

**EXHIBIT A**

**INNOVATION WORK PLAN  
COUNTY CERTIFICATION**

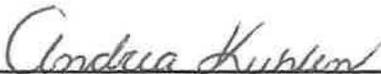
**County Name:** Imperial

<b>County Mental Health Director</b>	<b>Project Lead</b>
Name: Andrea Kuhlen	Name: John Grass, Deputy Director
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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 3410, Non-Supplant.

This Work Plan has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft Work Plan was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate. Any Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed Work Plan is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

All documents in the attached Work Plan are true and correct.

  
\_\_\_\_\_  
Signature (Local Mental Health Director/Designee)      01/09/19      Director  
Date      Title

Imperial County  
Behavioral Health  
Services



Mental Health Services Act

Innovation Project

POSTED  
November 2<sup>nd</sup>, 2018

This MHSA Plan Update is available for public review and comment through December 1, 2018. This document can be accessed at <http://www.co.imperial.ca.us/behavioralhealth> through the website's bulletin board. We welcome your feedback via phone, fax, or email, or during the Public Hearing to be held on December 4, 2018.

**Public Hearing Information:**

Imperial County Behavioral Health Services  
202 N. Eighth Street, El Centro, CA 92243  
Training Room – Second Floor  
December 4<sup>th</sup>, 2018 at 12:00pm

**Questions or comments? Please contact:**

Imperial County Behavioral Health Services  
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El Centro, CA 92243  
Phone: (442) 265-1560  
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## INNOVATIVE PROJECT PLAN DESCRIPTION

County: Imperial Date Submitted: 11/2/18

Project Name: Link Crew Collaborative

*The MHS Innovation Component requires counties to design, pilot, assess, refine, and evaluate a “new or changed application of a promising approach to solving persistent, seemingly intractable mental health challenges” (Welfare and Institutions Code Section 5830, subdivision (c)). The eventual goal is for counties to implement successful practices without Innovation Funds and to disseminate successful practices to other counties. In this way, the Innovation Component provides the opportunity for all counties to contribute to strengthening and transforming the local and statewide mental health system and contributes to developing new effective mental health practices. (Mental Health Services Oversight and Accountability Commission, Innovative Projects Initial Statement of Reasons)*

An “Innovative Project” means “a project that the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports” (*California Code of Regulations, Title 9, Sect. 3200.184*). Each Innovative Project “shall have an end date that is not more than five years from the start date of the Innovative Project” (*CCR, Title 9, Sect. 3910.010*). Counties shall expend Innovation Funds for a specific Innovative Project “only after the Mental Health Services Oversight and Accountability Commission approves the funds for that Innovative Project” (*CCR, Title 9, Sect. 3905(a)*). Further, “The County shall expend Innovation Funds only to implement one or more Innovative Projects” (*CCR, Title 9, Sect. 3905(b)*). Finally, “All expenditures for county mental health programs shall be consistent with a currently approved plan or update pursuant to Section 5847” (*Welfare and Institutions Code, Sect. 5892(g)*).

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 Innovative Project proposal to key stakeholders, including local and State decision-makers, as well as interested members of the general public. Additionally, a County that fully completes this template should be well prepared to present its project workplan to the Commission for review and approval.

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

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### I. Project Overview

#### 1) Primary Problem

The Innovation Planning process included obtaining information and feedback from community stakeholder and key informants. Common themes in these discussions included 1) Prevalence of behavioral and emotional problems within the adolescent population; 2) Adolescent youth not being aware of available services provided by Imperial County Behavioral Health 3) Adolescent youth not accessing services because of mental health stigma; 4) Parents and school personnel not being prepared to coordinate the necessary interventions for the adolescent population; 5) Adolescent youth who have a sense of connectedness and purpose fair better emotionally as well as socially.

An Innovation Plan for the development of a LGBT Resource Center Collaborative Program was posted for a 30-day public review and hearing, however, the Mental Health Board did not support the project and recommended a project to address the needs of the larger population of adolescents. In the course of making a determination of whether or not to continue with this project, it was determined that services are being provided through a contract with Imperial County Behavioral Health and as a result, the program would not fall within the definition of what constitutes as an innovative approach. Additionally, this would create a supplantation of existing services. Thus, a new approach that targets adolescents was formulated from the data collected and stakeholder meetings held.

Further discussions with stakeholders, evaluation of data, and assessing available services and service gaps, it was determined that services were needed for the adolescent population. More specifically the middle school age youth transitioning to high school. According to research published in the journal *Education*, ninth graders have the lowest grade point average, the most missed classes, the majority of failing grades, and more misbehavior referrals than any other high-school grade level. Also, according to a detailed guide from the National High School Center, more students fail ninth grade than any other grade in high school, and most high school dropouts fail at least 25% of their 9<sup>th</sup>-grade courses, thus making this population at high risk of not succeeding in high school. Research also shows that the success or failure of a student in the 12<sup>th</sup> grade can be predicted by how well they performed as a freshman. At the present time, Brawley Union High Schools Local Control and Accountability Plan reports a suspension rate of 7.4%, Graduation Rate of 97%, Chronic Absenteeism 17.6%, Drop Out Rate -1%, and an expulsion rate of 16%. Thus, it is felt that without a successful transition and early interventions disappointments and failures can have a long-term effect on their academic success as well as personal life.

Regardless of these negative statistics, there are early signs or predictors such as poor attendance, behavioral problems, poor grades, and peer and school isolation that if detected early can be minimized or eliminated by early interventions strategies. Currently, schools in Imperial County have implemented an early intervention strategy to monitor, detect, and provide early intervention to incoming freshman. One such strategy is the "Boomerang Project the Link Crew". Link Crew is a high school transition program that welcomes freshmen and makes them feel comfortable throughout the first year of their high school experience to build connectedness. The Link Crew is built on the belief that students can help students succeed, thus trains mentors from junior and senior classes to be positive role models and mentors to freshmen. Hence, guiding the freshmen student to discover what it takes to be successful and therefore succeeding with the transition to high school. The Link Crew's main goal is to successfully transition freshman by addressing the three fundamental transition needs that every student has: Safety, Information, and Connection. By providing these three fundamental transition needs the long-term

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expected outcomes for the transitioning student is increased attendance, improved academic performance, improved social behaviors, and improved school climate (increase participation in school and decrease in school violence/hazing). In spite of the Link Crew activities to help students build connectedness and prevent poor academic achievement, it does not address early identification or onset of mental illnesses that would also present barriers to succeeding in HS.

Thus, this innovation plan proposes to establish a collaborative relationship within the high school setting by being partners in their existing Link Crew curriculum. This collaboration would strengthen this existing transition program by developing a new level of awareness amongst teachers, students, and mental health providers regarding early signs of social, behavioral, and emotional problems that affect academic success. This collaboration and program modification would enhance and expand the curriculum's social component and personal character development through the inclusion of mental health information, education, prevention and early intervention.

### **2) What Has Been Done Elsewhere To Address Your Primary Problem?**

Research was done to identify and review the relevant published literature regarding existing practices and approaches targeting adolescence in collaboration with schools to ensure the plan was innovative. This included reviewing the approved innovation plans from other counties. Our investigation was unable to identify any approaches in which schools and mental health personnel collaborated to provide early interventions and early identification of middle school students transitioning to high school as freshman. It is felt that this collaboration would help provide support and strengthen the coping and problem-solving skills freshman students need to manage the stress of becoming a freshman. Additionally this collaboration will assist students who will face social, cultural and developmental transitions. Ultimately this program will assist the school in accomplishing their mission to ensure academic success.

### **3) The Proposed Project**

The Innovation Plan consists of collaboration between Imperial County Behavioral Health Services and local Imperial County High Schools by adapting their Link Crew curriculum to include a mental health component.

Link Crew is a high school transition program that welcomes freshmen and makes them feel comfortable throughout the first year of their high school experience. It is built on the belief that students can help students succeed, students from the junior and senior classes are trained to be Link Crew Leaders. As positive role models, Link Crew Leaders are mentors, motivators, leaders, and teachers who guide the freshmen to discover what it takes to be successful during the transition to high school and help facilitate freshman success. Link Crew provides the structure for a freshman to receive support and guidance from juniors and seniors who have been through the challenges that high school poses, and understand that the transition to a larger school can sometimes be overwhelming. Link Crew begins with an interactive orientation that makes freshmen excited to be attending high school and allows them to begin developing relationships and strategies that will contribute to their success. After this orientation, Link Crew continues, providing both Academic and Social Follow up Activities throughout the year.

Currently, Imperial County Behavioral Health Services Youth and Young Adults Department has been providing various outreach services to increase the access of services to this population especially the high school aged youth. This outreach service is one of the interventions provided at our Full Service Partnership (FSP) Clinics with the goal of increasing access of services to this population. Services include providing presentations regarding the services provided by Youth and

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Young Adults, education regarding mental illnesses and their signs and symptoms, and resources to help improve access to mental health care. Staff conducts these services at many community locations that provide services to adolescents and their parents, at local high schools, and our local community college. Providing mental health services to this population from an outpatient mental health clinic located away from the high school was determined to be a model that does not engage the adolescent population in an efficacious manner. This called for a new approach that created a strong presence on the local high school campus in order to provide mental health services in a more accessible manner. Additionally increased outreach efforts have been implemented for example, having outreach booths during lunch time, providing presentations to students and teachers focus, and most recently with assigning clinicians to be stationed at two Family Resource Centers (FRCs), located on the high school campus, to provide intake assessments and therapy services on site. All these interventions have been done to assist with increasing services to the adolescent; however, these changes have resulted in modest improvement in the number of student referrals.

This innovation plan proposes a change in this existing non-mental health program and adapting it to include a mental health component. This adaptation would incorporate a mental health professional as the group advisor that would assist in training the Link Crew Leaders within the Link Crew curriculum plus basic skills to assist with identifying the early signs of mental illness including but not limited to, stress, depression, trauma, substance use, domestic violence, LGBT related issues, family/ relationship issues, and maintaining student confidentiality. Proposed changes would also include peer outreach and mental health stigma reduction. Furthermore, when a Link Crew Leader determines that a student demonstrates needs that require additional services the Link Crew Leader will refer the student to a Mental Health Rehabilitation Technician located at our Family Resource Center on campus who will conduct a pre-screening to evaluate further need for behavioral health services. If a need is identified, the MHRT will refer the student to a clinician for an intake assessment.

### **4) Innovative Component**

In this Innovation Plan, we intend to collaborate with local high schools in adapting their existing approach and strategy in providing interventions to high school freshmans. Currently, Imperial County local high schools use the Link Crew mentors to assist and support students transitioning from junior high-to-high school. The curriculum used to train the mentors focuses mainly on academic goals by engaging incoming freshman students who may be challenged with the stressors of transitioning into high school. Even though this program is being used as a preventative approach to non-attendance, truancy issues, academic concerns, and to decrease the dropout rate, school administrators report that these areas continue to be a challenge for high school districts.

It is felt that through the collaboration of Behavioral Health staff with school personnel, the Link Crew curriculum would become stronger by the development and implementation of a mental health educational component. This will result in a new level of awareness amongst teachers, students, and mental health providers regarding early signs of social, behavioral, and emotional problems that affect academic success. Trained Behavioral Health staff embedded in the Link Crew Mentor Training will provide guidance, mentorship, advisory assistance, and education on basic interventions/techniques and on maintaining confidentiality to the Link Crew Leaders who would be able to more accurately identify students at risk of developing a mental health illness and/or to provide prevention/early intervention activities. This innovation will enhance and expand the curriculum's social component and personal character development by the inclusion of mental health information, education, prevention and early intervention.

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### 5) Learning Goals / Project Aims

In this Innovation Plan, we intend to collaborate with the high schools in adapting an existing approach and strategy in providing interventions to high school freshmen. Currently, Imperial Counties local high schools do not have Behavioral Health staff as part of the Link Crew curriculum or are part of assisting students transitioning from junior high to high school. In this project, a trained Behavioral Health staff would be added to the program that would provide guidance, mentorship, advisory assistance, and education on basic interventions/techniques to the Link Crew Leaders. These Link Crew Leaders would then be able to more accurately identify students at risk of developing a mental health illness or to provide interventions that would prevent the onset of such.

This Innovation Plan would contribute to learning by:

- a. Providing mental health prevention and early intervention services to incoming high school freshman will result in the prevention of students developing a mental illness.
- b. Taking an existing school sponsored program designed to reduce absenteeism, drop out and discipline problems and modifying it to include mental health education, prevention and early intervention will result in increased academic, social, and behavioral success.
- c. School personnel and Behavioral Health staff would learn and strengthen strategies, tactics, and approaches to increase coping and problem-solving skills to the transitioning high school age students.

### 6) Evaluation or Learning Plan

The proposed project is collaboration between County Behavioral Health Services and local high schools intended to promote successful transition to high school and proactively address mental health needs that will improve access to services. This will be facilitated through referring identified students to the Family Resource Center where ICBHS clinicians are stationed and designated to provide services for BUHS and CUHS students.

The transition from middle to high school can be challenging, and without sufficient support and guidance, some youth struggle is resulting in low attendance, increased drop out, and the emergence of emotional health disorders. County Behavioral Health will partner with local high schools to support an adapted version of currently used Link Crew program, with the addition of a behavioral health and stigma reduction component, guidance by a mental health practitioner, and access to prevention and early intervention services.

Expected outcomes of the project include:

- Decrease in absenteeism
- Decrease in truancy
- Decrease in school disciplinary actions
- Strong academic success
- Strong social support
- Positive attitude about school
- Increased enrollment in needed mental health services

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Baseline data on the categories cited above will be collected on the participating and comparison high schools. Data regarding increased enrollment in mental health services will be collected by tracking the number of referrals to the MHRT for a pre-screening and to the clinician for intake assessment.

The Evaluation in year 1 will involve a between groups comparison of a randomly selected subset of youth from a Participating and Comparison high school. Participating schools is defined as schools who have implemented the Link Crew program with the mental health adaptation. The Comparison high school is defined as schools who have implemented the Link Crew program without the mental health adaptation. In years 2 - 5, a second high school will become a Participating school and the results from both will be compared to a third high school as a Comparison.

Participating and Comparison schools will all use the Link Crew program; however, the Participating high school(s) will use the adapted program with the inclusion of behavioral health content and support.

Youth will be randomly selected from each high school, until consent to participate in the evaluation is obtained from 50 youth and their parents. Evaluation measures will be collected at mid-year and end-of-year. Successful transition and access to mental health services will be measured as follows:

- Absenteeism, truancy and school disciplinary actions will be measured by attendance and disciplinary actions as documented by the participating schools.
- Access to mental health referrals and services will be based on County Behavioral Health services data.

Successfully transitioning to high school will be measured by a survey, developed for this project, completed by the youth, focusing on their experience transitioning to high school, academic success, social support, and attitudes about school.

### **7) Contracting**

The INN plan will necessitate the development of a Memorandum of Understanding (MOU) with local schools to provide the services and activities described in the sections above. The MOU established will outline specific responsibilities as terms and conditions of the MOU. ICBHS staff will establish policies, procedures, and protocols for implementation in the INN plan to ensure that the services provided meet all state and federal regulations pertaining to mental health services. Quality of care will be ensured through the development and implementation of policies, procedures and protocols with an emphasis on providing effective and compassionate care to youth that are being served. Regular meetings to discuss Link Crew activities, curriculum, and services will assist in directing care in a very dynamic environment. Additionally, the INN plan will include contracting with an outside vendor to conduct an evaluation of the plan to determine if the plan accomplished its objectives and what areas of learning have been discovered. The evaluator will determine if the plan has made an impact among freshman students. Specifically, whether the plan has resulted in the decrease in absenteeism, truancy, school disciplinary actions, strong academic success, social support, positive attitude, as well as an increase in enrollment in needed mental health services

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### II. Additional Information for Regulatory Requirements

#### 1) **Certifications**

Innovative Project proposals submitted for approval by the **MHSOAC must include documented evidence** of County Board of Supervisors review and approval as well as certain certifications. Additionally, we ask that you explain how you have obtained or waived the necessity for human subjects review, such as by your County Institutional Review Board.

- a. Adoption by **County Board of Supervisors**. Please present evidence to demonstrate that your County Board of Supervisors has approved the proposed project. Evidence may include explicit approval as a stand-alone proposal or as part of a Three-Year Plan or Annual Update; or inclusion of funding authority in your departmental budget. If your project has not been reviewed in one of these ways by your Board of Supervisors, please explain how and when you expect to obtain approval prior to your intended start date.
- 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). Welfare and Institutions Code (WIC) 5847(b)(8) specifies that each Three-Year Plan and Annual Update must include “Certification by the county behavioral health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and non-supplantation requirements.”
- c. **Certification by the County mental health director and by the County auditor-controller** if necessary that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA. WIC 5847(b)(9) specifies that each Three-Year Plan and Annual Update must include “Certification by the county behavioral health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act.” Of particular concern to the Commission is evidence that the County has **satisfied any fiscal accountability reporting requirements to DHCS and the MHSOAC, such as submission of required Annual Revenue and Expenditure Reports or an explanation as to when any outstanding ARERs will be completed and filed.**

#### 2) **Community Program Planning**

The Community Planning Process began on December 18, 2017, when a stakeholder meeting was convened. Stakeholders representing adults/older adults and stakeholders representing children and adolescents met to begin the process to obtain input from stakeholders for the development of a new Innovation Plan. During this meeting, an effort was made to provide information to stakeholders

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regarding the details of the MHSA Innovation Guidelines, which included the definition of Innovation, the essential purpose, the General Standards, the scope, time limits, and funding.

On January 2018, the Community Program Planning Process was initiated by Leticia Plancarte-Garcia, by developing, both in English and Spanish, a Community Input Form, Community Demographic Survey and an Innovation Project PowerPoint. Also, several Community Forums and Focus Groups were scheduled throughout Imperial County.

On February 2018 ICBHS commenced holding Community Forums, Focus and Informational Groups throughout Imperial County. Announcements for the Community Forums were advertised in the local newspapers: Imperial Valley Press and Adelante, as well as in the ICBHS radio show, "Let's Talk About It". Community Forums were attended by members who were representative of the cultural, ethnic and racial diversity of our consumers and community. They also represented the unserved and/or underserved populations of our consumers and their families. Focus Groups were attended by local stakeholders, including families of children, youth with serious emotional disturbance and adults and seniors with severe mental illness.

During the forums, focus and informational groups, community members and stakeholders were provided with information on the Innovation requirements and the opportunity to discuss and submit innovative concepts for possible consideration as the focus of the Innovation Project. During the Community Program Planning Process, data was collected from the stakeholders and community members via the Community Input Forms. Ideas for the development of this Innovation Project were also solicited from ICBHS staff members through discussion in unit meetings, as well as from Mental Health Board Members. Ideas and feedback were also directly provided (via email/fax) to the Innovation Planning members by stakeholders not attending forums or focus/informational groups.

Taking into consideration the ideas and feedback from the stake holders, an Innovation Plan for the development of a LGBT Resource Center Collaborative Program was posted for a 30-day public review and hearing, however, the Mental Health Board did not support the project and recommended a project to address the needs of the larger population of adolescents. In the course of making a determination of whether or not to continue with this project, it was determined that services are being provided through a contract with Imperial County Behavioral Health and as a result, the program would not fall within the definition of what constitutes as an innovative approach. Additionally, this would create a supplantation of existing services.

Thus, a new approach that targets adolescents was formulated from the community planning data that had already been collected. Additional stakeholder meetings were held with local area high school staff and further input was received regarding the needs of this target population. In October 2018, meetings with Brawley Union High School, Central Union High School, and Southwest High School were held in an effort to gather subsequent feedback in the formulation of this new innovation plan. Through these meetings it was agreed that services were needed for the adolescent population, more specifically the middle school age youth transitioning to high school. In discussions with the High Schools, the community planning results were shared and discussed. They agreed

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with the findings that adolescents are an underserved populations with regard to mental health services and confirmed the research which indicates that the success or failure of a student in the 12th grade can be predicted by how well they perform as a freshman. They further agreed on the research findings that without a successful transition and early interventions disappointments and failures could have a long-term effect on a student's academic success as well as personal life.

On November 2<sup>nd</sup>, 2018 this MHSA Plan was posted and made available for public review and comment through December 1, 2018.

On December 4, 2018 a public hearing was conducted by the Mental Health Board. Comments provided during the hearing consisted the following:

1. A recommendation for ICBHS to provide information to the public regarding supplantation which would be helpful for any potential providers interested in submitting proposals for services under the Innovation plan.
2. A discussion regarding the differences and similarities of the previous plan submitted by the Imperial Valley LGBT Resource Center.

The following is a summary of the number of Community Forums, Focus and Informational Groups held throughout Imperial County.

**Table 1**

<b>Community Forums</b>	
<b>Date</b>	<b>Location</b>
<b>2/22/18</b>	Brawley, CA
<b>2/26/18</b>	Holtville, CA
<b>2/27/18</b>	Calexico, CA
<b>3/01/18</b>	Niland, CA
<b>3/05/18</b>	Imperial, CA
<b>3/07/18</b>	Westmorland, CA
<b>3/08/18</b>	El Centro, CA
<b>3/14/18</b>	Calipatria, CA
<b>Total</b>	<b>8 Community Forums</b>

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**Table 2**

<b>Focus Groups</b>		
<b>Date</b>	<b>Location</b>	<b>Group</b>
<b>2/27/18</b>	ICBHS Wellness Center (Brawley)	Adults/Older Adults
<b>3/06/18</b>	LGBT Resource Center	LGBT Population
<b>3/12/18</b>	Children and Parent Council	Parents/Stressed Families
<b>3/13/18</b>	ICBHS Wellness Center (El Centro)	Adults/Older Adults
<b>3/13/18</b>	Brawley Migrant Education	Parents/Stressed Families
<b>3/13/18</b>	Adolescent Habilitative Learning Program (Central High School-El Centro)	Transitional Age Youth
<b>3/14/18</b>	Imperial Valley College	Transitional Age Youth
<b>3/14/18</b>	El Centro Elementary School District	Parents/Stressed Families
<b>3/22/18</b>	El Centro Elementary School District	Foster Parents
<b>Total</b>	<b>9 Focus Groups</b>	

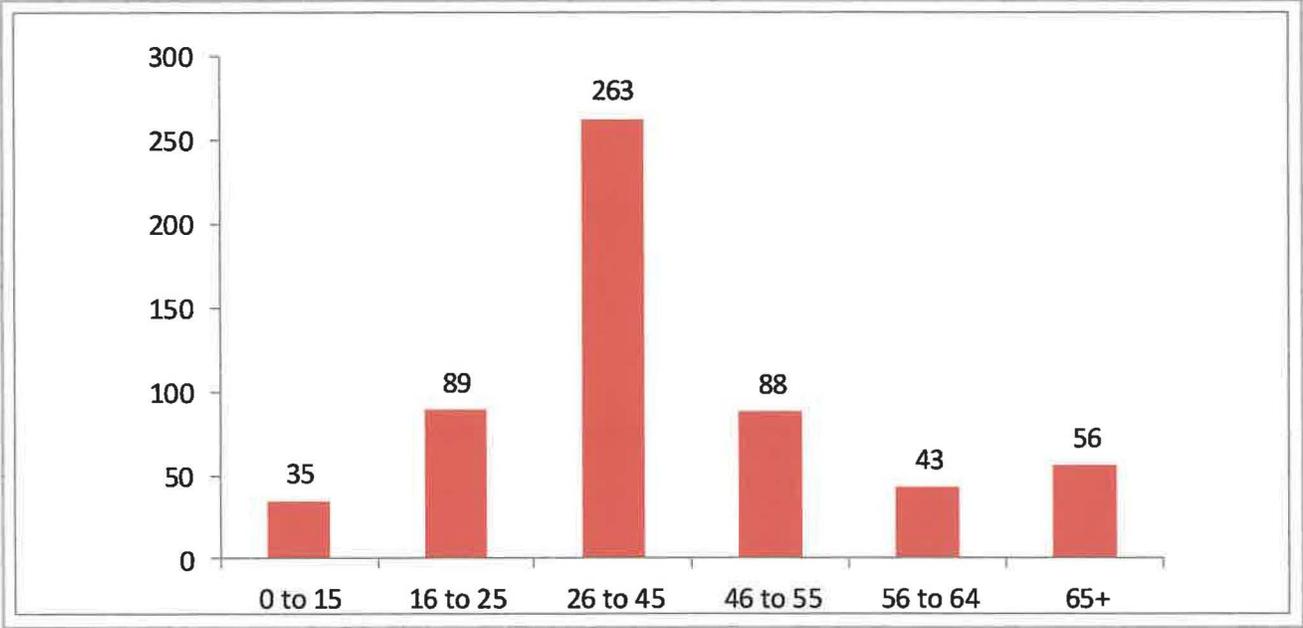
**Table 3**

<b>Informational Groups</b>		
<b>Date</b>	<b>Location</b>	<b>Group</b>
<b>2/21/18</b>	Radio Show - Let's Talk About It: KUBO Radio Station	Imperial County Residents
<b>2/22/18</b>	Department of Social Services	Imperial Valley Continuum of Care: Homeless Youth Advisory
<b>2/26/18</b>	El Centro Elementary School District	School Administrators
<b>2/28/18</b>	Valley Community School	Countywide Truancy Prevention Council
<b>3/01/18</b>	Children and Parent Council	Staff
<b>3/01/18</b>	Catholic Charities	Adult Protective Services
<b>3/07/18</b>	Radio Show - Let's Talk About It: KUBO Radio Station	Imperial County Residents
<b>3/08/18</b>	Catholic Charities	Imperial Valley Continuum of Care: Adults
<b>3/12/18</b>	ICBHS Children's Full Staff Meeting	Children Service Staff
<b>3/14/18</b>	ICBHS Supervisor's Monthly Meeting	ICBHS Management and Supervisors
<b>3/16/18</b>	Department of Social Services	DSS Staff
<b>3/20/18</b>	Mental Health Advisory Board	MH Board Members
<b>3/21/18</b>	University of Phoenix (El Centro)	Adult Students
<b>Total</b>	<b>13 Informational Groups</b>	

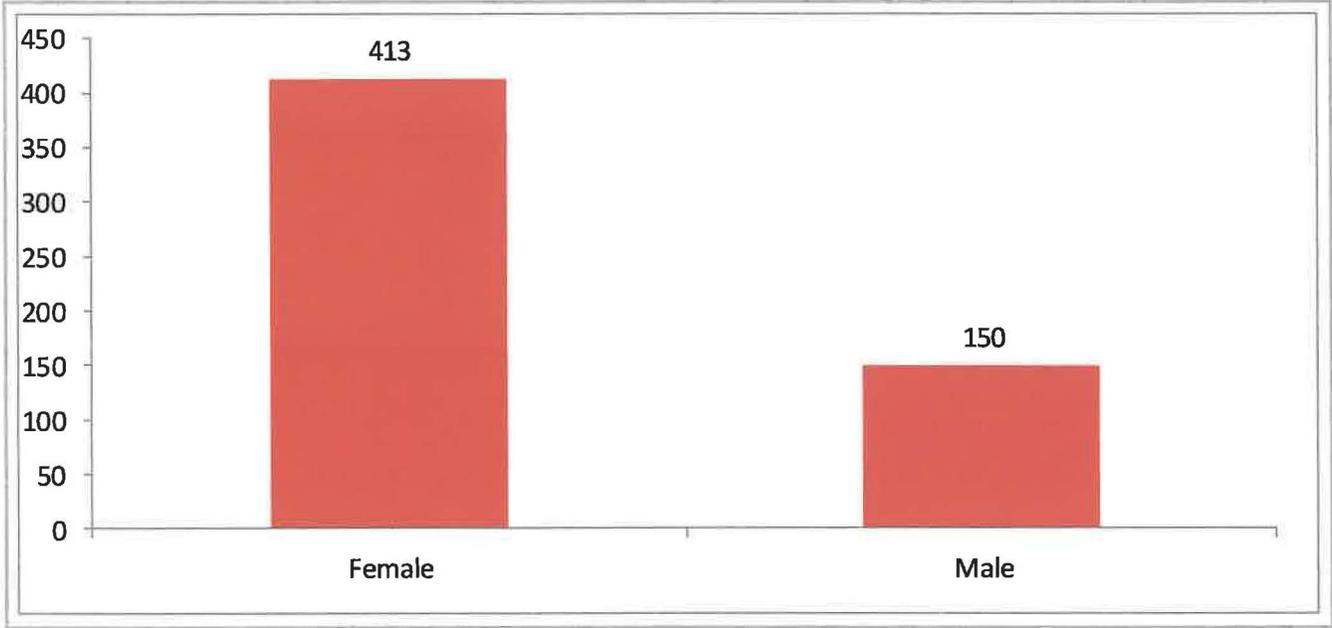
A total of 637 Community Input Forms were completed and submitted from February to March 2018. The following is a summary of the demographic data collected from the survey respondents on a voluntary basis:

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**Graph 1: Age of Survey Respondents (N=574)**

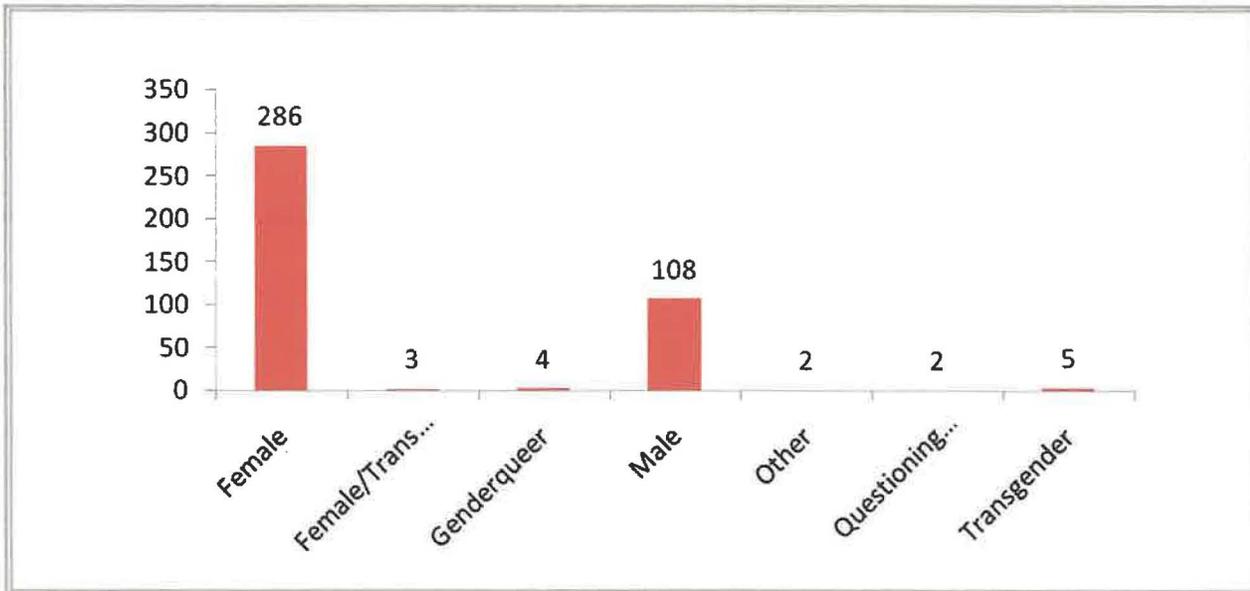


**Graph 2: Gender of Survey Respondents (N=563)**

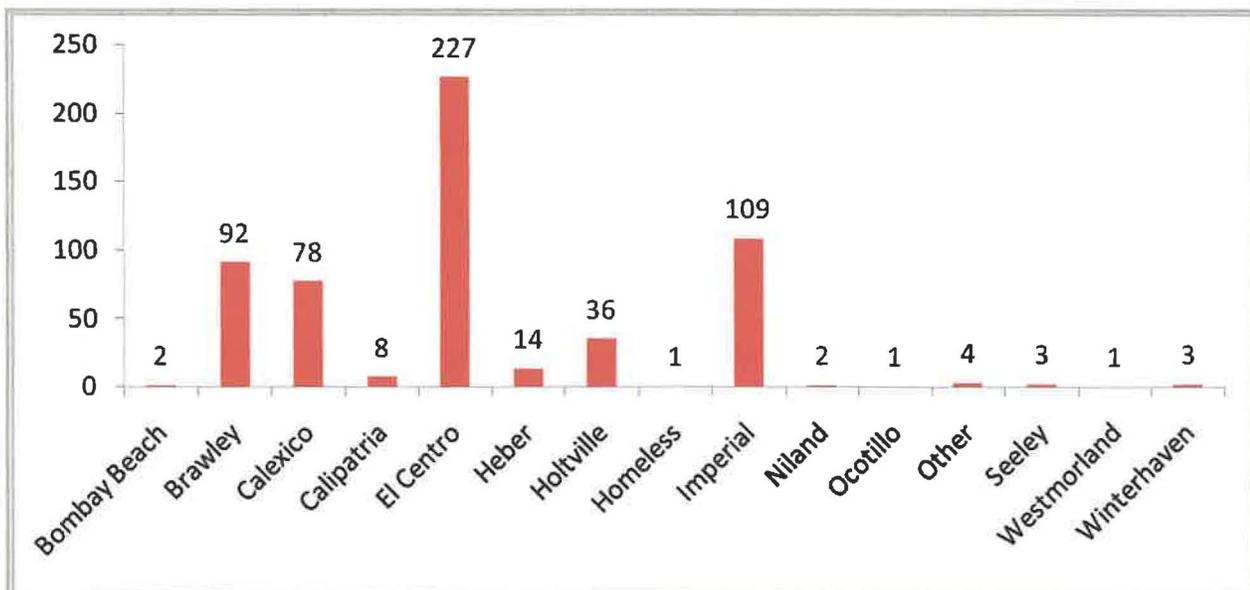


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**Graph 3: Current Gender Identity of Survey Respondents (N=410)**

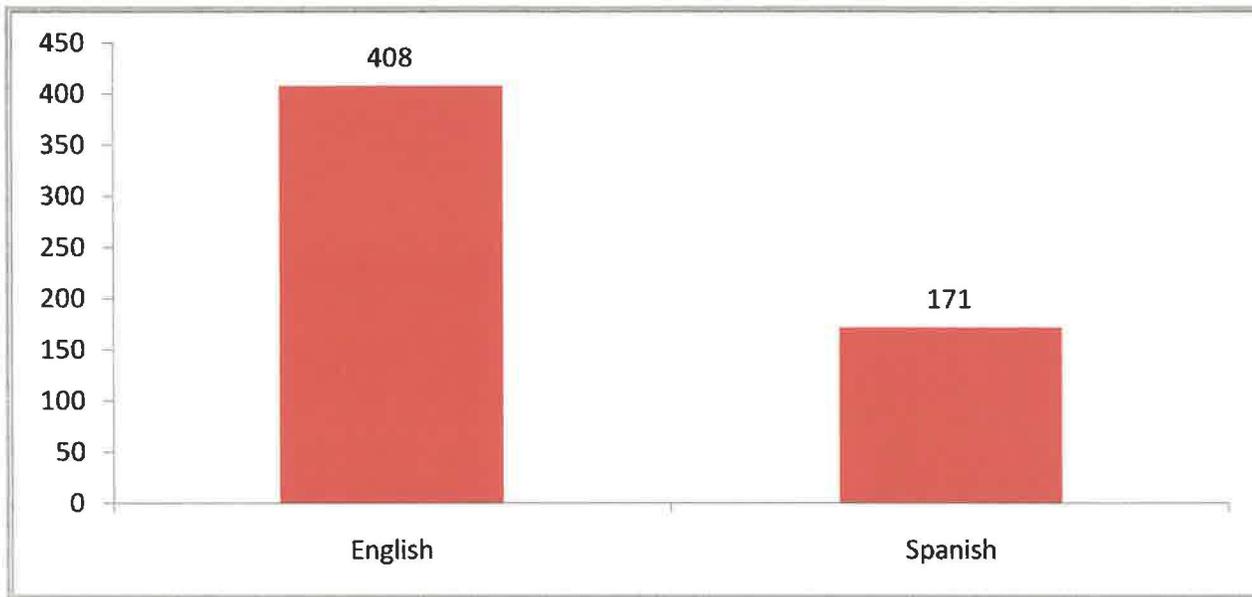


**Graph 4: Residency of Survey Respondents (N=581)**

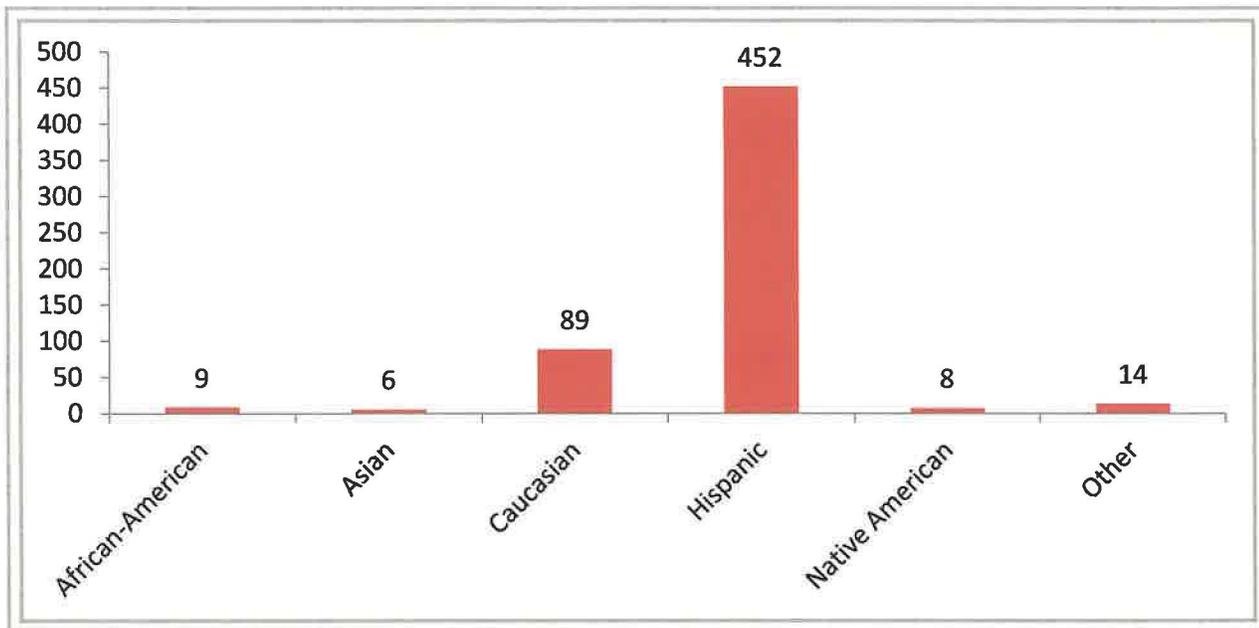


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**Graph 5: Primary Language of Survey Respondents (N=579)**



**Graph 6: Ethnicity of Survey Respondents (N=578)**



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### 3) Primary Purpose

The Innovation Community Planning Process included obtaining information and feedback from community stakeholder and key informants. Based on the feedback received from community members and stakeholders, one common theme emerged: *Increase mental health access to underserved groups* as the primary purpose of developing a new Innovation Project. The following is the data collected from survey respondents indicating the MHSAs Innovative Project Category:

Project Category	Number Collected
<b>Increase MH access to underserved groups</b>	260
<b>Promote Interagency Collaboration</b>	95
<b>Increase access to MH services</b>	170
<b>Increase the quality of MH services, including better outcomes</b>	141

However, during the Innovation Community Planning meeting held on April 18, 2018, there was a majority consensus from the stakeholders that the new Innovation Project should address the mental health needs of all age groups and ethnic backgrounds faced by children, transitional age youth, adults and older adults. The primary purpose was modified to *Increase access to mental health services* to all residents of Imperial County. Additionally, during the meeting, the stakeholders decided that the new Innovation Project should include utilizing animals as a mental health modality as well as services that target the LGBT Youth in a school setting.

However, during the conceptualization of an LGBT Resource Center Collaborative Program, it was determined that services are being provided through a contract with Imperial County Behavioral Health and as a result, the program would not fall within the definition of what constitutes as an innovative approach. Additionally, this would create a supplantation of existing services. Thus, a new approach that targets adolescents was formulated from the data collected and stakeholder meetings held. Per the data, the community placed the age groups between 13-15 and 16-25 as the two highest age groups in need for interventions or 49.85% of the surveys collected identified the adolescent and young adult population as the possible focus of our innovation plan. This led to the formation of preventative interventions for transitioning freshman high school students that would encompass all 9<sup>th</sup> grade students including the LGBT population.

### 4) MHSAs Innovative Project Category

Imperial County's Innovation Project 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 context or setting. This proposed INN project would address 3 of the 4 Project Categories including a) increased MH access to underserved groups, b) Promote Interagency Collaboration and c) Increase access to MH Services.

### 5) Population

## INNOVATIVE PROJECT PLAN DESCRIPTION

Based on the feedback received from stakeholders and community members during an MHSA Planning meeting held on April 19, 2018, Imperial County's Innovation Project will provide direct services to mental health consumers and to individuals across all life stages, all age and ethnic groups at risk of a serious mental health illness/serious emotional disturbance. The following is the data collected from survey respondents indicating the age groups to be impacted by the Innovation Project.

*Table 4: Age Groups to be Impacted by Innovation Project*

<b>Age</b>	<b>Number Collected</b>
<b>0 to 5</b>	74
<b>6 to 12</b>	135
<b>12 to 15</b>	189
<b>16 to 25</b>	161
<b>26 to 60</b>	91
<b>61 to 52</b>	60+

<b>Program</b>	<b>Estimate of Individuals Served</b>	<b>Method to determine number served</b>
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### INNOVATIVE PROJECT PLAN DESCRIPTION

Youth and Young Adults	Year 1: 100	Monthly data will be collected regarding the number of student participants, the number of contacts made with students during the year, the number of students referred for mental health services, academic performance, attendance, discipline, academic placement and drop outs.
	Year 2: 100	Monthly data will be collected regarding the number of student participants, the number of contacts made with students during the year, the number of students referred for mental health services, academic performance, attendance, discipline, academic placement and drop outs.
	Year 3: 100	Monthly data will be collected regarding the number of student participants, the number of contacts made with students during the year, the number of students referred for mental health services, academic performance, attendance, discipline, academic placement and drop outs.
	Year 4: 100	Monthly data will be collected regarding the number of student participants, the number of contacts made with students during the year, the number of students referred for mental health services, academic performance, attendance, discipline, academic placement and drop outs. Collect data regarding Link Crew Project graduating students served.
	Year 5: 100	Monthly data will be collected regarding the number of student participants, the number of contacts made with students during the year, the number of students referred for mental health services, academic performance, attendance, discipline, academic placement and drop outs.

## INNOVATIVE PROJECT PLAN DESCRIPTION

### 6) MHSA General Standards

#### **Community Collaboration:**

ICBHS has taken steps to engage stakeholders in community planning processes and plans to continue to involve community members throughout the implementation of the Innovation Plan. Some of the planned activities include having stakeholders be active members of the Innovation Collaborative meetings, providing guidance and support in the implementation and evaluation process. Stakeholders will also have the opportunity to participate and provide feedback and recommendations at the quarterly MHSA Steering Committee Meetings. Other efforts to keep the community informed of the Innovation Plan and its progress will be through the MHSA - ICBHS' Outreach and Engagement program where the Innovation Plan will be included in presentations to the community. The Innovation Plan will also be presented in the weekly radio shows "Let's Talk About It!" (English) and "Exprésate!" (Spanish).

#### **Cultural Competence:**

Staff from both agencies will be exposed to the other agency's culture, norms, and values. By working together, they will learn from each other and create a new culture where they share the same mission and vision for the purpose of serving children and their families. ICBHS has a well-established Cultural Competency Plan that ensures staff receives extensive training on different aspects of cultural competence. Staff assigned to this program will receive needed training to ensure they understand and effectively address the needs and values of the racial/ethnic, cultural, and linguistic needs of the children, families and community members they serve. As of 2012, 80.4% of Imperial County's population was Hispanic-Latino. Currently, 85% of ICBHS staff who provide direct services to clients are bilingual in English and Spanish. Staff assigned to this project will be representative of the population served.

#### **Client-Driven:**

The Innovation Plan has been guided and developed based on feedback from stakeholders who presented their ideas and concerns through their participation in formal and informal meetings. Stakeholders voiced their desire to focus this innovation plan on adolescents at risk of serious mental illness. ICBHS will ensure stakeholders and students participating as Link Crew Mentors and Mentees are included in meetings, planning sessions, and focus groups designed to assess the impact of the program and future recommendations. Stakeholder and students will continue to be an integral part of the implementation, evaluation and decision-making process, related to this project by continuously engaging them at all levels.

#### **Family Driven:**

Parents will be invited and included in the Collaborative and MHSA Steering Committee meetings where they will be able to convey their feedback on whether the new collaborative approach has contributed to the successful integration of their adolescent into the high school community.

#### **Wellness, Recovery, and Resilience Focused:**

## INNOVATIVE PROJECT PLAN DESCRIPTION

One key element of the planning and implementation process is the active involvement of stakeholders at all levels. Stakeholders involved included families of children, adults, and seniors with severe mental illness. Members were representative of the cultural, ethnic and racial diversity of our consumers and community. Members also represented the unserved and/or underserved populations of our consumers and their families. Their involvement in this process promoted empowerment, respect, self-responsibility and self-determination, which are essential elements to their wellness, recovery and resilience.

### **Integrated Service Experiences for children and their families:**

Through this Innovation Plan, it is anticipated that a new collaborative approach will result in the integration of services for the adolescent transitioning into high school. The integration of services will involve structural changes to the Link Crew curriculum in ways that the needs of the adolescent youth are met by Behavioral Health staff and school personnel partnering with each to provide preventative and early intervention services. This will ensure services are not fragmented but comprehensive and more efficient.

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

This innovation project consists of collaborating with high schools in the development a new approach to their existing Link Crew. This collaboration will contribute to outreach and referrals to mental health services to the adolescents in a non-traditional outreach setting. Furthermore, if this collaborative relationship is successful, the county would have established a system within schools that can be maintained and duplicated by any staff or agency.

### **8) INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement**

- a. Explain how you plan to ensure that the Project evaluation is **culturally competent**.

*Note: this is not a required element of the initial INN Project Plan description but is a mandatory component of the INN Final Report. We, therefore, advise considering a strategy for cultural competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.*

Based on the US Census, as of July 1, 2017, Imperial County has a population of 182,830. 84% of the population is Hispanic, 11% is White and the rest is comprised of Blacks/African American, Asian American, and Native Americans. Likewise, ICBHS staff is also representative of Imperial County's demographic population. ICBHS provides ongoing training to all staff on cultural competency to address the needs and values of Imperial County's population. ICHBS staff assigned to this project will be bilingual and bi-cultural. Cultural competence training will also be included for student mentors participating in the project.

- b. Explain how you plan to ensure **meaningful stakeholder participation** in the evaluation.

## INNOVATIVE PROJECT PLAN DESCRIPTION

*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.*

ICBHS will ensure there is meaningful stakeholder participation in the evaluation of the Innovation Project. This will include the following:

- a. Sharing evaluation data with the MHSA Steering Committee which meets on a quarterly basis.
- b. Formation of an MHSA Innovation Stakeholder/participant Advisory Committee to review and evaluate program data, progress, and recommendations. This committee will consist of ICBHS staff, School District staff, students and parents and will meet on a quarterly basis.

### **9) Deciding Whether and How to Continue the Project Without INN Funds**

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?

Based on the evaluation of the Innovation Project, ICBHS and stakeholders will make the determination to continue providing MH services. Should the determination be to continue providing MH services after the completion of the Innovation Project, various funding sources can be utilized, such as MHSA CSS, PEI, Short-Doyle Medi-Cal or Realignment funds in order for the project to be self-sustaining.

### **10) Communication and Dissemination Plan**

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

- a. How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties?
- b. How will program participants or other stakeholders be involved in communication efforts?

ICBHS will ensure stakeholders are involved in the communication efforts by disseminating information and providing means such as social media and meetings where stakeholders can have a voice. During the quarterly MHSA Steering Committee, data and evaluation results

**INNOVATIVE PROJECT PLAN DESCRIPTION**

are disseminated to stakeholders in Imperial County. Some of the stakeholders are ICBHS beneficiaries as well as members of the community, nonprofit agencies and local government agencies such as Probation, Sheriff, Social Services, Education, County CEO, Area Agency on Aging, SDRC. Additionally, utilizing local magazine and newspaper articles and broadcasting a radio show (all in English and in Spanish) on the Innovation Project will maintain Imperial County residents informed on the implementation process. During the radio show broadcasts, community members are encouraged to contact ICBHS for any questions or concerns. ICBHS will share the results of this program through the presentation of the program successes and challenges during appropriate statewide conferences.

- c. **KEYWORDS** for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

<b><i>Link Crew Project</i></b>
Increase access to Mental Health by Link Crew Participation
Mental Health and Link Crew
The collaboration of Mental Health and Imperial County Schools
Adolescent Mental Health Services in Imperial County
Imperial County High Schools and ICBHS Collaboration

**11) Timeline**

<b><i>Project 1: Link Crew Freshman Transition</i></b>	
a. Specify the total timeframe (duration) of the INN Project:	<b>5 Years      0 Months</b>
b. Specify the expected start date and end date of your INN Project:	<b>Start Date: April 1, 2018 (FY 2018-2019) End Date: June 30, 2023 (FY 2022-2023)</b>

<b>FY 2018-2019 <i>Project 1: Link Crew Freshman Transition</i></b>
<ol style="list-style-type: none"> <li>1. Develop Memorandum of Understanding with Brawley Union High School District.</li> <li>2. Develop Memorandum of Understanding with Central Union High School District.</li> <li>3. Coordination of planning meetings between ICBHS and School Districts</li> <li>4. Train and recruit ICBHS Staff</li> </ol>

## INNOVATIVE PROJECT PLAN DESCRIPTION

5. Establish regular Innovation Collaborative Meetings for
  - a) Joint development of protocols for agency roles
  - b) Joint development of protocols for data collection, monitoring, and reporting.
  - c) Complete annual report for FY 2018-19. Presentation of annual report to include findings and recommendations from contractor and Innovation Collaborative group to Mental Health Board and MHSA Steering Committee.
6. Train Link Crew Leaders
7. Implementation of Link Crew Project.
8. Begin data tracking.

### **FY 2019-2020 Project 1: Link Crew Freshman Transition**

1. Continue with the implementation of the Link Crew
2. Continue Data Tracking for 2019-2020
  - Implementation of evaluation tools to capture the following data from 2018-2019:
    1. The number of contacts made with students during the year
    2. The number of students referred for mental health services.
    3. Academic performance, attendance, discipline, academic placements and drop outs.
    4. Train Link Crew Leaders.
  - Continue monthly Innovation Collaborative meetings for:
    5. Ongoing evaluation of collaborative progress
    6. Discuss and identify successful strategies
    7. Brainstorm solutions to overcome barrier or challenges to the collaborative process.
    8. Presentation of annual report to include findings and recommendations from contractor and Innovation Collaborative group to Mental Health Board and MHSA Steering Committee.
    9. Complete annual report for 2019-2020
      - a) Presentation of annual report to include findings and recommendations from contractor and Innovation Collaborative group to Mental Health Board and MHSA Steering Committee.
      - b) The presentation will provide an update on collaborative efforts; obtain guidance on improving process, and their continuous support for the implementation of the Innovation Plan.

### **FY 2019-2020 Project 1: Link Crew Freshman Transition**

3. Continue with the implementation of the Link Crew
4. Continue Data Tracking for 2019-2020
  - Implementation of evaluation tools to capture the following data from 2018-2019:
    10. The number of contacts made with students during the year
    11. The number of students referred for mental health services.
    12. Academic performance, attendance, discipline, academic placements and drop outs.
    13. Train Link Crew Leaders.

## INNOVATIVE PROJECT PLAN DESCRIPTION

- Continue monthly Innovation Collaborative meetings for:
  14. Ongoing evaluation of collaborative progress
  15. Discuss and identify successful strategies
  16. Brainstorm solutions to overcome barrier or challenges to the collaborative process.
  17. Presentation of annual report to include findings and recommendations from contractor and Innovation Collaborative group to Mental Health Board and MHSA Steering Committee.
  18. Complete annual report for 2019-2020
    - a) Presentation of annual report to include findings and recommendations from contractor and Innovation Collaborative group to Mental Health Board and MHSA Steering Committee.
    - b) The presentation will provide an update on collaborative efforts; obtain guidance on improving process, and their continuous support for the implementation of the Innovation Plan.

### **FY 2020-2021 *Project 1: Link Crew Freshman Transition***

1. Continue with the implementation of the Link Crew
  2. Continue Data Tracking for 2010-2021
- Continue with the Implementation of evaluation tools to capture the following for FY 2019-2020:
    1. The number of contacts made with students during the year
    2. The number of students referred for mental health services.
    3. Academic performance, attendance, discipline, academic placements and drop outs.
    4. Train Link Crew Leaders
  - Continue monthly Innovation Collaborative meetings for:
    1. Ongoing evaluation of collaborative progress
    2. Discuss and identify successful strategies
    3. Brainstorm solutions to overcome barrier or challenges to the collaborative process.
    4. Complete annual report for 2020-2021
      - a) Presentation of annual report to include findings and recommendations from contractor and Innovation Collaborative group to Mental Health Board and MHSA Steering Committee.
      - b) The presentation will provide an update on collaborative efforts; obtain guidance on improving process, and their continuous support for the implementation of the Innovation Plan.

### **FY 2021-2022 *Project 1: Link Crew Freshman Transition***

1. Continue with the implementation of the Link Crew
  2. Continue data tracking for 2021-22
- Continue with the Implementation of evaluation tools to capture the following for FY 2020-2021:
    1. The number of contacts made with students during the year
    2. The number of students referred for mental health services.
    3. Academic performance, attendance, discipline, academic placements and drop outs.
    4. Train Link Crew Leaders

## INNOVATIVE PROJECT PLAN DESCRIPTION

- Continue monthly Innovation Collaborative meetings for:
  1. Ongoing evaluation of collaborative progress
  2. Discuss and identify successful strategies
  3. Brainstorm solutions to overcome barrier or challenges to the collaborative process.
  
- Report progress on implementation of Innovation as follows:
  1. Stakeholders at quarterly MHSA Steering Committee
  2. Mental Health Board
  3. Complete annual report for 2021-2022
    - a) Presentation of annual report to include findings and recommendations from contractor and Innovation Collaborative group to Mental Health Board and MHSA Steering Committee.
    - b) The presentation will provide an update on collaborative efforts; obtain guidance on improving process, and their continuous support for the implementation of the Innovation Plan.

### ***FY 2022-2023 Project 1: Link Crew Freshman Transition***

1. Continue with the Implementation of the Link Crew
  2. Continue data tracking for 2022-2023 for inclusion in the final report.
- Continue implementation of evaluation tools to capture identified data for FY 2021-22 and 2022-2023 for inclusion in the final report.
    1. The number of contacts made with students during the year
    2. The number of students referred for mental health services.
    3. Academic performance, attendance, discipline, academic placements and drop outs.
  
  - Continue monthly Innovation Collaborative meetings for:
    1. Evaluate project data and to prepare a presentation of Final Comprehensive (inclusive of all years) Innovation Report. This will include findings and recommendations from contractor and Innovation Collaborative group to Mental Health Board and MHSA Steering Committee. Additionally, this final report will include lessons learned during the Innovation Project.
    2. Presentation of the successful collaborative process to school Superintendents for purpose of replicating innovative approach to collaboration in different school districts countywide.
    3. Presentation of the successful collaborative process at local Wellness Radio shows in English and Spanish.
    4. Post the final report on the ICBHS Website for public review and access.
    5. Complete and Submit Final Report to MHSOAC.

## **12) INN Project Budget and Source of Expenditures**

The next three sections identify how the MHSA funds are being utilized:

- a) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
  
- b) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)

## INNOVATIVE PROJECT PLAN DESCRIPTION

BUDGET CONTEXT (If MHSA funds are being leveraged with other funding sources)

### A. Budget Narrative:

#### Personnel Costs

**Deputy Director:** 0.05 FTE Responsible for the overall implementation and oversight of this program.

**Behavioral Health Manager:** 0.20 FTE Responsible for handling the organizational work in the planning, development, and implementation of this program, as well as managing the on-going program operations.

**Program Supervisor:** 0.30 FTE Responsible for the overall program and clinical supervision and daily program operations.

**Administrative Analyst I:** 0.05 FTE Responsible for data and outcome collection of the program and support Deputy Director.

**Office Assistant III:** 0.15 FTE Responsible for providing clerical support for the program.

**Community Service Workers II:** 1 FTE Responsible for providing training, education, outreach and leadership

**Mental Health Rehabilitation Technician:** 3 FTE Responsible for providing training, education, leadership, assessments, and coordination and referral to services.

#### Operating Costs

These costs consist of expenses to be incurred by Innovation staff to operate the program; expenses consist of, but not limited to, communication, household, and office supplies/equipment.

#### Non-Recurring Costs

N/A

#### Consultants/Contracts

Innovation project will incur costs for consultation and collaboration with other agencies/providers to assist on the implementation of this project.

- Consultant: *project evaluation*

**INNOVATIVE PROJECT PLAN DESCRIPTION**

**MHSA INNOVATION COMPONENT**

**Budget and Source of Expenditure  
FY2018-19 THROUGH FY2023-24**

<b>EXPENDITURE</b>							
<b>PERSONNEL COSTS</b>	<b>FY2018-19</b>	<b>FY2019-20</b>	<b>FY2020-21</b>	<b>FY2021-22</b>	<b>FY2022-23</b>	<b>FY2023-24</b>	<b>TOTAL</b>
(Salaries, wages, benefits)							
1. Salaries (BH Manager, Supervisor)	\$ 24,978	\$ 66,685	\$ 68,686	\$ 68,686	\$ 68,686	\$ 72,244	\$ 369,964
2. Direct Salaries (PSW,CSW)	\$ 51,982	\$ 223,190	\$ 398,970	\$ 402,066	\$ 364,414	\$ 136,097	\$ 1,576,719
3. Indirect Salaries (Director,Analyst, OT/OA)	\$ 3,271	\$ 6,912	\$ 7,120	\$ 5,696	\$ 5,696	\$ 4,215	\$ 32,908
4. Total Personnel Costs	\$ 80,231	\$ 296,787	\$ 474,775	\$ 476,447	\$ 438,796	\$ 212,556	\$ 1,979,591
<b>OPERATING COSTS</b>	<b>FY2018-19</b>	<b>FY2019-20</b>	<b>FY2020-21</b>	<b>FY2021-22</b>	<b>FY2022-23</b>	<b>FY2023-24</b>	
5. Direct Costs	\$ 9,906	\$ 39,073	\$ 41,026	\$ 43,078	\$ 45,231	\$ 34,987	\$ 213,301
6. Indirect Costs	\$ 306	\$ 1,208	\$ 1,269	\$ 1,332	\$ 1,399	\$ 1,082	\$ 6,597
7. Total Operating Costs	\$ 10,212	\$ 40,281	\$ 42,295	\$ 44,410	\$ 46,630	\$ 36,069	\$ 219,898
<b>NON-RECURRING COSTS</b>	<b>FY2018-19</b>	<b>FY2019-20</b>	<b>FY2020-21</b>	<b>FY2021-22</b>	<b>FY2022-23</b>	<b>FY2023-24</b>	
(Equipment,Technology)							
8. Direct Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Total Non-Recurring Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>CONSULTANT/CONTRACT COSTS</b>	<b>FY2018-19</b>	<b>FY2019-20</b>	<b>FY2020-21</b>	<b>FY2021-22</b>	<b>FY2022-23</b>	<b>FY2023-24</b>	
(Clinical, training, facilitator, evaluation)							
11. Direct Costs	\$ 37,500	\$ 21,500	\$ 18,500	\$ 18,500	\$ -	\$ -	\$ 96,000
12. Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Total Consultant Costs	\$ 37,500	\$ 21,500	\$ 18,500	\$ 18,500	\$ -	\$ -	\$ 96,000
<b>OTHER EXPENDITURES</b>	<b>FY2018-19</b>	<b>FY2019-20</b>	<b>FY2020-21</b>	<b>FY2021-22</b>	<b>FY2022-23</b>	<b>FY2023-24</b>	
(Please explain in budget narrative)							
14. Direct Costs	\$ 3,000	\$ 4,000	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 11,800
15. Indirect Costs	\$ 13,094	\$ 36,257	\$ 53,677	\$ 54,056	\$ 48,663	\$ 24,983	\$ 230,729
16. Total Other Expenditures	\$ 16,094	\$ 40,257	\$ 54,877	\$ 55,256	\$ 49,863	\$ 26,183	\$ 242,529
<b>BUDGET TOTALS</b>							
PERSONNEL COST (Line 1)	\$ 24,978.27	\$ 66,684.97	\$ 68,685.51	\$ 68,685.51	\$ 68,685.51	\$ 72,244.41	\$ 369,964.19
DIRECT COST (Add 2, 5 & 11)	\$ 99,387.37	\$ 283,762.84	\$ 458,495.81	\$ 463,643.85	\$ 409,645.85	\$ 171,083.95	\$ 1,886,019.68
INDIRECT COST (Add 3, 6 & 12)	\$ 3,576.99	\$ 8,120.58	\$ 8,388.36	\$ 7,027.90	\$ 7,094.52	\$ 5,296.83	\$ 39,505.17
NON-RECURRING COST (Line 10)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER EXPENDITURES (Line 16)	\$ 16,094.26	\$ 40,256.84	\$ 54,876.97	\$ 55,255.73	\$ 49,862.59	\$ 26,182.52	\$ 242,528.90
<b>TOTAL INNOVATION BUDGET</b>	<b>\$ 144,037</b>	<b>\$ 398,825</b>	<b>\$ 590,447</b>	<b>\$ 594,613</b>	<b>\$ 535,288</b>	<b>\$ 274,808</b>	<b>\$ 2,538,018</b>

**INNOVATIVE PROJECT PLAN DESCRIPTION**

**EXPENDITURE by Funding Source and Fiscal Year**

<b>ADMINISTRATION</b>	<b>FY2018-19</b>	<b>FY2019-20</b>	<b>FY2020-21</b>	<b>FY2021-22</b>	<b>FY2022-23</b>	<b>FY2023-24</b>	<b>TOTAL</b>
<b>A. Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY &amp; the following funding sources:</b>							
1. Innovation MHSAs Funds	\$ 106,307	\$ 377,080	\$ 396,197	\$ 400,003	\$ 358,801	\$ 176,696	\$ 1,815,084
2. Federal Financial Participation	\$ -	\$ -	\$ 157,500	\$ 157,500	\$ 157,500	\$ 78,750	\$ 551,250
3. 1991 Realignment	\$ -	\$ -	\$ 18,000	\$ 18,360	\$ 18,727	\$ 19,102	\$ 74,189
4. Behavioral Health Subaccount	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Other Funding*	\$ 230	\$ 245	\$ 250	\$ 250	\$ 260	\$ 260	\$ 1,495
<b>6. TOTAL PROPOSED ADMINISTRATION</b>	<b>\$ 106,537</b>	<b>\$ 377,325</b>	<b>\$ 571,947</b>	<b>\$ 576,113</b>	<b>\$ 535,288</b>	<b>\$ 274,808</b>	<b>\$ 2,442,018</b>
<b>EVALUATION</b>	<b>FY2018-19</b>	<b>FY2019-20</b>	<b>FY2020-21</b>	<b>FY2021-22</b>	<b>FY2022-23</b>	<b>FY2023-24</b>	<b>TOTAL</b>
<b>B. Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY &amp; the following funding sources:</b>							
1. Innovation MHSAs Funds	\$ 37,500	\$ 21,500	\$ 18,500	\$ 18,500	\$ -	\$ -	\$ 96,000
2. Federal Financial Participation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. 1991 Realignment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Behavioral Health Subaccount	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Other Funding*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>6. TOTAL PROPOSED EVALUATION</b>	<b>\$ 37,500</b>	<b>\$ 21,500</b>	<b>\$ 18,500</b>	<b>\$ 18,500</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 96,000</b>
<b>TOTAL</b>	<b>FY2018-19</b>	<b>FY2019-20</b>	<b>FY2020-21</b>	<b>FY2021-22</b>	<b>FY2022-23</b>	<b>FY2023-24</b>	<b>TOTAL</b>
<b>C. Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY &amp; the following funding sources:</b>							
1. Innovation MHSAs Funds	\$ 143,807	\$ 398,580	\$ 414,697	\$ 418,503	\$ 358,801	\$ 176,696	\$ 1,911,084
2. Federal Financial Participation	\$ -	\$ -	\$ 157,500	\$ 157,500	\$ 157,500	\$ 78,750	\$ 551,250
3. 1991 Realignment	\$ -	\$ -	\$ 18,000	\$ 18,360	\$ 18,727	\$ 19,102	\$ 74,189
4. Behavioral Health Subaccount	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Other Funding*	\$ 230	\$ 245	\$ 250	\$ 250	\$ 260	\$ 260	\$ 1,495
<b>TOTAL PROPOSED EXPENDITURES</b>	<b>\$ 144,037</b>	<b>\$ 398,825</b>	<b>\$ 590,447</b>	<b>\$ 594,613</b>	<b>\$ 535,288</b>	<b>\$ 274,808</b>	<b>\$ 2,538,018</b>