Tulare County Health and Human Services (HHSA)
Mental Health Services Act (MHSA)
Project Empath Innovation Plan

Section 1: Innovations Regulations

CHOOSE A GENERAL REQUIREMENT:

The Project Team (consisting of Mental Health staff, Clinic Administrators, Contracted providers, Family Advocate, Peer Support Specialist, Alcohol and Other Drug staff, and HHSA Agency staff) feel this Innovation project **introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.**

CHOOSE A PRIMARY PURPOSE:

As with many Innovation projects, Project Empath addresses more than one purpose simply by the nature of the project and how it must be implemented. For example, embedding the project within the Crisis Intervention Team training promotes interagency collaboration. Additionally, the vision of having the technology available to staff and peers will increase the quality of mental health services as staff and peers gain tools to better engage and interact with consumers. The primary purpose however is to **increase access to mental health services**, by increasing knowledge of serious mental illness, increasing knowledge of resources available to those with serious mental illness, increasing empathy and attitude change for those with serious mental illness, and improving the response from support systems and first responders toward those with serious mental illness (SMI).

Section 2: Project Overview

PRIMARY PROBLEM

The primary problem that Tulare County Health and Human Services Agency (HHSA) is trying to address is that of stigma and discrimination surrounding SMI in Tulare County. The problem is that of the community not fully understanding what those with SMI experience on a daily basis. This lack of understanding then leads to misconceptions and misunderstandings about the effect of SMI on consumers and causes a disconnection and lack of empathy towards those with SMI by the rest of the community and their family members. This identified primary problem is based on community feedback data and needs assessment results and has presented itself frequently enough to be a problem that warrants innovation program supports to investigate and work to overcome.

Tulare County HHSA, through the Mental Health Branch, conducted a Community Program Planning process (CPP) for the Tulare County Mental Health Services Act (MHSA) Integrated

Three-Year Plan (2017-2020). The planning process included consumers, family members, staff, agency partners, specialty groups, and general community stakeholders. Feedback opportunities were offered through stakeholder meetings, focus groups, and surveys, as well as through a public hearing. Additional and ongoing stakeholder feedback is provided during the year at various committees, which includes consumers, family members, providers, staff, etc.

MHSA stakeholders reviewed and refined strategies based on the data from the community assessment, which included 28 focus groups with 198 participants, and 884 survey responses. Not every finding from the surveys and focus groups were addressed; rather main themes developed that were deemed to be most pertinent when considering existing programs and practices within Tulare County Mental Health. Homelessness, substance abuse, and suicide were the top three community needs identified through the CPP, and Tulare County Mental Health has several efforts working to address these needs. To address homelessness, the Mental Health Branch works in partnership with the Homeless Task Force which was created in late 2017, in addition to pursuing such grant funding opportunities as No Place Like Home and the Homeless Mentally Ill Outreach and Treatment Program. The Alcohol and Other Drug Unit has opted in to the Drug Medi-Cal Organized Delivery System and continues to improve and expand existing substance use prevention and treatment programs through this effort. The Suicide Prevention Task Force continues to host trainings, and has been instrumental in hosting the 2019 and 2020 National Local Outreach for Suicide Survivors (LOSS) Team Conference here in Tulare County.

One of the main themes from both the focus groups and the surveys was knowledge of resources. Within the focus groups, respondents stated that individuals receiving services and their families and support systems are not aware of how and where to access services. Additionally, the top three survey responses to the question, "When would you or someone you know be more likely to access mental health programs," were: 1) if we were more aware of mental health programs and services, 2) if we were more educated on mental illness and health, and 3) if we were more engaged in mental health-related activities and programs in the community. Overall, lack of resources or resource awareness was chosen by all survey respondents which included focus group participants approximately 28%.

Stigma and support were other themes that came from the focus groups. Focus group participants felt stigma was slowly changing, and desired more education about diagnoses and ways to manage symptoms. Focus group participants also shared that support is still necessary and there is value to support groups, but needed increased knowledge about what is available.

Data to support identified problem and need:

From community surveys, 13.71% of respondents reported that they did not know enough about mental health programs and services offered while 9.14% reported experiencing community stigma around their mental illness that was a direct problem in their accessing services. Another 6% reported experiencing cultural stigma around their mental illness which was a direct problem in their accessing services. The majority (77.46%) of respondents felt that people would be more likely to access mental health services if they were more aware of these services. Also, 74.47% of respondents felt that people would access services more if they were more educated on the

topic of mental illness. A total of 229 or 32.71% of respondents answered as neutral, disagree, or strongly disagree to the question of whether they felt adequately educated about mental health signs, symptoms, and services. The proposed innovation project will seek to address each of these identified problem areas.

Project Empath developed as an Innovative project to address this primary problem, to increase awareness of mental health programs; provide education on mental illness, diagnoses, and symptoms; as well as reduce stigma and discrimination around mental illness.

Providing an additional, near real-life, training tool for Crisis Intervention Team trainees/first responders as well as family members of consumers involved with the First Episode Psychosis programs will accomplish the following;

1) Increased knowledge of SMI.
2) Increased knowledge of resources available for those with SMI.
3) Increased empathy and attitude change toward those with SMI.
4) Improved response from family members and first responders towards those with SMI.

Traditional mental health practices of addressing stigma and discrimination solely through outreach, awareness, and educational measures are not adequately solving the problem currently. They are not achieving desired outcomes because they do not require the general community to relate to those with SMI. This ability to relate is currently possible with virtual reality technology. Project Empath will leap current practices forward, greatly improving the ability to reduce stigma and discrimination in Tulare County through new technological advances in how this county can educate the community.

PROPOSED PROJECT

Project Empath will utilize virtual/augmented reality technology to share the experience of a mental health diagnosis, complete with symptoms, with Crisis Intervention Team (CIT) training participants, First Episode Psychosis (FEP) program participants including family members and support persons, the general public, and, if deemed useful as a clinical tool, be utilized within treatment.

The project will entail developing a range of SMI scenarios including scenarios depicting substance use disorders. These scenarios are virtual experiences that will appear to the participant as if they are in the shoes of someone with SMI. These scenarios will give the participants a firsthand look at what someone with this form of SMI may experience. The scenarios will be complex enough to not stereotype any one type of SMI. Once the project is approved and Tulare County identifies a contractor to develop the scenarios, the county will then create a working group. This working group will be comprised of a diverse group of representatives from different agencies and will have a large clinical presence. This group will be responsible for working with the contractor in the scenario development to ensure the scenarios are realistic, medically sound, and representative of the diverse-spectrum of SMI. Additionally,

the DSM-V, resources from SAMHSA, and a variety of other mental health resources will be utilized to provide information.

These scenarios, once approved, can then be used within a segment of the CIT training. CIT is an evidence-based training targeted to law enforcement personnel. From the curriculum:

- CIT is a model of collaboration focused on improving how police, mental health providers and communities respond to mental health crisis and how we can more effectively work together.
- CIT helps develop a new understanding and appreciation for people that have been diagnosed with a severe mental illness.
- CIT helps develop new tools to effectively interact with individuals with mental health challenges which lead to successful outcomes.
- CIT promotes the idea that change is possible with active and strong community partnerships.

During this particular segment, CIT participants will utilize the virtual reality technology to fully immerse themselves in the symptoms of a mental health diagnosis, experiencing first-hand the challenges and difficulty an individual with this mental health diagnosis might have in hearing and reacting correctly to instructions from first responders and/or law enforcement personnel. With the first-hand experience, trainees will gain a deeper understanding and begin to develop empathy. Additionally, through this collaboration, tools can be developed to share with staff, community and family members, to assist with interactions that have historically been challenging and difficult.

Project Empath will employ an Empath Team comprised of an Outreach/engagement worker, a Clinician, a Peer Support Specialist and a Technology person. The Outreach/engagement worker will make connections with organizations to provide the Empath services, training, and outreach. The Peer Support Specialist will provide referrals to families after scenarios and can educate first responders on services available. The Clinician can provide support for those who might be triggered during the virtual reality experience, and can also provide SMI training for those organizations receiving the Empath training and outreach. The Technology person will be necessary for correct operation and maintenance of the virtual reality technology.

The first two years of the project will be heavy on development of virtual reality scenarios and environments. After these are completed, the implementation phase of this project, embedding this into CIT training and FEP use. Although the first responders at CIT will provide a great opportunity to first test the equipment in an already established program, the primary target population will still be community members, consumers, and family members of consumers. The first start with this population will be the connection with the FEP program and connecting with these consumers and consumer family members. CIT training is held four (4) times per year for 50 people. FEP is a new program within Tulare County Mental Health and may serve approximately 25 youth and their family members. Thus, the estimated number of individuals to be served between CIT and FEP is approximately 250 people per year. The population to be served will be diverse, comprising law enforcement personnel and first responders as well as

youth and families from the three largest cities within Tulare County (Visalia, Porterville, Tulare), and the Sheriff's Office, which covers the entire county area. Additionally, the scenarios created will be mirrored in Spanish-speaking versions so the project can outreach to the underserved monolingual Spanish-speaking population within Tulare County. The consumers and family members through the FEP program as well as the CIT First Responders will receive the same training experience or the same range of scenarios. That is because the scenario experience is from the eyes of those with SMI and not dependent on the participant's position (consumer, family member, first responder, etc.).

The Project Team (consisting of Mental Health staff, Clinic Administrators, Contracted providers, Family Advocate, Peer Support Specialist, Alcohol and Other Drug staff, and HHSA Agency staff) feel this Innovation project introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.

RESEARCH ON INN COMPONENT

Tulare County is proposing to use virtual reality as a training/engagement and outreach tool for both providers and consumers and their family members. Other counties such as Los Angeles County have utilized Virtual Reality as a training tool but none have utilized a mobile training team that can use the technology in such an expansive capacity as Tulare County plans (LACDMH, 2018).

The virtual reality goggles will have the ability to run through a variety of scenarios involving SMI in many different forms (e.g., depression, psychosis, Post Traumatic Stress Disorder, Obsessive Compulsive Disorder, anxiety, etc.). This will give providers, consumers, and their family a realistic look at SMI and what it is like for those effected. This project is different from other virtual reality projects because the virtual reality technology will be utilized within a training/outreach and engagement team that will consist of an Outreach/Engagement Worker, Clinician, Peer Support Specialist, and a virtual reality technology professional. This team will utilize the technology to train first responders and providers and conduct outreach and engagement with consumers and family members to educate and bring added awareness to the community on SMI in an effort to reduce stigma and discrimination towards those suffering with SMI. This team will collaborate with ongoing training efforts such as the Crisis Intervention Training (CIT) in an effort to blend virtual reality into a training program that is already running.

Additionally, the team will also coordinate with the First Episode Psychosis (FEP) Program to bring this virtual reality tool to consumers and family members populations being served to educate them on SMI. This plan to blend into already successful and established trainings and programs will ease the difficulties of implementing this technology in the field. Specifically, this connection to the consumer base served by FEP will ensure that the project can reach adequate target population numbers served. The Clinician on the team will be available in case any consumers or family members experience vicarious trauma or are triggered due to the scenarios. The Peer Support Specialist will be available to support the consumer and family members and provide referrals after they have received the training. The Outreach/Engagement Worker will be responsible for scheduling training/outreach and engagement opportunities with providers and

partners and conduct program coordination and collaboration with other programs/providers. Lastly, a technology professional will travel with the team to operate the virtual reality and troubleshoot any problems that may arise in the field.

In an effort to see if there was already an existing model that could be applied to this project, staff explored various relevant journals and research from sources such as the Journal of Society and Mental Health, U.S. National Library of Medicine, National Institutes of Health, Centers for Disease Control and Prevention Public Health Research, Practice, and Policy, Oxford Academic Journals, Journal of the Society for Academic Emergency Medicine, and the Harvard Library Journal. Research from the Journal of the Society for Academic Medicine was reviewed where immersive training in a virtual reality environment was utilized to train first responders on responding to a variety of mass casualty scenarios (Wilkerson, Avstreih, Gruppen, Beier, & Woolliscroft, 2008). This is very similar to much of the current research in the field. While there is precedent of virtual reality being used for training of various professions such as law enforcement and military in responding to a variety of emergency scenarios, there is however a lack of research and practice around virtual reality being used specifically for training around mental illness for providers, responders, consumers, and family members.

Additionally, current usage typically involves the first responder responding as themselves to a chaotic scenario and learning how to react instead of the first responder putting themselves in the shoes of the source of the chaos and seeing firsthand what is going on in the mind of the person struggling with SMI. These points then make up an area for advancement in the current practice around virtual reality and Tulare County can fully take advantage of this by utilizing scenarios that will both train first responders, providers, consumers, and family members on how to respond to someone with SMI but most importantly provide an immersive and very real example of what it is like to be the one struggling with the SMI. This then takes the field of virtual reality away from simply just learning how to respond to someone with SMI, but also understanding the complex nature of SMI, and building empathy towards those with SMI. This unique experience is what differentiates this project from other projects like the Los Angeles County Innovation Project referenced above.

Finally, the utilization of a mobile training team with qualified professionals from various fields of practice is what will ultimately distinguish this project as a unique and innovative approach to address a problem with SMI stigma and discrimination that all counties face. It is because of these many factors that Tulare County seeks to launch this innovative project and believes that this project will build off of previous projects conducted in the field but will also add significant new components that can be replicated in other counties in the future.

References:

County of Los Angeles, Department of Mental Health. MHSA Innovation 6 Project Enhancing Workforce Training Through Mixed Reality Approaches. 2018. Retrieved from https://mhsoac.ca.gov/sites/default/files/documents/2018-08/Los%20Angeles%20County_INN%20Project%20Plan_Mixed%20Reality_7.16.2018_Final.pdf.

Wilkerson, W., Avstreih, D., Gruppen, L., Beier, K. P., & Woolliscroft, J. (2008, October 28). Using Immersive Simulation for Training First Responders for Mass Casualty Incidents. Retrieved from https://onlinelibrary.wiley.com/doi/full/10.1111/j.1553-2712.2008.00223.x.

LEARNING GOALS/PROJECT AIMS

The goal of Project Empath is to build empathy, provide tools for positive interactions, and reduce stigma and discrimination toward those with SMI.

Through this project, the Mental Health Branch will learn the best and most impactful ways to educate people about SMI, ways that are engaging and encouraging, ways that spark open and honest conversation between family members and support persons and their loved ones with SMI. Learning these educational techniques will help reach the short-term goals of changing attitudes and behavior, and changing knowledge about SMI and resources available.

The Mental Health Branch will develop tools from this project through app development and use of virtual/augmented reality technology, tools that can inform and assist the general population, and potentially be useful tools within treatment. Development of these cutting edge tools will assist in reaching the long-term goal of improving the quality of mental health services.

Learning questions for this project will include:

Can Project Empath's use of virtual reality result in the following?

1) An increased knowledge of SMI.

2) An increased knowledge of resources available for those with SMI.

3) An increased level of empathy and attitude change toward those with SMI.

4) An overall improved response from family members and first responders towards those with SMI.

EVALUATION OR LEARNING PLAN

Short-term goals for Project Empath include changes in attitudes and behaviors. One of the most effective tools for measuring these types of changes is a pre- and post-survey, assessing what someone knew or believed before the experience and what they know or believe after the experience. For implementation within a segment of CIT training, a pre/post survey will provide effective data as to what was most impactful for measuring any change in attitudes and behaviors. These surveys can be given out immediately before the training and be given out at the completion of the training. Additionally, 30-day follow-up surveys could be utilized to see if the participants have utilized the information they have received and to see how their perspective has changed 30-days after the training. Survey questions can cover the four identified areas focusing on participant knowledge of SMI and resources, empathy, and improved response to those with SMI.

Other short-term goals include changes in knowledge around SMI and resources available to those with SMI and their family members or support persons. Measurement of these types of changes can be done effectively through pre/post surveys, in addition to tracking referrals to mental health providers. If there is increased knowledge about resources available, and a change in attitude or behavior around SMI, then it is possible that people would act on that knowledge and seek out those resources, which would show in increased numbers of referrals. To track this the county can utilize the current baseline of referrals through access and linkage programs and compare through the phases of the program.

Long-term goals include decreasing stigma, improved quality of mental health services, and increased collaborations between law enforcement and mental health staff. Over the three years of the project, success in these areas could be measured by pre-surveys showing an increasing percentage of trainees having some knowledge of SMI, a decrease in the number of consumers who have repeated incarcerations or multiple hospitalizations, and streamlined interactions between law enforcement and mental health.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

Independent contractor organizations will be selected to conduct subject matter expert (SME) training.

Identified Year One to provide equipment and training:

1. Virtual Reality Technology Developer - Equipment and Training
2. Software Developer/Training development - contracted software developer will need to develop or provide training specific to Crisis Intervention Team (CIT) Training.

An external project evaluator will be hired for this program. The project evaluator will work closely with the INN Coordinator to evaluate data collection instruments and materials.

Each contractor will develop a scope of work that aligns with project activities and outcomes, and will be overseen by the INN Coordinator.

COMMUNITY PROGRAM PLANNING

Tulare County conducted the Community Planning Process (CPP) for the Tulare County Mental Health Services Act (MHSA) Integrated Plan Update on the previous Three-Year Plan (2017-2020) CPP which is detailed within that plan. The CPP consisted of an inclusive process for consumers, family members, staff, agencies, specialty groups, and general community stakeholders. Feedback opportunities were offered through stakeholder meetings, focus groups, and surveys, as well as through a public hearing. Additional and ongoing stakeholder feedback is

provided during the year at various committees, which includes consumers, family members, providers, staff, etc.

In alignment with Welfare & Institutions Code § 5858, the MHSA Stakeholder Team consists of representatives from agency partners, consumers of mental health services, family members of consumers of mental health services, mental health providers, faith-based organizations, community-based organizations, and community/cultural brokers. Those invited included, but were not limited to: Division of Alcohol and Other Drugs (AOD); TulareWORKs; Aging and Veterans Services; Psychiatric Emergency Team; Health Services and Public Health Services; Child Welfare Services; Lindsay Healthy Start; Cutler/Orosi Family Education Center; Family Resource Centers; Visalia Parenting Network; Central California Family Crisis Center (Porterville); Goshen Family Services; consumers of Mental Health Services from the Porterville Adult Clinic, Visalia Adult Integrated Clinic, Mobile Units, Transitional Age Youth Transitional Supportive Housing, and Adult Transitional and Permanent Supportive Housing; Mental Health Board members and Board of Supervisors members; Brooks Chapel (African Methodist Episcopal Church); Southern Baptist Church (Latino and Lahu Worship); Lighthouse Rescue Mission and Visalia Rescue Mission; Owens Valley Career Development Center (Porterville, Visalia, and Tule River Reservation); Visalia Police Department; Tule River Department of Public Safety; Tule River Tribal Council; First 5 Tulare County; Kings/Tulare Continuum of Care; Kaweah Health Care District Bridge Program; The Source LGBT+ Center; Trevor Project; and the Tulare County Office of Education.

The following main themes were derived from the 28 focus groups among 198 community members:

- Knowledge of resources is improving but does not yet reach the wider community.
- Spanish-speaking communities were less knowledgeable about available resources.
- Education within the schools, to reach parents, teachers and administrators, could assist with prevention and early intervention efforts, as well as stigma and discrimination reduction efforts.
- Stigma surrounding mental health is slowly changing.
- There is more understanding and acceptance that mental health is part of physical health and emotional well-being.
- There seemed to be a shift from thinking that someone could be “cured”, to acceptance, with education about the diagnosis, and ways to manage the symptoms.
- Cultural awareness and lack of connectedness across gender and race/ethnicity still presents as a barrier to accessing services.
- While providers are representative of the various ethnicities within Tulare County, consumers and family members desire to work with providers who truly understand their experience and are reflective of where they are in life (age, values, beliefs, language, gender).
- Support is necessary
- Family support differs between cultures.

- Additional supports, such as groups, assist consumers with sobriety, parenting skills, and life skills, are valuable, however, participants expressed a desire for a change in tone and focus, offering some lightness and fun to the groups.

The following were derived from the 884 surveys (756 in English and 128 in Spanish):

- 52% of respondents or their family member have received mental health services in Tulare County.
- Although 40% of respondents stated there were no barriers in accessing services, appointment availability, lack of transportation, and difficulty finding a mental health professional s/he feels comfortable with were the top 3 noted barriers in accessing mental health services.
- Family Resource Centers, doctor's offices, and their homes were the top 3 places where people will likely access/use mental health programs and services.
- The top 3 places where respondents have looked for or received mental health information were the internet, word of mouth, and mental health provider.
- Homelessness and substance abuse were perceived as the top community needs related to mental illness, chosen by more than 50% of respondents for all surveys. Poverty, suicide, and unemployment were chosen by approximately 30% of respondents for all surveys.
- The Spanish survey respondents felt that the lack of resources and/or resource awareness was the greatest community need (38%), followed by substance abuse (32%) and poverty (31%).
- Overall, lack of resources or resource awareness was chosen by all respondents approximately 28%, along with isolation and untreated medical conditions.

In addition to these efforts, the project was reviewed during an Innovation stakeholder meeting on August 28, 2018. Stakeholders at this meeting had positive feedback however wanted more information. The project team decided to purchase some current virtual reality technology and test out a few different scenarios during the Mental Health and Alcohol and Other Drug All-Staff meeting which was held on January 16, 2019. Staff members were able to use the goggles, experience a virtual reality scene, learn about the project concept, and provide feedback. Overwhelmingly, the feedback was positive, from both administrative and clinical staff. One staff member in particular was struck by the virtual reality scenario, sharing that her partner experiences auditory and visual hallucinations. She never could quite understand the experience, what it was like, how challenging it could be to engage. After utilizing the virtual reality goggles, she felt a new level of understanding and empathy for what her partner experiences regularly.

Project Empath was introduced to the Tulare County Mental Health Board at the March 2020 meeting, and the Mental Health Board approved it for 30-day public comment period, to end April 5, 2020. At the end of the public comment period, there were two comments received on Project Empath which had no substantial impact on the project. A public hearing was held during the April 7, 2020, Mental Health Board meeting, and no public testimony was received. The Mental Health Board approved Project Empath for submission to the Tulare County Board of Supervisors and the Mental Health Services Oversight and Accountability Commission.

MHSA GENERAL STANDARDS

A) Community Collaboration - The project involves community collaboration from the beginning, including community partners as part of the project team, introducing it to the Innovation stakeholders, peers and staff. It will continue to involve various stakeholders with further integration of law enforcement personnel as CIT training scenarios are developed, and family and youth as FEP scenarios are developed.
B) Cultural Competency - Tulare County has an established Mental Health Cultural Competency Committee which meets quarterly and is made up of peer specialists, community organizations, clinicians and county staff. This committee will be informed on a regular basis as to the status and outcomes of the project. Additionally, the scenarios developed will be mirrored in Spanish versions.
C) Client-Driven - The focus of the project is to provide first responders with a more empathetic approach by helping them see what consumers view through their own eyes. This focus will provide the first responders with a better understanding on how to best approach a consumer and will ultimately provide a better client-driven outcome. Peers are included within the Project Team, and their input and feedback will be incorporated into the scenarios and environments that are created. Additionally, the Empath Team will include a Peer Support Specialist.
D) Family-Driven - Sometimes individuals need the support of family in their journey to well-being. The project honors families by embracing the strengthening of the client's support system by including family involvement in the overall treatment plan, and educating the family and/or support persons about the diagnoses and experiences and challenges faced by their loved one, which will deepen understanding. Outreach to partner agencies such as NAMI Tulare County, PFLAG, and The Source LGBT+ Center will be done in order to reach more families and support persons and increase education and stigma reduction opportunities.
E) Wellness, Recovery, and Resilience-Focused – This project will increase resilience and better promote wellness and recovery by improving delivery of mental health services. Through virtual reality technology, the first responders and mental health professionals will be allowed to learn and develop their skills that will provide a more empathetic lens and allow for a stronger connection between the professional and the consumer.
F) Integrated Service Experience for Clients and Families – With community collaboration, the community will become educated and knowledge about services will be more readily available. With more community members aware and able to provide accurate resources, there will be increased access and an improved service experience for consumers and families.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Stakeholder involvement in the development of this project plan has been critical and will continue to be relied upon for the success of this program. A range of diverse stakeholders from a variety of representative agencies and community populations were instrumental in this project

plan development. Tulare County has an established Mental Health Cultural Competency Committee which meets quarterly and is made up of peer specialists, community organizations, clinicians and county staff. This committee will be informed on a regular basis as to the status and outcomes of the project. Additionally, the scenarios developed will be mirrored in Spanish versions.

In addition to the Cultural Competency Committee, the program outcomes will be shared with the Wellness & Recovery Committee, which is largely made up of peers, family members, and wellness program providers.

Evaluation of the project will also be shared with the Mental Health Board, with recommendations from the committees mentioned above regarding the project success and continuation, to be shared with the Mental Health Board for their advice and action.

Pre and Post survey results around stigma and discrimination with SMI will also be analyzed and the trends and results will be shared with the stakeholder group, the Cultural Competency Committee, and at the Mental Health Boards. Annual Project Evaluation Reports will be prepared and submitted to those mentioned as well as MHSOAC.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

At the conclusion of Project Empath, evaluation results will be shared with committees and Mental Health Board and if deemed feasible to continue, and the outcomes indicate that the project or elements of it are successful, the project will be incorporated into other MHSA components, potentially Prevention and Early Intervention as a stigma and discrimination strategy.

Individuals with serious mental illness will not receive a direct service from this project as this particular project focuses on providing first responders and mental health professionals a simulated training experience that enables them to see scenarios through the eyes of the consumer. Tulare County Mental Health hopes to increase knowledge within the broader community, increasing access to services and decreasing stigma.

COMMUNICATION AND DISSEMINATION PLAN

Annual reports on the project will be shared with the Mental Health Board, and publicly available on the Tulare County HHSA website. Program participants, family members, and stakeholders will be encouraged to participate in the public meeting. Shared experiences on the project's impact in the lives of our community will be welcomed. Additionally, Tulare County Mental Health will share findings statewide with county counterparts through making the project evaluation available online as well as through email listings and state MHSA associations.

Keywords:

- Project Empath
- Virtual Reality
- Crisis Intervention

- First episode psychosis
- Virtual training

At the conclusion of Project Empath, evaluation results will be shared with committees and Mental Health Board and if deemed feasible to continue, and the outcomes indicate that the project or elements of it are successful, the project will be incorporated into other MHSA components, potentially Prevention and Early Intervention as a stigma and discrimination strategy.

Individuals with serious mental illness will not receive a direct service from this project as this particular project focuses on providing first responders and mental health professionals a simulated training experience that enables them to see scenarios through the eyes of the consumer. Tulare County Mental Health hopes to increase knowledge within the broader community, increasing access to services and decreasing stigma.

TIMELINE

- March 3, 2020 Review Innovation Project with Mental Health Board, Begin 30-day review
- Early May 2020 Project Empath review by OAC
- June 2020 Present Project Empath to Tulare County Board of Supervisors
- **Start Date: July 2020**
- **End Date: June 2023**

1) Program Development Design/Contracting (Years 1 and 2)

- Work with contracted developer to vet Virtual Reality technology/goggles
- Develop training scenarios with software developer in conjunction with Peer Support Specialists and Clinicians
- Train the trainer sessions for staff who conduct Crisis Intervention Training
- Policy Development with training and equipment use
- Pilot test Virtual Reality Goggles and training to gain feedback and troubleshoot
- Begin staff build-up

2) Program Implementation (Year 3)

- Full Implementation of trainings with Virtual Reality Goggles and First Responders for Crisis Intervention Trainings.
- Conduct pre and post tests for training participants. Posts tests should be conducted 30-60 days after training to garner whether training had impact on their work in the field with consumers.
- Steering committee to review pre/post tests and make recommendations and/or changes to the program.
- Identify and promote successful strategies, use outcomes to guide learning, implementation and development opportunities for shared learning.
- Collect and analyze survey data with assistance of program evaluator
- Revise and finalize program report
- Present final report to Mental Health Board
- Submit Final report to OAC

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

This INN plan will utilize AB114 funds that were deemed reverted and returned to the County. The total estimated budget for Project Empath is $1,400,000 over the course of three years. All of which will be utilizing AB114 Innovation funds that are subject to reversion.

BUDGET NARRATIVE

Personnel (Includes Salary, Benefits) - $453,800

1. Administrative Specialist, .25 FTE: $70,500
   Administrative Specialist responsibilities include:
   a. Acting INN Coordinator
   b. Oversee program development
   c. Organize stakeholder meetings
   d. Consults with evaluator on program design and data collection methods
   e. Schedules training sessions
   f. Prepares training materials
   g. Arrange schedules for subject matter experts to conduct training
   h. Collect program survey data
   i. Analyze program data
   j. Prepare bi-annual program updates
   k. Prepare annual program reports

2. MHSA Manager, .1 FTE: $24,700
   MHSA Manager responsibilities include:
   a. Administrative oversight of INN coordinator and program
   b. Participate in program development
   c. Facilitate stakeholder meetings
   d. Review and sign off on bi-annual and annual program reports

3. Outreach/Referral Worker, 1.0 FTE: $47,000
   Outreach/Referral Worker responsibilities include:
   a. Linking VR trainings to other agencies and programs.
   b. Act as liaison with agencies using VR to track equipment

4. Clinician/LCSW, 1.0 FTE: $84,200
   Clinician/LCSW responsibilities include:
   a. Assist with scenario development process giving clinical perspective
   b. Attend train the trainer sessions to learn how to utilize virtual reality equipment
   c. Conduct/facilitate Crisis intervention trainings

5. Technology Support Staff, 1.0 FTE: $58,400

Technology Support Staff responsibilities include:

a. IT support with set up of laptop and use of equipment
b. Attend Virtual Reality Equipment train the trainer sessions
c. Assist with troubleshooting equipment during trainings

6. Peer Support Specialist, 1.0 FTE: $41,700

Peer Support Specialists responsibilities include:

a. Assist with development of scenarios giving lived experiences perspective
b. Attend trainings

7. Benefits: $127,300
    a. Employee benefits to include but not limited to: Medical, Vision, Dental, Retirement, Life insurance.

Operating Costs –$39,600

1. Printing - $4,800
    a. Cost of printing materials for community outreach to include but not limited to: fliers, handouts and information cards.
2. Cell Phones - $9,000
    a. Annual cost for county cell phone use by administrative staff.
3. Location & Meeting Rentals - $6,000
    a. Rental cost of additional equipment, table, chairs, and audio services.
4. Travel and Mileage - $3,600
    a. Reimbursement for personal car mileage and cost for overnight stay, and per diem pay.
5. Meeting Supplies - $3,600
    a. Supply costs for holding meetings and related services.
6. Office Supplies - $9,000
    a. Cost of general office supplies to include but no limited to: paper, pens, notebooks, tissue, folders, hand sanitizer.
7. Indirect Costs - $3,600
    a. 10% of direct operating costs.

Technology - $831,600

1. Contractor App Developer, creation of 10+ Scenarios/virtual Environments - $777,600
2. Headsets 2/year + upgrades (Hololens device) - $39,000
3. Virtual Reality Ready Laptop - $12,000
4. Software - $1,500
5. Cables, carrying cases - $1,500

Consultant/Evaluator –$75,000 (.25 x $99,000.00 x 3 years)

1. Evaluator – Evaluate program effectiveness based upon survey's collected from VR training participants

Total Three Year (FY 2020 – FY 2023) Costs by category:

Personnel (Includes 2% annual percent increase for personnel costs): $453,800
FY 20/21: $38,900
FY 21/22: $39,900
FY 22/23: $375,000

Operating Costs: $39,600
FY 20/21: $13,200
FY 21/22: $13,200
FY 22/23: $13,200

Technology Costs: $831,600
FY 20/21: $388,000
FY 21/22: $375,600
FY 22/23: $68,000

Consultant Costs: $75,000

FY 20/21: $25,000
FY 21/22: $25,000
FY 22/23: $25,000

Total Costs: $1,400,000
FY 20/21: $465,100
FY 21/22: $453,700
FY 22/23: $481,200

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY					
EXPENDITURES					
PERSONNEL COSTS (salaries, wages, benefits)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**TOTAL**
1	Salaries	**$28,000**	**$28,700**	**$269,800**	**$326,500**
2	Direct Costs				
3	Indirect Costs (Benefits)	**$10,900**	**$11,200**	**$105,200**	**$127,300**
4	Total Personnel Costs	**$38,900**	**$39,900**	**$375,000**	**$453,800**
OPERATING COSTS		**FY 20/21**	**FY 21/22**	**FY 22/23**	**TOTAL**
5	Direct Costs	**$12,000**	**$12,000**	**$12,000**	**$36,000**
6	Indirect Costs	**$1,200**	**$1,200**	**$1,200**	**$3,600**
7	Total Operating Costs	**$13,200**	**$13,200**	**$13,200**	**$39,600**
NON RECURRING COSTS (equipment, technology)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**TOTAL**
8					**$0**
9					
10	Total Non-recurring costs	**$0**	**$0**	**$0**	**$0**
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**TOTAL**
11	Direct Costs				**$0**
12	Indirect Costs				**$0**
13	Total Consultant Costs	**$0**	**$0**	**$0**	**$0**
OTHER EXPENDITURES (please explain in budget narrative)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**TOTAL**
14	Technology Costs	**$388,000**	**$375,600**	**$68,000**	**$831,600**
15	Evaluator	**$25,000**	**$25,000**	**$25,000**	**$75,000**
16	Total Other expenditures	**$413,000**	**$400,600**	**$93,000**	**$906,600**
BUDGET TOTALS		**FY 20/21**	**FY 21/22**	**FY 22/23**	**TOTAL**
Personnel Salaries (line 1)		**$28,000**	**$28,700**	**$269,800**	**$326,500**
Direct Costs (add lines 2,5, and 11 from above)		**$12,000**	**$12,000**	**$12,000**	**$36,000**
Indirect Costs (add lines 3, 6 and 12 from above)		**$12,100**	**$12,400**	**$106,400**	**$130,900**
Non-recurring costs (line 10)		**$0**	**$0**	**$0**	**$0**
Other Expenditures (line 16)		**$413,000**	**$400,600**	**$93,000**	**$906,600**
TOTAL INNOVATION BUDGET		**$465,100**	**$453,700**	**$481,200**	**$1,400,000**

BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)				
A. Estimated total mental health expenditures for **ADMINISTRATION** for the entire duration of this INN Project by FY & the following funding sources	**FY 20/21**	**FY 21/22**	**FY 22/23**	**TOTAL**
Innovation MHSA Funds	**$ 28,000.00**	**$ 28,700.00**	**$ 38,500.00**	**$95,200**
B. Estimated total mental health expenditures for **EVALUATION** for the entire duration of this INN Project by FY & the following funding sources:	**FY 20/21**	**FY 21/22**	**FY 22/23**	**TOTAL**
Innovation MHSA Funds	**$25,000**	**$25,000**	**$25,000**	**$75,000**
C. Estimated **TOTAL** mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	**FY 20/21**	**FY 21/22**	**FY 22/23**	**TOTAL**
Innovation MHSA Funds	**$465,100**	**$453,700**	**$481,200**	**$1,400,000**