Mental Health Services
Oversight & Accountability Commission

INNOVATIVE PROJECT PLAN
RECOMMENDED TEMPLATE

COMPLETE APPLICATION CHECKLIST	
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:	
☒ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.	
☒ Local Mental Health Board approval	Approval Date: 10/4/24
☒ Completed 30-day public comment period	Comment Period: 9/4/24 – 10/4/24
☐ BOS approval date	Approval Date: _____
If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: 11/12/24 *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*	
Desired Presentation Date for Commission: 11/21/24 ***Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all requirements</u> have been met.***	

County Name: Nevada County

Date submitted:

Project Title: BHSA Implementation Plan

Total amount requested: $1,365,000

Duration of project: November/December 2024 through June 2027

Purpose of Document: The purpose of this template is to assist County staff in preparing materials that will introduce the purpose, need, design, implementation plan, evaluation plan, and sustainability plan of an Innovation Project proposal to key stakeholders. *This document is a technical assistance tool that is recommended, not required.*

Innovation Project Defined: As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as 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". As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☒ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- ☒ Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- ☐ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system

☐ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

☒ Increases access to mental health services to underserved groups
☒ Increases the quality of mental health services, including measured outcomes
☒ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
☒ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

PRIMARY PROBLEM

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

The primary challenge we aim to address is preparing Nevada County's MHSA funded partners for the implementation of Proposition 1, or the Behavioral Health Services Act (BHSA). Nevada County anticipates that BHSA will dramatically impact available funds for Prevention and Early Intervention (PEI) Programing. Nevada County's proposed project aims to help currently funded PEI providers, especially community-based organizations, to maximize billable Medi-Cal revenue and decrease their reliance on MHSA/PEI funding. Most mental health providers in our region are small, grass roots organizations with limited capacity to shift their agency infrastructure in the ways that are required to maximize billable Medi-Cal revenue. Our INN project intends to support these organizations through this transition toward generating billable revenue, ensuring they can continue providing essential services and increase their self-sufficiency around funding in order to maintain the mental health safety net our rural community relies on. Additionally, this plan intends to prepare our Full Service Partnership (FSP) providers for the aspects of BHSA that will require both full fidelity FSP models, as well as specific FSP reporting and data requirements.

PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

Through this project, Nevada County will engage our local MHSA provider network to assess the credentials and current capacities of these organizations to shift to a billable revenue model, either through Specialty Mental Health Services (SMHS) through the County Mental Health Plan (MHP), the county's Managed Care Plan Partnership, or Medi-Cal Administrative Activities (MAA). This will include analyzing services currently being provided, determining the percentage of beneficiaries who are Medi-Cal recipients, a review of Medi-Cal billable services, and/or analysis of rates to estimate potential revenue capacity. By cross walking agencies through this process, they will be able to determine which billable services to pursue from an array of options including but not limited to: billing for Specialty Mental Health Services, Drug Medi-Cal Organized Delivery Services, Enhanced Care Management, Community Supports, Community Health Worker benefit, Medi-Cal Administrative Activities (MAA), and Children and Youth Behavioral Health Initiative (CYBHI). Additionally, we will support providers in understanding the administrative requirements of various billing options.

To facilitate this process, we will partner with a consultant to host a learning collaborative with up to 20 local providers, offering both group and individualized support with current system and service analysis, development of administrative policies, and exploration of EHR/billing systems for those without current systems. NCBH will select providers to participate in the collaborative based on an application and/or screening process to limit participants to those with the highest anticipated impact in terms of Medi-Cal billing. These providers will receive TA from the from the consultant to include a pathway to Medi-Cal site certification, development of program policy and procedures, and support in entering an MOU or contract with Partnership Health Plan. NCBH will also offer deliverable-based incentives for participating providers to assist with the administrative burden of participation in the learning collaborative and any associated implementation costs. For those providers where provision of specialty mental health or ODS services are determined to be an appropriate option for fiscal sustainability, NCBH would work with that provider to onboard into the SmartCare Electronic Health Record system. SmartCare is a multi-county EHR platform.

Finally, NCBH will prepare for the implementation of fidelity-based requirements for Full Service Partnership (FSP) programming by implementing a performance-based contract management tool for Nevada County FSP providers. NCBH will partner with Health Brains Global Initiative (HBGI) to develop locally tailored performance "packs" of meaningful outcomes, and will work with Nevada County and FSP providers to obtain and analyze corresponding data and trends to inform program enhancements.

B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.
Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population

This project introduces a new approach to funding prevention and early intervention programs by supporting, educating, and providing centralized technical assistance to providers with the goal of expanding billable revenue streams so that local providers can continue to provide much needed prevention and early intervention programs within our community.

C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

This approach directly addresses the needs of local MHSA providers who are currently providing an array of vital services to our community through MHSA/PEI funding. Most of these agencies are overwhelmed by the shift to a Medi-Cal fee-for-service model and unsure how to adapt to a new funding environment. This approach combines thorough analysis, personalized support, and hands-on learning to effectively guide providers through the transition, ensuring their sustainability and success in the new billing environment. Additionally, performance-based contract management has proven to be an effective model for improving outcomes and oversight.

D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

The project would help to support up to approximately 20 prevention and early intervention programs that served up to an estimated 4,250 individuals on an annual basis. This projection is based on the total number of existing MHSA PEI and FSP programs that have expressed interest in the proposed

Innovation Plan and the sum of their total number of individuals served in the previous reporting period.

E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

The population to be served includes a diverse group reflecting the priority populations defined by the Mental Health Services Act (MHSA) and Prevention and Early Intervention (PEI) funding. This encompasses individuals of all ages, including children, adolescents, adults, and older adults. The demographic scope includes a wide range of gender identities, races, ethnicities, and sexual orientations, ensuring inclusivity across various cultural and social backgrounds. Nevada County has a secondary threshold language of Spanish and therefore places an emphasis on providing services to the ESL and/or mono-lingual Spanish speaking communities. This comprehensive approach aims to address the unique mental health needs of historically underserved and marginalized communities, ensuring equitable access to mental health services in Nevada County.

RESEARCH ON INN COMPONENT

A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

Our project distinguishes itself from similar initiatives by offering a highly tailored approach specifically designed for the unique needs of rural Nevada County. Through our project we will manage the process and ensure focus is placed on delivering specialized support to partner organizations based on the distinct challenges they face in our region as they transition to a Medi-Cal billable model. This approach will apply a learning collaborative model which has proven to be effective in various statewide grant models and will tailor the model to local community-based organizations who have minimal administrative infrastructure.

B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

The transition to begin accessing Medi-Cal billable revenue involves significant changes in agency fiscal practices and infrastructure. Literature on this transition indicates that small organizations often struggle due to limited resources and capacity for such transformation (California

Department of Health Care Services). For providers better suited for the managed care plan model of service delivery, such as Enhanced Care Management, there is technical assistance available for providers through the TA Marketplace platform. However, access to the TA Marketplace requires an agency to have established an MOU with the managed care plans, which in and of itself can be a barrier for small organizations with minimal administrative and/or quality assurance capacity. Furthermore, as a small rural county, Nevada County's Behavioral Health Department has an extremely small formal Quality Assurance team, limiting our capacity to effectively guide organizations through Medi-Cal certification.

For many of our smaller organizations, understanding which "bucket" of billable services should be pursued is a major hurdle. The National Library of Medicine cites research around the potential benefits of using a learning collaborative model as a strategy for implementation in Behavioral Health. Our project aims to advocate for additional resources to help providers reach the required stages for successful implementation of Medi-Cal billable services.

LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

How to effectively support Nevada County's MHSA-funded partners in transitioning to a Medi-Cal fee-for-service model to adequately prepare for the upcoming implementation of the Behavioral Health Services Act. By focusing on this goal, we aim to help these organizations enhance their self-sufficiency and ensure they can continue delivering essential services. This will be vital for maintaining the mental health safety net that our rural community relies on.

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

Our primary goal is to maximize billable revenue and reduce dependency on MHSA/PEI funding within our local network of providers. For the majority of our provider network, billable revenue is a completely new model of service delivery. Additionally, we would like to learn how the learning collaborative model will work in an initiative such as this in a small, rural county.

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. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

1) Number of providers participating in learning collaborative. 20 PEI providers have been identified as potential participants in the learning collaborative. There will be an application process to determine which of these providers are an appropriate fit for the learning collaborative.
2) Number of providers who can successfully bill Medi-Cal at end of project, broken down by "funding bucket" (i.e. ECM, CS, SMHS billing, Managed Care billing, CHW benefit, etc.) Baseline: Currently zero of the identified PEI participants are Medi-Cal Certified. Two providers are community supports providers through the CalAIM Initiative.
3) Survey results to measure qualitative benefit of participation in learning collaborative. Sample metrics for the survey could include: provider perception of future sustainability efforts, and percent satisfaction with learning collaborative
4) FSP "Performance Pack" outcomes, as defined by contracted provider which may include staffing vacancy rates, client contact rates, housing, client progress, client voice survey.

Additionally, Nevada County will share learnings from this Innovation Plan with other counties. As all counties prepare for the transition to BHSA, NCBH believes the learnings from this project may be applicable and helpful to other counties.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

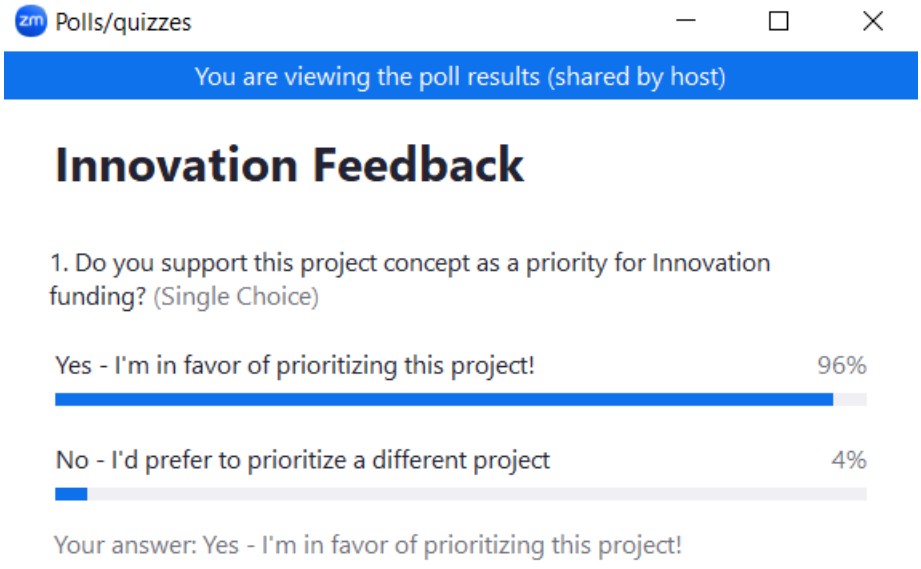
If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)?

Nevada County plans to contract for the administration of the learning collaborative and technical assistance around Medi-Cal billing. NCBH will apply a range of project resources to effectively manage our relationship with contractors. This includes assigning a dedicated contract manager to oversee interactions, regular performance reviews, and ongoing communication with contractors to address any issues promptly. To ensure quality and regulatory compliance, we will implement evaluation processes as well as contract deliverables. This involves setting clear performance benchmarks and ensuring that contractors adhere to all relevant regulations and standards.

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.

Nevada County hosted community meetings on November 8th 2023 (36 attendees), March 28th 2024 (33 attendees), and August 27th 2024 (34 attendees) to gather input about priorities for both plan updates and future Innovation plans. These community meetings included representation from service providers, contracted providers, program participants, family advocates, peers, family members, County employees, and interested community members. Any member of the public is welcome to attend and provide input at these meetings, and meeting information is posted on the County website and shared with a broad distribution list of stakeholders. Additionally, input was received from the Nevada County Mental Health and Substance Use Advisory Board during various monthly meetings over the past year. During these three meetings, NCBH specifically shared key information about Proposition 1 and potential programmatic and funding changes that could result. Many providers, especially PEI contracted providers, expressed concern and fears about the future of funding for their programs and contracts under BHSA considering various shifts in funding including the new 4% state set-aside for population-based prevention programming. In collaboration with stakeholders and providers, NCBH drafted this proposed project plan to specifically address these concerns, and community input about the incredible value of PEI funded programming in our small, rural county. At the most recent community meeting on August 27th 2024, 26 out of 27 respondents (96%) expressed their support for prioritizing this project (see poll results below).

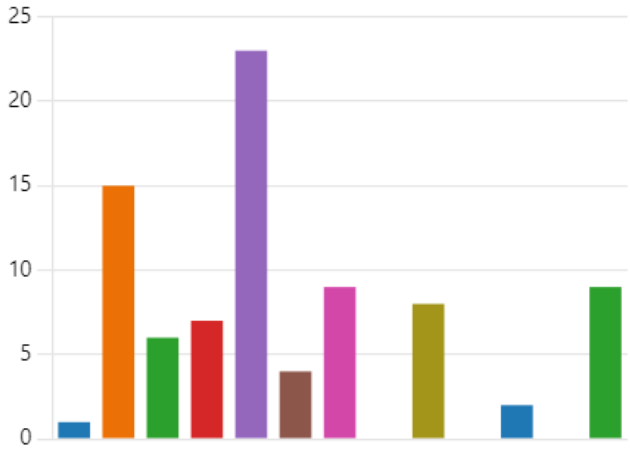


Below is a break down of the roles of the MHSA Community Meeting participants who responded to a demographic survey, as it related to the local mental health continuum of care:

Please indicate which of the following roles apply to you (select all that apply):

More Details

Mental health consumer/client	1
Provider of mental health services	15
Peer	6
Community Member	7
Member of a community based ...	23
Educator/Teacher	4
County Employee	9
Law Enforcement	0
Advocate	8
Member of a faith-based organi...	0
Health Care Provider	2
LGBTQIA+	0
County Employee	9



MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the Regulations for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

Community Collaboration

The project involves engaging with Nevada County's local MHSA provider network, which includes a diverse group of small, grassroots organizations. By working closely with these providers, we foster a collaborative approach that leverages local expertise and resources. This collective effort ensures that the transition to a fee-for-service model is informed by the needs and capacities of the community, enhancing the overall effectiveness and sustainability of mental health services in the region.

Cultural Competency

Our project emphasizes inclusivity by focusing on a wide range of demographic groups, including diverse gender identities, races, ethnicities, and sexual orientations. Many providers identified as potential participants in this program specifically serve underserved and marginalized populations, such as LatinX community members, Native American community members, and unhoused community members. Many of these providers are primarily funded via MHSA funding, and services would either be eliminated or be severely reduced without an adequate sustainability plan and revenue source after the implementation of BHSA. This commitment ensures that all providers are equipped to meet the cultural and linguistic needs of the populations they serve, thus enhancing access and quality of care for historically underserved communities.

Client-Driven

By supporting providers in assessing and transitioning to a fee-for-service model, the project prioritizes the needs of clients by ensuring that services are financially sustainable and accessible. Providers will be better equipped to offer a range of Medi-Cal billable services that align with client needs, as determined through our comprehensive service analysis.

Family-Driven

Many of the providers and programs that will benefit from participation in this project serve both clients and their families, particularly for programs serving youth. Additionally, NCBH has years of historical positive feedback from family members about the benefits of prevention and early intervention programming funded by MHSA.

Wellness, Recovery, and Resilience-Focused

The programs that will benefit from this project are in their nature wellness, recovery, and resilience focused. Their primary focus is to prevent mental illness and/or prevent serious mental illness from being disabling, when possible.

Integrated Service Experience for Clients and Families

NCBH anticipates that between 10 and 20 community based organizations and contracted providers will benefit from this project, technical assistance, and learning collaborative. Participating in a joint learning collaborative will help build cross-agency collaboration and interaction, including improved coordination of services for clients and families.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

NCBH will specifically track how many providers who target historically underserved or marginalized populations participate in the project, and how many ultimately are able to bill Medi-Cal at the end of the project.

INNOVATION PROJECT SUSTAINABILITY, PROPOSITION 1 ALIGNMENT, AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety or keep particular elements of the INN project without the use of MHSA funding components for sustainability.

Describe how this project aligns itself with Proposition 1 (Senate Bill 326):

- Does it provide housing interventions for persons who are chronically homeless or experiencing homelessness or are at risk of homelessness?
  No

- Does it support early intervention programs or approaches in order to prevent mental illnesses and substance abuse disorders from becoming severe and disabling?

  Yes. This strategy will ensure that Nevada County's vital programs, currently funded by MHSA/PEI, will remain available to our community members to prevent mental illnesses and substance abuse disorders from becoming severe and disabling. This strategy ensures that small, grassroots mental health providers—essential to the community's safety net—can remain operational and continue offering access to critical early intervention services. Without a plan in place to transition providers we risk heavily reducing access to early intervention services.

- Does it support Full-Service Partnership efforts and services for individuals living with serious mental illness?

  Yes; part of this project will specifically focus on Full Service Partnership (FSP) outcomes to ensure an effective understanding of performance measurement for FSP providers and client outcomes, as well as preparation for implementation of a range of fidelity models under BHSA.

- Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

  Indirectly, yes, though the primary "recipient" of services will be the contracted providers. The entire purpose of this project is to ensure continuity of care for recipients of prevention and early intervention programming.

COMMUNICATION AND DISSEMINATION PLAN

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

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

Nevada County's plan, as well as the results of the plan, will be posted on the County website. Additionally, Nevada County plans to share this plan with various other counties via the MHSOAC and CBHDA MHSA/BHSA All-County Steering Committee Meetings. Stakeholder feedback and experience with this program will be a key component of the communication plan, and we are also hoping that providers who operate in multiple counties will benefit from their participation in Nevada County's Innovation program. Additionally, Nevada County will share learnings from this Innovation Plan with other counties. As all counties prepare for the transition to BHSA, NCBH believes the learnings from this project may be applicable and helpful to other counties.

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.
BHSA, sustainability, learning collaborative, Medi-Cal billing, prevention and early intervention.

TIMELINE

Specify the expected start date and end date of your INN Project

Expected Start Date: December 2024
Expected End Date: June 2027

Specify the total timeframe (duration) of the INN Project

30 months

Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

Q1: Project Initiation and Assessment

Activities:

- **Kick-off Meeting:** Hold an initial project meeting with key stakeholders to outline goals, roles, and responsibilities.
- **Engage Providers:** Reach out to local MHSA-funded providers to inform them of the project and its objectives.
- **Assess Current Capacities:** Conduct a comprehensive assessment of each provider's current credentials, capacities, and infrastructure.

- **Analyze Services Provided:** Review the services currently provided by each organization and determine which are eligible for Medi-Cal billing.
- **FSP:** Finalize performance pack outcome measurements and plan for collecting data related to those outcome measurements.

Deliverables:

- **Current Capacity and Service Assessment Reports**
- **Performance pack outcome measurements**

Q2: Analysis and Planning

Activities:

- **Review Medi-Cal Billable Services:** Analyze Medi-Cal billable services and rates to estimate potential revenue capacity for each provider.
- **Cross-Walk Services:** Determine which Medi-Cal billable services align with the providers' current services and capabilities.
- **Incentive Benchmarks:** Create an established set of benchmarks for providers in addition to the incentive dollars to be distributed to providers who complete these benchmarks
- **FSP:** Finalize plan for collecting data related to outcome measurements

Deliverables:

- **Medi-Cal Billable Services Analysis Report**
- **Benchmark incentives framework**
- **Performance pack data collection tools available to contractors**

Q3: Support and Training

Activities:

- **Learning Collaborative Preparation:** Plan and organize a learning collaborative for up to 20 local providers, focusing on fee-for-service transitions.
- **Host Learning Collaborative:** Conduct the learning collaborative sessions, including workshops on administrative policies and EHR/billing systems.
- **EHR/Billing Systems Review:** Provide support for providers in exploring and selecting appropriate EHR/billing systems, if needed.
- **FSP:** Begin data analysis to identify areas of program and contract improvement

Deliverables:

- **Learning Collaborative Summary Report**
- **EHR/Billing Systems Evaluation Report**
- **Provider Support and Training Materials**
- **Preliminary report available on areas of contract and program growth**

Q4: Implementation and Evaluation

Activities:

- **Implement Fee-for-Service Model:** Support providers in implementing the fee-for-service model, including finalizing billing procedures and administrative changes.

- **Monitor and Support Transition:** Provide ongoing support and troubleshooting as providers transition to the new billing model.
- **Evaluate Project Outcomes:** Assess the effectiveness of the transition, including revenue increases and provider satisfaction.
- **FSP:** Continue analysis of data related to contract performance and needed areas of growth

Deliverables:

- **Fee-for-Service Implementation Report**
- **Transition Support Log**
- **Project Evaluation Report**
- **Progress Report on Performance Pack Outcome Measures**

Section 4: INN Project Budget and Source of Expenditures

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)
C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources) N/A Innovation funds are the only funds that will be used

BUDGET NARRATIVE

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

The INN Project aims to transition local Mental Health Services Act (MHSA)-funded providers to a Medi-Cal fee-for-service billing model. Funds are allocated strategically to cover essential areas of the project including administrative oversight, specialized consulting for effective implementation, a provider learning collaborative, and incentives to motivate and reward provider benchmarks achieved through this process. This budget will fund a framework that will allow the successful transition of local providers to a Medi-Cal fee-for-service billing model, enhancing the sustainability of service delivery in our community. The proposed budget for this project is allocated over three fiscal years to allow ample time for program ramp up and system changes within our local provider network.

Budget Allocation and Expenditures:

1. **Personnel Costs: $75,000**
    a. 24/25: $25,000
    b. 25/26: $25,000
    c. 26/27: $25,000
    d. Description: Personnel costs will include salaries and benefits for the Nevada County Enhanced Care Management Team Homeless Outreach and Medical Engagement Program Manager and Clinical Supervisor who will be among the participating providers in the learning collaborative to determine program sustainability via ECM or SMHS Medi-Cal billing. These are county positions as opposed to contractors, and will cover the Program Manager and Clinical Supervisor's participation in the Learning Collaborative and time spent analyzing potential sustainability solutions including considering transitioning from ECM to SMHS, or adding SMHS billing.
2. **Consulting Costs/Contracts: $425,000**
    a. 24/25: $125,000 (500 contracted consultant hours + $25,000 in FSP performance management consulting)
    b. 25/26: $175,000 (875 contracted consultant hours)
    c. 26/27: $125,000 (625 contracted consultant hours)
    d. Description: Consulting fees are allocated for expert advice on Medi-Cal billing services, development of incentive benchmarks, and support for EHR/billing systems. Consultants will assist with analyzing services, establishing benchmarks, and providing specialized training to ensure providers' successful transition to the fee-for-service model. These activities will happen through a provider learning collaborative which will allow for a shared learning environment that will strengthen community partnerships. The collaborative nature of this learning environment will allow for modifications and refinements of this process as needed. Total contracted consultant hours over three fiscal years totals 2,000 hours. In the first year, $25,000 will also be allocated to support the FSP performance management project.
3. **Other Expenditures: $825,000**
    a. 24/25: $175,000

b. 25/26: $325,000
c. 26/27: $325,000
d. Description: Incentive funds are distributed to providers based on their achievement of established benchmarks. The budget supports provider motivation to explore new billing practices. Each provider is eligible to receive an average of $53,571 over the project period, contingent upon their performance and successful transition.

4. **Administration: $34,000**
   a. 24/25: $8,000
   b. 25/26: $13,000
   c. 26/27: $13,000
   d. Description: These funds cover administrative expenses including project management, contract management for a consultant, reporting, and coordination. This ensures effective execution of activities such as kick-off meetings, stakeholder engagement, and overall project oversight. This may include the MHSA Coordinator (Program Manager) and Senior Administrative Analyst.
5. **Evaluation: $6,000**
   a. 24/25: $2,000
   b. 25/26: $2,000
   c. 26/27: $2,000
   d. Description: These funds cover costs of analyst or other support staff to conduct evaluation including annual and final innovation reports and corresponding data collection. This may include the MHSA Coordinator (Program Manager) and Senior Administrative Analyst.

Budget Summary:

- **Total for 24/25:** $335,000
- **Total for 25/26:** $540,000
- **Total for 26/27:** $490,000
- **Overall Total:** $1,365,000

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	**FY 24/25**	**FY 25/26**	**FY 26/27**	**FY xx/xx**	**FY xx/xx**	**TOTAL**
1	Salaries	**$25,000**	**$25,000**	**$25,000**			**$75,000**
2	Direct Costs						**$0**
3	Indirect Costs						**$0**
4	**Total Personnel Costs**	**$25,000**	**$25,000**	**$25,000**	**$0**	**$0**	**$75,000**

	OPERATING COSTS*						
5	Direct Costs						**$0**
6	Indirect Costs						**$0**
7	**Total Operating Costs**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
	NON-RECURRING COSTS (equipment, technology)						
8							**$0**
9							**$0**
10	**Total non-recurring costs**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)						
11	Direct Costs	$125,000	$175,000	$125,000			$425,000
12	Indirect Costs						$0
13	**Total Consultant Costs**	**$125,000**	**$175,000**	**$125,000**			$425,000
	OTHER EXPENDITURES (please explain in budget narrative)						
14	Incentives for meeting benchmarks	$175,000	$325,000	$325,000			$825,000
15							$0
16	**Total Other Expenditures**	**$175,000**	**$325,000**	**$325,000**	**$0**	**$0**	**$825,000**
	BUDGET TOTALS						
	Personnel (total of line 1)	**$25,000**	**$25,000**	**$25,000**	**$0**	**$0**	**$75,000**
	Direct Costs (add lines 2, 5, and 11 from above)	**$125,000**	**$175,000**	**$125,000**	**$0**	**$0**	**$425,000**
	Indirect Costs (add lines 3, 6, and 12 from above)	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
	Non-recurring costs (total of line 10)	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
	Other Expenditures (total of line 16)	**$175,000**	**$325,000**	**$325,000**	**$0**	**$0**	**$825,000**
	TOTAL INNOVATION BUDGET	**$325,000**	**$525,000**	**$475,000**	**$0**	**$0**	**$1,325,000**

BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
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 24/25**	**FY 25/26**	**FY 26/27**	**FY xx/xx**	**FY xx/xx**	**TOTAL**
1	Innovative MHSA Funds	$8,000	$13,000	$13,000			$34,000
2	Federal Financial Participation						

3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding						
6	**Total Proposed Administration**						**$**
EVALUATION:							
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 24/25**	**FY 25/26**	**FY 26/27**	**FY xx/xx**	**FY xx/xx**	**TOTAL**
1	Innovative MHSA Funds	$2,000	$2,000	$2,000			**$6,000**
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding						
6	**Total Proposed Evaluation**	**$2,000**	**$2,000**	**$2,000**	**$0**	**$0**	**$6,000**
TOTALS:							
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 24/25**	**FY 25/26**	**FY 26/27**	**FY xx/xx**	**FY xx/xx**	**TOTAL**
1	Innovative MHSA Funds*	**$335,000**	**$540,000**	**$490,000**	**$0**	**$0**	**$1,365,000**
2	Federal Financial Participation						**$**
3	1991 Realignment						**$**
4	Behavioral Health Subaccount						**$**
5	Other funding**						**$**
6	**Total Proposed Expenditures**	**$335,000**	**$540,000**	**$490,000**	**$0**	**$0**	**$1,365,000**