

# INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

MHSOAC Office Use Only

Version#: \_\_\_\_\_

Staff: \_\_\_\_\_

County: Kern

Date Submitted: 1/31/2017

**Project Name:** 911 Special Needs Registry – Smart 911

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.

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

### 1. Primary Problem

a) *What primary problem or challenge are you trying to address?*

Currently in Kern County, individuals experiencing mental health emergency situations often get arrested and incarcerated or hospitalized, rather than de-escalated and diverted to lower levels of treatment. Incarceration and psychiatric hospitalization are costly and can result in suboptimal outcomes. Funds expended on incarceration and psychiatric hospitalization could be reappropriated to early intervention and treatment for better outcomes.

Currently, **approximately 70% of the inmates in Kern County's custody are receiving mental health services.** Better information from a Special Needs Registry that is made automatically available to dispatchers and first responders will **reduce the criminalization of mental illness** by alerting first responders of the need for specialized crisis intervention before they arrive at the scene of the crisis. In turn, the provision of specialized crisis intervention at the scene will enable better outcomes for individuals and **reduce the costs associated with the incarceration and unnecessary hospitalization** of individuals experiencing a mental health emergency situation. Each individual decides what information to include in their secure, HIPAA-compliant registration profile.

Without a Special Needs Registry, there is often little to no coordination between mental health professionals, 911 Dispatchers, and Public Safety first responder agencies. This lack of coordination leaves public safety staff "in the dark" when it comes to addressing the needs of individuals in a mental health emergency situation. Typically, first responders are provided only information which can be collected from the person contacting emergency services. This can present a challenge for those experiencing a mental health emergency that may be unable to articulate special needs, including mental health symptoms. This can impede the timely provision of the level of attention and care necessary to create the best end result: safe linkage to crisis intervention care or mental health treatment whenever possible.

Today without this program, as individuals are treated, they are left to independently work with public safety officials to make their conditions known. Even in the best case scenarios, this does not work well since information is often collected locally and is not shared across jurisdictional lines. Even worse, information about an individual's self-reported mental health issues are rarely, if ever, communicated to the field responders such as law enforcement. This means that even when community members take steps to protect themselves and their families by providing information to Public Safety agencies, their efforts fall short because first responders only have limited access, if any, to the information provided.

As a Healthcare Professional Shortage Area (HPSA) for Mental Health, Kern County's mental health professionals are over utilized, excessively distant and/or often inaccessible to residents. In his statement to the Subcommittee on the Constitution, Civil Rights, and Human Rights Committee on the Judiciary of the U.S. Senate dated April 29, 2014, Kern County Sheriff Donny Youngblood stated:

*"...the Kern County Sheriff's Office (KCSO) is keenly aware of its critical role in responding to mental health crisis situations....Kern County Law Enforcement officers are routinely the first to respond to calls involving mental health crisis situations. Reductions in mental health funding or services, returning veterans with PTSD and the prevalence of those with co-occurring disorders have all contributed....Law enforcement officers have become the default social workers in our communities..."*

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

This project is a priority for Kern County because:

- This project will help to divert individuals experiencing a mental health emergency situation into treatment and away from the criminal justice system by providing Dispatchers and First Responders with information about the specialized needs of the individual in crisis.
- Kern County has a high rate of mental illness amongst individuals in custody: approximately 70% of the inmates in Kern County's custody are receiving KernBHRS services. Incarceration and psychiatric hospitalization are costly and can result in suboptimal outcomes.
- Kern County has a severe shortage of behavioral health professionals, so the community is underserved. This can result in law enforcement often responding and interacting first in a mental health emergency event;
- Kern County's 8,136 square mile area creates an additional significant challenge in getting qualified behavioral health staff quickly to the scene of a mental health emergency;
- Therefore, equipping law enforcement and emergency first responders with relevant information about the person experiencing a mental health emergency is crucial to reducing negative outcomes. When a first responder is aware that he/she is responding to a person experiencing a mental health emergency, he/she can use his/her Crisis Intervention Training skills and approach the situation accordingly.
- The impact of Smart911 can only be fully realized if enough people register and provide relevant information: for this Project, the target population is mentally ill people and their families. Hence, an innovative implementation approach is needed to maximize the reach to the mentally ill community throughout Kern County. According to Rave Mobile Safety, a large, collaborative multi-agency approach to implementation has not been done elsewhere. Such an approach will meet the unique needs of Kern County.

***b) Describe what led to the development of the idea for your INN project and the reasons that your project is a priority for your county.***

The concept of a 911 Special Needs Registry surfaced at a Kern Crisis Intervention Team (CIT) Stakeholders Meeting in response to discussions about how to empower Law Enforcement first responders with immediate access to better data at the scene of a mental health crisis in order to improve everyone's safety at the scene. These discussions led to the formation of a CIT Subcommittee on Special Needs Registries. The CIT Subcommittee consisted of participants from multiple agencies, including Kern County Sheriff's Office (KCSO), Bakersfield Police Department (BPD), California Highway Patrol (CHP), KernBHRS, Kern County Fire Department (KCFD), Hall Ambulance, Bakersfield Behavioral Health Hospital, and more. The CIT Subcommittee discussed the need for the selection of a registry solution that would span the whole county, because of the easy movement of people around Kern and between County and multiple city jurisdictions.

The Kern CIT Program is led by NAMI, Law Enforcement and KernBHRS. The Kern Crisis Intervention Team CIT Program includes representatives from the Superior Court of the State of California, Public Defender's Office, KernBHRS, law enforcement agencies, Veterans Services, Probation, the Kern County Superintendent of Schools, the United Way Homeless Collaborative, the Kern County Fire Department, hospitals, behavioral health providers, Kern Regional Center, Kern County High School District, faith-based ministries to victims and to the homeless population, and other stakeholders.

After reviewing options, the CIT Subcommittee recommended the Smart911 system, and discussed plans for full implementation, including having the mental health providers and assist clients to register voluntarily with Smart911 as part of regular intake and/or appointments. For example, the implementation concept includes

### **INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template**

providing online kiosks in the lobbies of KernBHRS System of Care outpatient facilities, to enable people to register conveniently. Recovery Specialists or case managers would assist clients in creating a registry that effectively communicates their detailed needs including symptoms and medications unique to the individual registering. The unique multi-agency implementation approach to the Special Needs Registry - Smart911 project is designed to improve outcomes when first responders provide services to persons experiencing mental health emergencies, thereby diverting those people into crisis intervention services or mental health treatment and away from the criminal justice system whenever possible.

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

### 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)).*

*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?*

Law Enforcement agencies utilize Smart911 services throughout the United States. However, Smart911 developer Rave Mobile Safety, Inc. reports that there are not currently any behavioral health agencies providing a program to register clients with mental health needs, specifically.

The State of Rhode Island Department of Health provides information on their website which encourages the public to enroll in the Rhode Island Special Needs Emergency Registry through via a form. This solution includes questions regarding physical, mental, transportation needs, language, mobility and listings of any special assistance needs. The solution serves residents of the state as a whole for the purpose of allowing emergency medical, safety and fire personnel to be prepared when managing an emergency event. Similarly, the Smart911 registry is highly detailed, also allowing users to add information regarding medications and descriptive details for work and home.

The City of New Orleans also allows for online registration to their Special Needs registry. The City provides webpages dedicated to preparing parents and seniors for emergency situations including natural disasters. The New Orleans Special Needs Registry, like Smart911, also identifies any special needs regarding pets or therapy/assistance animals. Assistance is provided by phone for those registering via the City’s website.

These area-specific special needs registries offer basic information regarding physical and mental health, illness and/or impairment. While the Smart911 system does include basic information, there are options to include additional details including comment boxes in which unique needs may be addressed. The registry can be self-completed, or used by calling an over-the-phone assistance line. In researching web-based special needs registries, the Kern CIT Stakeholder Committee and the Kern Behavioral Health and Recovery Services (KernBHRS) found that Smart911 allowed for the addition of details, and a greater array of options for clients with multiple needs to choose from.

These additional options include the ability to add notes specifying needs, medication types or other details not included in the drop down online option menu. While the options are highly inclusive, Recovery Specialist staff will assist clients receiving mental health care in capturing details which may not be included in the basic menu.

### **The Proposed Project**

*a) 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.*

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

*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.*

Upon approval, KernBHRS, in collaboration with Rave Mobile Safety, would 1) submit purchase orders for Smart911 and for online kiosks; 2) schedule software installation and staff training to law enforcement and fire agencies, 3) train KernBHRS System of Care and contracted mental health staff to assist clients in the online registration process, and 4) finalize and launch the promotional campaigns to consumers. The proposed budget includes funding for providing software and training for all fire and law enforcement agencies and dispatch centers within Kern County. The law enforcement communications center Smart911 software and services are purchased through existing county vendor AT&T. Installation of hardware (online kiosks) and software (first responding agencies) would occur in line with launch of the program as sites are trained.

A request for proposals (RFP) would be developed and issued to select an evaluator for the project. Data elements to be collected and evaluated include surveys to determine client satisfaction with emergency services in which Smart911 was utilized; satisfaction surveys from dispatchers/first responders, information regarding the number of clients registered for Smart911 and how often the system is utilized by those self-reporting mental illness.

As part of the service contract, Smart911 program developer Rave Mobile Safety, Inc. provides public information marketing materials as well as training for dispatchers who utilize the program and emergency personnel who receive information in the field. KBHRS and contracted staff will be trained in navigating the registry and working with clients to address specific mental health care needs including medications, potential symptoms, etc.

KernBHRS is proposing to provide client support in creating Smart911 registries. The project also includes providing Rave Mobile Safety, Inc. Smart911 software and training to the emergency response communications centers serving all Fire Departments, Police Departments and Sheriff Substations in Kern County. End user training would be provided to dispatcher and first responders of all of these Kern agencies including but not limited to:

- Fire Departments including:
  - Kern County Fire Department
  - Bakersfield Fire Department
  - California City Fire Department
  
- Law Enforcement agencies throughout Kern including:
  - Kern County Sheriff's Department (Provides law enforcement services to multiple cities)
  - California Highway Patrol serving Kern County
  - Arvin Police Department
  - Bakersfield Police Department
  - Bear Valley Police Department
  - California City Police Department
  - California State University Bakersfield Police Department
  - Delano Police Department
  - Kern High School District Police Department

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

- Maricopa Police Department
- McFarland Police Department
- Ridgecrest Police Department
- Shafter Police Department
- Stallion Springs Police Department
- Taft Police Department
- Tehachapi Police Department

Forty (40) online registration kiosks would be provided throughout the KernBHRS System of Care Outpatient Clinics:

- Adult outpatient clinics serving the following locations and teams, including;
  - Bakersfield:
    - 1401 L Street – 1 online kiosk supporting the CalWORKs team, the Substance Abuse Resource Team, and the CalWORKs Access Retention and Engagement (CARE) team.
    - 1600 East Belle Terrace – 1 online kiosk supporting the Southeast Recovery and Wellness Center.
    - 2151 College Avenue – 3 online kiosks supporting the Psychiatrist Evaluation Center – Crisis Stabilization Unit, the Assessment Center and the Residents Outpatient Clinic.
    - 2525 North Chester Avenue - 2 online kiosks supporting the Adult Transition Team, the Homeless Adult Team, the Forensics Team, the Conditional Release Program, and the North Bakersfield Adult Recovery and Wellness Center.
    - 3715 Columbus Street – 1 online kiosk supporting the Northeast Brief Therapy Clinic.
    - 5121 Stockdale Highway – 4 online kiosks supporting the Assertive Community Treatment team, the Consumer Family Learning Center, the Long Term Care team, the Self-Empowerment Team, the West Bakersfield Adult Recovery and Wellness Center, the Wellness, Independence and Senior Enrichment team, and Vocational Services.
  - Wasco
    - 930 F Street – 1 online kiosk supporting the West Kern Team.
  - Contracted outpatient providers of services to adults, including but not limited to:
    - 3 online kiosks supporting Aegis Methadone clinics in Bakersfield and Delano
    - 4 online kiosks supporting Clinica Sierra Vista locations that serve Arvin, Delano, Lamont, Frazier Park and their surrounding areas.
    - 7 online kiosks supporting College Community Services locations at Taft, Tehachapi, Lake Isabella, Mojave, Ridgecrest and their surrounding areas). This includes 1 online kiosk supporting the Tehachapi Consumer Family Learning Center and 1 kiosk supporting the Ridgecrest Consumer Family Learning Center (the HOPE Center).
    - 1 online kiosk supporting the Mental Health Systems, Inc. ACTION (Bakersfield) Assertive Community Treatment program.
    - 1 online kiosk supporting the new Ridgecrest Crisis Stabilization Unit.
    - 2 online kiosks for projected future sites.
- Child/Minor outpatient clinics serving the following locations and teams, including;
  - Bakersfield:
    - 3300 Truxtun Avenue – 1 online kiosk supporting the Transitional Age Youth Program, the Youth Multi-Agency Integrated Service Team, and the Youth Wraparound Program.
    - 2621 Oswell Street – 1 online kiosk supporting the East Bakersfield Child Outpatient team.

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

- Contracted outpatient providers of services to minors, including but not limited to:
  - 3 online kiosks supporting the Child Guidance Clinics in Bakersfield and Delano, and Delano's surrounding areas.
  - 2 online kiosks supporting the Clinica Sierra Vista Clinic in Bakersfield. The online kiosk supporting the Clinica Sierra Vista location in Delano would be utilized to register both adult clients and the families of minor clients.
  - 1 online kiosk supporting the College Community Services Clinic in Wasco and its surrounding areas. Five of the online kiosks supporting College Community Services locations at Taft, Tehachapi, Lake Isabella, Mojave, Ridgecrest and their surrounding areas, would be used to register both adult clients and the families of minor clients.

Upon implementation, Smart911 would allow emergency responders to share critical information without violating state and federal privacy laws by sharing protected information, as clients would self-register only the information they wish to provide. Clients do so when creating their registry on the website with a username and password of which they alone may utilize. With Smart911, registrants are consenting to their information being shared during an emergency with first responders when a 911 call originating from that registrant is placed. Information provided during an emergency event is provided solely to the agencies involved and for a limited time, to protect the registrant's profile. In the same vein, Smart911 profiles offer a conduit for collaboration between mental health officials working with first responder agencies and dispatchers by collecting the information in a secure manner and providing it to the right personnel at the right time. Information on the special needs registry is in a secure, web-based account accessible by only the registrant. Mental health providers do not have access to registries and there is no sharing of HIPAA information with agencies or other persons. Should the client elect to include information from their WRAP or Crisis Plan, the Recovery Specialist may assist them in doing so, but this would be solely of their own volition and staff would not have access to the information provided by the client to public safety.

In addition to promoting interagency collaboration, the 911 Special Needs Registry Project also provides:

- **Increased access to mental health services:**

FBI statistics show that an individual with a disability (such as mental illness) is seven times more likely to interact with public safety than an individual without a disability; however, many of these individuals with disabilities are not receiving the same level of care because they are unable to instantly share their needs with 911 dispatchers and first responders. Difficulty communicating is common for people experiencing a mental health emergency, and can lead to misunderstandings that may result in the use of force and/or arrest. Smart911 enables people with mental illness to register information about their needs. Because first responders will have access to this information before arriving at the scene of a mental health emergency, they will be better able to respond with the most effective resources and to successfully link the person in crisis with both emergency and routine mental health services as needed. Thus, Smart911 provides a mechanism through which those with mental illness can take proactive steps to convey critical information to police, fire and emergency medical services personnel in the event of an emergency.

- **Increased access to services:**

When an individual is unable to effectively communicate due to mental illness, physical disability, injury, stress, or any other reason, it becomes difficult, if not impossible, to provide proper emergency service care. Smart911 helps to fill several critical gaps that exist, making it possible for registrants to provide address (es), medical history, special notes for responders, and a means for the 911 dispatcher to communicate with the caller via text message. These features all help tailor emergency responses to the needs of people with



## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

mental illness so that linkage to both emergency and routine mental health services can be accomplished in a timely and appropriate manner.

- When a caller is unable to communicate with a 911 dispatcher, it becomes difficult or impossible to provide responders in the field with the information necessary to respond properly, forcing those personnel to enter a situation without contextual awareness. This lack of information may result in an insufficient response that requires further dispatching after first responders arrive and assess the situation.
- Smart911 helps overcome language barriers because the registrant may enter data in his/her preferred language, but the information will appear in English to the 911 dispatcher and first responder.

### **HOW SMART911 WORKS**

Individuals and families register for Smart911 at no cost and enter information that they want 911 to receive in case of an emergency. Information can include family member data, photos, medical conditions, medications, disabilities, mobility limitations, exact addresses, and even pet and service animal ownership. The premise of the Special Needs Registry Project - Smart911 is to assist clients with creating a profile specific to their needs in regards to mental health. Information included in the registry would be voluntary on the part of the client and may include information on diagnosis, medication, interventions, WRAP details, etc.

Data is automatically validated against the user's phone number(s) and citizen-provided data is kept fresh through an automatic aging process.

When a person calls 911, their Smart911 data automatically displays to participating 911 agencies, providing registered information that helps to dispatch the best response to the right location and provide services appropriate to the needs of the person served. The registered individual's data is easily provided to responding Law Enforcement and Fire responders to help them respond more quickly and effectively.

Smart911 is an additional way to connect with your community. It is a tangible, citizen-facing way to showcase government, police, and first responders' on-going commitment to public safety.



### **Improves Responder Safety and Effectiveness**

Smart911 provides critical caller information to first responders, helping to ensure that the right resources are dispatched to the right location and with enhanced situational awareness, enabling them to perform their duties safely and effectively.

**Police** – Premise details, gate and access codes, medical conditions, medications and treatment assets, allergies, emergency contacts, special transport needs, history of domestic violence, vehicle descriptions, large dogs on site, photos of children who have gone missing or elderly residents prone to wandering.

**Fire** – Property layout, number of people in household, disabilities and/or mobility limitations, hazardous

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

materials, utility shut-off locations, access instructions.

### Assists 911 Dispatchers

The rich information flow and supporting features of Smart911 help 911 dispatchers resolve calls faster and more easily, dispatch more effectively, and save lives.

- **Instantly and automatically** delivers potentially life-saving data available about unresponsive or non-communicative callers to the dispatcher's desktop.
- **Initiate text sessions** with mobile callers. Text when callers are non-verbal, hang up, or when calls are dropped, creating greater response and reducing the number of unresolved cases. Multi-chat allows dispatchers to efficiently handle multiple calls at once.
- **Ability to re-bid** the location of a mobile caller, even in dropped call or callback scenarios.
- **Accurate physical addresses** for mobile phones help you convert a general mobile location into a dispatchable address.
- **Immediate identification** of important dispatching details, such as the need for specialty resources, additional units, a hidden driveway, or known medical condition.
- **Enables call reporting** for all device types across regions, providing visibility into frequent callers, transfer history, dropped calls, and misrouted calls along Public Safety Answering Point (PSAP) boundaries. The ability to append notes to a call that are viewable across PSAPs enables efficient collaboration across jurisdictions for a specific incident or caller.
- **Rapid delivery of rich content** to first responders on mobile devices (even a smartphone) speeds response and minimizes communication errors.

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

### Innovative Component

a) Describe the key elements or approaches 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?

The Special Needs Registry Project – Smart911 would adapt an existing service already available to the public, adding a unique focus by assisting clients in creating special needs registries aimed at helping them receive better services during mental health emergency events. This niche mental health focus for Smart911 has never been done for this specific population by a county behavioral health agency. Additionally, the project would provide software, installation and training for law enforcement communications centers; provide training for first responders and dispatchers in utilizing Smart911; and train mental health staff and related staff of partner agencies to assist clients in registering information about themselves with Smart911. This process would build on existing community collaboration between agencies and foster further collaboration.

Kern County anticipates that the result of client’s special needs registries, there will be fewer psychiatric hospitalizations and arrests as emergency personnel are provided information pertinent to serving clients who may be experiencing a mental health emergency event. Fewer hospitalizations and incarcerations contribute to the recovery and wellness of mental health clients.

The new mental health approach that the 911 Special Needs Registry Project will develop, pilot and evaluate consists of:

1. Providing ***every Dispatch Center/Public Safety Answering Point (PSAP) in Kern County*** with Smart911 software. This broad implementation approach is different than existing implementations of Smart911 and is needed in Kern County due to the mobility of residents across jurisdictional lines in Kern.
2. Developing and implementing ***a voluntary client registration process throughout the System of Care to serve clients with mental illness across Kern County***. This voluntary client registration process will become part of the standard procedures at each client-facing site in the System of Care. As noted above, this niche approach is different than existing implementations of Smart911 due to its mental health implementation focus. Recovery Specialists in the System of Care will work with clients to determine which information will be most pertinent in the event of an emergency or mental health emergency. Through this collaborative process, the clients will be better able to tailor Special Needs Registry profiles to more accurately reflect their unique needs in emergency events. Clients who chose to register independently may do so using the online kiosk and have the ability to use online or phone support to complete their Smart911 profile and registry.

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

### b) Learning Goals / Project Aims

*Describe your learning goals/specific aims. What is it that you want to learn or better understand over the course of the INN Project? How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?*

*There is no maximum number of learning goals required, but we suggest at least two. Goals might revolve around understanding processes, testing hypotheses, or achieving specific outcomes.*

Over the course of the innovative program, KernBHRS will seek to 1) better understand the benefits in terms of reduced arrest and reduced psychiatric hospitalization of individuals experiencing a mental health crisis event, that are associated with implementing Smart911 services for emergency services dispatchers and first responders, including law enforcement and fire safety staff; 2) assess whether clients with mental health care needs perceive that their Smart911 individual profiles have a positive impact on the services they receive during a mental health emergency; and 3) and track whether emergency responders feel better-prepared to provide service in a mental health emergency when given information through the Smart911 system.

Intended outcomes;

- Reduction in injury or death occurring during Law Enforcement responses to mental health crises by end of the second year. Baseline data will be collected in the first year to determine the outcome.
- Reduction in arrests and psychiatric hospitalizations for clients that choose to register with Smart911 and create a profile containing vital special needs information in their Smart 911 registries. Baseline data will be collected in the first year to determine the outcome.
- 70% of new KernBHRS clients will opt to register with Smart911, with every client provided the information and assistance to register; information on the number of registrations would be collected each year, reported as the total number of new clients vs. those who registered with Smart911.
- 75% positive feedback from clients on the effectiveness of first response in utilizing information provided in Smart911. This information would be collected through surveys provided at each service site.
- 75% positive feedback from first responding agencies regarding effectiveness of the program in assisting with those providing information through Smart911 used in emergency events. This data would be collected via surveys.
- Use of the system by first response agencies for at least 20% of 911 calls that involve mental health key words (as reported from Law Enforcement Communications Center IT Systems). The first year of data would create a baseline by which to judge growth in community registry. Continued data would help the Department learn whether and how well the Special Needs Registry is assimilated in the community.

### c) 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.*

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

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

*i) 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?*

Target participants those clients receiving mental health care and first-responding agencies including law enforcement, fire safety, and emergency medical services.

*ii) 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.*

Data collected on clients creating user profiles will be obtained from the KernBHRS electronic medical record. As this process is entirely voluntary, and staff will not have access to the client-created special needs registry, there will not be any information pertaining to the client's username or password. The electronic health record will measure the total number of new clients creating profiles versus the number of new clients entering the system of care. Staff will engage clients in providing pertinent information for responders in the event of an emergency. It is anticipated that 70 percent of new clients will opt to create their own user profile with or without the assistance of their Recovery Specialist, case manager, peer specialist, intervention specialist or service coordinator. KernBHRS system of care providers will report the number of new registries added monthly.

Recovery Specialists will ask clients about whether they have had any emergency events. Those who report that they have had an incident, who have also created a Smart 911 registry will be asked to take part in a client satisfaction survey regarding their experience. At a minimum, client satisfaction surveys will first query whether the client created a user profile on Smart911 for themselves/their child. If "yes," then the client will be asked whether they/their child had an emergency experience in which 911 was called. If "yes," then the client will be asked to rate the extent to which they/their child was better served as a result of the user profile information being available to emergency responders during the event. Additionally, the client will receive an e-mail from Smart 911 prompting them to update their profile with any new information (i.e. address change, phone number change, etc.).

Qualitative data concerning the effectiveness of the program at providing first responders with necessary information in the event of an emergency will be determined through satisfaction surveys. Dispatchers will be surveyed quarterly on their level of satisfaction with Smart911 services. Emergency response staff will provide post-event surveys which will determine whether the Smart911 user profile information provided them to better manage mental health emergencies and assist consumers to get treatment. Information will also be collected through the same survey to determine whether Smart911 allowed emergency responders to better coordinate multi-agency emergency response events.

The number of Smart911 profiles utilized in the event of an emergency would be provided by Rave Mobile Safety, Inc. monthly. This information will be evaluated to determine growth or decline in numbers as well as the extent to which the program is established and widely accepted in the community.

Reports analyzing self-reported mental health information in Smart911 will be provided by Rave Mobile Safety, Inc. and will be used in decision making about what mental health services are needed in which geographic areas of Kern County. For example, specific to mental health issues including neurological, behavioral, and

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

cognitive conditions, Rave Mobile Safety can provide reports by geographic area on the prevalence of self-reported conditions, including but not limited to:

1. Autism Spectrum Disorder
2. Bipolar Disorder
3. Cerebral Palsy
4. Cognitive Impairment
5. Confused Easily
6. Developmental Disability
7. Difficulty Understanding Verbal Instructions
8. Extreme Anxiety
9. Memory Impaired / Dementia / Alzheimer's
10. Migraines or Frequent Headaches
11. Neurological Disease
12. Post-Traumatic Stress Disorder (PTSD)
13. Prone to Wandering
14. Seizure Disorder / Epilepsy
15. Schizophrenia
16. Other Psychiatric Condition(s)

Aside from the above-listed self-reported diagnoses, the registered user may include additional diagnosis or mental health history information in an objective field within the registry. This may include symptoms of depression, history of suicidal ideation or attempt, or any other information the user chooses to include. Additionally, documents up to 10 MB (Megabytes) may be included in the registry; this could be useful should a user wish to include a full intervention plan.

*iii) 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)?*

Data collection methods will include but not be limited to the following:

- Client Satisfaction Surveys via online kiosk to determine whether clients who registered with Smart911 and also experienced an emergency, felt better served due to first responders having access to special needs information.
- Feedback surveys from first responders indicating whether they feel the Smart911 program helped in: coordinating and managing response in emergency situations and coordinating with other emergency responders during a multi-agency managed emergency.
- Reports from the electronic medical record tracking the number of times that Recovery Specialists and/or other staff documented that clients opted to create a profile in Smart911.
- Reports from Rave Mobile Safety, Inc. on the number of Smart911 user calls in Kern County.

*iv) 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)?*

KernBHRS will incorporate education to clients on Smart911 as part of the intake process and regularly scheduled appointments. Staff will offer assistance to clients in creating a user profile. KernBHRS will provide online kiosks in multiple outpatient clinic locations to enable clients to easily self-register with Smart911. For Dispatchers and First Responders, surveys will be utilized. To track outcomes, Rave Mobile

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

Safety, Inc. will provide data reports to KernBHRS and to the CIT Steering Committee on 911 emergency calls as well as public safety responses, for which the data system includes key terms pertaining to mental illness.

v) *What is the preliminary plan for how the data will be entered and analyzed?*

KernBHRS will provide online kiosks in multiple outpatient clinic locations to enable clients to easily self-register with Smart911. Clients may also register with assistance from their Recovery Specialist and/or other staff, who would subsequently document in the electronic health record that a client created a user profile. Rave Mobile Safety, Inc. will provide data on the total number of profiles created in Kern County. Information will be collected by Mobile Evaluation Team staff. Evaluation would be provided by a contracted evaluator.

Post-event surveys from emergency responders will be provided online using a program such as Survey Monkey. Data collected will be analyzed within the online survey system. This information will be collected in collaboration with reporting by Mobile Evaluation Team staff and evaluated by the contracted evaluator. Information on the number of Smart911 calls vs. other 911 calls taken in emergency response centers will be collected by the agencies and provided to the KernBHRS Mobile Evaluation Team staff in charge of collecting data. Evaluation of data will be provided by a contracted evaluator.

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

### 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?*

KernBHRS and the CIT Subcommittee researched special needs registries at the inception of the program's proposal as a potential innovative program. Smart911 by Rave Mobile Safety, Inc. was found to be the most appropriate online-based special needs registry. Rave Mobile Safety, Inc. Smart911 will be purchased through the existing communications vendor(s) of the County's PSAPs (For example, AT&T or other communications infrastructure vendor of the County's choice). Quality and regulatory compliance will be ensured in the same manner as contractually required by the County in the existing contract(s). Included in the contract will be data sets and data reports, which Rave Mobile Safety, Inc. will provide to KernBHRS and emergency response communications centers. These data sets and data reports will contain information on the number of Kern County residents registering with Smart911, as well as other data tailored to the needs of Kern County.

Kern County anticipates contracting for evaluation services for the project. Information will be collected by staff from multiple agencies and provided to the contracted evaluator who will analyze and report on data regularly. KernBHRS will research potential evaluators who are known to provide the subject services. Entities that express the interest and ability to provide the services may be asked to submit a proposal detailing their scope of work and anticipated cost for the services to be performed.

Services in excess of \$30,000 are subject to a competitive bid process, such as a Request for Proposal, unless there is compelling evidence to convince the County's Purchasing Manager to concur with a sole source justification for a particular contracted entity.

Once the contracted entity is selected, an Agreement for Professional Services will be negotiated and executed. It will include the specific services to be provided during the term of the agreement. The county will secure necessary documents from the contracted provider, such as insurance certificates and an IRS W-9 Request for Taxpayer Identification Number and Certification form. The appropriate California Franchise Tax Board forms will be requested if the provider does not have an operating office within the state of California and will not be paying California State income taxes. Services performed within the state of California by an out-of-state vendor are subject to a seven percent withholding tax on payments.

The County will maintain an ongoing relationship with the contractor(s) through telephonic and electronic discussions of program process and face-to-face meetings when necessary for more in-depth conversations. The Information Technology staff may provide on-site technical support to local agencies. The contracted entities will be encouraged to contact the Department staff for program guidance whenever needed.

The contracted entities may be asked to submit monthly, quarterly or semi-annual program progress reports to substantiate payments for service.

Contracted entities are expected to abide by the Department's policies and procedures regarding client confidentiality, securing Protecting Health Information and appropriate business conduct. They will also be expected to adhere to all state and federal regulations regarding the performance of this project.

### I. Additional Information for Regulatory Requirements



## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

### 1) Certifications

*Innovative Project proposals submitted for approval by the MHSOAC must include documentation of all of the following:*

- a) *Adoption by County Board of Supervisors.*
- 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).*
- c) *Certification by the County mental health director and by the County auditor-controller that the County has complied with any fiscal accountability requirements and that all expenditures are consistent with the requirements of the MHSA.*
- d) *Documentation that the source of INN funds is 5% of the County's PEI allocation and 5% of the CSS allocation.*

### 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.*

Community Stakeholder meetings, including the proposal of the project took place through the CIT Steering Committee meetings and Stakeholder meetings. These groups meet regularly and consist of those identifying as recovering from mental illness and/or their family members, mental health providers, representatives from law enforcement and the criminal justice system, representatives from schools, medical providers, NAMI representatives and community based organizations.

Meetings began to discuss the need for a special needs registry in 2014. Subcommittee members explored ideas including Smart911 and decided to propose the website information database as a potential program for KernBHRS and collaborating partners to explore with clients with special needs due to mental health experiences.

The program proposal was then drafted and subsequently redrafted in MHSOAC-provided templates, to ensure that questions surrounding the project were answered according to the most current regulations. During drafting and review consideration of the learning objectives, program evaluation and innovative purpose and only recommends those plans with the greatest potential to meet the standards of the Innovation component of the MHSA. In 2015 KernBHRS supervisors were provided descriptions of several proposed innovative projects, from which they were asked to rank programs based on innovative concepts and that would provide needed services to clients. Smart911 ranked third among the eight proposed programs..

MHSA coordination staff presented updated information on the program proposal process and gathered feedback during the CIT Stakeholder Committee meeting on Sept. 21, 2016.

The proposed program was also reviewed by stakeholders participating in the FY 2016/20017 MHSA Annual Update Community Planning Process, 30-day review period and the Annual Update Public Hearing. Meetings are open to the public and information pertaining to stakeholder feedback was provided in English and Spanish. The KernBHRS Ethnic Services Coordinator was also in attendance for MHSA Community Planning and Stakeholder Meetings.

Approximately 325 individuals were reached through the Community Planning Process. The innovative project received support from individuals self-identifying, family members of those with mental illness, mental health care providers and law enforcement,, as described in detail later in this section. In addition, the Kern CIT Program stakeholders, including representatives from Kern NAMI, placed a high priority on the implementation

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

of a Special Needs Registry to benefit individuals experiencing mental health emergency events in Kern.

Examples of feedback provided during the CPP included:

“We can possibly reduce use of force in some responses by having additional information up front when responding. This will have a very beneficial impact on the community as a whole. Very important for first responders to have as much info as possible at first contact.”

“A great help for persons with mental illness when a crisis happens and law enforcement is called out.”

“Reduce [sic] the trauma of being served by police.”

**Innovative plans which will be presented for consideration of approval by the Mental Health Services Oversight and Accountability Commission were reported in the MHSA Annual Update FY2016/2017, which was approved by Kern County Behavioral Health and Recovery Services Behavioral Health Board and the Kern County Board of Supervisors in 2016.**

Community Planning Process Meeting dates and locations:

Sept. 1 – Central Avenue Senior Apartments, Wasco, Calif.

Sept. 6 – NAMI General Board Meeting, Bakersfield, Calif.

Sept. 9 – Bakersfield Homeless Center, Bakersfield, Calif.

Sept. 14 – Consumer Family Learning Center Advisory Board Meeting, Bakersfield, Calif.

Sept. 21 – CIT Stakeholder Meeting, Bakersfield, Calif.

Sept. 22 – Transitional Age Youth Focus Group and MHSA Stakeholder Meeting, Bakersfield, Calif.

Oct. 7 – Recovery Conference, Bakersfield, Calif.

Oct. 11 – MHSA Community Planning and Stakeholder Meeting, Mojave, Calif.

Oct. 13 – Wasco Community Collaborative Meeting, Wasco, Calif.

Oct. 13 – MHSA Community Planning and Stakeholder Meeting, Tehachapi, Calif.

Oct. 14 – MHSA Community Planning and Stakeholder Meeting, Bakersfield, Calif.

Oct. 18 – MHSA Community Planning and Stakeholder Meeting, Lake Isabella, Calif.

Oct. 20 – MHSA Community Planning and Stakeholder Meeting, Lamont, Calif.

Oct. 21 – MHSA Community Planning and Stakeholder Meeting, Frazier Park, Calif.

Nov. 15 – MHSA Community Planning and Stakeholder Meeting, Ridgecrest, Calif.

Nov. 17 – Kern County Network for Children General Collaborative Meeting, Bakersfield, Calif.

The demographic breakdown of the 2016 Community Planning Process for those who responded included:

Race:

36% Hispanic/Latino

37% White/Caucasian

13% Black/African American

6% Mixed Race/Ethnicity

2% Native American/Tribal

2% Asian/Pacific Islander

1% Decline to State

2% Other

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

Geographic area reporting:

77% Bakersfield  
6% Ridgecrest  
3% Shafter/Wasco  
3% Arvin/Lamont  
3% Delano  
1% Tehachapi  
1% Kern River Valley  
1% Mojave/Rosamond  
1% Frazier Park  
0% Buttonwillow  
1% Other  
2% Decline to state

The proposed project was included the MHSA Annual Update for FY2016-2017. The 30-day review and comment period ran from October 28 – November 28, 2016. The Behavioral Health Board approved the plan during the Public Hearing on November 28, 2016 and the Kern County Board of Supervisors Meeting on December 13, 2016. The MHSA Annual Update FY2016/2017 was delivered to the Mental Health Services Oversight and Accountability Commission on December 19, 2016. The proposal and program summary were further provided on the Kern Behavioral Health and Recovery Services website for public review and comment. Kern County Board of Supervisors approval for use and encumbrance of funds for the Special Needs Registry Project – Smart 911 will be sought pending approval of the Mental Health Services Oversight and Accountability Commission, which will be requested at the April 27, 2017 meeting.

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

### 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

### 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.

Implementation of Smart911 has successfully improved outcomes and access to emergency care in a variety of non-mental health settings, including but not limited to the following real-life success stories:

- **Domestic Violence:** In Ottawa County, MI, on July 31, 2016, a 911 dispatcher received an abandoned 9-1-1 call from a mobile phone. The dispatcher attempted to reconnect with the caller, however there was no answer. She then initiated a text session with the 9-1-1 caller via Smart911Chat. After minutes of silence, the dispatcher received a response by text. The 9-1-1 caller said that she was being threatened and confirmed that the male suspect was still on scene. The dispatcher quickly responded to gain the address and then dispatched help. She then continued the text conversation and obtained the name of the male and his relationship to the caller. During the text conversation the male subject left the premises and the caller then felt comfortable dialing 9-1-1.
- **Elderly Citizens:** In Owensboro Davies County, KY, on June 10, 2016, a 911 dispatcher received a 9-1-1 call from an elderly caller who was severely disoriented and unable to communicate. The caller was having difficulty breathing and was unable to speak clearly. The dispatcher utilized the elderly caller's Smart911 profile to get an address and dispatched the appropriate emergency responders. The quick thinking and use of Smart911 allowed the dispatcher to get the caller the help they needed and save the elderly person's life.
- **Suicide Prevention:** In Van Buren County, MI, on August 8, 2016, a 911 dispatcher received an abandoned call from a 15 year old female. The dispatcher tried to call her back but she refused to answer her cellphone to verify her condition. The dispatcher then reached out to her by initiating a text session through the Smart911 platform. He was then able to coax a response from the young woman and began a line of communication to confirm her condition and ascertain if there was a weapon involved. The dispatcher was able to check her condition and learned she had overdosed. He relayed this vital information to EMS who was on their way, which allowed them to understand the situation they were entering and how best to save the young woman.
- **Medical Emergencies (Violent Assault):** In Orange Co., VA, on May 30, 2016, 9-1-1 dispatchers received an emergency call from a woman that had been severely beaten. Unaware of her location, the caller's weak cell phone signal was eventually lost, leaving the dispatchers with only scraps of information: the town she was calling from and her physical condition. Soon after losing contact, the dispatchers worked as a team to initiate a two-way texting conversation with the female caller, using a Smart911 feature known as Smart911Chat. The dispatchers received an immediate response from the distressed caller. They then instructed the woman to locate something with an address on it, and maintained communication with her

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

until emergency responders arrived. While onsite reports indicate the assault injuries were severe, the victim was immediately transported to a nearby hospital is expected to be okay.

The Special Needs Registry – Smart911 project introduces an approach to Kern County that has been successful in a non-mental health context or setting elsewhere by utilizing an implementation approach that overcomes unique challenges faced by Kern County: those of being a HPSA for mental health, as described above, while serving a very large geographic area.

The Special Needs Registry Project will contribute to the development and evaluation of a new or changed practice within the field of mental health as follows:

1. Agencies and organizations that serve people with mental illness will:
  - a. Develop and implement standard procedures to educate clients about the benefits of registering with Smart911
  - b. Make it easy for consumers of KernBHRS services and their families to register by helping them as part of the intake/welcoming process. For example, an agency or organization could provide online access to Smart911 through available online kiosks. Recovery Specialists will also provide assistance with creating user profiles for Smart911 as requested.
  - c. Organizational resources to be leveraged for marketing and communications programs:
    - i. Rave Mobile Safety, Inc. will provide marketing materials as part of the purchase of the program, which can be used in the community.
    - ii. KernBHRS will also provide information on the program via the agency website, social media, press release, etc.
2. Reports analyzing self-reported mental health information in Smart911 will be provided by Rave Mobile Safety, and will be used in decision making about mental health services needed in geographic areas of Kern County.

The 911 Special Needs Registry Project is significant and worth the investment of MHSAs Innovation funds because it has the ability to increase the safety of mental health clients and first responders while reducing potential negative incidents involving Law Enforcement when interacting with those experiencing a mental health crisis. This can be achieved through the provision of self-reported information that has been voluntarily provided to Smart911 by people with mental illness. This self-reported information will alert first responders that there may be a mental health component to the emergency, in which case Crisis Intervention Training skills can be utilized when safe and appropriate to do so.

It is imperative that those with mental illness feel safe and protected and that local first responders are provided with relevant information in a timely manner so that they can effectively respond to emergency situations involving people with mental illness. Persons experiencing a mental health emergency can pose a threat to themselves or others if they are not receiving appropriate care. In a mental health crisis, law enforcement agencies are usually the first point of official contact for the person experiencing a mental health emergency. While law enforcement agencies are not expected to be experts in mental health, they need to have tools to appropriately identify when an individual is better served through the behavioral health system than the criminal justice system. The more that emergency responders know about an emergency situation and the people involved, the better they are able to help those experiencing a mental health emergency.

### 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?*

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

Following are prevalence estimates for mental illness in Kern County based on national rates:

	Column A	Column B	Column C	Column D
<b>Kern County</b>		Estimated Adult Population based on 72.7 % of Kern's Population being Adults (Column A multiplied by 72.7%	Estimated # of ADULTS with Any MI based on National Rate of 18.5% (Column B multiplied by 18.5%)	# Unique Medi-Cal Clients Served By KernBHRS in FY2014-15 (Adult and Minor)
-	<b>Population</b>	72.7%	18.50%	
Total Population City of Bakersfield	368,759	268,088	68,220	
Total Population Kern County	874,589	635,826	161,799	12,794

Sources:

<https://suburbanstats.org/population/california/list-of-counties-and-cities-in-california#CR>

<http://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml>

- Upwards of 40% of the community has some access of functional need that may alter the way an emergency or disaster is handled
- Individuals with a disability are seven times more likely to encounter public safety
- Individuals with disabilities are more likely to utilize public safety resources
- This program can help everyone including those with/without mental health issues  
(Source: Rave Mobile Safety)

*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.*

Bakersfield has an estimated population of 379,110 people, which is approximately 43 percent of the county's total population of 886,507 (2016 Department of Finance). Around 88 percent of the county's total population resides in or around various urbanized areas, while the remaining 12 percent live in more undeveloped, rural areas. Approximately 35 percent of the population in Kern County is aged 35-64. Children under 10 also make up a substantial portion of the population, approximately 25 percent, and 15-34 year-olds occupy approximately 31 percent of the Kern County population. According to the California Economic Forecast report, Kern will continue to attract new residents over the forecast horizon and the growth of population will modestly accelerate. By 2018, the total population is anticipated to reach 943,800 individuals, and exceeding 1 million in 2020.

English and Spanish are the primary threshold languages in Kern County. Hispanic/Latin persons constitute 51.5 percent of the population, which is also made up of White, non-Hispanic (36 percent), African American/Black (4.9 percent), Asian (4.4 percent), multi-racial (3.5 percent), Native American (0.4 percent) and Native Hawaiian/Pacific Islander (0.1 percent).

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

According to the California Health Interview Survey (2014), 6.9 percent of Kern’s population identified as gay, lesbian, homosexual or bisexual. The US Census Bureau, American Community Survey reported that 57.9 percent of people in Kern speak only English, 37.4 percent speak Spanish (both bilingual and monolingual), 2.5 speak Asian languages and 1.7 speak Indo-European languages.

- 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 focus of this project is on mentally ill people in Kern County. However, there are no eligibility requirements for registering with Smart911.

### II. Additional Information for Regulatory Requirements (continued)

#### 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

The development of the program proposal has been a collaborative project since its inception. As a proposal created from the CIT Stakeholder Committee, the project was a hands-on effort developed by stakeholders including behavioral health clients, providers, law enforcement, faith-based agencies and others. Information regarding the proposed project was provided during the MHSa Community Planning Process for FY 2016/2017 and received positive feedback. Additionally, agencies providing care to those with special needs outside of mental health are interested in the registry, which serves those who may have cognitive, mobility or other disabilities requiring attention in the event of an emergency.

##### b) Cultural Competency

Central to the development of this program is equal access to all community members. Like 911 itself which has been designed for equal access, Smart911 will address the varying needs of the community by offering a registration process that has been designed with ADA and 508 compliance and testing in mind to ensure the greatest possible inclusion of a wide variety of disabilities. Furthermore, the registration process is offered in over 70 languages including American Sign Language. Where technology and access to the internet is restricted or unavailable within home/work settings, our community collaboration efforts will bridge the gap and provide many opportunities for individuals and families to register and opt-in to this life saving service and thus reduce disparities that may exist across our community.

Additionally, by communicating the program throughout the community, we will further collaborate with entities both within and outside of KernBHRS including schools, community centers, special needs organizations, cultural organizations and religious communities as a part of a broad and comprehensive educational effort. It is through the collaboration with these community advocacy groups that we will successfully both understand and embrace the diversity that makes our community so great. These partnerships will drive an understanding of the program which in turn will drive success.

##### c) Client-Driven

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

This Project is client-driven because it was proposed via a client-driven stakeholder process and is designed for voluntary registration by clients, it is designed to improve outcomes when mentally ill clients in crisis interact with Law Enforcement, and the client controls what information he/she chooses to provide via Smart911.

### *d) Family-Driven*

The Kern CIT Steering Committee and the KernBHRS MHSA Stakeholder process is designed to include family members. Families and their ability to help protect their members are central to our approach for this project. Through an educational process via direct and indirect community partners, we will provide numerous opportunities to educate families and provide easy access to registering for the program.

Family challenges and opportunities are also central to our goals for the program. As an example of how this can benefit families, we will be able to better address the ever growing number of families facing the reality of childhood mental illness and teen suicide. For minors or for adults who give permission, family members acting as supports to clients may help articulate special needs when creating the client's registration. With this program in place, a call from a concerned parent can instantly provide relevant information, a photo and a physical description to 911 and first responders. This instant access to essential information will speed the end-to-end emergency response and has the documented ability to save lives.

### *e) Wellness, Recovery, and Resilience-Focused*

As a client-driven service, the Smart911 program will provide the highest levels of self-determination and self-responsibility while on the road to recovery. Above all else, individuals will always have the ability to opt-in and elect to provide as much or as little information as they choose. Furthermore, with an understanding that health conditions are always changing, Smart911 will automatically request condition updates every 6 months. Individuals will also always have the ability to update their information at any time. These frequent updates will instantly and automatically be made available to first responding agencies should 911 be dialed.

### *f) Integrated Service Experience for Clients and Families*

As a County-wide offering, the experience for clients and families will be greatly enhanced due to the community collaboration and numerous touchpoints we will be able to achieve across our community partnerships. Through our comprehensive communications and marketing plan we will be able to effectively and efficiently create a seamless, high level of service.

## **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. Smart911 is free to the consumer. The cost is borne by the Dispatch/PSAPs. During the Special Needs Registry -Smart911 program period, we will identify and track outcomes measures to demonstrate that this program saves both lives and money. Participating first response agencies will be able to measure the benefit of the program and the cost savings which result from the seamless access to self-reported information that is made available in a timely manner.



## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

### 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.*

As noted above: central to the development of this program is equal access to all community members. Like 911 itself, which has been designed for equal access, Smart911 will address the varying needs of the community by offering a registration process that has been designed with ADA and 508 compliance and testing in mind to ensure the greatest possible inclusion of a wide variety of disabilities. Furthermore, the registration process is offered in over 70 languages including American Sign Language. Where technology and access to the internet is restricted or unavailable within home/work settings, our community collaboration efforts will bridge the gap and provide many opportunities for individuals and families to register and opt-in to this life saving service and thus reducing disparities that may exist across our community.

Additionally, by communicating the program throughout the community, we will further collaborate with entities both within and outside of KernBHRS, including; schools, community centers, special needs organizations, cultural organizations and religious communities as a part of a broad and comprehensive educational effort. It is through the collaboration with these community advocacy groups that we will successfully both understand and embrace the diversity that makes our community so great. These partnerships will drive an understanding of the program which in turn will drive success.

#### 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 weigh in at different stages of the evaluation.*

Meaningful stakeholder participation has been achieved and will continue to be ensured through the annual Community Planning Process and MHSA Stakeholder meetings including MHSA Core Team (an MHSA advisory group) meetings to discuss outcomes pertaining to the program and develop changes if necessary. Additionally, the Crisis Intervention Team Steering Committee will continue to provide feedback on the implementation of the project, evaluation, and tracking of outcomes.

## II. Additional Information for Regulatory Requirements (continued)

### 9) **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?*

1. MHSA Annual and Three-Year Reports documenting data annually
2. MHSA Community Planning and Stakeholder Meetings

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

3. Joint Public Safety & Behavioral Health whitepaper discussing the impact and results
4. Documented survey results from KernBHR, Rave Mobile Safety, Inc., first response agencies
5. Statewide CIT webinars at the year 1, 2 and 3 marks

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

Clients utilizing the program will have the opportunity to provide feedback on the program through the client survey process. Meaningful participation by program participants and other stakeholders has been achieved and will continue through the Kern Crisis Intervention Team Program and MSHA Community Planning Process and Stakeholder Meetings.

A CIT Subcommittee on Special Needs Registries was formed to evaluate alternative solutions, recommend the solution (Smart911), and obtain agreement from and participation by their respective agencies/organizations in the implementation of the recommended solution. This CIT Subcommittee, along with the Crisis Intervention Team Steering Committee, will continue to provide feedback on the implementation and utilization of the project, weigh in at different stages of the evaluation, and track outcomes for the purpose of creating a continuous feedback loop to improve the project.

*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.*

- a. Smart911
- b. Mobile evaluation team
- c. Mental health crisis
- d. Crisis intervention / CRISIS INTERVENTION TEAM (CIT)
- e. 911

### 10) Timeline

*A) Specify the total timeframe (duration) of the INN Project: 5 Years, 0 Months*

*B) Specify the expected start date and end date of your INN Project: \_Start Date 7/1/2017; End Date 6/30/2022*

*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 timeframe will allow sufficient time for*

- a. Development and refinement of the new or changed approach;*
- b. Evaluation of the INN Project;*
- c. Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project;*
- d. Communication of results and lessons learned.*

The total anticipated timeframe for this initiative is 5 years. The following are the specific milestones to be achieved from the point of grant award, along with projected timeframes:

- Participating Agency MOU's (8 Weeks)
- Contract review and execution (8 weeks)
- Technical deployment across approximately 13 911 centers (3 months)
- Training of 911 personnel and first responders (3 months)
- Public announcement and outreach to target audience(s) (to commence 120 days after contract)

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

execution and continue through the initiative)

- Evaluation of best methods for reaching the target audience(s) (ongoing)
- Measure participation and impact (quarterly, beginning at month 6)

### 11) INN Project Budget and Source of Expenditures

#### NEW INNOVATIVE PROJECT BUDGET BY FISCAL YEAR

#### EXPENDITURES

	Projected expenditure of INN Funds for this INN Project, by fiscal year, for:	FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22	Total
1.	a. Personnel expenditure, including salaries, wages & benefits	\$353,597	\$345,980	\$345,980	\$345,980	\$345,980	<b>\$1,737,514</b>
	b. Estimate the percentage (%) of this expenditure that is for EVALUATION	13.7%	14%	14%	14%	14%	<b>14%</b>
2.	a. Operating expenditure	\$190,400	\$190,400	\$190,400	\$190,400	\$190,400	<b>\$952,000</b>
	b. Estimate the percentage (%) of this expenditure that is for EVALUATION						
3.	a. Non-recurring expenditures, e.g., cost of equipping new employees with technology necessary to perform MHSAs duties to conduct the INN Project	\$74,000					<b>\$74,000</b>
	b. Estimate the percentage (%) of this expenditure that is for EVALUATION	10%					<b>10%</b>
4.	a. Consultant contracts (add additional line items for specific contracts, e.g. clinical training contract(s), facilitator contract(s), evaluation contract(s))	\$35,000	\$35,000	\$35,000	\$35,000	\$35,000	<b>\$175,000</b>
	b. Estimate the percentage (%) of this expenditure that is for EVALUATION	100%	100%	100%	100%	100%	<b>100%</b>
5.	a. Other expenditures projected to be incurred on items not listed above (please explain below in the budget narrative)						
	b. Estimate the percentage (%) of this expenditure that is for EVALUATION						
6.	<b>a. TOTAL FUNDING REQUESTED (Total amount of MHSAs INN funds you are requesting that the MHSOAC approve)</b>	<b>\$701,182</b>	<b>\$617,333</b>	<b>\$617,333</b>	<b>\$617,333</b>	<b>\$617,333</b>	<b>\$3,170,514</b>

**INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template**

***Expenditures for A. Administration, B. Evaluation & C. TOTAL By Funding Source and FY***

<b>A.</b>	<b>Estimated total mental health expenditures for <u>administration</u> for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 17-18</b>	<b>FY 18-19</b>	<b>FY 19-20</b>	<b>FY 20-21</b>	<b>FY 21-22</b>	<b>Total</b>
1.	Innovative MHSAs Funds	\$88,475	\$83,575	\$83,575	\$83,575	\$83,575	<b>\$422,774</b>
2.	Federal Financial Participation	\$0	\$0	\$0	\$0	\$0	\$0
3.	1991 Realignment	\$0	\$0	\$0	\$0	\$0	\$0
4.	Behavioral Health Subaccount	\$0	\$0	\$0	\$0	\$0	\$0
5.	Other funding*	\$0	\$0	\$0	\$0	\$0	\$0
<b>6.</b>	<b>Total Proposed Administration</b>	<b>\$88,475</b>	<b>\$83,575</b>	<b>\$83,575</b>	<b>\$83,575</b>	<b>\$83,575</b>	<b>\$422,774</b>
<b>B.</b>	<b>Estimated total mental health expenditures for <u>EVALUATION</u> for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 17-18</b>	<b>FY 18-19</b>	<b>FY 19-20</b>	<b>FY 20-21</b>	<b>FY 21-22</b>	<b>Total</b>
1.	Innovative MHSAs Funds	\$48,574	\$43,674	\$43,674	\$43,674	\$43,674	<b>\$223,270</b>
2.	Federal Financial Participation	\$0	\$0				
3.	1991 Realignment	\$0	\$0				
4.	Behavioral Health Subaccount	\$0	\$0				
5.	Other funding*	\$0					
<b>6.</b>	<b>Total Proposed Evaluation</b>	<b>\$48,574</b>	<b>\$43,674</b>	<b>\$43,674</b>	<b>\$43,674</b>	<b>\$43,674</b>	<b>\$223,270</b>
<b>C.</b>	<b>Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 17-18</b>	<b>FY 18-19</b>	<b>FY 19-20</b>	<b>FY 20-21</b>	<b>FY 21-22</b>	<b>Total</b>
1.	Innovative MHSAs Funds	\$701,182	\$617,333	\$617,333	\$617,333	\$617,333	<b>\$3,170,514</b>
2.	Federal Financial Participation	\$0	\$0	\$0	\$0	\$0	\$0
3.	1991 Realignment	\$0	\$0	\$0	\$0	\$0	\$0
4.	Behavioral Health Subaccount	\$0	\$0	\$0	\$0	\$0	\$0
5.	Other funding*	\$0	\$0	\$0	\$0	\$0	\$0
<b>6.</b>	<b>Total Proposed Expenditures</b>	<b>\$701,182</b>	<b>\$617,333</b>	<b>\$617,333</b>	<b>\$617,333</b>	<b>\$617,333</b>	<b>\$3,170,514</b>

\*If "Other funding" is included, please explain.

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

### **Budget Narrative**

*Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, “\$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total \$15, 000,”) and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, “Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time...”). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project.*

### **Personnel Expenditure includes the following:**

- KernBHRS Program Specialist II, 1 FTE, estimated at \$112,213 annually including benefits, totaling \$561,065 over the five year period of this project, funded by MHSa INN funds. Staff would be responsible for coordinating and providing training and support for Recovery Specialist/Case Management staff working with clients to create special needs registries. The Program Specialist would also provide project management services for the implementation of Smart911 at PSAP communication centers, including the coordination of site trainings for dispatch centers and first responders throughout Kern County.
- KernBHRS Administrative Coordinator, 0.25 FTE, estimated at \$29,661 annually including benefits, totaling \$148,303 over the five year period of this project. This is an existing position at KernBHRS, of which 25 percent of the Administrative Coordinator’s time will be redirected to support this project for five years and funded by MHSa INN funds. The remaining 75% of this position will be funded the same as the position is currently funded. The Administrative Coordinator would provide internal program evaluation of the project including gathering and analyzing surveys from emergency dispatch and responder staff, data from Rave Mobile Safety, Inc. and client surveys. Information would then be provided to the contract evaluator, who will provide periodic (monthly, quarterly or bi-annual) reports.
- KernBHRS Senior Information Systems Specialist, 0.10 FTE, estimated at \$14,963 annually including benefits, totaling \$74,815 over the five year period of this project. This is an existing position at KernBHRS, of which 10 percent of the Senior Information Systems Specialist’s time will be redirected to support this project for five years and funded by MHSa INN funds. The remaining 90% of this position will be funded the same as the position is currently funded. This position will primarily support the set up and maintenance of the 40 online registration kiosks. Additional staff time was added in year one to account for programming and installation, totaling \$5,985.
- KernBHRS Maintenance Worker II: Estimated cost is \$1,632 in year one for installation of online kiosks in clinics.
- Law Enforcement Lieutenants (2) assigned to Communications/PSAPs, 0.50 FTE EACH: Estimated at \$189,143 annually including benefits. Together the two Lieutenant/Communications positions total \$945,714 over the five years to be funded by MHSa INN grant funds. This funding will be used for the incremental personnel cost associated with implementing, maintaining and managing the Smart911 software and services. The software resides on the Law Enforcement Communications Center computer systems. The remaining 50% of EACH of these two positions will be funded the same as the positions are currently funded. The positions will be funded with the Kern County Sheriff’s Department and Bakersfield Police Department. There are several law enforcement entities mentioned in the implementation plan; however, these two agencies provide emergency dispatch services for the vast majority of the county, including some incorporated and unincorporated areas. These Lieutenants will manage the installation of

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

Smart911, training of dispatchers and first responders, and ongoing full implementation of the program as over time Smart911 becomes entrenched in the culture of Kern County. They will also provide support for the project by administering, gathering and providing to Kern Behavioral Health and Recovery Services surveys from staff regarding the effectiveness of Smart 911 in mental health emergency situations. In addition, these Lieutenants will provide consultation to the other PSAP communication centers in Kern to facilitate the successful and timely implementation of the Program across all PSAP communication centers in Kern.

### **Evaluation:**

Contract evaluation is \$35,000 per year. Contractor will provide overall evaluation of data gathered from all public safety sites, KernBHRS and Rave Mobile Safety, Inc. Contract evaluator would provide periodic reports to KernBHRS. The personnel costs for the KernBHRS Administrative Coordinator are also included in evaluation costs, as data collection will be completed this staff. Ten percent of online kiosks were included in year one for evaluation as they will be providing the interface for clients to complete customer satisfaction surveys. Evaluation totals \$48,574 in year one, with \$43,674 in years two through five, totaling \$223,270 over five years.

### **Operating Expenditures:**

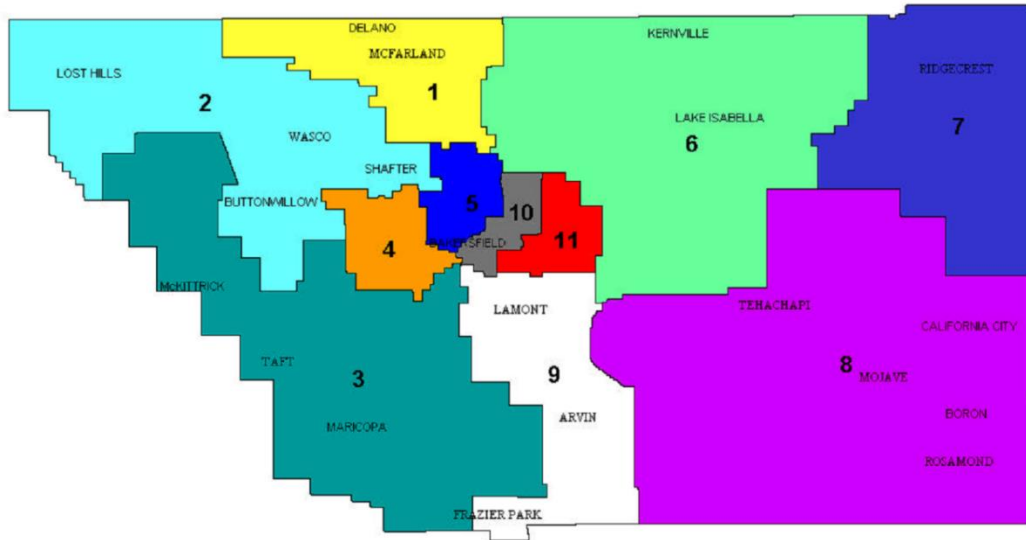
\$952,000 over the five year period of this project will be funded by MHSA INN funds, as follows:

- \$850,000 will fund Smart911 software, installation, and training for:
  - Approximately 13 PSAPS in Kern County
  - Approximately 75 total call taking stations with an estimated 50 of those being “full time”
  - Five years of service
- \$77,500 will fund internet connectivity services for 40 online registration kiosks located at client facing locations of KernBHRS and its contracted providers
- \$4,900 annually for incidental hardware repair or replacement

### **Non-recurring expenditures:**

- Forty (40) online kiosks: For placement in mental health outpatient clinic lobbies, including those operated by KernBHRS and by its contracted providers across Kern County. The online kiosks are for the purpose of enabling the client to register with Smart911 and/or update their account information regularly and conveniently, as part of the intake process and/or their regular appointments. The total non-recurring cost for the forty kiosks is \$49,000. Below is the map of Kern County Geographic Service Areas.
- Deployment and Implementation Costs: \$25,000 for countywide implementation including marketing, startup and project onboarding.

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template



### Administration:

Administration of the project is expected to incur 29.3 percent of the total KernBHRs personnel cost: \$422,774 over five years.