about symptoms and side effects; 12/11, call friend, made arrangements to go bowling this weekend; 12/12, call Target, inquire about holiday job openings, 12/12, call Edison Electric, questions about bills, etc. At the weekly check-in meetings, the Peer Specialist will inquire about how the phone was used and teach the participant about more opportunities to reduce social isolation, increase social networks of emotionally supportive friends and peers, improving personal safety, job searching, managing mental health appointments, and other uses of the technology to improve mental health outcomes. Data on use and access will be kept to record usage frequency, purpose and outcome. The Peer Specialists will be available throughout the week, holding regular office hours, where the participants are welcome to schedule appointments for additional tech support. In addition to one-on-one sessions with for the participants, the Peer Specialists will arrange various group training and support group sessions where they may teach a new skill such as how to use the virtual calendar to keep track of appointments and set reminders, how to set alerts to assist with medication management, how to set up and use Facebook, internet safety lessons and warnings, online job searches, and/or other topics responding to participant requests. Consumer participation in the project will continue for as long as the participant chooses to, from their enrollment, for the duration of the three year project.

The Peer Specialists will be asked to keep documentation and collect data from the participants about mobile phone use, frequency, and purpose of use. This information will be collected from the weekly individual check-in sessions.

The issue and learning goal addressed:

The learning contributions from this project involve studying the relationship between access and use of mobile smartphones with internet capability to increased access to mental health resources/services and positive outcomes that directly improve the participant's quality of life.

Giving this type of tool to low income mental health consumers who have traditionally had little to no access to mobile smartphones, provides a unique opportunity to empower consumers to be self-reliant in managing their mental health that they might not have otherwise had the opportunity to. The goal of this project is to teach participants how to effectively use the mobile smartphones to access services to create positive impacts that may include but not be limited to: reducing barriers to accessing mental health services, improve accessibility of mental health services with the ability to make, change and be reminded of appointments, call and connect with mental health providers, renew medication prescriptions in a timely manner, increase social networks, with the use of technology for personal and professional gain, increase networks of emotionally supportive friends in person and on-line. Improved management of mental health condition, medication reminders, symptom journals and cognitive behavior text prompts, etc.

Expected learning outcomes:

Learning outcomes will assess if connecting mental health consumers with affordable digital devices and cellular/ internet services will increase access to needed mental health and supportive services and result in:

- Reducing barriers to accessing mental health services
- Reducing social isolation and increasing support networks
- Increasing self-reliance and management of mental health treatment
- Improving overall quality of life and wellbeing

Meets MHA definition of Innovation:

This project makes a specific change to an existing mental health practice by empowering each consumer participant to take charge of their access to services. Typically consumers without means or access to phone service, cell phones or

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technology, who live in a supportive living environment, rely on their case managers to make their appointments, make follow-up calls, draft resumes, field job inquiry calls, etc. By giving each participant a mobile phone device with internet access, they are now empowered to be proactive and responsible for many aspects of their daily well-being.

There are initial reports that support the success of use of mobile devices as psychosocial interventions for the severe, persistent mentally ill population. Mobile devices have been programmed with reminders to take medication, to record daily assessments of mood and symptoms, to communicate with providers in a timely manner and to program daily text messages as part of cognitive behavioral therapies. "Results of this study reported that the mobile phone intervention was effective at improving medication use, socialization, and coping with auditory hallucinations (Ben-Zeev, D. 2012. Mobile Technologies in the Study, Assessment, and Treatment of Serious Mental Illness. Center on Adherence and Self-Determination Research and Practice Brief no. 8). This project would take this mobile intervention model, expand upon it and bring it to low-income supportive and transitional housing programs to increase access to services for this target population. In addition to using the mobile device to manage symptoms, this project would teach participants how to navigate the use of technology to benefit their social, vocational, physical health, mental health and housing circumstances.

This is an important project to bring to the low-income target population as it could be used to overcome some of the barriers to accessing and sustaining mental health services. This project gives participants tools to be proactive in the management and improvement of their wellness and quality of life.

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

This Innovations Project supports and is consistent with the General Standards identified in the MHSa and Title 9, CCR, section 3320, as demonstrated by the following:

Community Collaboration: This project promotes collaboration of supportive and transitional community based housing programs with County/community mental health resources. Peer Specialists will staff the project to give technological support as well as referrals/linkages to a range of mental health education and services available within County as well as through community partners.

Cultural Competence: When meeting with each participant, the Peer Specialist will use their shared lived experiences to address any apprehensions to technology that they may have. Peer Specialists will tailor services to address access and use barriers related to age, generation, culture and language. For example the Peer Specialists might help project participants to program mobile devices to display individualized settings in preferred languages, such as Spanish, etc., as applicable and available. All project trainings and project promotional materials will be translated into County threshold languages: English, Spanish, Vietnamese, Farsi and Korean.

Client and Family-Driven Mental Health System: This project empowers each consumer participant to drive the course of their own mental health management by giving them access and the ability to connect with needed resources and services in the mental health system. This project gives participants the means to keep in touch with their family and engage them to be part of their mental health management through access to the technology provided in this project.

Wellness, Recovery, and Resilience Focused: This project is focused on wellness, recovery and resilience. It increases and eases access to mental health resources and services with the expectation that increased access and technology tools will empower participants to be engaged and proactive in the management of their mental health. This highlights focus on the participant's strengths and the development of resilience in the promotion of recovery.

Integrated Service Experience: This project provides an integrated service experience for participants, as they will have immediate access to a Peer Specialist to assist with County/community mental health referrals and linkages. Inherently, this project creates an integrative service experience connecting the individuals in supportive/transitional housing to mental health systems and community resources/services.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.

(Participant = Consumer receiving device)

Target population: Low-income individuals living with severe and persistent mental illness.

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Served: This project will serve at minimum 50 participants annually.

Demographics:

This Innovation Project will serve participants who are in supportive housing, transitional living and/or full-service partnership type programs, with serious persistent mental illness or co-occurring mental health/substance abuse disorders ranging in age from Transitional Age Youth (TAY), adults to older adults. While it would be hard to predict the exact demographics of the project's participants, efforts will be made to insure that all services will be accessible and available with consideration to overall County demographics, including all County threshold languages: Spanish, Vietnamese, Farsi and Korean.

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.

The Access to Mobile/ Cellular/ Internet Devices in Improving Quality of Life Innovations Project is proposed to be contracted out. It is proposed that service delivery will run 2 years; program evaluation will take place throughout the duration of the project and the final year for summative analysis and evaluation at the project's end, for a total of 3 years dedicated to this project. At the project's end, based on the evaluation, a continuation plan will be developed and a different funding source identified.

It is expected that this time frame will allow Orange County Department of Behavioral Health sufficient time to assess the progress of this Innovations Project, make any necessary adjustments, and communicate the contribution to learning to the community, stakeholders, and other interested Counties and State agencies.

Months 0-3:

It is expected that the first three months of the project will be spent with county management staff working with contractors that want to implement this project. Following the completion of contractual arrangements with a provider, the project will simultaneously train the peer (consumer/ family members) employees and contact respective staff from the selected low-income housing organizations. The consumer training is expected to last approximately six weeks with an additional two weeks dedicated to specialized training on the technological devices. During this time, the provider will also begin to price, source and contract mobile smart phones to be used in this project. Program development will have to consider how to address potential loss of equipment, liability of access to inappropriate internet content, in-app purchases, and how to track usage and purpose of use for data collection.

Month 6:

At six months, the Access to Mobile Devices Project will have enrolled 25 participants who will receive mobile smartphones as part of the project. Each participant will be assigned a Peer Specialist to meet with on a weekly basis. The Peer Specialist will have collected all data relevant to project evaluations. Outreach material/project brochures will have been created and distributed in the community.

Year 1:

At year one, the project will have an additional 25 participants who have received mobile smartphones as part of the project. Each participant will be assigned a Peer Specialist to meet with on a weekly basis. The Peer Specialist will have collected all data relevant to project evaluations. Outreach material/project brochures will have been created and distributed in the community. Year one will conclude with a total of 50 consumers participating in the project.

Program evaluation will continue throughout the duration of the project as data is collected. Quarterly programmatic reviews will give the project team opportunities to identify any policy or procedural changes needed to refine the project and services. Data on mobile smartphone usage, frequency of use and purpose of use will be collected for the duration of the project. The project will be revised based upon recommendations that come out of reviewing the annual outcome analysis.

Year 2:

An additional 50 participants will be enrolled in the project who also each receives a mobile smartphone and Peer Specialist assignment. Year two will conclude with a project total of 100 unduplicated participants.

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Year 3:

Enrollment of new participants will be closed. All the participants in the project will continue to use their mobile smartphones with ongoing and/ or renewed service plans during this final year of the project. Data will continue to be collected through the end of the project. The continuation of this project beyond three years will depend on the contractor's decision to continue the project using other funding. Final data analysis will begin and continue through the end of the project. The final year will be dedicated to program evaluation. All of the project data for the 2 years of project service will be analyzed and reported formally to document the outcomes and lessons learned from this project. This report will be prepared for the MHSO Oversight and Accountability Commission, community, stakeholders and any other County/State agencies interested in project outcomes and lessons learned from this Innovations Project.

Orange County MHSO Innovation Coordination, Project Lead and Project Staff will conduct workshops presenting the results to the County public stakeholders as well as at statewide and national conferences, as requested. Our hope is to be able to disseminate research findings, encourage the replication of successful approaches and continue the Religious Leaders Behavioral Health Training project using other funding sources.

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

Evaluation plan to measure the results, impacts and lessons learned:

Project evaluation will occur throughout the duration of the project with final summative analysis conducted during year 3. At intake and enrollment, each participant will be given a brief quality of life self-assessment, the World Health Organization's Well-Being Index (WHO-5) will also be given once again at the project's end or whenever participants leave the project. All participants' mobile smartphone use, frequency and purpose will be collected on a weekly basis.

To determine how well this project works, this project will collect and compare data from each participant's intake and enrollment. Progress made as a result of increased access to technology will be evaluated by taking baseline measurements of quality of life (WHO-5) combined with mobile smartphone usage, frequency and purpose data. Other information from intake and quarterly status reports from the Peer Specialist, (such as employment status, housing, medication compliance, hospitalization, etc.) will also be tracked in a narrative monthly report for additional information related to each participant's level of functioning.

After the project's end, if the County chooses to continue these services, the project work plan will explore and consider transition to CSS funding and/or other funding sources.

Outcomes measures:

Performance outcomes will be measured by intake data, quality of life self-assessment surveys and weekly one-on-one sessions with the Peer Specialists. Other information from intake and quarterly status reports from the Peer Specialist, (such as mental health management, employment status, housing, medication compliance, hospitalization, social networks, etc.) will also be considered in the measurement of performance outcomes.

It is expected that participants of the project who receive access to technology/mobile smart phones would show improvement in the following areas, as measured by self-assessment tools:

- Increased access to mental health services (to be measured by self-reports, intake and enrollment information about habits and access before receiving the mobile smartphone to after receipt of by weekly data about mobile smartphone usage, frequency and purpose)
- Reduced social isolation and increased support networks (to be measured by self-reports, intake and enrollment information about habits and existing social activities to activities and networks after receipt of the mobile smartphones)
- Increased self-reliance and management of mental health treatment (data on usage, frequency and purpose of mobile smartphone use that might reveal ability to make and keep appointments, medication reminders, etc).
- Improved overall quality of life and wellbeing (to be measured by baseline WHO-5 quality of life survey taken at intake compared to WHO-5 taken at the project's end or when/if a participant leaves the project before its end.

Measurement Tools: Intake and enrollment forms, Data collected on mobile smartphone usage, frequency and purpose, World Health Organization's Well-Being Index (WHO-5).

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The data from participants who enroll and receive access to technology/mobile devices will be compared to those not enrolled in the projects that are in the same housing or FSP programs as our project participants. It is anticipated that those individuals who choose not to participate in this project will be part of the control group. It is proposed that participant improvement, as outlined above will directly be linked to the increased access to technology/mobile devices as a result of this project. Data from participants who received the phones in project year one may also be compared to those who received phones in project year two. Comparing these two data sets may contribute additional information to the evaluation, showing those that had use of the phones for two years versus one year had better outcomes, or the results may show that access of any duration has the same benefit for participants.

Outcomes evaluation:

The Innovation Advisory subcommittee of the Orange County MHS Steering Committee (which includes consumer and family member representation) will review and provide input on the draft assessment procedures before the procedures are finalized. Following data collection and analysis, the Innovation Advisory subcommittee will review the project results and provide their assessment of the achievement of learning objectives. The learning contributions from this project involve studying the positive impact that access to technology will have on each consumer's mental health outcomes.

5. If applicable, provide a list of resources to be leveraged.

N/A

6. Please provide a budget narrative for total projected costs for the entire duration of the Innovation Program, and also provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

The projected total budget for this project is \$938,215: including one month in the 2013-2014 fiscal year for administration; three years of project services (FY 2014-2017).

FY 2013-2014 administration projected amount is: \$10,805; The first project year projected amount is \$289,633; the second project year projected amount is \$327,583; the third project year projected amount is \$310,195.

The budget incorporates personnel costs and operating costs. Each staff member position funded in this budget is essential to the provision and coordination of services for this project. The Peer Specialists will serve as tech support instructors and case manager/advocates. The operation costs include mobile smart phone devices and phone service plans, in addition to general project office supplies. The first year operation expenses account for the first 50 participants and their phone/internet service plans. The second year operation expenses are slightly higher because there will be an additional 50 participants requiring new equipment and service plans in addition to continuing the service plans for the already enrolled participants. The third year of the project shows a reduced budget, as no new participants will be enrolled or receiving equipment. Operation costs in the third project year will include personnel and continuing service plans for previously enrolled participants. The budget incorporates a percentage of a County work plan management team to help develop project design, develop and monitor project infrastructure, guide data collection and evaluation, and offer supervision and support to the project. Work plan management costs, as described below, are spread across the Innovation Projects for the percentage of time dedicated to each project.

After the project's end, if the County chooses to continue these services, the project work plan will explore and consider transition to CSS funding and/or other funding sources.

7. Provide an estimated annual program budget, utilizing the following line items.

Below please find the estimated annual budget as requested, Project Year 2 (FY 15-16). This year was chosen to illustrate estimated costs to run the project at its peak capacity. Budget amounts have been rounded up to the nearest whole dollar.

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NEW ANNUAL PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel			78,728	78,728
2.	Operating Expenditures			88,679	88,679
3.	Non-recurring Expenditures				
4.	Contracts (Training Consultant Contracts)				
5.	Work Plan Management	160,175			160,175
6.	Other Expenditures				
	Total Proposed Expenditures	\$160,175		\$167,407	\$327,583
B. REVENUES					
1.	New Revenues	0		0	0
	a. Medi-Cal (FFP only)	0		0	0
	b. State General Funds	0		0	0
	c. Other Revenues	0		0	0
	Total Revenues	0		0	0
C. TOTAL FUNDING REQUESTED		\$160,175		\$167,407	\$327,583

D. Budget Narrative**1. Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.**

This project is being considered to be contracted out to a community based organization. The following budget narrative is an estimate based on initially anticipated expenses. The final budget will depend on the selected contract provider's proposal.

Personnel: Suggested staffing will include 2 (FTE) Peer Specialist who will serve as technical support/instructor and case manager/ advocates for project participants. Staffing patterns will be suggested by County but project personnel will depend on contract provider's proposal.

Operating Expenditures: Operating expenses include services and supplies, which include phone/email, desks, staff computers, printing, training materials, and office supplies. Additionally, on-going smartphone cellular service plans will be included in operating expenditures. Operating expenses decrease in the last year of the project as services wind down and project evaluation ramps up.

Non-recurring Expenditures: Bulk Purchase of smartphones.

Work Plan Management: Included in work plan management will be a team to provide project and administrative oversight and support. Work plan management, includes ongoing project development, project management, planning, contract monitoring, data collection, supervision support, project evaluation and outcome reporting.

Program Evaluation: The contractor selected to implement this project will be expected to have the capability to create/use a database to collect and analyze all program data. It will not be known until the contractor is selected, if there is a need to include software purchase for the purpose of program evaluation but will be an expected and approved cost if needed.