Mental Health Services Act

Innovation Plan:
Community Mental Health Resource Center

Shasta County
December 2015

Innovation Overview

An Innovation Project is defined as one that contributes to learning by providing the opportunity to 'try out' new approaches that can inform current and future practices/approaches in communities. Innovation Plans include projects that are novel, creative, and/or ingenious mental health practices/approaches that contribute to learning and that embody the general principles of the Mental Health Services Act (MHSA):

Community Collaboration
Cultural Competence
Consumer- and Family-Driven
Wellness and Recovery Based
Integrated Service Experience

Innovation projects must be time-limited, sufficient to allow learning to occur and to demonstrate the feasibility of the project being assessed. An Innovation Project must have the ability to be terminated if it is not meeting design and outcome expectations to the extent that continuation is not useful and will not add to the learning process. All Innovation Projects must meet one or more of the following essential purposes:

1. Increase access to underserved groups.
2. Increase the quality of services, including better outcomes.
3. Promote inter-agency collaboration.
4. Increase access to services.

Innovation Plans must include reporting and project evaluation criteria. Should a project prove to be successful and be continued, funding from Innovation will no longer be available for that project and must come from a different source.

Community Program Planning

The community planning process for this Innovation Plan was built on the community stakeholder processes already in place. The project contained in this Innovation Plan is the third Innovation project presented for approval from Shasta County. Given this foundation, the planning process was more focused and briefer than the past planning processes. The process consisted of several community meetings for the purpose of providing education on MHSA Innovation and to vet ideas and receive input on those ideas.

As a result of community stakeholder input, the final proposed project was presented to the Shasta County Mental Health, Alcohol and Drug Advisory Board (MHADAB) for their input and direction. The MHADAB recommended that staff proceed with the drafting of the Innovation Plan and present the final draft for public comment and approval.

Public Comment and Public Hearing

30-Day Public Comment Period and Public Hearing

The public comment period for the MHSA Innovation Plan: Community Mental Health Resource Center opened on October 30, 2015 and closed on November 30, 2015. A Public Hearing was conducted by the Shasta County Mental Health, Alcohol and Drug Advisory Board (SCMHADAB) at a special meeting on November 30, 2015.

Distribution

Public Notice announcing the public comment period was distributed throughout Shasta County. A press release was faxed to three local television news stations, five local radio stations, and one newspaper. The press release was also e-mailed to 25 print, radio, and television media organizations throughout Shasta County.

On November 11, 2015, the draft Innovation Plan was presented at a local emergency room meeting. In attendance were two of the local hospitals, law enforcement, representatives from the offices of Senator Ted Gaines and Assemblyman Brian Dahle, as well as other community members. That evening, the local ABC news station did a story which included information on the draft Innovation Plan and solicited public comment, and directed people to their website where the draft document was posted.

Public Notice and the draft Innovation Plan were posted in several public locations throughout the community and made available on-line at the Shasta County MHSA website: www.shastamhsa.com. The draft document was also e-mailed to all MHSA community stakeholders including members of the MHADAB.

Comments Received

During the 30-day Public Comment Period and Public Hearing, there were three comments received; however, none required changes to the draft document. The President of the National Alliance on Mental Illness (NAMI) Shasta County spoke to the MHADAB and shared her overwhelming support and excitement for this plan to go forward.

Approval

During a special meeting on November 30, 2015, the SCMHADAB voted to recommend adoption of the MHSA Innovation Plan: Community Mental Health Resource Center by the Shasta County Board of Supervisors.

The Shasta County Board of Supervisors adopted the plan on December 8, 2015.

Certifications

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Shasta

County Mental Health Director	Project Lead
Name: Donnell Ewert, MPH	**Name:** Jamie Hannigan
Telephone Number: 530/245-6269	**Telephone Number:** 530/245-6419
E-mail: dewert@co.shasta.ca.us	**E-mail:** jhannigan@co.shasta.ca.us
Mailing Address: 2640 Breslauer Way Redding, CA 96001	

I hereby certify that I am the official responsible for the administration of Shasta County mental health services in and for said county and that Shasta County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Innovation Plan, including stakeholder participation and non-supplantation requirements.

This Innovation Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Innovation Plan was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The plan, attached hereto, was adopted by the County Board of Supervisors on December 8, 2015.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

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

Donnell Ewert, MPH
Shasta County Mental Health Director

12-8-15
Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County: Shasta

- ☐ Three-Year Program and Expenditure Plan
- ☒ Innovation Plan
- ☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller
Name: Donnell Ewert, MPH	**Name:** Brian Muir
Telephone Number: 530/245-6269	**Telephone Number:** 530/225-5541
E-mail: dewert@co.shasta.ca.us	**E-mail:** bmuir@co.shasta.ca.us
Mailing Address: 2640 Breslauer Way Redding, CA 96001	

I hereby certify that the Innovation Plan is true and correct and that Shasta County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Donnell Ewert, MPH
Shasta County Mental Health Director

11-30-15
Date

I hereby certify that for the fiscal year ending June 30, 2015, Shasta County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that Shasta County's financial statements are audited annually by an independent auditor and the most recent audit report is dated December 23, 2014 for the fiscal year ending June 30, 2014. I further certify that for the fiscal year ending June 30, 2014, the State MHSA distributions were recorded as revenues in the local MHS Fund; that Shasta County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that Shasta County has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Brian Muir
Shasta County Auditor-Controller

11/30/15
Date

[1]Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

NEW INNOVATIVE PROJECT DESCRIPTION

County: Shasta **Date:** December 2015

Program Number/Name: Community Mental Health Resource Center

Complete this form for each new Innovative Project. Please feel free to add more space, if needed.

1. Select **one** of the following purposes that most closely corresponds to the Innovative Project's learning goal and that will be a key focus of your evaluation.

☐ Increase access to underserved groups
☐ Increase the quality of services, including better outcomes
☐ Promote interagency collaboration
☒ Increase access to services

2. Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system. If your Innovative Project reflects more than one primary purpose in addition to the one you have selected, you may explain how and why other primary purposes also apply and will be reflected in the Innovative Project.

The primary purpose of this Innovation project is to increase access to services. Because Shasta County is a small, fiscally conservative county with limited resources, before committing long-term to any program, it needs to be established that the program is going to meet a priority need of the community and stakeholders in a cost-effective manner. While "after-hours" services, from a client's perspective, may seem like an obvious approach that is likely to increase access to services for people with daytime responsibilities (jobs, dependent care, etc.), how to arrange service delivery to accomplish this goal is not obvious. Such services exist — for example, for the general public (http://omegahealthservices.com/after-hours-walk-in-clinic.html) and for veterans (http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2854). However, there is a lack of research regarding the effectiveness of after-hours programs, with most references limited to crisis or emergency services (https://store.samhsa.gov/shin/content/SMA14-4848/SMA14-4848.pdf), or telephone hot lines (http://www.dhcs.ca.gov/services/MH/Documents/HotlineSurveyReport.pdf). There also is a lack of coherent information on best practices to address the numerous structural barriers to staffing after-hour services, especially a service that addresses a range of mental health needs across the continuum of risk and experience of a mental illness. Since it is well documented that rural communities tend to have greater mental health needs with more significant access challenges and more limited services, the need in the field to establish a viable approach to offering a full continuum of after-hours service in ways that are economically feasible for rural communities could not be more urgent. County resource limitations also include smaller numbers of community-based organizations than are generally available in larger counties, so interagency collaboration will also be an integral part of this Innovation project.

Also of focus for this project are client outcomes achieved as a result of an increase in accessing after-hours services. This Innovation project will offer short-term intensive services to individuals early on or directly preceding a mental health crisis experience so more acute services are not necessary and re-occurrences are reduced.

3. Which MHSA definition applies to your new Innovative Project, i.e. how does the Innovative Project a) introduce a new mental health practice or approach; **or** b) make a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community; **or** c) introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting? How do you expect your Innovative Project to contribute to the development and evaluation of a new or changed practice within the field of mental health? Why is this change significant and worth your investment in MHSA Innovation?

This will be an adaptation to a new setting, and also the application to the mental health system of an approach that has been successful in a non-mental health context. New-to-the-field elements include:

- Exploration and evaluation of the elements integral to a cost-effective, collaborative approach to after-hours service delivery in a rural community.
- A comprehensive array of prevention and recovery-oriented services, functioning collaboratively, to create a one-stop center for an array of needs across the continuum of risk/experience of mental illness.

- Development of the capacity for skilled mental health staff to respond some situations that in the past were handled by law enforcement officers or busy emergency room personnel.

Shasta County hopes to learn through this project:

- The extent to which — and how — after-hours services improves access, particularly for individuals currently un-served or under-served by the existing mental health system.
- Whether and how the project reduces mental health crises, including trips to the emergency room, in both human and economic benefits.
- The extent to which an after-hours "one-stop" resource center can help bridge service gaps, facilitate access to community-based resources, and better meet individual and family needs, and how best to make this array of resources available and accessible after normal business hours.
- The impact of the project on families, learning how best to partner with other agencies and community-based organizations such as NAMI, including family-focused services as a priority, and increasing access to mental health services and supports for family members with competing daytime responsibilities.

4. Describe the new or changed mental health approach you will develop, pilot, and evaluate. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.

Shasta County will contract for an after-hours mental health resource center in the community. This Center will have aspects of a "one-stop" location with some services available on-site, while other services will be through a warm-hand-off or referral. It will include the following elements: peer support (or "buddy system") services to those individuals navigating services; education groups for individuals, family members, and caregivers; pre-crisis and emergent crisis access to a clinician; case management services; transportation services; respite care for adults and youth; youth center services; access to transitional housing; and a peer-run resource center to provide services such as assistance with Medi-Cal applications, parent/family supports, and referrals to other community-based organizations.

Traditionally in Shasta County, while some (although not all) of these services are currently available through the Shasta County Health and Human Services Agency's systems of care, the hours which they may be accessed are limited, and there is often a need for additional coordination of services between various government offices and community-based providers. This Center will provide for more access to needed services, and a more holistic approach to meeting various individual and family needs via a visit to one location. While not all services will be immediately available at the Center location, the referral process envisioned will be a warm-hand-off, with staff ensuring connection to and access of the needed services by the individual or family.

Another change will be having highly qualified mental health personnel handle some situations that in the past were handled by law enforcement officers or busy emergency room personnel. Due to the experience, training, and approach of licensed clinical staff and case managers, the qualitative experience of the client will be profoundly different. It can be as simple as the active listening provided by the mental health professional versus the brief assessment conducted by emergency room personnel in a hospital setting. Case managers in particular will focus on advocacy and long-range solutions rather than on short-term measures designed for crisis "management," and will provide clients with a connection to the many community resources available that are focused on wellness, resiliency, and recovery. The center will also have the significant capability of providing short-term intensive case management services to individuals for a period of time beyond the initial crisis. This will help facilitate resolving an individual's immediate needs and provide access, follow-up, and monitoring regarding linkages to community-based services.

Evaluating the effectiveness of this approach is another new element of the Innovative Project, and an important contribution to the field, with particular relevance for under-funded rural communities.

4a. If applicable, describe the population to be served, including demographic information relevant to the specific Innovative Project such as age, gender identity, race, ethnicity, sexual orientation, and language used to communicate

The Shasta County population is 177,223, according to the 2010 US Census. Shasta County has high unemployment (9.8 percent in Shasta versus a state average of 7.1 percent) and a low median household income ($44,396 versus the state level of $61,400). According to the California Department of Public Health, Shasta County has a rate of 21 suicides per 100,000 people, versus the state average of 9 per 100,000 people. That means the Shasta County rate is more than

double the state average. Based on Center for Disease Control and Prevention estimates, more than 15,000 Shasta County residents suffer from depression (calculated at California's greater than 9 percent estimate, the highest CDC category in the nation). While these individuals may not all need or seek services, they are all part of the potential target population, including those who are diagnosed with mental illness such as bipolar disorder, post-traumatic stress disorder, and schizophrenia, and children with severe emotional disturbance. Another portion of that potential target population includes stable individuals who can unexpectedly require support due to extreme conditions in their life or health status.

The mental health resource center will be Medi-Cal certified, yet services will be available to all residents of Shasta County. Anyone who is experiencing mental health issues, and/or their family members or caregivers, will be eligible. Services will not be limited to any specific age group, gender identity, race, ethnicity, sexual orientation, or language.

4b. If applicable, describe the estimated number of clients expected to be served annually

During Fiscal Year 2013/2014, Shasta County responded to local emergency rooms for mental health emergencies 1,274 times. The recidivism rate for emergency room visits in Shasta County is approximately 22 percent.

The Center will be providing two main types of services: education and referral services, and clinical services. The proposed target for education and referral center services is to serve a minimum of 100 unduplicated individuals per year. The proposed target for clinical services is to provide a minimum of 200 clinical visits per year. Both these numbers will be contingent upon negotiation with the vendor selected through the competitive procurement process (which is explained in more detail in Section 5 of this document).

Outreach activities by the vendor and the county will be necessary, in order to spread the word of increased service offerings and the new location for pre-crisis or emergent crisis services. Once this Innovation project is approved, both the county and the vendor will need to begin including program information in marketing and public information efforts, including social media and websites. One of the best ways to spread the word is by connecting with professionals and community stakeholders. Planned communications include ongoing discussions and announcements to county mental health staff and contract providers, county leaders routinely attending local National Alliance for the Mentally Ill (NAMI) meetings, and information sharing and updates provided routinely at regularly scheduled Mental Health Alcohol Drug Advisory Board (MHADAB) meetings. The vendor should also schedule meetings to notify medical personnel, law enforcement, and community partners of available services, procedures for having people access the Center, and establish lines of communication.

4c. Describe briefly, with specific examples, how the Innovative Project will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320. If a General Standard does not apply to your Innovative Project, explain why. The following are the General Standards to address. Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards:

i. Community collaboration – This project was developed and designed based on input gathered from community stakeholders. The Center will rely heavily upon ongoing and continuous collaboration with community-based organizations to provide required services.

ii. Cultural competence – The Center will be sensitive to the cultural backgrounds, needs and preferences of the individuals accessing their services. Appropriate language services will be made available as needed. Services will be provided in a culturally competent manner using individuals with lived experience to provide outreach, engagement and peer support services.

iii. Client-driven – The Center will have a wide array of services and referrals available, but it will ultimately be up to the client to decide which services they are interested in receiving. All services will be voluntary.

iv. Family-driven – The Center will have a wide array of services and referrals available, but it will ultimately be up to the family members to decide which services they are interested in receiving. Families will routinely be included in the treatment planning process when in the best interest of the client and with the client's approval.

v. Wellness, recovery, and resilience-focused – The Center concept is based on providing services designed to help re-direct individuals from experiencing a full-blown crisis in an emergency department, and instead meet their wellness and recovery needs in the community where they reside. Education and groups provided at the Center will emphasize the concepts of wellness, recovery and resilience, and help

families to better understand them and how they relate to their family member experiencing mental health issues. The Center workforce will consist of integrated peer/professional staffing. Peer staff members and "buddy system" services will provide living examples of wellness, recovery, resilience, and meaningful contribution to society. Shasta County expects this approach to help reduce negative stigma associated with perceived differentiation between professional and peer staffing, and improve mental health outcomes for the individuals served.

vi. Integrated service experience for clients and families – The Center is designed to serve both clients and families, and to help address various needs for both of these populations with a wide array of services and referrals for them.

4d. If applicable, describe how you plan to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with MHSA Innovation funds.

If the mental health resource center demonstrates cost-effective services and measurable positive outcomes, Shasta County Health and Human Services Agency will look at alternative funding sources for continuing services. If the pilot project does not demonstrate measurable positive outcomes and cost-effective services, then individuals with serious mental illness currently being served will be transitioned into other, existing day-time programs within Shasta County that they are eligible for. These programs may include other MHSA services such as those provided by the two consumer-run Wellness centers, or other community-based organization programs.

5. Specify the total timeframe of the Innovative Project. Provide a brief explanation of how this timeframe will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results and lessons learned. Include a timeline that specifies key milestones for all of the above, including meaningful stakeholder involvement throughout.

Shasta County is planning on a 4-year overall timeframe for this Innovation project: 6 months of start-up activities; 3 years of project implementation; and a final 6 months of wrap-up activities.

Once final plan approval is received, there will be a 6-month start-up period during which a competitive procurement process will be utilized to select a community-based provider to implement this Innovation project. Usage of a competitive procurement process will help achieve three goals: getting the right kind of services, getting the maximum amount of services for the contract price, and assuring the public that all prospective providers have had an equal and fair opportunity to be considered. In order to elicit adequate competition and the maximum number of qualified responses, the competitive procurement documents will be published both in the local community and within the behavioral health community state-wide. As part of their response to this competitive procurement, potential providers will be asked to submit information relative to the Innovation project, including but not limited to: detailed strategies and steps for providing required services; a plan of action to achieve specific goals and results; proposed processes for data collection, data reporting and quality assurance; and a statement of qualifications. A committee comprised of county staff and MHSA stakeholders will review all responses submitted, and collectively agree upon the provider whose proposal best meets the needs of the Innovation project. Following the selection of a provider, contract negotiations will commence, which is where all the specific details of service offerings, provided resources, data collection, etc. are finalized. By the end of the start-up period, a signed contract will be in place.

Upon completion of the competitive procurement and contract process, the Center will open for services for a 3- year period. Evaluation and any necessary course corrections will occur throughout the project. A final 6-month wrap-up period will be used to finish compiling data, performing final analysis, and formalizing the final project evaluation report. However, the final "go/no-go" decision for continuing the Center and transferring funding to another source will be made prior to the end of the vendor contract in order to avoid issues with continuity of service. If overall performance numbers from this Innovation Project do not indicate meaningful success in the specified goals sooner than that, the program may be terminated earlier, as allowed for in the negotiated contract. Before any decision to discontinue the project early, or to recommend continuing after the initial 3-year pilot, a stakeholder process to share evaluation data and seek input will be initiated.

Throughout this 4-year process, a minimum of 6-month reports will be provided regarding the progress and effectiveness of this project. These reports will be included in the MHSA Annual Report completed each year. More frequent progress reports on this Innovation project may be done as needed. Implementation and data monitoring will be conducted quarterly.

NEW INNOVATIVE PROJECT DESCRIPTION

Stakeholder involvement will formally occur during meetings held throughout each year and in various community locations to solicit input on all MHSA projects. Shasta County will also share evaluation data with stakeholders during various committee meetings, public meetings and/or forums, and mental health board meetings. During these presentations, feedback will be requested from stakeholders about potential changes to this Innovation project. There will also be satisfaction surveys soliciting input from Center participants, and the Center's service offerings, classes and referrals may be altered based on stakeholder input.

6. Describe how you plan to measure the results, impact, and lessons learned from your Innovative Project. Specify your intended outcomes, including at least one outcome relevant to the selected primary purpose, and explain how you will measure those outcomes, including specific indicators for each intended outcome. Explain the methods you will use to assess the elements that contributed to outcomes. Explain how the evaluation will assess the effectiveness of the element(s) of the Innovative Project that are new or changed compared to relevant existing mental health practices. Describe how stakeholders' perspectives will be included in the evaluation and in communicating results. Explain how your evaluation will be culturally competent.

The four learning objectives for this Innovation project, as listed above, are to determine:

1. The extent to which the after-hours Project improves access to services, particularly for individuals currently un-served or under-served by the existing mental health system.

2. Whether the project reduces mental health crises, including trips to the emergency room, in both human and economic benefits.

3. The extent to which an after-hours "one-stop" resource center can help bridge service gaps, facilitate access to community-based resources, and better meet individual and family needs.

4. The impact of the project on families, by partnering with other agencies and community-based organizations such as NAMI, including family-focused services as a priority, and increasing access to mental health services and supports for family members with competing daytime responsibilities.

5. The elements of the project that are most associated with successful outcomes, with a particular focus on effective collaborative approaches.

In order to determine whether access to services has been improved for individuals currently un-served or under-served, once the vendor has formalized a listing of services the Center will offer, numbers of individuals accessing any mental health services not previously available elsewhere in Shasta County Health and Human Services Agency System of Care will be tracked. These services will most likely include peer support or "buddy system" services, respite care for youth and adults, and after-hours pre-crisis or emergent crisis clinician access. Usage of 50% of designed capacity by the end of year 1, 75% by the end of year 2 and 85% by the midpoint of year 3 for each identified service will be considered a positive, effective outcome.

The hours of operation for this mental health resource center will be 2 pm to 11 pm Monday through Friday, and 11 am to 11 pm Saturday, Sunday and holidays. Emergency department records from Shasta County demonstrate that these hours cover the times with the highest number of crisis visits to the emergency room for mental health reasons. The evaluation of this Innovation project will include tracking numbers of visits to the Center, and whether there is a subsequent decrease in emergency department visits during these hours. A reduction in emergency room visits as compared to a baseline from fiscal year 2013-14 which coincides with the hours that the Center is open, and that cannot be readily identified as attributable to other outside factors, will be considered a positive, effective outcome for the purposes of this Innovation project. The specific goals will be to decrease emergency department visits by 20% or more by the end of year 1; 35% or more by the end of year 2; and 50% or more by midpoint of year 3. Additionally, individuals accessing the Center for pre-crisis or emergent crisis clinical intervention will be asked whether an emergency room visit would have been their alternative choice if the Center was not available. Tracking the outcomes of these visits will also contribute to learning objective number two.

Assessing the impact and results of the "one-stop" resource center will consist of tracking both numbers of referrals made and those referrals which resulted in successful linkages and positive outcomes. Types of referrals tracked here will most likely include those for things like transitional housing (and how many individuals or families were successfully placed into housing), and Medi-Cal applications (and how many individuals actually were granted Medi-Cal benefits).

The impact of this project on families will be measured by tracking the numbers of center visitors who identify as family members versus individuals experiencing mental health issues personally, and by usage of the Center's offerings

specifically designed for family members, such as educational class offerings and discussion groups. Usage of 50% of designed capacity by the end of year 1, 75% by the end of year 2 and 85% by the midpoint of year 3 for each identified family service will be considered a positive, effective outcome.

Additionally, results and impact will be tracked by satisfaction surveys which will be continuously available to all Center visitors. Surveys will include a section regarding whether services and staff at the Center meet cultural needs and expectations. Input from these surveys will be reviewed continuously, and results will be made available in the annual update reports. Service offerings may be altered based on input received from these surveys.

Project evaluation will include comprehensive data collection, utilization analysis, and stakeholder input. The county will partner with Center staff by providing specific details of the data elements required, developing collection tools (e.g. forms, spreadsheets, databases and/or surveys), and providing technical assistance with data reporting. All data collection will be performed by the Center, with monthly reports to the county in a mutually agreed upon format. County staff will perform analysis of the data, and provide timely feedback to the Center and the community. All evaluation details and requirements will be fully documented in the finalized provider contract.

Both qualitative and quantitative methods will be utilized to address the learning questions. All information gathered will be collated, interpreted and presented in a clear and concise format, so lessons learned and effective practices can be easily identified and shared.

7. Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned as a result related to your Innovative Project: within your County and to other counties.

Progress reports on this Innovation project will coincide with and be included in the MHSA Annual Reports done each year. These reports are made available to the public, including other counties, via the Shasta County MHSA website (http://www.shastamhsa.com).

8. If applicable, provide a list of resources to be leveraged.

It is expected that the vendor will ensure the Center is Medi-Cal certified for clinical services. Every effort will be made to offset Innovation fund expenses by maximizing reimbursement from Medi-Cal as allowable.

It is further expected that the vendor will also leverage existing community resources by developing and maintaining mutually beneficial partnerships with various community-based organizations to provide class offerings, resource materials, and other items or services. One example of this would be the Center offering space for the local chapter of the National Alliance on Mental Illness (NAMI) to conduct classes, which would benefit both parties.

This Innovation project has the potential to improve access to services, and may allow existing funds to be targeted on services which can avert full-blown crises, possibly reducing emergency department visits, and averting more costly client placements into higher levels of care. Additionally, identification of those approaches and services most effective in a rural setting may allow for duplication of results for other counties and communities.

NEW INNOVATIVE PROJECT DESCRIPTION

9. Provide an estimated annual and total budget for this Innovative Project, utilizing the following line items. Please include information for each fiscal year or partial fiscal year for the Innovative Project.

NEW ANNUAL PROGRAM BUDGET						
A. EXPENDITURES						
	Type of Expenditure	**FY 15/16**	**FY 16/17**	**FY 17/18**	**FY 18/19**	**Total**
1.	Personnel expenditures, including salaries, wages, and benefits	22,413	23,533	24,710	25,946	96,602
2.	Operating expenditures	8,965	9,413	9,884	10,378	38,640
3.	Non-recurring expenditures, such as cost of equipping new employees with technology necessary to perform MHSA duties to conduct the Innovative Project					
4.	Contracts (Training Consultant Contracts)	739,222	739,222	739,222	739,222	2,956,888
6.	Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditures in the budget narrative	7,844	8,237	8,649	9,081	33,811
	Total Proposed Expenditures	**778,444**	**780,405**	**782,465**	**784,627**	**3,125,941**
B. REVENUES						
1.	MHSA Innovation Funds	739,222	741,183	743,243	745,405	2,969,053
2.	Medi-Cal Federal Financial Participation	17,400	17,400	17,400	17,400	69,600
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Any other funding (specify)	21,822	21,822	21,822	21,822	87,288
	Total Revenues	**778,444**	**780,405**	**782,465**	**784,627**	**3,125,941**
C. TOTAL FUNDING REQUESTED (total amount of MHSA Innovation funds you are requesting that MHSOAC approve)		**739,222**	**741,183**	**743,243**	**745,405**	**2,969,053**

NEW INNOVATIVE PROJECT DESCRIPTION

D. BUDGET NARRATIVE

1. Include a brief narrative to explain how the estimated total budget is consistent with the requirements in Section 3920. The narrative should explain costs allocated for evaluation, if this information is not explicit in the budget

This project will be implemented by a community-based provider through a contract with Shasta County Health and Human Services Agency (SCHHSA). The project will require the provider to collect data specific to the four learning objectives for the project. The project will have oversight from, and be evaluated by, SCHHSA staff.

A. EXPENDITURES

1. SCHHSA staff costs related to oversight and evaluation.
2. Includes such costs as information technology, facilities, travel and transportation, general office expenditures, rents/utilities/equipment, and other miscellaneous expenditures
3. N/A
4. Compensation value of the contract with the community-based provider
5. Overhead costs associated with SCHHSA administration

B. REVENUES

1. MHSA Innovation funds dedicated to the project.
2. The center site will be Medi-Cal certified allowing the community-based provider to bill for clinical services, including crisis and case management.
3. N/A
4. N/A
5. In-kind income from community agencies that will partner with the project provider. Possibilities include many of our MHSA stakeholder partners that provide education services to parents and families such as Shasta County NAMI.