INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

County: **Mendocino**   **Date Submitted**   **March 2017**

Project Name: Round Valley Crisis Response Services

PLEASE NOTE: USING THIS TEMPLATE IS **OPTIONAL**. It is being provided as a technical assistance tool to staff who wish to make use of it.

An "Innovative Project" means "a project that the County designs and implements for a defined 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*).

The goal of this template is to assist County staff in preparing materials that will adequately explain the purpose, justification, design, implementation plan, evaluation plan, and succession plan of an Innovation Project proposal to key stakeholders, including local and State decision-makers, as well as interested members of the general public.

General regulatory requirements for Innovative Projects can be found at CCR, Title 9, Sect. 3910. Regulatory requirements for the Innovation (INN) Component of the 3-Year Program and Expenditure Plan & Annual Update can be found at CCR, Title 9, Sect. 3930. In some cases, the items contained in this **OPTIONAL** template may be *more specific or detailed* than those required by the regulations; you may skip any questions or sections you wish.

The template is organized as follows. Part I, Project Overview steps through a series of questions designed to identify what the County has identified as a critical problem it wishes to address via an Innovative Project, the steps the County has taken to identify an innovative strategy or approach to address that critical problem; how it intends to implement the innovative strategy or approach; what it hopes to learn and how those learning objectives relate the innovative strategy or approach to the critical problem it has identified; how it intends to address the learning objectives; and how the County intends to address any transition for affected stakeholders at the end of the time-limited project.

Part II, Additional Information for Regulatory Requirements, poses a series of questions that relate to specific regulatory requirements, either for the proposal or for subsequent reports.

I.　　Project Overview

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1) Primary Problem

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

　　　　Mendocino County's Innovation Project is trying to address the problem of how the "institutional" specialty mental health services effectively communicate and work with the local population, in particular the tribal community, to meet the crisis needs of this unique remote and traumatized community.

　　b)　Describe what led to the development of the idea for your INN project and the reasons that your project is a priority for your county.

　　　　Mendocino County MHSA stakeholders prioritized a Crisis respite service to outlying areas as a top priority for the broad focus. The Round Valley community was prioritized as the community most in need, through the stakeholder process. Through meetings with the Round Valley Community to refine the project idea into an innovative system delivery, and in consultation with the MHSAOAC, we determined that an innovative approach to the need and prioritized community is through learning how institutional and governmental agencies can work effectively with the local and tribal community to meet the needs of the community from a holistic grassroots process.

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

"A mental health practice or approach that has already demonstrated its effectiveness is not eligible for funding as an Innovative Project unless the County provides documentation about how and why the County is adapting the practice or approach… (*CCR, Title 9, Sect. 3910(b)*).

Describe the efforts have you made to investigate existing models or approaches close to what you're proposing (e.g., literature reviews, internet searches, or direct inquiries to/with other counties). Have you identified gaps in the literature or existing practice that your project would seek to address?

Round Valley is a unique community with a history that involves forced marches for relocation of different tribal groups into Round Valley. Additionally, the remote rural location makes it difficult for individuals to access services, and for service providers to locate providers in the area. The small population and remote rural area make it difficult for models that have worked in other locations to be successful here. History of significant historical and institutional trauma makes it difficult for the community to trust in engaging in a collaborative effort with the specialty mental health service providers. Even the preliminary community planning process of this Innovation Project was met with suspicion, and frustration that the preliminary review process is perceived to be discriminatory in not allowing the community to define and identify for itself what is considered innovative.

Mendocino County Mental Health service providers have attempted to serve the community in a number of ways. Mendocino County has assigned service providers to provide services in Round Valley on a regular basis, but not daily or with 24/7 response. The level of services provided in the community, have not historically warranted a full time position for crisis services or specialty mental health providers. One attempted solution of assigning providers to the area has the impediment that providers become tired of the commute and find other positions, and/or crisis and urgent response needs aren't able to be dealt with in a timely manner. Providers assigned from other areas does not address the community expressed need for providers from the community and with cultural similarities, nor does it include the community expressed desire for integrating traditional and spiritual healing practices. High turnover in staff assignments contributes to further institutional mistrust. During the Community Planning process the community stakeholders have expressed a desire to try a social rehabilitation model based off of White Bison, Wellbriety, The Journey to Forgiveness.

Through the use of Investment in Mental Health Wellness funds through SB82, we were granted funds for an outreach and crisis prevention team. The grant award was not sufficient for a full team in Round Valley, and provides crisis prevention outreach services to three targeted geographical areas in Mendocino County that are not served by regular specialty mental health services. This program has greatly increased trust and connection to services in Round Valley. However, it does not yet address the need for services provided by community members and including traditional and spiritual healing practices. Additionally, because the outreach team covers three disparate areas, they are also not able to respond in a timely manner to all crises.

Mendocino County has utilized MHSA funds to expand efforts of community providers through Community Services and Supports and Prevention and Early Intervention funds. These efforts are helpful to meet the community's priorities, but are not currently offered at a level to meet the need for crisis response in the community or specialty mental health services. Before the community and County are able to develop a program to respond to the crisis response need, we have to work together through a learning process to determine how we can best establish community trust, to then develop and implement a crisis response program that meets the needs of the community. How we work together and utilize the strengths and resources of the community, and what external resources are needed and will be accepted is part of what we hope to learn through this project.

3) The Proposed Project

Describe the Innovative Project you are proposing. Note that the "project" might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).

Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.

The proposed project is to learn how County and Specialty Mental Health Service Providers work together with Round Valley Tribal Health services, community members, other community providers, and leaders in Round Valley to develop a Crisis Response service provision to Round Valley. We will measure levels of trust and confidence in the collaboration; we will test different methods of communications, and explore which stakeholders are most effective furthering community involvement that help overcome historical and institutional distrust, and which communication and service strategies meet the specialty mental health and crisis needs in a manner that meets community stakeholder needs. We will attempt to identify which types of providers are available in Round Valley to respond to Crisis, what training they may need to become better skilled in crisis response, what outside resources will need to be brought to the community, and what method of introducing outside resources are most likely to be accepted and trusted by the community.

In working with the community we anticipate that we will have similar challenges as we have experienced during the planning process: community distrust, high turnover in staff that leads to poor continuity, and cultural gaffes that impact progress and trust. We also anticipate that there will be learning and challenges around available resources in the community, how the community prefers to strategize improving local resources and the creation of a system that may not have precedent and how we develop safe and reliable protocols for such a system.

4) Innovative Component

Describe the key elements or approach(es) that will be new, changed, or adapted in your project (potentially including project development, implementation or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

The innovative component of this project lies in the uniqueness of this community. Because the dynamics of the Round Valley community and history are unique, especially in relation to existing specialty mental health services in Mendocino County, the true innovation is in identifying how we resolve long standing systemic barriers that have seemed insurmountable in meeting the crisis response needs for this community.

5) Learning Goals / Project Aims

Describe your learning goals/specific aims. What is it that you want to learn or better understand over the course of the INN Project? How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

There is no maximum number of learning goals required, but we suggest at least two. Goals might revolve around understanding processes, testing hypotheses, or achieving specific outcomes.

Improve community trust for crisis services implemented as evidenced through community trust measure surveys. Identify crisis strategies and approaches to crisis response that are tailored to Round Valley community needs and resources that are culturally responsive and include traditional, spiritual, and social model needs, as evidenced by satisfaction and simple improvement measures such as PHQ.

Increased recovery collaboration measured by the diversity, numbers and consistency of stakeholder participation, as well as result surveys.

I. Project Overview (continued)

6) Evaluation or Learning Plan

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

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

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

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

Round Valley Community members that are in need of urgent behavioral health responsiveness. Round Valley Community members that have insight into how to best provide urgent behavioral health services in Round Valley. Specialty Mental Health Service Providers. Participants will be recruited through continuing stakeholder meetings and program development meetings. As trust and awareness of the project grows, we anticipate increased participation.

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

Surveys of participants will provide information on changes in trust and awareness of services available. Interactions with a wider array of local stakeholders will provide more strategies and approaches to test. Simple pre and post outcome tools will provide data on whether interventions are effective.

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

Surveys. Data collected during meetings. Possibly focus groups, if determined appropriate by community stakeholders. As service approaches and strategies are tested: satisfaction scores, changes in PHQ scores.

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

Surveys of collaboration and trust are administered at each stakeholder/planning meetings. Community surveys may be implemented depending on whether this approach is determined to be viable by stakeholders. Individual post interventions, once strategies and approaches of interventions are identified.

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

Our preliminary plan to collect, enter, and analyze data is to collect survey data from each interaction. As we begin to develop trust building strategies and identify preferred service delivery modalities, and implement the project and add a wider array of Round Valley participants, and identify strategies to communicate, build trust, and address crisis response needs, we will develop measurements to test the modalities as described above.

7) Contracting

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

Mendocino County contracts most specialty mental health services through an Administrative Service Organization, Redwood Quality Management Company. Additionally, if approved, and depending on project stakeholder direction expect we will expand contractual agreements (currently through MHSA CSS & PEI) with Round Valley service providers to include participation in this project that include providing information related to data collection and project evaluation for Innovation.

II.   Additional Information for Regulatory Requirements

1) Certifications

Innovative Project proposals submitted for approval by the MHSOAC must include documentation of all of the following:

a) Adoption by County Board of Supervisors.

   Mendocino County's Innovation Project Idea has been included in overview format in the preceding Three Year Plan and Annual Updates. See Board of Supervisor minutes adopting the most current Annual Update.

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).

   This is included as a part to the Mendocino County MHSA Annual Update approval process.

c) Certification by the County mental health director and by the County auditor-controller that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA.

   This is included as a part to the Mendocino County MHSA Annual Update approval process.

d) Documentation that the source of INN funds is 5% of the County's PEI allocation and 5% of the CSS allocation.

2) Community Program Planning

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.
Include a brief description of the training the county provided to community planning participants regarding the specific purposes and MHSA requirements for INN Projects.

Mendocino County engaged in a very lengthy and multi-phase community planning process around collecting community prioritized topics. We held regular meetings in multiple locations throughout the county. Mendocino County invited members of the Oversight and Accountability Commission to educate and guide the Innovation Stakeholder team towards refining our project priorities into a project that would meet the requirements for Innovation Projects. Following focusing and guidance from the OAC, we took our primary topic and refined it further in the target community that the stakeholders prioritized: Round Valley. Further development of the plan occurred in Round Valley with Round Valley participants to address within our refined project of *HOW* we meet the needs of this unique community. The planning process refined the plan based on the needs and desires of the Round Valley Community. Mendocino County's Behavioral Health Advisory Board has been an active participant in the Innovation Planning Process. The Board is very much in support of a project that helps meet needs in Round Valley. The Community Planning Process routinely struggled with maintaining the learning focus of HOW we work together to meet the needs of the unique community, as opposed to the plan to develop a tailored existing evidence based practices. During these challenges we have routinely consulted with the OAC to refine our plan to meet Innovative requirements.

3) Primary Purpose

Select **one** of the following as the primary purpose of your project. (I.e. the overarching purpose that most closely aligns with the need or challenge described in Item 1 (The Service Need).

a) **Increase access to mental health services to underserved groups**

b) Increase the quality of mental health services, including measurable outcomes

c) Promote interagency collaboration related to mental health services, supports, or outcomes

d) Increase access to mental health services

The primary purpose of Mendocino County's Round Valley Crisis Response Services Innovative project is to increase access to mental health services to underserved groups.

4) MHSA Innovative Project Category

Which MHSA Innovation definition best applies to your new INN Project (select one):

a) Introduces a new mental health practice or approach

b) **Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community**

c) Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

Mendocino County's Innovation project, Round Valley Crisis Response Services, addresses the concept of integrated one-stop crisis response services and looks at how these services can be adapted in the new setting of Round Valley, where unique community attributes will contribute to learning about how these services are selected, adapted, established, and whether they are successful in this community given the challenges of location and unique community history.

II.   Additional Information for Regulatory Requirements (continued)

5) Population (if applicable)

a) If your project includes direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number?

We do not have an estimate of the number of clients to be served annually at this time.   Anecdotally, the community stakeholders have stated that they believe a minimum of two people per day will need crisis response services at some level, which could mean as many as 730 participants per year. We can estimate that if approximately 25% of the population has a mental illness and that they may experience a crisis at least once per year that we may serve approximately 300 people annually. However, because our primary learning objective is to determine how to best provide crisis response services to this population, we anticipate much lower participation initially, as we establish and test methods to develop and improve trust in the community and practice methods of delivering services.

b) Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate. In some circumstances, demographic information for individuals served is a reporting requirement for the Annual Innovative Project Report and Final Innovative Project Report.

This project intends to serve Round Valley residents over the age of 18, that are in need of urgent or crisis behavioral health resources. We anticipate that there will be an equal number of male and female participants, with a small percentage of participants that do not identify as a binary gender designation. We anticipate that the project will serve approximately 30% of individuals that identify as Native American, as the population of Round Valley is between 30-40% American Indian/Alaskan Native per recent Census data, and one of the primary learning objectives is to discover how we improve service provider trust with this community in Round Valley. While we anticipate that the predominant language served will be English, as reflects the population in the area, we anticipate there may be a small percentage of individuals with a preferred languages of Spanish or the Pomo language. The degree to which we are able to capture detailed demographics from participants in this project, will depend heavily on the learning process. Demographic collection tools and other invasive information gathering or other screening tools have been cited as an impediment to accessing services. If in the development of the project, it is determined that they are not preferred by the Round Valley Community and Innovation project stakeholders, we may not be able to collect this level of data.

c) Does the project plan to serve a focal population, e.g., providing specialized services for a target group, or having eligibility criteria that must be met? If so, please explain.

We anticipate working with the community to learn how to best provide these services. In the process of testing and developing what works and does not work for increasing access, we do not anticipate focusing on a more focal population other than the Round Valley Community. However, that may be further refined if throughout the learning process, it is determined that having specialized or targeted services is the best way to provide crisis response services in Round Valley.

6) MHSA General Standards

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

a) Community Collaboration
This project is being developed with the community at every level. Community stakeholders will provide the feedback that determines if we are being successful at developing trust with the community, and effective crisis response strategies.

b) Cultural Competency
This project is designed to address an underserved population of the remote and rural community of Round Valley whose history is predominantly affected by the interactions between California Native American Tribes and California government.

c) Client-Driven
The Round Valley Community will be the primary stakeholders providing feedback about whether trust is established, and the effectiveness of crisis response strategies. Feedback will be collected from individuals participating in the project/receiving services developed by the project. That feedback will contribute to the further refinement of the project.

d) Family-Driven
The community is a primary stakeholder, including clients and family members. Feedback into how the project is going will shape the project.

e) Wellness, Recovery, and Resilience-Focused
This project will strive to meet community needs within the local community. By attempting to learn how to

better provide crisis response services by the community in the community, we hope to build a more resilient and aware community, with the resources to promote wellness and sustain recovery.

f) Integrated Service Experience for Clients and Families

This project is designed to learn how to better integrate County governmental services, Round Valley Tribal Health services, and Community based services in a way that meets the crisis response needs of this unique community.

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7) Continuity of Care for Individuals with Serious Mental Illness

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 when the project ends. We anticipate that in learning how to improve crisis response services and community trust, we will need to test various service modalities. As we won't know what types of services are effective collaborations until we are further along in the learning process it is difficult to determine how we will sustain the service delivery. We hope that successful collaborations will fall under services that can be funded either by specialty mental health services, Mental Health Services Act Prevention and Early Intervention or Community Services and Supports programs, or Indian Health Services.

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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.

Round Valley Indian Health Center and Round Valley Tribal members are currently active members of our project planning stakeholders. We anticipate these and other stakeholders from minority groups will continue to participate in the feedback and evaluation of the project throughout its development. Failure to successfully engage the Round Valley Native American community will be considered a reflection of a failure of the project as a whole.

b) Explain how you plan to ensure **meaningful stakeholder participation** in the evaluation.
Note that the mere involvement of participants and/or stakeholders as participants (e.g. participants of the interview, focus group, or survey component of an evaluation) is not sufficient. Participants and/or stakeholders must contribute in some meaningful way to project evaluation, such as evaluation planning, implementation and analysis. Examples of stakeholder involvement include hiring peer/client evaluation support staff, or convening an evaluation advisory group composed of diverse community members that weighs in at different stages of the evaluation.

Meaningful participation will be a regular focus of this project, as it will only be with meaningful involvement that we will establish and develop trust in the community. Community stakeholders will participate in each phase of development, evaluation, and revision of the project. If and when stakeholder participation wanes, we will need to review contributing factors and evaluate the level of community trust. The development of the trust measure tools will be developed with and by stakeholders.

II.   Additional Information for Regulatory Requirements (continued)

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?

If the learning project does result in a service delivery, we will seek operational funds through Medi-Cal reimbursable services, MHSA PEI or CSS, or other funding sources. We will also work with the Round Valley community to participate in developing further resources.

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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?
We will be using our MHSA Forums, Behavioral Health Advisory Board Meetings, possibly Board of Supervisors meetings and specific Innovation Project meetings. Additionally, we will use our stakeholders' emails, and contracted providers and Regional MHSA contacts. These processes will include our Round Valley Community stakeholders.

b) How will program participants or other stakeholders be involved in communication efforts?
We will hold specific Innovation Project meetings to enlist the involvement of the local Round Valley community along with any other participants who wish to attend.

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. Round Valley, CA; Yuki Trails Health and Human Services; Round Valley Indian Health Center; Targeted Crisis Response Services; Culturally Responsive Crisis

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11) Timeline

a) Specify the total timeframe (duration) of the INN Project: 3 Years _____ Months

b) Specify the expected start date and end date of your INN Project:
Start Date: Summer 2017   End Date: Summer 2020
Note: Please allow processing time for approval following official submission of the INN Project Description.

c) Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for

    i. Development and refinement of the new or changed approach;
Summer 2017-Winter 2017/18: Development of project.
Winter 2017/18-Winter 2019/20: Testing, evaluating, refining, testing again strategies for trust building and crisis response

    ii. Evaluation of the INN Project;
Winter 19/20-Summer 2020

    iii. Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project;
Winter 19/20-Spring 2020

    iv. Communication of results and lessons learned.
Summer 2020

INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

II.   Additional Information for Regulatory Requirements (continued)

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)

Mendocino County Innovation Project 1- Round Valley Crisis Response Services entire project budget is estimated at $1,124,293. We anticipate our first year of projected budget amount of $359,648 to fund the staffing for 5.5 Full Time Equivalent (FTE) positions. These staff include a project manager, and additional staff to support interactions with the community conducting outreach and engagement with additional community participants to provide feedback, and participate in preliminary surveys and studies.   In addition, this includes County staff for provision of monitoring, tracking measurements, and serving as a liaison. Additional costs will relate to the preparation of the building and developing preferred program tests. In the second half of the first year we hope to develop protocol and procedures and establish training and survey milestones for success of the project.

We anticipate the year two budget for this project in amount of $373,401 to continue costs established in year one with addition expenses related to added staffing and training as needed.

We anticipate year three of this project budgeted at $391,244 to continue costs established in year one and two with additional costs of evaluation and determination of sustainability.

Budget adjustments may need to be made based on over or under utilization of the projection, as there are many unknowns related to what the project will develop into based on community feedback. Depending on the outcome of testing of various strategies for crisis response the Budget may need to be reevaluated at relevant milestones and as part of the evaluation processes.

b) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)

FY 1(17/18) We anticipate our first year of projected budget amount of $359,648 to fund the staffing for 5.5 Full Time Equivalent (FTE) positions.

FY2 (18/19) We anticipate the year two budget for this project in amount of $373,401 to continue costs established in year one with addition expenses related to added staffing and training as needed.

FY 3 (19/20) We anticipate year three of this project budgeted at $391,244 to continue costs established in year one and two with additional costs of evaluation and determination of sustainability.

c) BUDGET CONTEXT (If MHSA funds are being leveraged with other funding sources)
We do not anticipate leveraging other MHSA funds at this time. As we determine what types of crisis response are best fit for the community through the learning process, we may find later that there is a fit with other MHSA funding sources. The Round Valley Indian Health Center has a building space that will be available for the use of the Innovation Project.

A. 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.

We anticipate that the bulk of funding will cover staffing costs and training with additional costs for tools and equipment utilized by staff. We plan for staffing to include those hired from the Round Valley stakeholder community. We anticipate that we will utilize the County staff person (estimated at half a FTE) to research and develop measurement tools.   The community staff people will include a full time project manager, and approximately 4 full time staff to work on the development and practice of various modalities tested. Additional direct and indirect costs for equipment may include building supplies, office equipment, office utilities, office maintenance, travel expenses, training expenses, and additional support supplies for participants in the crisis response modalities.

B. New Innovative Project Budget By FISCAL YEAR (FY)*						
EXPENDITURES						
PERSONNEL COSTs (salaries, wages, benefits)	**FY 17/18**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY xxxx**	**Total**
1. Salaries						
2. Direct Costs	**215,568**	**226,346**	**237,664**			**679,578**
3. Indirect Costs	**45,000**	**47,250**	**49,613**			**141,863**
4. Total Personnel Costs	**260,568**	**273,596**	**287,277**			**821,441**
OPERATING COSTs	**FY 17/18**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY xxxx**	**Total**
5. Direct Costs	**29,000**	**31,900**	**33,350**			**94,250**
6. Indirect Costs	**45,600**	**50,160**	**52,440**			**148,200**
7. Total Operating Costs	**74,600**	**82,060**	**85,790**			**242,450**

NON RECURRING COSTS (equipment, technology)	**FY 17/18**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY xxxx**	**Total**
8.						
9.						
10. Total Non-recurring costs	**7,600**					**7,600**
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)	**FY 17/18**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY xxxx**	**Total**
11. Direct Costs	**16,880**	**17,745**	**18,177**			**52,802**
12. Indirect Costs						
13. Total Operating Costs	**16,880**	**17,745**	**18,177**			**52,802**

OTHER EXPENDITURES (please explain in budget narrative)	**FY 17/18**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY xxxx**	**Total**
14.						
15.						
16. Total Other expenditures						

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BUDGET TOTALS						
Personnel	**260,568**	**273,596**	**287,277**			**821,441**
Direct Costs (add lines 2, 5 and 11 from above)	**261,448**	**275,991**	**289,191**			**826,630**
Indirect Costs (add lines 3, 6 and 12 from above)	**90,600**	**97,410**	**102,053**			**290,063**
Non-recurring costs (line 10)	7,600					7600
Other Expenditures (line 16)						
TOTAL INNOVATION BUDGET	359,648	373,401	391,244			1,124,293

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

C. Expenditures By Funding Source and FISCAL YEAR (FY)						
Administration:						
A. Estimated total mental health expenditures **for ADMINISTRATION** for the entire duration of this INN Project by FY & the following funding sources:	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY xxxx	Total
1. Innovative MHSA Funds	260,568	273,596	287,277			821,441
2. Federal Financial Participation						
3. 1991 Realignment						
4. Behavioral Health Subaccount						
5. Other funding*						
6. **Total Proposed Administration**	**260,568**	**273,596**	**287,277**			**821,441**
Evaluation:						
B. Estimated total mental health expenditures **for EVALUATION** for the entire duration of this INN Project by FY & the following funding sources:	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY xxxx	Total
1. Innovative MHSA Funds	**99,080**	**99,805**	103,967			**302,852**
2. Federal Financial Participation						
3. 1991 Realignment						
4. Behavioral Health Subaccount						
5. Other funding*						
6. **Total Proposed Evaluation**	**99,080**	**99,805**	**103,967**			**302,852**
TOTAL:						
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 17/18	FY 18/19	FY 19/20	FY 20/21	FY xxxx	Total
1. Innovative MHSA Funds	**359,648**	**373,401**	**391,244**			**1,124,293**
2. Federal Financial Participation						
3. 1991 Realignment						
4. Behavioral Health Subaccount						
5. Other funding*						
6. **Total Proposed Expenditures**	**359,648**	**373,401**	**391,244**			**1,124,293**
*If "Other funding" is included, please explain.						