INNOVATIVE PROJECT PLAN DESCRIPTION

MHSOAC Office Use Only
Version#:_____
Staff: _____

County: Kern **Date Submitted:**

Project Name: The Healing Project

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 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

PART 1: PROJECT OVERVIEW

1. Primary Problem

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

Purpose - The Healing Project includes two recovery stations designed to improve engagement and accessibility to services for residents of Kern County who are experiencing co-occurring mental illness and substance use. The Healing Project will provide a peer-led safe environment for referred individuals where they will receive immediate detox and early mental health and substance use disorder screening and interventions. The Healing Project will not only provide a new and innovative service, but also through its peer-led philosophy, provide a more comfortable environment for individuals with mental illness experiencing the acute stages of substance use.

Problem – The Kern Behavioral Health and Recovery Services Department (KernBHRS) recognizes that a large proportion of individuals presenting with substance use intoxication have untreated mental health conditions. These conditions often include anxiety, depression, or unresolved trauma. National data suggests as much as 42% of adults ages 29 to 46 with a substance use disorder, have a co-occurring mental illness (SAMHSA, 2014). Approximately 80 perc
ent of individuals entering the KernBHRS Psychiatric Evaluation Center (PEC) present as under the influence. In addition, Kern County experiences an average of 2,652 arrests related to alcohol or other drug-related intoxication each year.

Currently, there are few resources where these individuals can receive the immediate specialized care they require, as a result, they are often arrested, and/or provided with brief interventions targeting mental health needs alone. Moreover, recidivism in the form of recurrent arrests and emergency treatment incurs high time and cost burden for the County, straining already overloaded resources. The Healing Project will not only reduce the time and cost burden for the County but also provide a more effective means of managing these serious and ever-increasing behavioral health concerns for the community.

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.

As with many regions in the United States, Kern County, California faces severe challenges in efforts to address the addiction crisis. Individuals with co-occurring mental illness and substance use may be challenging to engage or retain in mental health treatment. The routine for these individuals is often one of arrest at the time of crisis, jail and/or visits to emergency centers. Currently, there are no programs available where individuals with a mental illness can receive professional evaluation, brief crisis interventions, and linkage specific to both addiction and mental health treatment.

Kern County's previous MHSA Innovations project, the Friese Hope House, utilized a peer-led model to enhance engagement for individuals served in a crisis residential setting. During the Freise Hope House Project, it was determined that individuals reported high satisfaction working with peer staff and felt peer staff were more able to relate to their experiences. The Healing Project will build on these findings utilizing a peer-led model to enhance service engagement and consumer satisfaction.

The Healing Project is a priority for Kern County due to the substantially increased utilization of emergency medical, public safety and mental health crisis resources within the community arising from substance related crises. The KernBHRS Psychiatric Evaluation Center provides crisis intervention and crisis stabilization care for those with mental health conditions. Approximately 80 percent of those presenting to the PEC are identified as under the influence of alcohol or other drugs. Additionally, over 50 percent of those presenting to the PEC are found not to be receiving treatment for either mental illness or substance use conditions.

There were 298 hospitalizations in Kern County due to alcohol and drug use in 2014. Kern Public Safety agencies report that the average annual number of alcohol and drug related arrests total 2,652. Each arrest booking occupies an average of two hours of officer time. Alcohol and drug related arrests in Kern cost an average of $972,939 in public funds annually. The average stay of a person entering the PEC is nine hours at a cost of $133/hour. The number of visits to the PEC in 2015/2016 by intoxicated persons was 1468, an approximate total of $1,757,196 in mental health care resources. This is a potential overall cost of $2,730,135 per year.

Kern County is roughly 8,163 square miles. East Kern communities seeking crisis mental health treatment often face hardship when seeking care, traveling up to two hours to metro Bakersfield for PEC services. In FY 2016/2017, KernBHRS began expansion of Crisis Stabilization Unit services in Ridgecrest, to allow for crisis intervention or crisis stabilization. The facility is not however, designed to serve individuals with a mental health condition who present under the influence of alcohol or drugs.

Barriers continue to exist for those with co-occurring mental illness and substance use throughout Kern County. These barriers include stigma, geographic and transportation barriers, as well as crisis and other service systems that are not integrated or designed to address both acute mental health and substance use needs concurrently.

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?

The Healing Project will integrate elements of the sobering station model, with staffing and interventions designed to identify and link individuals with untreated or undiagnosed mental health conditions. Sobering stations are defined as a "program model that provides an alternative to jail, with a short-term safe place for intoxicated persons to become sober." As of 2017, there are approximately 22 sobering stations throughout California and the United States. While KernBHRS will be adopting a model like that of sobering stations, the facility will be called a recovery station, to emphasize the co-occurring mental health and substance use focus, and the recovery principles embodied within the program.

KernBHRS has conducted extensive research on sobering centers nation-wide, utilizing a variety of sources including: internet searches, news articles, literature reviews, professional association publications and site visits. Kern County staff have visited seven fully operational facilities over the past nearly 3 years. In person

interviews took place at these facilities reviewing a broad-based range of operational protocols and treatment modalities. Sites visited included: First Chance Sobering Station in San Mateo County, Medical Respite and Sobering Center in San Francisco, Rainbow Service Center's Sobering Unit in Kansas City, KS, and the Houston Recovery Center in Houston, TX. A summary of findings was as follows:

First Chance Sobering Station – Located in Burlingame, California, the First Chance Sobering Station is a 14-bed sobering unit adjacent to a substance use disorder treatment program. The facility is open 24 hours a day, seven days a week, with an average length of stay of 5 hours. Referrals are accepted from addiction treatment providers and law enforcement. Walk-ins are not accepted. Staffing consists of registered or certified addiction counselors.

San Francisco Medical Respite and Sobering Center – The Medical Respite and Sobering Center, located in San Francisco, California is an 11-bed facility, open 24 hours a day, seven days a week, with an average length of stay or 4 to 12 hours. Referrals are accepted from emergency rooms, law enforcement, outreach vans, and occasional walk-ins. Staffing consists of registered nurses, medical assistants, health workers, respite workers, and substance abuse specialists.

Rainbow Service Center's Sobering Unit - In Kansas City, Kansas, the Rainbow Service Center's 10-bed, Sobering Unit has both a Sobering Unit and separate 10-day post-crisis unit, housed within the same building. The unit is open 24 hours per day, seven days a week, with an average length of stay of 4 to 6 hours. Referrals are accepted from law enforcement, family, and self-referrals. Walk-ins are accepted. Staffing includes a nurse practitioner and non-clinical staff.

Houston Recovery Center – The Housing Recovery Center in Houston Texas is a 84-bed unit, serving a metropolitan area of over 2 million residents. The unit is open 24 hours a day, seven days a week. Most clients are referred from law enforcement, hospitals and the community, with an average length of stay of 4 to 6 hours. Staffing includes case managers, a driver, resources specialists, recovery staff, emergency medical technicians, and a psychiatric technician.

The sobering/recovery stations researched share many common practices, such as referral type and substance use disorder focus. These programs are designed to provide services to individuals with substance use disorder conditions only however, and are not designed to serve individuals with co-occurring mental health and substance use disorder conditions. When a mental health condition is identified, individuals are "screened out" to appropriate resources. Staffing within these facilities does not include Licensed Practitioners of the Healing Arts (LPHA's) or provide active mental health service engagement and interventions. In addition, though some of the facilities incorporate staff with lived experience, no facility operates with a peer-led model, or integrates peer staff to the degree proposed within the Healing Project.

3. The Proposed Project

Describe the Innovative Project you are proposing. Note that the "project" might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d). Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test.

INNOVATIVE PROJECT PLAN DESCRIPTION

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.

Program Description - The Healing Project will be a peer-led 16-bed recovery station program providing screening, access and linkage to care for individuals presenting with co-occurring mental health and substance use disorder needs. The Healing Project will include two recovery stations in Kern County, one in Bakersfield and another in Ridgecrest. The Bakersfield facility will have ten beds to serve the metropolitan area and its immediate surrounds, and the Ridgecrest facility will have six beds to serve the East Kern region. The number of beds per facility was determined proportionally based on site visits of sobering stations in Burlingame, Houston and San Francisco, and information gathered from the Psychiatric Evaluation Center on the number of positive toxicology screenings.

The Healing Project recovery stations will be open 24/7. Ten beds will be dedicated to the recovery station in Bakersfield, five for females, five for males, with the facility designed to accommodate other male to female ratios. A private room will be available for individuals that experience challenges with a shared room. In Ridgecrest a six-bed facility will be set up in the same fashion. Consideration has been given to anticipated population growth and needs over time with facility adaptability to expand as required.

The program will target individuals with untreated mental health conditions, such as depression, anxiety, and trauma. Individuals referred to the recovery stations will be provided mental health and substance use screening through the GAD-7, PHQ-9, and Audit – C. These standardized tools will measure potential anxiety, depression, and substance use disorders, respectively. Additionally, staff will provide screening for symptoms relating to trauma. Staff will be provided training specific to administering screening tools.

Prior to admission to the recovery stations all individuals will be required to have a brief medical screening to ensure they are not in need of urgent medications and/or emergency services outside the scope of the program. The medical screening will be in the form of a questionnaire addressing items such as: medical history, medication, serious or chronic illness and hospitalizations. Persons presenting hostile, threatening behavior or considered at risk of harming self or others will be linked to other appropriate resources.

Upon entering a recovery station facility, individuals will be provided an opportunity for respite, this may include time to "sober up" with a period of sleep or rest as appropriate. Individuals will also be offered comfort services, including clean clothes, laundry services, refreshments, and an opportunity to attend to personal hygiene needs. When determined appropriate, staff will provide screenings, using identified mental health and substance use disorder screening tools. Brief interventions will be provided as appropriate, and upon discharge, individuals will be linked to ongoing treatment services. For individuals who are not willing or prepared to engage with staff to complete the screening process, staff will attempt to continue the process via phone or in-person following the recovery station stay.

For individuals entering the recovery stations, staff will provide engagement, brief interventions, and linkage to treatment as appropriate. Healing Project staff will be trained on mental health interventions and skills, including Motivational Interviewing, Brief Solution Focused Therapy, Cognitive Behavioral Therapy skills, Applied Suicide Intervention Skills Training (ASIST), and Aegis De-Escalation and Crisis Intervention Training. An onsite Licensed Practitioner of the Healing Arts (LPHA) will be available to provide interventions and for consultation.

During the recovery stations stay an emphasis will be placed on providing a safe environment where individuals will begin the sobriety process through peer understanding and encouragement toward seeking further treatment. The peer-led element of the Healing Project is unique as it utilizes the engaging and counseling skills of persons who have already experienced many of the illness-related problems of the population to be served. Research has indicated individuals experiencing mental illness and/or substance use symptoms feel more comfortable in the presence of counselors who have faced the same challenges. It is anticipated this unique approach will enhance the effectiveness of the project in reaching out, gaining the trust of, and guiding those referred for services toward further treatment and sobriety.

Peer staff within the recovery station will have mental health and/or mental health and substance use disorder lived experience. Peers will be paid staff and will include clinical and other service staff. Peers in recovery will lead interventions with individuals visiting the facilities. The Healing Project recovery stations will aim to have a peer staff onsite during every shift.

The length of stay at the recovery station is anticipated to range for between eight to ten hours. Individuals leaving the recovery station may encounter a variety of challenges transitioning to following up care. For this reason, recovery station staff will provide follow up support and linkage to ensure a "warm hand off" to ongoing treatment and/or other supports. These linkage services may include phone calls, transportation assistance, and home visits.

This program was designed with a strong access and linkage to care component. Each recovery station will have LPHAs on site to address the clinical needs of those with serious and persistent mental health conditions. The recovery stations will be designated as a crisis access point within the KernBHRS System of Care, and as such, individuals transitioning from a recovery station will receive priority appointments with treatment teams. For those individuals determined to need additional services after screening, staff will provide the following referral options:

- In Bakersfield, individuals will be linked to the treatment teams within the KernBHRS System of Care, or the local mental health Crisis Walk-in Clinic for immediate mental health assessment. Clients in need of substance use disorder services, including residential treatment, will be connected by phone or in person to the KernBHRS Gateway program for a brief phone screening, and linkage to appropriate treatment.

- In Ridgecrest, referrals for care by geographic services providers will be made as appropriate, this includes providers for mental health and/or substance use disorder treatment.

- Individuals requiring inpatient mental health treatment will be referred to the nearest psychiatric evaluation center.

- Referrals and linkage will also include non-specialty treatment referrals, based individual need and preference. These may include primary care, non-specialty mental health treatment providers, Alcoholics Anonymous, Dual Recovery Anonymous, Narcotics Anonymous, Spanish language supports, faith-based supports, LGBTQ supports, and other community-based support agencies and groups.

- Recovery Stations may also provide referrals for housing resources as appropriate.

Implementation - Key elements of plan implementation include the following:

- Develop and issue a request for proposal (RFP) to select a service provider to operate the recovery stations in Ridgecrest and Bakersfield. Where appropriate, sole-source contracting will be considered.

- Coordinate with the selected contractor(s) to finalize operations plan for both facilities and obtain relevant certifications, including Alcohol and Drug Certification.

- Coordinate with the selected contractor(s) to establish site and facility layout requirements are met, and to ensure any necessary site development or facility updates are in place.

- Collaborate with key agencies such as law enforcement, emergency departments, and behavioral health clinics to develop referral protocols.

- Coordinate with selected contractor(s) to ensure appropriate staff training.

- Re-assign existing staffing or hire staff to coordinate monitoring and program evaluation.

- Train all staff on key screening tools and mental health skills.

- Develop quality assurance standards, monitoring protocols, and client surveys.

- Outreach, education and training for all anticipated referring agencies.

4. Innovative Component

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 Healing Project will be the first program to integrate elements of a sobering station with mental health screening and access. No other program exists to address immediate intoxication needs, with the intent of screening and addressing untreated and undiagnosed mental health conditions. With the incorporation of mental health and substance use disorder screening tools and treatment focus, the Healing Project will gain knowledge about the impact of the recovery station model on engagement and referrals to treatment for this underserved population.

The Healing Project is also innovative in its focus on peer-led intervention and services, designed to encourage engagement and resolve toward seeking help for sobriety and related mental health issues. During Kern County's first Innovative Project, the Freise Hope House crisis residential program, it was determined that clients reported high satisfaction, feeling peer support staff were more able to relate to their experiences. The Healing Project will build on previous learning objectives to continue to gain knowledge about the impact of peer support in the recovery setting.

5. 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.

KernBHRS has identified the following Healing Project learning goals:

1) Evaluate the benefits of utilizing peer-led services in early intervention environments such as the proposed Healing Project.
2) Evaluate the benefits of short-term recovery stations toward engagement in follow-up services.
3) Determine the impact of a recovery station for individuals, as an alternative to arrests and crisis medical and mental health services.

Intended outcomes:

- Reduction in arrests and Psychiatric Evaluation Center admissions for individuals under the influence in Bakersfield and Ridgecrest. Baseline information to be pulled from existing law enforcement and KernBHRS crisis service data.

- 75% positive feedback from clients on the impact of services provided and led by Peer staff, on their likelihood of engaging in follow up treatment. This information would be collected through surveys provided at discharge and/or in follow up contact.

- 25% of those entering the Healing Project recovery stations will be engaged in follow up treatment after first admission.

6. Evaluation or Learning Plan

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

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

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

a. Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?

The target population for the Healing Project recovery stations is English and Spanish-speaking intoxicated adults referred from law enforcement, emergency departments, mental health crisis units, and behavioral health treatment teams.

b. What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and/or effective dissemination. Please provide examples.

For Learning Goal #1, client surveys will be utilized to determine the effectiveness of peer support in moving persons with mental illness and or substance use disorders toward contemplating treatment. These surveys will be completed by those utilizing The Healing Project services.

For Learning Goal #2, the GAD-7, PHQ-9 and Audit – C screening tools will be used to determine whether clients screen positive for mental health symptoms and require assessment and referral for care. Determining whether those in need of mental health assessment and care engage in services, data will be extracted from the KernBHRS department electronic health record. In addition, staff will provide follow-up phone calls with those utilizing recovery station services periodically upon discharge. If after 30 days linkage has not been established, staff will evaluate the case for referral to a treatment outreach team.

For Learning Goal #3, law enforcement agencies, using previous years data as a baseline, will provide information on the number of DUI (Driving Under the Influence) and public intoxication arrests and bookings versus referrals for recovery station services. This will help determine whether law enforcement was able to more efficiently provide public safety duties by eliminating time associated with booking arrests in the Central Receiving Facility. The PEC will provide information on the number of clients entering under the influence and those diverted to recovery station services, to determine whether there is a decline in the number of those served due to a substance use related crisis.

c. What is the method for collecting data (e.g. interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients, analysis of encounter or assessment data)?

- Law enforcement will provide the number of arrests for driving under the influence and public intoxication for the year prior and each subsequent year of the project.

- KernBHRS will extract from the electronic health record the number of individuals entering who were under the influence for the year prior and each subsequent year of the project.

- Client engagement in services can be tracked through the electronic health record which will determine whether the first service was attended. Likewise, duration of untreated mental illness will be recorded for clients requiring specialty mental health care.

- Client surveys will be administered via kiosks within the recovery station lobby, in-person, or by phone to determine satisfaction with Healing Project programming, and to compare the Healing Project consumer experience that of alternative crisis services or arrest.

- Surveys will be completed with referring agency staff at time of the referral, to determine if an alterative crisis service referral or arrest, would have been made in the absence of the Healing Project recovery station.

d. How is the method administered (e.g., during an encounter, for an intervention group and a comparison group, for the same individuals pre- and post-intervention)?

Clients will complete a voluntary satisfaction survey including a demographic sheet at discharge from the recovery station facility. If access and linkage to treatment is provided, referral information will be entered into the electronic health record. If at screening or assessment, clients are referred for specialty mental health, their duration of untreated mental illness will also be documented in the electronic health record.

e. What is the *preliminary* plan for how the data will be entered and analyzed?

- KernBHRS staff will collect data surveys from the contracted provider(s) monthly.

- Local law enforcement and the Kern BHRS PEC will provide data regarding the number of persons arrested for public intoxication or driving under the influence, or presenting with a substance use related crisis, respectively. This data will be collected quarterly.

- Client information regarding engagement in care, homelessness, discharge reports, etc. will be collected from the electronic medical record by KernBHRS staff.

- A contract evaluator will provide reports from collected information from both law enforcement and KernBHRS, providing outcome program data which will be reported through the MHSA Annual Update and Three-Year Plan.

7. Contracting

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

KernBHRS will research potential sub-contractors who are familiar with or provide services within the scope of the Healing Project program. Research methods may include internet searches, conversations with subject experts and telephone inquiries. Currently, several contractors within the KernBHRS System of Care provide specialty mental health and substance use disorder treatment. Additional contractors provide services within a peer led treatment model.

- 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 agency.

- Once the agency is selected, an Agreement for Professional Services will be negotiated and prepared. 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 agencies will be encouraged to contact the Department staff for program guidance whenever needed.

- The contractor(s) may be asked to submit monthly, quarterly or semi-annual program progress reports to substantiate payments for service.

- To ensure quality and regulatory compliance, KernBHRS conducts both financial and program monitoring of contracted entities. Staff perform site visits at which time they randomly review client and employee files to ascertain all necessary documents are included current, including tuberculosis testing for employees. Cost reimbursable contracts are subject to the cost reconciliation process after

the close of each fiscal year, at which time the financial records are reviewed and a determination is made regarding cost settlement with the contracted agency. In some instances, it is determined that the agency owes the County money, and other times it is determined that the County owes the contracted agency.

- Contracted agencies will be expected to abide by the Department's policies and procedures regarding client confidentiality, securing Protected 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.

- During the contracting process, the department will strongly emphasis the requirement for peer led interventions. The contractor will be required to hire peer staff to provide interventions, with at least one peer staff on duty at each shift. In addition, the contractor will be strongly encouraged to hire peer staff at all levels within the facility.

PART II: ADDITIONAL INFORMAITON FOR REGULATORY REQUIREMENTS

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.

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

The KernBHRS stakeholder process for the Healing Project began in 2014. MHSA Stakeholders, including consumers, family members, law enforcement, hospital staff, treatment providers, and other community members determined a need for recovery station services for those with co-occurring mental health and substance use disorders during the 2014 MHSA Community Planning Process.

Research began on sobering station models both statewide and throughout the country. The project began drafting and in August 2015, was submitted with eight potential identified programs to stakeholders. The eight reviewed projects were ranked in October 2015, with recovery stations considered priority overall

among the final potential plans. Further development began on the project plan descriptions as regulations for Innovative Projects were changed in October 2015.

Once redeveloped into a singular program, proposal information was provided during the MHSA Community Planning Process in September – November 2016 and September – October 2017. The program was recognized as beneficial both in metropolitan Bakersfield and Ridgecrest, a rural community with the third-largest population in Kern County. During the 2016 and 2017 Community Planning Processes, The Healing Project received feedback from stakeholders participating in 24 community meetings Meeting attendees providing feedback via surveys. The following tables outline the community stakeholder groups and meetings attended, and geographic and race/ethnicity representation present at the meetings. Of the 243 stakeholders surveyed in the 2017 Community Planning Process, 106 indicated their choice of most beneficial innovative program, 53 of which indicated that the Healing Project would be most beneficial for Kern. A sample of project specific comments are listed below. Of the indicated unserved or underserved populations prioritized by stakeholders, those with substance use disorders ranked the fourth most common response (top three identified were: Children/Families, Older Adults and those in the outlying areas [tied at second] and TAY).

The community planning process in both 2016 and 2017 resulted in positive feedback regarding the need and appropriateness of incorporating Recovery Stations in to the Behavioral Health System of Care for Kern County. For 2017, the greatest number of stakeholders identified as clients, followed by KernBHRS staff, educators, mental health providers, county agency staff, medical providers, law enforcement and veterans and seniors.

KERN COUNTY 2016 MHSA STAKEHOLDER MEETINGS		
Date	**Location**	**Entity**
Sept. 1, 16	Wasco	Central Avenue Senior Apartments
Sept. 6, 16	Bakersfield	NAMI General Board Meeting
Sept. 14, 16	Bakersfield	Consumer Family Learning Center Advisory Board Meeting
Sept. 9, 16	Bakersfield	MHSA Community Planning and Stakeholder Meeting - Bakersfield Homeless Center
Sept. 21, 16	Bakersfield	MHSA Community Planning and Stakeholder Meeting – CIT Subcommittee Meeting
Sept. 22, 16	Bakersfield	Transitional Age Youth Focus Group and MHSA Stakeholder Meeting
Oct. 7, 16	Bakersfield	MHSA Stakeholder Presentation – KernBHRS Recovery Conference
Oct. 11, 16	Mojave	MHSA Community Planning and Stakeholder Meeting
Oct. 13, 16	Wasco	Wasco Community Collaborative Meeting
Oct. 13, 16	Tehachapi	MHSA Community Planning and Stakeholder Meeting – Veteran's Hall
Oct. 14, 16	Bakersfield	MHSA Community Planning and Stakeholder Meeting
Oct. 18, 16	Lake Isabella	MHSA Community Planning and Stakeholder Meeting – Veteran's Hall
Oct. 20, 16	Lamont	MHSA Community Planning and Stakeholder Meeting – Clinica Sierra Vista
Oct. 21, 16	Frazier Park	MHSA Community Planning and Stakeholder Meeting – Veteran's Hall
Nov. 15, 16	Ridgecrest	MHSA Community Planning and Stakeholder Meeting – HOPE Center
Nov. 17, 16	Bakersfield	Kern County Network for Children General Collaborative Meeting
Sept. 14, 17	Wasco	Wasco Community Collaborative Meeting
Sept. 14, 17	Wasco	MHSA Community Planning and Stakeholder Meeting – Poso Place
Sept. 20, 17	Lamont	MHSA Community Planning and Stakeholder Meeting – Clinica Sierra Vista
Sept. 21, 17	Bakersfield	MHSA Community Planning and Stakeholder Meeting - KernBHRS
Sept. 26, 17	Tehachapi	MHSA Community Planning and Stakeholder Meeting – College Community Services

Sept. 27, 17	Oildale	MHSA Stakeholder Presentation – Oildale Community Collaborative Meeting
Sept. 28, 17	Taft	MHSA Community Planning and Stakeholder Meeting – College Community Services
Sept. 29, 17	Ridgecrest	MHSA Community Planning and Stakeholder Meeting – HOPE Center
Oct. 2, 17	Bakersfield	MHSA Community Planning and Stakeholder Meeting – KernBHRS
Oct. 3, 17	Frazier Park	MHSA Community Planning and Stakeholder Meeting – Frazier Park Veteran's Hall
Oct. 3, 17	Delano	MHSA Community Planning and Stakeholder Meeting – Child Guidance
Oct. 5, 17	Bakersfield	MHSA Community Planning and Stakeholder Meeting - KernBHRS
Oct. 6, 17	Bakersfield	MHSA Stakeholder Presentation – KernBHRS Recovery Conference
Oct. 19, 17	Bakersfield	MHSA Stakeholder Presentation - Kern County Network for Children Collaborative Meeting

Race/Ethnicity Represented	
Race/Ethnicity	**Percentage**
Hispanic/Latino	33%
White/Caucasian	40%
Black/African American	7%
Mixed Race/Ethnicity	10%
Native American/Tribal	3%
Asian/Pacific Islander	1%
Decline	6%

Geographic Areas Represented	
Geographic area reporting	**Percentage**
Bakersfield	55%
Ridgecrest	8%
Shafter/Wasco	5%
Arvin/Lamont	3%
Delano	3%
Tehachapi	6%
Kern River Valley	3%
Frazier Park	1%
Taft	2%
Oildale	1%
Representing Multiple Areas	9%
Decline	1%

Key stakeholders included members of the medical and law enforcement community, who provided feedback regarding the benefits involved with development and implementation of a Recovery Station model. Those identifying as Clients, Family Members, Law Enforcement and Medical Staff totaled 38 percent of overall stakeholder feedback. Examples of community stakeholder feedback include:

- "*Help relieve law enforcement and medical resources spent on non-emergency issues."*
- *"Very important for Ridgecrest. Very traumatic being transported to Bakersfield via police car and handcuffed!"*
- "*Will support early intervention for mental health crisis and support engagement."*
- *"I think it would be a great way to safely reach individuals that have untreated SUD issues or MI issues that lead to substance use."*
- *"Access for young adults to services that could reduce alcohol/drug use and dependency."*
- *"Removes barriers to access; the easier to get the services the better."*
- *"Would provide access to mental health services that otherwise wouldn't be readily available."*
- "Provide substance abusers a place to go and receive help to encourage them to seek treatment."
- "*Allow the community to wraparound an individual while they are recovering from substance use instead of being incarcerated."*
- *"Gives a place for people in need of recovery."*
- *"By providing an option for intervention and preventing incarceration due to intoxication."*
- *"Place to seek help with mental health and drug addiction."*
- *"Help people cope, less arrests, better intervention. Helping people get linked."*
- *"We have so much need in our community for 'care' and after-hospital care."*

The proposed project was included the MHSA Annual Update for FY 2016-2017 and is included in the MHSA Three-Year Report 2017-2020 as a potential new program pending local and state approval. The 30-day review and comment period was held Oct. 26, 2017 through Nov. 26, 2017, with the Behavioral Health Board Public Hearing and approval held Nov. 27, 2017. The Healing Project was approved by the Board of Supervisors on December 5, 2017 and is now submitted for MHSOAC consideration and approval.

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.*

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?*

The Bakersfield recovery station anticipates serving up to 1,000 individuals annually. The Ridgecrest recovery station anticipates serving 500 individuals annually.

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.*

Recovery station services within the Healing Project will provide adults with access and linkage to treatment for mental health and/or substance use disorders. Recovery Stations could serve regardless of gender and race and/or sexual orientation. Spanish-speaking staff will be on hand for to provide services to those who do not speak English or feel more comfortable receiving services in Spanish. Additionally, for clients who speak languages outside of the threshold languages, KernBHRS utilizes the Language Line

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.*

Intoxicated adults utilizing services will have been referred from law enforcement, the KernBHRS Psychiatric Evaluation Center (PEC), local hospitals, or behavioral health treatment providers. Walk-in services will not be provided. All services are voluntary. All clients utilizing services must be medically cleared, meaning that they do not have a medical condition requiring medical care or medication which will not be administered on site. Clients who are determined to be a danger to themselves or others will be served by the PEC or law enforcement.

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** – KernBHRS will work in collaboration with local law enforcement, housing providers, primary health care providers including hospitals, faith-based organizations and crisis services (PEC, Mobile Evaluation Team and the Kern BHRS/Law Enforcement Co-Response Teams) and families. Stakeholder feedback regarding program outcomes will be collected annually through the MHSA Core Team and Community Planning Process.

b) **Cultural Competency** - Facility operators, primary teams and probation officers, if applicable, will be required to complete cultural competency training hours annually. Bilingual staff will assist individuals who are more comfortable receiving services in Spanish. KernBHRS bilingual staff members are required to attend interpreter training, provided to ensure continuity of care with Spanish-speaking populations.

c) **Client-Driven**- Peer Recovery Specialists on staff will assist with engaging clients and supporting those entering recovery. Clients will also could provide feedback through surveys regarding their experiencing utilizing services with The Healing Project recovery stations.

d) **Family-Driven -** Through appropriate release-of-information, family can make recommendations or offer pertinent information regarding mental health or substance use status. Should a client consent, family members are always encouraged to participate in the services and recovery of individuals served. In the event a family member is unable to participate in the client's stay, updates may be provided to family members upon request of the client during their stay. Families may also be referred to community services and to NAMI.

e) **Wellness, Recovery, and Resilience-Focused -** Recovery stations can play an important role in access and linkage to treatment, as well as outcomes for those experiencing co-occurring disorders, by ensuring clients gain access to necessary acute services or linkage to other identified service needs. In using the Stages of Change and Motivational Interviewing approaches, clients develop hope, respect and responsibility by becoming aware of treatment needs and participating in the initiation of recovery.

f) **Integrated Service Experience for Clients and Families -** At the client's discretion, families will be invited to participate in recovery at every stage to support the client's mental health care and substance use treatment. Referrals for services for clients or families will be provided as needed during their stay at the recovery station and upon discharge.

7. Continuity of Care for Individuals with Serious Mental Illness

a) Will individuals with serious mental illness receive services from the proposed project?

Yes. The Healing Project recovery stations provide referrals for care for individuals with both mental health and substance use care needs. Services for serious mental illness are provided for adults in the KernBHRS System of Care, including geographic service providers. Clients will be referred for necessary care as determined through screening and assessment.

b) If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.

Recovery stations provide an opportunity to engage unserved populations and provide access and linkage to care. The project also allows KernBHRS to learn about potential positive impacts on the use of public resources by providing a safe place for those experiencing substance use related crisis events to become sober. It is anticipated that the services provided by both the Bakersfield and Ridgecrest Recovery Stations will fill a need for substance use and mental health prevention and intervention services identified by stakeholders. The Healing Project is also anticipated to show cost benefit by providing an opportunity for public safety to save time and resources by referring clients to Recovery Station sites. The project will translate well into a Prevention and Early Intervention program dedicated to providing access and linkage to treatment; as such Prevention and Early Intervention component funding as well as funding from collaborative partners could be leveraged in the continuation of the project at the conclusion of the innovation period.

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 will be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.

Kern Behavioral Health and Recovery Services System of Care and contract providers are required to attend six hours per year of cultural competency training in working with members of underserved populations. Trainings focus on working with underserved racial, ethnic, gender and age populations.

Client surveys and project information will be provided in both threshold languages (English/Spanish). Bilingual staff will be available to serve clients in threshold languages. Additionally, KernBHRS provides annual interpreter training both for those who provide interpreting services for clients and families, as well as those who utilize interpretation services.

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. Data and outcome measures will be reviewed during stakeholder meetings throughout the course of the project. Stakeholders will be given an opportunity provide feedback on whether evaluation measures capture the intent of the project or need to be modified to further determine fidelity to the program purpose and intent.

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

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

Specified outcomes from evaluation collected throughout the project and stakeholder feedback will determine whether the program met desirable learning objectives, providing a positive impact on the community and treatment completion. Should the project prove necessary and well received as a benefit to the community, the Department will research and establish options for alternative funding sources including alternate MHSA component funding. Stakeholders will provide feedback on whether the program should continue as an MHSA program funded through a different component.

10. Communication and Dissemination Plan

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

The Mental Health Services Oversight and Accountability Commission (MHSOAC) recently implemented a subcommittee dedicated to Innovative projects throughout California. Part of the tasks of the subcommittee

is to reach out to counties regarding learning objectives and lessons learned in each project. Kern County anticipates sharing information with the MHSOAC subcommittee throughout the term of The Healing Project, and receiving guidance on progress of the project. Additionally, each MHSA Annual update and Three-Year Plan will report on prior year data. Past year Annual Updates and the current Three-Year plan are posted on the KernBHRS website each year.

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

Information on the program will be provided online, via the MHSA Annual Update and Three-Year Plan to the general public. Stakeholders receive information in general stakeholder meetings, and via the Community Planning Process. The Community Planning Process each year includes a series of meetings in which program data is reviewed and feedback is gathered. Stakeholders also could provide feedback throughout the year via online surveys.

c) 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 MHSA Community Planning Process and Stakeholder Meetings.

d) 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.

1. Recovery Station
2. Sobering Station
3. Peers
4. Co-occurring
5. Access and Linkage

11. 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 7/1/2018; End Date 06/30/2023
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 development and refinement of the new or changed approach.

It is anticipated that operational contract negotiations for both the Bakersfield and Ridgecrest Recovery Stations will take approximately 90 days from the approval of the plan by the MHSOAC. An additional month will be needed to finalize the lease agreement for the Bakersfield recovery station location. The Department anticipates an additional 90 days to finalize the plans for the Ridgecrest recovery station.

a) *Evaluation of the INN Project;* Service contracts for clinical services are anticipated to be completed within the first 90 days after approval. Contracts will include all outcome measures and data anticipated

to be collected and reported on monthly. Data will be expected to be reported to the Mental Health Planning Analyst responsible for evaluating and providing reports each month.

b) *Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project;* Evaluation of the project will be monitored at MHSA Core Team and/or Innovative program subcommittee meetings. Additionally, Stakeholders will have an opportunity to provide feedback either at Core Team/Subcommittee meetings and/or through the Community Planning Process annually.

c) *Communication of results and lessons learned;* MHSA Annual and Three-Year reports will include data, lessons learned and any changes made to the program annually.

	12. 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 18-19**	**FY 19-20**	**FY 20-21**	**FY 21-22**	**FY 22-23**	**Total**
1.	a. Personnel expenditure, including salaries, wages & benefits (excludes administration)	$1,981,587	$1,981,587	$1,981,587	$1,981,587	$1,981,587	**$9,907,935**
	b. Estimate the percentage (%) of this expenditure that is for EVALUATION	5.25%	5.25%	5.25%	5.25%	5.25%	**5.25%**
2.	a. Operating expenditure	$350,000	$350,000	$350,000	$350,000	$350,000	**$1,750,000**
	b. Estimate the percentage (%) of this expenditure that is for EVALUATION	0	0	0	0	0	**0**
3.	a. Non-recurring expenditures, e.g., cost of equipping new employees with technology necessary to perform MHSA duties to conduct the INN Project	$229,500	$0	$0	$0	$0	**$229,500**
	b. Estimate the percentage (%) of this expenditure that is for EVALUATION	0%	0%	0%	0%	0%	0%
4.	**a. Consultant contracts (add additional line items for specific contracts, e.g. clinical training contract(s), facilitator contract(s), evaluation contract(s))**	$50,000	$50,000	$50,000	$50,000	$50,000	**$250,000**
	b. Estimate the percentage (%) of this expenditure that is for EVALUATION	100%	100%	100%	100%	100%	**100%**
5.	**a. Other expenditures projected to be incurred on items not listed above (please explain below in the budget narrative)**	$0	$0	$0	$0	$0	$0
	b. Estimate the percentage (%) of this expenditure that is for EVALUATION	0	0	0	0	0	**0**
6.	a**. TOTAL FUNDING REQUESTED (Total amount of MHSA INN funds you are requesting that the MHSOAC approve)**	$3,120,702	$2,891,202	$2,891,202	$2,891,202	$2,891,202	**$14,685,510**

INNOVATIVE PROJECT PLAN DESCRIPTION

Expenditures for A. Administration, B. Evaluation & C. TOTAL By Funding Source and FY							
A.	**Estimated total mental health expenditures <u>for administration</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 18-19**	**FY 19-20**	**FY 20-21**	**FY 21 - 22**	**FY 22-23**	**Total**
1.	Innovative MHSA Funds	$509,615	$509,615	$509,615	$509,615	$509,615	**$2,548,075**
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	$0
6.	**Total Proposed Administration**	**$**509,615	**$**509,615	**$**509,615	**$**509,61	**$**509,615	**$2,548,075**
B.	**Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 18-19**	**FY 19-20**	**FY 20-21**	**FY 21-22**	**FY 22-23**	**Total**
1.	Innovative MHSA Funds	$154,033	$154,033	$154,033	$154,033	$154,033	**$770,167**
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
6.	**Total Proposed Evaluation**	**$154,033**	**$154,033**	**$154,033**	**$154,033**	**$154,033**	**$770,167**
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 18-19**	**FY 19-20**	**FY 20-21**	**FY 21-22**	**FY 22-23**	**Total**
1.	Innovative MHSA Funds	$3,120,702	$2,891,202	$2,891,202	$2,891,202	$2,891,202	**$14,685,510**
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
6.	**Total Proposed Expenditures**	$3,120,702	$2,891,202	$2,891,202	$2,891,202	$2,891,202	**$14,685,510**
*If "Other funding" is included, please explain.							

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 will 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.

The Bakersfield Recovery Station proposes to include full time staff of: one Unit Supervisor, one Mental Health Therapists (LPHA), five Mental Health Recovery Specialists, three Certified or Registered Alcohol and Drug Counselors, two clerical Office Service Technicians and includes cost for 0.3 FTE Planning Analyst to provide monitoring and evaluation. Operating costs include supplies, linens, snacks, rent and utilities based on a space of approximately 7,800 square feet. Capital Improvements and outlay, as a subset of operating expenditures include one-time costs for client space furniture, appliances, office furniture and technological needs (phones, computers, network wiring). Additional funding for potential tenant improvements is included in the budget.

The Ridgecrest Recovery Station proposes to include full time staff of: one Unit Supervisor, one Mental Health Therapists (LPHA), three Mental Health Recovery Specialists, three Certified or Registered Alcohol and Drug Counselors one clerical Office Services Technician and 0.3 FTE Planning Analyst to provide monitoring and evaluation. Operating costs include supplies, linens, snacks, and utilities. One-time capital outlay costs include client furniture, appliances, office furniture and technological needs.

Staffing for the Recovery Stations will be provided under contract by mental health providers. Internal program monitoring and evaluation will be provided by KernBHRS staff, totaling 0.6 FTE Planning Analyst. Evaluation cost equates to approximately $104,124 annually. Internal evaluation will provide for collection of data from various sources including the electronic medical record, which will store information on duration of untreated mental illness for those referred for care, screening results and severity of symptomology and type of services the client to which the client is referred. This staff will also compile survey information and data on referrals from outside entities/agencies and the PEC. All compiled information will be provided to the external contracted evaluator, budgeted at $50,000 annually, who will determine and report on outcomes for the program.

Administration direct and indirect costs include reporting of program data and outcomes, including information utilized for the Community Planning and Stakeholder process. This is budgeted at approximately 26 percent of personnel cost, totaling $509,615.

Citation

SAMHSA. (2014). *Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health.* Retrieved from: https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf