



BEHAVIORAL HEALTH AND RECOVERY SERVICES
A Mental Health, Alcohol and Drug Service Organization

Madelyn Schlaepfer, Ph.D., CEAP
Behavioral Health Director

800 Scenic Drive, Modesto, CA 95350

August 9, 2011

MHSA Plan Review Section
California Department of Mental Health
1600 9th Street, Room 150
Sacramento, CA 95814

MHSOAC
1300 17th Street, Suite 1000
Sacramento, CA 95811

Dear Colleagues:

This letter is cover for submission of the attached MHSA Plan Update for Fiscal Year 2011-12.

Continuously working from the BHRS Vision and Mission, MHSA General Standards, input from stakeholders, and in accordance with DMH Information Notice 10-21, this mid-year Plan Update was developed to include new nine (9) Innovation projects as well as two new and one expanded Technological Needs Projects.

We understand, since the passage of AB100, there is no longer a review/approval process and that per statute we are still required to submit plans/plan updates prior to proceeding with local implementation. An acknowledgement that you have received the document is appreciated.

The Plan Update was posted for a 30-day public review and comment period from June 24, 2011 to July 23, 2011.

If you have any questions, please do not hesitate to contact me, or Karen Hurley, MHSA Coordinator, at (209) 525-6225.

Sincerely,

Madelyn Schlaepfer, Ph.D., CEAP
Behavioral Health Director

cc: Karen Hurley

Enclosure



**Stanislaus County
Behavioral Health and Recovery Services**

Mental Health Services Act

Three-Year Program and Expenditure Plan

Plan Update FY2011-12

Innovation and Technological Needs Projects

August 2011

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County: Stanislaus

Components Included:

<input type="checkbox"/> CSS	<input type="checkbox"/> WET
<input type="checkbox"/> CF	<input checked="" type="checkbox"/> TN
<input type="checkbox"/> PEI	<input checked="" type="checkbox"/> INN

County Mental Health Director	Project Lead
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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. 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.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY2011-12 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing¹ was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.²

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY2011-12 annual update/update are true and correct.

Madelyn Schlaepfer, Ph.D.
Mental Health Director/Designee (PRINT)


Signature

8/9/2011
Date

¹ Public Hearing only required for annual updates.

² Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement.

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

County: Stanislaus 30-day Public Comment period dates: June 24 – July 23, 2011

Date: August 2011 Date of Public Hearing (Annual update only): N/A

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per Title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning

1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.

The Community Program Planning process for these proposed Innovation and Technological Needs (TN) Projects has engaged stakeholders using outreach and other methods that seek to ensure diverse input. Throughout all CPP processes since 2005, local stakeholders have been informed and educated about the unique nature of the Mental Health Services Act (MHSA) guiding principles and funding. Each unique component of MHSA has garnered new and diverse input from local stakeholders as well as expanded the education process for all. These two components have expanded our scope toward emphasizing the unique opportunity to “try something new that contributes to learning in the field of mental health” with Innovation and, with Technological Needs, to develop projects that focus on modernizing and transforming information systems as well as improving consumer and family member access to computing resources including personal health record.

Across the State, Innovation has been the most challenging component of MHSA to understand primarily because the focus is on contribution to learning and not the usual focus of new or expanded services to meet unmet need. Counties can deliver a service with Innovation, but, the focus has to be on learning and contributing to the practice of mental/behavioral health. Communicating this difference was central to the community planning process for Innovations. The BHRS Leadership Team has the intention to fulfill this opportunity and bring out ideas for projects in behavioral health that are unique to our county. To begin to evolve the process, stakeholder input was sought prior to innovative project development. In the spring of 2010, stakeholder input was solicited to begin to “identify areas that if we could significantly move forward our learning we would want to do so.” With this stakeholder input, BHRS Leadership Team refined the information into what was termed “learning edges.” (More detail related to the learning edges may be found at www.stanislausmhsa.com.)

The next phase of community program planning included county-wide outreach workshops to share, discuss, receive input, and assist stakeholders who may opt to propose project ideas in the next phase of Innovation planning. With the goal of assisting community partners to participate fully, BHRS conducted six orientation workshops in five locations around Stanislaus County: Modesto, Riverbank, Ceres, Patterson and Turlock with the intention to deepen community understanding of the uniqueness of potential Innovation projects, the learning edges proposed, and the upcoming Request for Proposal process that would lead to selection of projects to be implemented. Sixty-eight (68) stakeholders participated in these workshops on October 28, 29, and November 2, 3, 4, 2010. An additional follow-up session was offered on November 30, 2010, for those who wanted additional review of the information.

The workshops focused on the key elements of the County Request for Proposal process; e.g. how to register and receive announcement of release of the Request for Proposal as well as Innovation concepts, local focus, and anticipated funding available for community-driven projects in the coming fiscal years. The workshops

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

were co-conducted by the MHSA Planning Coordinator, the BHRS Contracts Department Manager, and one or more of the BHRS Senior Leadership Team co-lead as well. The workshops engaged participants using a variety of methods, including:

- They were conducted in a number of geographic locations around the county in community accessible locations and co-sponsored by a community-based organization;
- Numerous announcements including advertising in local newspapers;
- PowerPoint presentation of information with accompanying handouts;
- Informal approach that allowed for extensive question and answer session and time for individual questions;
- Confidential participant feedback forms. (overall satisfaction rating was 4.3 on a 1 – 5 scale in which 1 is not satisfied and 5 is very satisfied)
- Provided contact information of all presenters for additional questions

Following the outreach workshops, on December 2, 2010, Stanislaus County General Services Agency released a Request for Proposal (RFP) with a deadline to submit by February 11, 2011. The outreach workshops were considered effective and yielded a variety of projects proposals. Utilizing the ratings of a review panel, BHRS Senior Leadership determined which and how many projects to select based on review/scoring by the review team, funds available, learning edges proposed, and which projects would be the most advantageous to BHRS. As always in planning processes, stakeholder ideas, identified need and principles were honored as consideration was given to ages of individuals to be served, geography, and diversity. Nine projects were selected and are recommended for funding - each selected project is described in this plan update. The projects that were not selected during this planning process may be considered for funding should sufficient resources be available in the future.

Extensive stakeholder input was also obtained regarding Technological Needs. Initial planning in FY2009-10 resulted in first two TN projects; Electronic Health Record and Consumer Family Access to Computing Resources which are now being implemented. Consumers/Family members and contract organizations are involved in implementation processes and give input on an ongoing basis.

Additional input was obtained in March 2011 from the Youth Advisory Council at Josie's Place – TAYA Drop-in Center. The young adults offered specialized input related to how youth utilize technology and how they use it to support their own recovery and wellbeing. As a result, two new and one expanded TN project (Consumer/Family Access to Computing Resources) are included in this plan update.

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)

Over the years, the planning by BHRS for MHSA has included collaborative partnerships with local community members and is recognized throughout the State as a leader of successful processes that are built on an excellent partnership with our communities. Several key elements are central to the mission of BHRS to be successful in these processes; strive to present information in a transparent fashion as possible, manage expectations in public planning processes related to what the organization can reasonably and legally do as a government organization, follow the guidelines given by California Department of Mental Health, honor community input by ensuring that when plans are posted for public review and comment stakeholders can recognize community input in the plan, post documents and conduct meetings in language that steers away from excessive technical jargon and provide appropriately fluent speakers for diverse populations when needed.

Compelling community input obtained at the launch of MHSA planning developed core guiding principles that serve to inform all subsequent planning processes. Whenever feasible, MHSA plans, processes, and

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

programs should address inclusion of and service to all age groups and all geographic areas of the county, be based on existing community assets, not exceed the community's or BHRS' capacity to organizationally or fiscally sustain programs, and be compatible with the statutory responsibility BHRS holds to administer MHSA funds. These principles have been part of every MHSA planning process since 2005.

The Representative Stakeholder Steering Committee (RSSC) is actively engaged in identifying need, priorities, and guiding principles during planning processes. The RSSC is comprised of approximately 40 individuals representing a diverse spectrum of community interests in accordance with MHSA guidelines which set forth the expectation that certain recommended and required partners be included. In Stanislaus County diverse participants have included, but are not limited to, consumers of services and family members, social services, education, underserved communities, providers of health care, contract providers of public mental health services, representatives from diverse communities, law enforcement, courts, probation, faith-based community, disability serving organizations, labor organizations, Stanislaus County Chief Executive Office, Behavioral Health Department staff, Area Agency on Aging, and regional geographical areas of Stanislaus County including South and Westside of the county. The primary language spoken in these meetings is English unless other languages or methods of communication are needed.

Representative Stakeholder's role includes giving input on all plans and updates to be submitted for approval as well as sharing information about MHSA planning processes with other members of the represented community or group. Handouts given at the stakeholder meeting are reliably posted on the BHRS MHSA website for general stakeholder access.

3. If consolidating programs or eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

N/A – no consolidations or eliminations proposed.

Local Review Process

4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

The MHSA FY11-12 PLAN UPDATE was circulated using the following methods:

- ✓ An electronic copy was posted on the County's MHSA website: www.stanislausmhsa.com
- ✓ Paper copies were sent to Stanislaus County Public Library resource desks throughout the County
- ✓ Electronic notification were sent to all BHRS service sites with a link to www.stanislausmhsa.com, announcing the posting of this plan update
- ✓ Representative Stakeholder Steering Committee, Mental Health Board members, Advisory Board for Alcohol and Other Drugs as well as other stakeholders were sent an electronic or U.S. Mail notice informing them of the start of the 30-day review, and how to obtain a copy of the plan update at no cost
- ✓ An informational meeting was widely announced and conducted on July 19, 2011, 4:00p.m. to 5:00 p.m., at Behavioral Health and Recovery Services, Main Conference Room, 800 Scenic Drive, Modesto, CA for all interested parties to learn more about the plan update.

The public was notified through:

- ✓ Public notice posted in nine newspapers throughout Stanislaus County including a newspaper serving the Latino community. The notice included reference to www.stanislausmhsa.com and a phone number for requesting a copy of the plan update.
- ✓ BHRS MHSA Newsletter

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

RESPONSE TO PUBLIC COMMENT

The goal of Innovation is to achieve new learning that contributes to practice in the mental health field. Innovations by definition are demonstration projects and there is much to learn in each of the projects proposed in this plan. All comments are valued and substantive parts of every comment received are included as received or summarized for clarity and brevity. Individuals submitting comments include BHRS staff, consumer stakeholders and artist stakeholders. Comments are de-identified, listed in no particular order other than grouped by projects and numbered for clarity.

Comment #1:

Several lengthy comments were received from one stakeholder that focused on questioning the philosophy, past and current business practices, and overall intent of the proposer of the Arts for Freedom Project; Peer Recovery Arts Project.

BHRS Response:

Regarding expressed concerns about the history and operation of selected Innovation Projects it should be noted that all of the bidders of projects responded to a number of rigorous requirements in the Request for Proposal process.

Stanislaus County's General Services Agency (GSA) at the County Chief Executive office conducts the RFP process in its entirety and no projects are released to Behavioral Health and Recovery Services until GSA is satisfied that the RFP process is complete to the highest standard of integrity. It is a strict process and there is a high degree of confidence in the process conducted by GSA.

For all BHRS Innovation projects proposed in this plan, the projects will be contracted to community-based organizations for implementation. As with all BHRS contract programs, if financial or operational issues come to light as we go forward into implementation, issues will be addressed by the legal/contract process and through ongoing contract monitoring.

Comment #2:

The Arts for Freedom project sounds good except that the project doesn't sound like its going to be big enough to contain all the elements that are envisioned being there. As a singer-musician, I don't see that there will be much facility to carry out musical pursuits since vocal group music experiences and voice lessons are not included.

BHRS Response:

Arts for Freedom is a new project that does have a big vision. To ensure the learning objectives are clear a unique focus on visual arts and peer recovery was proposed.

Comment #3:

The Civility Project in Keyes is intriguing. School systems are known for the various parties having difficulty seeing eye to eye, especially with what to do to support children with behavior problems.

BHRS Response:

We need a project like this to contribute to practices that will have a positive impact on school campus culture, increase children's developmental assets and strength-based social connections, engage parents and improve their constructive communication with the school personnel, increase teacher/school personnel productivity

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

and develop positive partnerships on behalf of children, and the overall positivity of campus culture. The project will help support and accelerate county-wide transformation by addressing the learning priority of improving the well-being of children.

Comment #4:

The Friends in Recovery program is economical, and provides the partnered or paired consumer stakeholders with direct benefits. More such programs that directly serve and support consumer stakeholders with a majority of funds and effort expended, would be welcome additions.

BHRS Response:

Peer support is established as a successful adjunct to treatment and currently peer support is offered within behavioral health service programs. We need this program to demonstrate that peer support can be effective when offered parallel to treatment as a short term mentor/mentee relationship. The project will help support and accelerate county-wide transformation by connecting people receiving services to community-based supports.

Comment #5:

Friends in Recovery cannot be seen as an innovation, in my opinion since it is already in existence. The only difference between this program and the one that already exists is attaching a research aspect. The innovations projects were not supposed to be research. Trying to show that something is effective is research. This program is supposed to evaluate its own efficacy and is being funded to do that task.

The program description refers to peer support as if this is in the same field as mentoring. Mentoring shows that it is a relationship between an experienced person and a less experienced person for the purpose of helping the less experienced person. None of this is part of peer support. A mentor is more knowledgeable than a mentee. This is not a peer relationship. The idea of "helping" is a "one-down" approach all too common in many mental health venues.

This is a program with many possible boundary violations; it seems to me, because the boundaries will be ill-defined and misunderstood. I cannot understand paying people to be friends, pals, mentors or whatever.

BHRS Response:

There is no requirement in the Innovation guidelines for the program to be new; an innovation may be added to an existing program. The contribution to the mental health field must be new. BHRS acknowledges that this project is not business as usual with regard to peer support. The intent in funding this project is to learn about and introduce mentoring as a possible new mental health practice. Through this project we hope to learn that peer support can be successful in many different forms, mentoring programs have a successful nature and are widely accepted in non-mental health contexts.

Innovation guidelines allow for projects that discover new facts, successful practices and information. In doing so, certain outcomes are required, and the projects are time-limited. Guidelines do not allow for funding of longitudinal studies and do not allow for funding ongoing services.

The Beth & Joanna Friends in Recovery project will use the mentor/mentee relationship as an adjunct to therapy and other professional services. We hope to learn that this type of support will enhance the quality of recovery services. As with all BHRS contract programs, when/if operational issues come to light during implementation, issues will be addressed by the legal/contract process and through ongoing contract monitoring.

No substantive changes were made to the overall plan in response to the comment(s).

County: StanislausDate: August 2011

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2011/12 Component Allocations						
1. Published Component Allocation						
2. Transfer from FY 11/12 ^{a/}						
3. Adjusted Component Allocation	\$0					
B. FY 2011/12 Funding Request						
1. Requested Funding in FY 2011/12			\$1,162,498		\$2,763,895	
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
Unexpended Funds from FY 09/10 Annual MHSA						
a. Revenue and Expenditure Report						
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11						
c. Unexpended Funds from FY 10/11						
d. Total Net Available Unexpended Funds						
4. Total FY 2011/12 Funding Request	\$0	\$0	\$1,162,498	\$0	\$2,763,895	
C. Funds Requested for FY 2011/12						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations			\$8,976			
3. Unapproved FY 08/09 Component Allocations			\$1,153,522			
4. Unapproved FY 09/10 Component Allocations ^{b/}					\$658,900	
5. Unapproved FY 10/11 Component Allocations ^{b/}					\$1,540,900	
6. Unapproved FY 11/12 Component Allocations ^{b/}					\$564,095	
Sub-total	\$0	\$0	\$1,162,498	\$0	\$2,763,895	
7. Access Local Prudent Reserve						
8. FY 2011/12 Total Allocation^{c/}			\$1,162,498		\$2,763,895	

NOTE:

- Line 3.a and 3.b. should be completed if annual update is being submitted prior to the end of FY 10/11.
- Line 3.a., 3.b., 3.c., and 3.d. should be completed if annual update is being submitted after the end of FY 10/11.
- Line 3.a. should be consistent with the amount listed on the FY 09/10 Annual MHSA Revenue and Expenditure report, Enclosure 9, Total Unexpended Funds line.
- Line 3.d. should be consistent with the amount listed on the FY 10/11 Annual MHSA Revenue and Expenditure report, Total Unexpended Funds line.
- Line 3.d. will be verified upon receipt of the FY 10/11 Annual MHSA Revenue and Expenditure report and adjustments will be made as necessary.

^{a/}Per Welfare and Institutions Code Section 5892(b), in any year after 2007-08, Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve in an amount not to exceed 20% of the average amount of funds allocated to that County for the previous five years. The 20% limits are included in Enclosure 8.

^{b/}For WET and/or CFTN components, enter amount of unapproved funds being requested for use from any of the years a transfer from CSS was made.

^{c/} Must equal line B.4. for each component.

INN FUNDING REQUEST

County: Stanislaus

Date: August 2011

INN Programs			FY 11/12 Requested MHSA Funding
No.	Name		
Previously Approved Programs			
1.			
2.			
3.			
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5.			
6.			
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11.			
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14.			
15.			
16.	Subtotal: Programs		\$0
17.	Plus up to 15% Indirect Administrative Costs		
18.	Plus up to 10% Operating Reserve		
19.	Subtotal: Previously Approved Programs/Indirect Admin./Operating Reserve		\$0
New Programs			
1. INN 02	Arts for Freedom		\$308,863
2. INN 03	Beth & Joanna Friends in Recovery		\$70,011
3. INN 04	Building Support Systems for Troubled Children		\$131,415
4. INN 05	Choosing Civility		\$172,459
5. INN 06	Connecting Youth Receiving Services to Community-based Supports		\$342,486
6. INN 07	Families In The Park		\$422,850
7. INN 08	Integration Innovations		\$500,000
8. INN 09	Promoting Community Wellness through Nature and Neighborhood Driven Therapies		\$263,233
9. INN 10	Revolution		\$192,070
10.	Subtotal: Programs		\$2,403,387
11.	Plus up to 15% Indirect Administrative Costs		\$360,508
12.	Plus up to 10% Operating Reserve		\$0
13.	Subtotal: New Programs/Indirect Admin./Operating Reserve		\$2,763,895
14.	Total MHSA Funds Requested for INN		\$2,763,895

Percentage

#DIV/0!

#DIV/0!

Percentage

15%

0.0%

Note: Previously Approved Programs that propose changes to the primary purpose and/or learning goal are considered New.

CFTN FUNDING REQUEST

County: Stanislaus

Capital Facilities and Technological Needs Work Plans/Projects				TOTAL FY 11/12 Required MHSA Funding	Funding Requested by Type of Project	
	No.	Name	New (N) Existing (E)		Capital Facilities	Technological Needs
1.	SU-02	Consumer Family Access to Computing Resources	(E)	\$98,700		\$98,700
2.	SU-03	Electronic Health Data Warehousing	(N)	\$586,176		\$586,176
3.	SU-04	Document Imaging	(N)	\$477,622		\$477,622
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26.	Subtotal: Work Plans/Projects			\$1,162,498	\$0	\$1,162,498
27.	Plus up to 15% Indirect Administrative Costs			0		
28.	Plus up to 10% Operating Reserve			0		
29.	Total MHSA Funds Requested			\$1,162,498		

Percentage

0.0%

#DIV/0!

NEW/REVISED PROGRAM DESCRIPTION

Innovation

County: Stanislaus☒ **Completely New Program**Program Number/Name: INN 02 Arts For Freedom☐ **Revised Previously Approved Program**Date: August 2011

Complete this form for each new INN Program. For existing INN programs with changes to the primary¹ purpose and/or learning goal, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

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

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.

"Arts for Freedom" project will increase quality of services, including better outcomes for individuals of all ages. Arts for Freedom project has a mission to emphasize what people *can* do rather than what they *cannot* do through artistic expression and in support of artistic pursuits. Arts for Freedom is open to anyone from Stanislaus County who wants to participate and will provide opportunity for artists who live with mental illness to show the quality and depth of their art. This novel project will attract artists from diverse cultures and ethnic groups throughout Stanislaus County.

Arts for Freedom will reduce the stigma of mental illness by:

- Providing peer support to maximize each individual's creative abilities
- Providing a chance to be defined as more than one's diagnosis of mental illness
- Providing volunteer service opportunities with the potential for paid employment or other income-generating activities
- Supporting individual potential for recovery

Arts for Freedom will serve as a parallel social support system, a gateway to services and providers, will develop linkages for referral purposes and encourage use of community-based services whenever possible with a primary purpose of increasing quality of services and producing better outcomes for people. We need a project like this to increase access creative social supports and reduce stigma so that people can be identified as something other than their illness or diagnosis. The project will help support and accelerate county-wide transformation by connecting people receiving services to community-based supports.

2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

Art therapy for the treatment of mental illness is not new and Arts for Freedom is not art therapy. In Riverside, California, the mission of the Art Works program was established to educate and empower individuals with chronic mental illness to use creative arts for wellness and recovery.

¹ The term "essential purpose" has been replaced with the term "primary purpose" for INN.

NEW/REVISED PROGRAM DESCRIPTION
Innovation

Arts for Freedom is modeled after Riverside County's successful Art Works program. Arts for Freedom adopts elements from outside the mental health system and introduces new approaches not applied before in Stanislaus County. Arts for Freedom honors a more holistic approach to well-being, strengthens developmental assets to help participants thrive under stressful life circumstances, and welcomes participation by those struggling with co-occurring issues related to substance abuse and mental illness, but Arts for Freedom does not focus on mental illness.

The hypothesis of Arts for Freedom and the contribution to learning of this program is intended to ask and answer the following question: Would building a welcoming and inclusive community that provides opportunity for those with a mental illness to step away from and not *be* their illness while working (and learning) side by side with others, increase self-esteem, promote recovery, reduce stigma, and contribute to healthier and more productive members of the community who are therefore less dependent on the mental health services system?

Arts for Freedom will be housed in a conveniently located, small, multipurpose facility that serves as office, free public art gallery, art consignment shop, classroom, meeting space, clearinghouse for participants to volunteer for and be connected with city- and county-wide projects, and general gathering area for consumers, family members and other community members.

The Arts for Freedom office will serve as program headquarters, house all program records and data collection/reporting equipment as well as public information, and resource material. A mentor to provide business development guidance will be secured through the Modesto Chamber of Commerce SCORE program. A free public art gallery will be open three days a week including Saturdays. The gallery will house artwork of all media types. Large specialized art shows (for example, work resulting from one of the five art classes) will alternate with work by mixed artists. Participation in a wine and cheese artists' reception will involve ticket sales and serve as a fundraiser to help sustain the Arts for Freedom program.

The art consignment shop, adjacent to the art gallery, will provide opportunities for artists to show and sell their work. A portion of the proceeds from sold items will be returned to the Arts for Freedom treasury to help the program become increasingly self-sufficient. A focus group of artists and community representatives will be convened to determine consignment shop protocol and pricing.

From the store-front office a series of free art classes to participants in its classroom area. In addition to art classes given at the main office-gallery location, art classes for age-specific groups will be provided in alternate locations such as Ceres Partnership for Healthy Children (children's classes), West Modesto King Kennedy Neighborhood Center (adult classes), and Stanislaus Recovery Center (classes for those in the co-occurring treatment track).

The meeting space will be used by a peer facilitated drop-in Saturday support group for anyone who wants to attend. The peer leader will be compensated with a volunteer stipend. Schedule permitting, a meeting space will also be available to art supporting organizations and for other related purposes. In addition to peer support and meetings, the Arts for Freedom meeting space will also be used as a general gathering area for consumers, family members, and other community members.

Arts for Freedom will be a clearinghouse that offers volunteer, artist, and educator services to its partners for collaboration on city- and county-wide projects. Positive activities benefit not only participants and their family members but also provide a service for the greater good of the whole community. Using art and music as an empowerment tool, Arts for Freedom's consignment gallery, open air festivals, and anti-stigma campaigns will model inclusive behavior, break down existing barriers, and result in increased opportunities for volunteers to assist with city- and county-wide events, thus creating a positive cycle of increasing community participation and support.

NEW/REVISED PROGRAM DESCRIPTION

Innovation

Arts for Freedom is a vital link in the process of reintegrating consumers into mainstream society. By simply sharing their common love for the arts, consumers will find their rightful places in social networks. They will no longer be people set aside in day treatment centers but rather will be spirited community developers, capable of maintaining high personal and professional integrity as artists, educators, event coordinators, and valued citizens of Stanislaus County. All of this will decrease the stigma associated with the mental health system and simultaneously encourage people receiving services to connect with community-based supports that focus on their *interests, passions, and strengths* instead of their symptoms, illnesses and diagnoses.

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

The Arts for Freedom project supports and is consistent with the General Standards identified in the Mental Health Services Act and Title 9, section 3320.

Community Collaboration:

The Peer Recovery Art Project has a history of successfully working in collaboration with a variety of partnering agencies, community-based organizations, and service providers in Stanislaus County. Art for Freedom Project will collaborate to offer activities and events at its own location, at partners' locations or will conduct activities and events in collaboration with these entities. Collaborative partners include but are not limited to; Ceres Partnership for Healthy Children, West Modesto King Kennedy Neighborhood Collaborative, and BHRS Stanislaus Recovery Center, each representing a diverse socioeconomic and underserved area of the county, already partner with Art for Freedom.

Cultural Competence:

Arts for Freedom is open to anyone from Stanislaus County who wants to participate without regard to race, ethnicity, age, gender or sexual orientation and an effort will be made to ensure staff and volunteers are from diverse populations. Understanding and accepting each individual's unique cultural perspective and world view is critical to the recovery process. Arts for Freedom partners with community groups that represent various ethnic and cultural groups.

Client/Family-Driven Mental Health System:

An offspring of the National Alliance on Mental Illness (NAMI) Peer To Peer classes, the Peer Recovery Art Project's mission has, since its inception, focused on the advancement of consumer and family member position in the community. Peer Recovery Art Project, a non-profit organization was conceived by and continues to be managed exclusively by consumers and/or family members. Arts For Freedom will take direction from our constituents and include the strong voice of consumers and their family members in the planning, conducting and evaluating of project events and activities.

Wellness, Recovery and Resilience:

These are the guiding principles upon which the Arts for Freedom program was constructed; an integral part of the program's mission as well as in its implementation. The welcoming environment created by the Arts for Freedom program will encourage the values of consumer/family-driven and peer support to thrive. In the Arts for Freedom program, an individual's illness is inconsequential; the "fix them" model is left to direct service providers. The spirit of Arts for Freedom embraces unity, volunteer service and recovery, and highlights the inner creativity found in each individual.

Integrated Service Experience:

Through its familiarity with and understanding of the mental health system and service providers within Stanislaus County, Arts for Freedom will create linkages and make referrals that promote positive interactions for consumers and family members.

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2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.

The Arts for Freedom program will serve children, young adults, transition age youth, adults, and older adults. Anyone from Stanislaus County may participate in program activities at no cost; however the priority population includes people struggling with mental illness, those with co-occurring issues related to mental health and alcohol/other drugs, and their respective family members. All who participate in the Arts for Freedom program will be engaged in and involved with assessing the program's impacts by providing individual feedback and/or participating in focus groups.

Targeted number of participants each year are 25 merchants and 50 artists, although it is anticipated that there may be many more in the second and third year.

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.

First Year to Start in Fiscal Year 2011-2012

First six months:

All start-up activities including but not limited to: hiring staff, secure convenient office gallery space, develop criteria for consignments and volunteer stipends, create forms and other internal documents, open gallery/office, outreach to community artists, conduct focus group of interested artists and community representatives to determine interest in class topics. Develop desired outcomes, evaluation methodologies, and tools based on Results Based Accountability principles; set up a data capture system to track and report outcomes; prepare quarterly progress and data reports.

Second six months:

Project underway including but not limited to: gallery open and receiving consignment sales of artwork; Gallery events coordinating with existing down town events including the 3rd Thursday Art Walk and summer Blues/Art Festival; ongoing solicitation of public and participant feedback to evaluate gallery; implement improvements as needed; implement regular data collection methodologies; conduct focus group of interested artists and community representatives to gather feedback, prepare quarterly, comprehensive annual progress and data reports identifying contributions to learning, program strengths, and weaknesses; conduct artist/community focus group to review progress and lessons learned and to obtain feedback for program improvement; review evaluation data and focus group input; complete all required progress reports; make program adjustments for year #2 with guidance from data/feedback collected; begin planning large plaza-style, fall community event to be held in Fall 2012.

Second Year:

The second year of program operation will be similar to first year's activities and reporting structure. Arts for Freedom will conduct three large community art/music events (fall, spring and summer), will continue to operate a co-located office and consignment art gallery, and provide up to five art classes for varying age groups. Ongoing quarterly and comprehensive progress reports identifying contributions to learning, program strengths, and weaknesses. Continue to conduct artist/community focus group to review progress and lessons learned, and obtain feedback for program improvement; review evaluation data and focus group input; complete all required progress reports to conclude learning aspect of project. Seek alternative funding to sustain project into the

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future.

Third Year:

The third year of program operation will be similar to second year's activities and reporting structure. Arts for Freedom will conduct a number of large community art/music events (fall, spring and summer), will continue to operate a co-located office and consignment art gallery, and provide up to five art classes for varying age groups. Ongoing quarterly and comprehensive progress reports identifying contributions to learning, program strengths, and weaknesses. Continue to conduct artist/community focus group to review progress and lessons learned, and obtain feedback for program improvement; review evaluation data and focus group input; complete all required progress reports to conclude learning aspect of project. Seeking alternative funding to sustain project into the future will be prioritized.

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

After the Arts for Freedom program is successfully implemented, the following will be different and here is how we will know:

- Stanislaus County will have the first consumer/family member-developed and driven consignment art gallery as evidenced by the gallery's active presence and participation in the community.
- Mental health consumers as artists will be known *only* as artists and *not by their diagnoses* and will be mixed with mainstream community action groups on city- and county-wide projects as evidenced by lists of those who participate in the projects.
- The stigma of mental illness will be reduced as evidenced by individual self-report and feedback from family members and the community (perception of increased self-esteem and social connectedness). Pre- and post- measures will be compared.
- Program participants will be more productive members of the community as evidenced by individual self-report and feedback from the community. Pre- and post- measures will be compared.
- Program participants will be less dependent on the mental health system as evidenced by individual self-report and data from BHRS. Pre- and post- measures will be compared.
- Peer support and referrals to resources will maximize each individual's creative abilities as evidenced by individual self-report and family member feedback. Pre- and post- measures will be compared.
- Community collaboration between individuals, groups, and organizations outside the mental health system will improve based on pre- and post- feedback from each involved entity.
- Participating artists will have more volunteer service opportunities with the potential for paid employment or other income-generating activities as evidenced by individual self-report of participation/employment, both pre- and post- program.
- Participating artists who struggle with mental illness and co-occurring substance abuse issues will be defined as more than their mental illness diagnosis. Evidence will be individual self-report and family member feedback. Pre- and post- measures will be compared.
- Recovery from mental illness will be encouraged and supported as evidenced by individual self report and feedback from family members. Pre- and post- measures will be compared.

Tools for collecting feedback about the Arts for Freedom program will include but are not limited to:

Attendance at classes, at the gallery, and at large community events reported in the demographic categories of ethnicity, gender, age, and geographic area of residence to the extent possible. Individual self reports, surveys, and one-on-one key informant interviews to gather baseline and subsequent experiential information such as:

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An outcomes evaluator will be engaged to assist in developing pre- and post surveys to be used to assess impact on community supports in individual participants related to the following categories:

- Inventory of individual interests (e.g., interested in enrolling in future classes or assisting with large community events)
- Perception of level of self-esteem, sense of belonging and self-stigma. Amount of increased community connections (number of volunteer and social networking opportunities received and number taken advantage of)
- Number of artists employed or earning money from their artwork and perception of improvement in work-related skills

Results Accountability is the framework for evaluation of indicators of success for this project.

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

Event sponsors, grants, gallery consignment income, gallery special fundraising, and donation resources will be leveraged in the amount of \$52,787 for this three year project.

Year 1 - \$ 8,950

Year 2 - \$16,400

Year 3 - \$27,437

6. Please provide a budget narrative for total projected costs for the entire duration of the Innovation Program, and also provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

Program INN 02 Arts for Freedom Project is a three year project with a cost of \$308,863.

Year 1 - \$105,300

Year 2 - \$103,800

Year 3 - \$ 99,763

This budget is based on estimated program, clerical, administrator and accounting salaries and stipends; operating expenses for office, workshop, meeting and art gallery space, mileage, office and art supplies; and non-recurring expenditures for equipment that will be used to display and sale art in the consignment art gallery. The budget will allow testing of the project model and meet the project learning goals of providing evidence that building a welcoming and inclusive community that provides opportunity for those with a mental illness to step away from and not be their illness while working (and learning) side by side with others, increases self-esteem, promotes recovery, reduces stigma and contributes to healthier and more productive members of the community who are therefore less dependent on the mental health system.

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7. Provide an estimated annual program budget, utilizing the following line items.

NEW ANNUAL PROGRAM BUDGET

A. EXPENDITURES

	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel			\$ 71,800	\$ 71,800
2.	Operating Expenditures			35,100	35,100
3.	Non-recurring Expenditures			7,350	7,350
4.	Contracts (Training Consultant Contracts)				
5.	Work Plan Management				
6.	Other Expenditures				
	Total Proposed Expenditures			\$114,250	\$114,250
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues			\$8,950	\$8,950
	Total Revenues			\$8,950	\$8,950
C. TOTAL FUNDING REQUESTED				\$105,300	\$105,300

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.

1. Personnel: \$71,800

A mentor to provide business development guidance will be secured through the Modesto Chamber of Commerce SCORE program. Arts for Freedom staffing will include:

.25 FTE Program Administrator - \$15,600 (\$30/hour x 520 hours) whose principle duties will include mentor/advisor, program publicist, and spokesperson. The Program Administrator is also responsible for establishing and maintaining positive community contacts, particularly in the business and arts communities. Program Administrator will also ensure involvement of stakeholders, community members, and oversee collection, processing and evaluation of data collected during the grant period.

.50 FTE Program Coordinator - \$20,800 (\$20/hour x 1,040 hours) to manage the office-gallery, develop and provide programming and serve as volunteer coordinator. Program Coordinator will work with Program Administrator to ensure involvement of stakeholders, community members, and oversee collection, processing and evaluation of data collected during the grant period.

.50 FTE Coordinator Assistant - \$10,400 (\$10/hour x 1,040 hours) shared by two individuals and supervised

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by the Program Coordinator.

Contracted Educators - \$10,400 (5 x \$40 x 52 weeks), and **Other stipend-paid volunteers - \$5,000** (\$25 per day/event) from local art supporting organizations will assist with exhibits, art workshops and community events. An example of such a group is Modesto Artists, a meet up group for artists in the greater Modesto area, the purpose of which is to share artwork, mingle with other artists, network about places to show art, and plan trips to museums and galleries in the area.

Volunteer Stipends - \$5,000 provides \$25 per person to assist with exhibits and events.

Accounting Support - \$2,600 to manage employee payroll duties, tax and insurance issues and to set up a book keeping system that will ensure legality of procedures and meet county requirements.

Benefits and Taxes - \$7,000 includes all required payroll taxes, deductions and insurances.

2. Operating: \$35,100

Facility Costs/Location Lease - \$16,800 (\$1,400/month x 12 months). Arts for Freedom will be housed in a conveniently located, small, multipurpose facility that serves as office, free public art gallery, art consignment shop, classroom, meeting space, clearinghouse for participants to volunteer for and be connected with city- and county-wide projects, and general gathering area for consumers, family members and other community members.

Utilities - \$4,800 (\$400/month x 12 months) for gas, electricity, water, garbage, phone and internet.

Office Supplies - \$5,000 to purchase items such as paper, pens, printer ink cartridges, coffee supplies, bottled water, etc.

Art Supplies - \$7,500 i.e. painting, writing, play, film, music supplies needed for on site and off site art workshops, classes and events including the art and music festivals.

Mileage - \$1,000 to reimburse staff for travel to and from off site art workshops, events and meetings.

Years 2 and 3 include Cost of Living Adjustments (COLA) and increase to \$46,375 and \$53,375 respectively.

3. Non-recurring Expenditures: \$7,350

Office Equipment - \$3,500 includes computer, printer, fax and phones

Gallery Equipment and Displays - \$3,850 to purchase a cash register, display cases, shelving, wall mounts, signs and minor renovations for enhancing and maximizing gallery space for art displays.

Years 2 and 3 are reduced to \$2,025 each year.

Year 1 Total Proposed Expenditures: \$114,250

Year 2 Total Proposed Expenditures: \$120,200

Year 3 Total Proposed Expenditures: \$127,200

Total Project Proposed Expenditures: \$361,650

NEW/REVISED PROGRAM DESCRIPTION

Innovation

County: Stanislaus☒ Completely New Program☐ Revised Previously Approved ProgramProgram Number/Name: INN 03 Beth & Joanna Friends in RecoveryDate: August 2011

Complete this form for each new INN Program. For existing INN programs with changes to the primary¹ purpose and/or learning goal, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

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

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.

Proposes to increase quality of services including better outcomes in this project that pairs two individuals, a peer and a pal, for a six-month period of time. A Peer is someone who has mental illness and/or co-occurring substance issues, is isolated or needs support. A Pal is someone successful in recovery from their mental illness and/or co-occurring substance issues and has had some basic training in the mental health field such as the 10-week NAMI Peer-to-Peer course, or be attending our junior college and taking psycho-social rehabilitation courses. Pals will be recruited from among MJC Human Services students in the California Association of Social Rehabilitation Curriculum (CASRA) class (an MHSA Workforce Education and Training Program).

Students taking the Psycho-Social Rehabilitation courses at Modesto Junior College (MJC) are required to volunteer as part of the curriculum. Consumers enrolled in these college courses seek field placement opportunities in the various NAMI Stanislaus programs. Many of the students seeking volunteer assignments and field placement work have mental illnesses and are advancing in the recovery process. The Beth & Joanna Friends in Recovery program successfully utilizes these students to act as mentors. A typical student volunteer is a consumer seeking an education and employment often for the first time. These consumers are ready to put the stigma of mental illness behind them and seek opportunities to develop both personally and professionally.

Peer support is established as a successful adjunct to treatment and currently peer support is offered within behavioral health service programs. We need this program to demonstrate that peer support can be effective when offered parallel to treatment as a short term mentor/mentee relationship. The project will help support and accelerate county-wide transformation by connecting people receiving services to community-based supports.

2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

NAMI Stanislaus is introducing mentoring as a new mental health practice. Mentoring programs have a successful nature and are widely accepted in non-mental health contexts. Most of us understand mentoring is used as a means of personal or professional development. The Beth & Joanna Friends in Recovery project uses the mentor mentee relationship as an adjunct to therapy which enhances the quality of recovery services.

¹ The term "essential purpose" has been replaced with the term "primary purpose" for INN.

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Significant attention is given to matching Peers and Pals so that Peers will be appropriately assisted to reach their goals. Many of them will have developed goals in partnership with their service provider team. Though they are not Peer Counselors or in anyway therapists-in-training, Mentor/Pals from the standpoint of recovery, encourage Mentee/Peers to follow their treatment plan and be active participants in development of goals as they themselves model that recovery is possible. Peers/Pals establish similar interests, engage in social outings with other Peers/Pals and have a mutual agreement about how often they meet.

The Beth & Joanna Friends in Recovery program will address the following priority learning question: "Does making these connections to community-based supports improve the experience of recovery and decrease the length of time and intensity of needed treatment?"

Over this past year, NAMI Stanislaus has received incredible anecdotal consumer feedback that the quality and experience of recovery was greatly improved with the assistance of a mentor to act as a Pal. NAMI Stanislaus is now seeking funding to document and measure the consumer experience and further examine whether the use of a mentor as an adjunct to therapy will reduce the time and intensity of needed treatment.

The Beth and Joanna Friends in Recovery program will use the following tools to measure the quality and intensity of services and any changes that may take place during and after a mentor mentee relationship: intake interview, survey questionnaire, follow up phone calls, and an exit interview.

By the end of the project, we seek to document two essential outcomes: 1) that this mentoring approach enhances recovery in some way that can be documented, and 2) which elements of the program such as particular dimensions of the mentoring relationship, training, and support for the mentoring relationship, etc. made the difference and therefore should be sustained with ongoing funds.

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

Community Collaboration:

The NAMI Stanislaus has a reputation of successfully working in collaboration with a variety of partnering agencies, community-based organizations, and service providers in Stanislaus County. Beth and Joanna Friends in Recovery will collaborate with community partners such as Health Services Agency, Behavioral Health and Recovery Services, Consumer Network, and Modesto Jr. College in processes and activities (e.g. sponsoring educational activities related to the innovation project, promoting the mentorship opportunity for Peers and Pals, and ensuring clear communication between mentoring and treatment providers aligned to support the Peer participants).

Cultural Competence:

NAMI Stanislaus acknowledges the diverse population of Stanislaus County. Many of NAMI Stanislaus' services are offered in both English and Spanish and Peers and Pals who speak languages other than English will be included in the project. Additionally, Beth and Joanna Project will encourage diverse participation, understanding and acceptance of individuals' unique cultural perspective as it relates to mentoring and a recovery process. Beth and Joanna Friends in Recovery will reach out to community groups that represent various ethnic and cultural groups and seek to have a diverse representation of Peers and Pals throughout the project's duration. Particular attention will be focused on adapting the model to ensure cultural differences in mentoring will be honored.

Client/Family-Driven Mental Health System:

NAMI Stanislaus' board of directors, committee members, and force of volunteers are made up of major stakeholders of the mental health system. NAMI Stanislaus' mission and goals are to offer emotional support, understanding and encouragement to persons having a mental disorder, and to their families and friends; to educate the community and ourselves about mental disorders; and work toward removing the stigma of mental disorders and in doing so to be a consumer and family driven agency. A Consumer Board comprised of Peers

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and Pals will influence and direct planning, implementation activities, and evaluation of the project.

Wellness, Recovery and Resilience:

It is part of our core beliefs that persons are resilient and recovery is possible. NAMI Stanislaus is truly a community driven agency run by consumers, their family members, and mental health professionals. These core beliefs are an integral part of the project's mission. Mentors in the project will encourage peers to follow their treatment plan as they themselves model that recovery is possible. In doing so, a supportive and welcoming spirit of friendship will encourage the values of recovery is possible will be supported to thrive in the community.

Integrated Service Experience:

Through its familiarity with and understanding of the mental health system and service providers within Stanislaus County, the project will maintain existing and create new linkages, make referrals when needed that promote positive interactions for consumers and family members.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.

The Beth & Joanna Friends in Recovery program has a target population of adults with a mental illness that are engaged in the recovery process. Individuals participating in this project must reside within the Stanislaus County. Targeted number of participants per year is 36 Peer/Pal pairs.

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.

In order to demonstrate learning on whether and how peer support in a mentor/mentee relationship works as a community based support that reduces the time/intensity of treatment, NAMI Stanislaus is proposing a three-year timeline for the Beth & Joanna Friends in Recovery program.

First six - 12 months:

Development of workshop materials and a survey questionnaire designed to measure learning and outcomes. Develop and refine guidelines for mentor/mentee relationships and training content to be offered in Beth & Joanna Workshops including but not limited to teaching good relationship boundaries, assertive communication, and elements of the basis for future friendships.

Schedule a series of four workshops the first and subsequent years. Establish consistent procedure for using the following monitoring/evaluation tools: intake interview, follow up phone calls, and an exit interview to follow the progress and well being of our Peer and Pal participants.

Recruitment of additional participants in the project that may include community speaking engagements, agency staff presentations, and college class presentations.

Second Year:

The second year of program operation will be similar to first year's activities and reporting structure. Beth and Joanna will continue to operate a co-located office with other NAMI programs and collaborate with existing partners. Ongoing progress reports to assess learning objectives and identify contributions to learning, program strengths and weaknesses. Obtain consumer participant and partner feedback for program improvement; review evaluation data and focus group input; and complete all required progress reports to conclude learning aspect of project. Seek alternative funding to sustain project into the future.

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Third Year:

The third year of program operation will be similar to second year's activities and reporting structure. Beth and Joanna will continue to operate a co-located office with other NAMI programs and collaborate with existing partners. Ongoing progress reports to assess learning objectives and identify contributions to learning, program strengths, and weaknesses. Obtain consumer participant and partner feedback for program improvement; review evaluation data and focus group input; complete all required progress reports to conclude learning aspect of project. Reporting will take place each quarter. After the implementation of services and learning is documented on lasting friendships time will be needed to compose a comprehensive Learning Report. Seek alternative funding to sustain project into the future.

The final Learning Report will be completed at the end of three years.

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

NAMI Stanislaus is introducing mentoring between a mental health consumer Peer and a Pal that is in recovery from mental/behavioral health issues as a new mental health practice. This project proposes to measure and learn; 1) that this mentoring approach enhances recovery in some way that can be documented, and 2) which elements of the program, such as particular dimensions of the mentoring relationship, training and support for the mentoring relationship, etc. made the difference and therefore should be retained with ongoing funds.

Beth & Joanna Friends in Recovery program aims to increase wellness and reduce isolation of participating mental health consumers called 'Peers' through peer support and modeling friendship by a trained mentor called 'Pals'. The Pal who is farther along in recovery from mental illness, through personal visits and phone calls to the Peer. Pals have some experience in and can model to Peers ways to incorporate more social connection and a bigger community than they may have experienced. Advancements in recovery are measured according to hopefulness, overcoming feelings of isolation, overcoming symptoms, utilizing local resources, and helping others. The focus of Beth & Joanna Friends in Recovery project is to increase the quality and reduce the intensity of services by improving the experience of recovery.

Activities	Goals	Impact	Outcomes	Accountability
Expand Workshop curriculum	Workshops: conduct 8 workshops each year	Sixty unduplicated Peers/mentees will attend workshops each year	Mentoring will improve the experience of recovery	Intake Interview
Develop Survey Questionnaire	Advocacy: 9 mentors will act as individual advocates to their peers	As a result of workshop trainings and referrals 36 Pals will be matched with a Peer to mentor	Mentoring will decrease the length of time and intensity of treatment	Survey 36 Peers/mentees that completed 6 months mentoring
Workshops: train Pals on mentoring skills	Recreation: quarterly group activities and weekly Peer Pal activities	Peers and Pals will advance in their recovery	Lasting friendships and a system of support will reduce the amount of time spent isolated	Survey 20 Peers/mentees that completed 12 months mentoring
Advocacy: connect consumers to services		Mentoring may result in lasting friendships and a system of support	Mentoring will reduce the frequency	Survey 20 Peers/Mentees that completed 18 months mentoring
Recreation: group outings build a sense of belonging and model healthy activities				Survey 16 Peers/Mentees that

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			of mental health visits	completed 24 months mentoring Follow up phone calls every week Exit Interviews Reporting	
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5. If applicable, provide a list of resources to be leveraged.

City and Community Development Block Grant Funding, Memorial Donations from two members who passed away, other private donations and fundraising resources in the amount of \$45,333 will be leveraged to support this three year project.

Year 1 - \$15,111

Year 2 - \$15,111

Year 3 - \$15,111

6. Please provide a budget narrative for total projected costs for the entire duration of the Innovation Program, and also provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

Program INN 03 Beth & Joanna Friends in Recovery entire three year project is \$70,011.

Year 1 - \$23,337

Year 2 - \$23,337

Year 3 - \$23,337

This budget is based on salaries, operating, recreational and office equipment costs that will facilitate Peer and Pal support interactions and relationships that will allow testing of the project model and meet the project learning goals of providing evidence that a mentoring approach enhances recovery in some way that can be documented, and identifying which elements of the program, such as particular dimensions of the mentoring relationship, training and support for the mentoring relationship, made the difference.

7. Provide an estimated annual program budget, utilizing the following line items.

NEW ANNUAL PROGRAM BUDGET

A. EXPENDITURES

	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel			\$28,640	\$28,640
2.	Operating Expenditures			5,008	5,008

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3.	Non-recurring Expenditures				
4.	Contracts (Training Consultant Contracts)				
5.	Work Plan Management				
6.	Other Expenditures			4,800	4,800
	Total Proposed Expenditures			\$38,448	\$38,448
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues			\$15,111	\$15,111
	Total Revenues			\$15,111	\$15,111
C. TOTAL FUNDING REQUESTED				\$23,337	\$23,337

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.

1. Personnel: \$28,640

Salaries - Services are provided by a Program Administrator, a Program Coordinator, a Trainer, a Counselor and 9 Pals (mentors). \$8,640 in Other Revenues will be used to fund a portion of the salaries for the Program Administrator (\$2,640 for 16.92 hours per month) and Coordinator (\$2,400 for 16.67 hours per month) for project outreach; and pay for 6 Pals (\$3,600). Program Administrator and Program Coordinator will ensure involvement of stakeholders, community members, and oversee collection, processing and evaluation of data collected during the grant period.

Program Administrator	\$13.00 per hour x 46.92 hours per month x 12 months = \$7,320
Program Coordinator	\$12.00 per hour x 96.67 hours per month x 12 months = \$13,920
Trainer	\$150 per workshop x 8 workshops = \$1,200
Counselor	\$50 per counseling session x 16 sessions = \$800
Pals (mentors)	\$50 stipend x 9 Pals x 12 months = \$5,400

2. Operating: \$5,008

Office/Rent/Utilities - \$0 - NAMI Stanislaus has office space that has been donated at no cost and a memo of understanding with Behavioral Health Services describing the agreement for its use. The value of this agreement has not been determined.

Printing/ Supplies - \$1,320 – Project printing, postage and office supply expenses. This project is requesting \$98 in MHSA funds to be used towards printing and postage for a monthly newsletter. The total cost of printing and postage for the monthly newsletter is \$1,080 each year. Other Revenues will be used to fund the \$982 difference. NAMI Stanislaus will pay for its own office supplies and is anticipating spending at least \$240 each year.

Transportation - \$2,088 - For Peers and Pals with very low income transportation expenses can be an obstacle to fully participating in weekly mentoring activities. As this program grows NAMI Stanislaus anticipates issuing three bus passes each month. Annual program expense for consumer bus passes will be \$1,116. Additionally, transportation/ mileage reimbursement for staff to attend meetings and outreach activities will be \$972. \$360 in

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Other Revenues will be contributed towards these costs.

\$31.00 (per bus pass) x 3 consumers x 12 months = \$1,116

\$81 staff transportation reimbursements x 12 months = \$972

Telephone - \$600 - An additional telephone line/number will be added for this project at a cost of \$50 per month.

Insurance - \$1,000 - NAMI Stanislaus anticipates spending approximately \$1,000 each year on insurance and is requesting \$111 in MHSA funds to offset this cost. Other Revenues will be used to fund the remaining \$889.

6. Other Expenditures: \$4,800

Recreation - \$3,600 - Recreational activities are an important part of this program as they provide socialization. The memorial funds from Beth Kropp and Joanna Padlo will be used for this expense. Weekly activities are \$200 a month and quarterly events are \$300 making the annual total paid by Other Revenues \$3,600.

Office Accessibility - \$1,200 - A onetime expense of \$800 for office furniture/equipment to help offset the cost of making the office wheel chair accessible. NAMI Stanislaus is prepared to provide matching funds of at least \$400 on this expense. In subsequent years these funds may be used to purchase other one time expenses, such as a computer or printer, needed to effectively and efficiently administer this project.

Annual Total Proposed Expenditures: \$38,448

Total Three Year Project Proposed Expenditures: \$115,344

NEW/REVISED PROGRAM DESCRIPTION Innovation

County: Stanislaus

- ☒ Completely New Program
☐ Revised Previously Approved Program

Program Number/Name: INN 04 Building Support Systems for Troubled YouthDate: August 2011

Complete this form for each new INN Program. For existing INN programs with changes to the primary¹ purpose and/or learning goal, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

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

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.

"Building Support Systems for Troubled Youth" will increase the quality of service and better outcomes for troubled youth through a family resource center-based mentoring program that integrates school, community, and family support systems to increase developmental assets in troubled youth ages 7-11 yrs; a secondary focus will occur as promotion of interagency collaboration is addressed to achieve quality of service and better outcomes.

The local community-based family resource center will take the lead and coordinate project activity, local school administrators will assist in identifying at-risk youth, share the use of school facilities and allow the use of teacher and/or administrator staff time to participate and local businesses partners will provide incentives and services to participating children and families. If proven effective, the project could be replicated in other communities in Stanislaus County.

We need a project like this because families with pre-adolescent aged youth who are experiencing behavioral struggles are at risk for higher incidences of involvement in substance abuse and other health/mental health compromising risk behaviors but not necessarily able to access the traditional mental health service system – nor do they necessarily need it. Focus on building developmental assets early can avoid lifelong involvement with publicly funded systems. Traditional approaches by schools, mental health systems, and juvenile justice systems often take a focus toward forcing compliance, fixing the youth or family, or punishing the youth, and fail to effectively address strengthening of developmental assets. Through this innovative collaboration, we will be able to test whether the combination of program elements produces the outcomes we want and need. The project will help support and accelerate county-wide transformation by addressing the learning priority of improving the well-being of children.

2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

The Building Support Systems for Troubled Children provides an opportunity to learn and evaluate how to improve the support system and increase developmental assets in at-risk youth. This project makes a change to existing mental health practices by integrating three critical elements: 1) mentoring for the child; 2) parent

¹ The term "essential purpose" has been replaced with the term "primary purpose" for INN.

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education, case management, and coordinated community support, services for parents; and 3) constructive engagement of all adults in the child's life who can provide meaningful support. The Innovation tests whether these people and program elements working together can build internal and external developmental assets for identified youth.

Everyone needs to know that someone cares and is there to help throughout the life span. Resiliency studies link lower incidences of involvement in substance abuse and other mental health compromising risky behaviors by troubled youth to higher levels of caring relationships with mentoring adults, high expectations, and opportunities for meaningful participation in families and communities. Other outcomes of positive relationships are improved well-being and academic success including pursuing post-secondary education and high school graduation.

This Innovation Combines Three Key Elements:

- 1) Individual mentoring services will be provided to children (ages 7-11) who have demonstrated aggressive or inappropriate behaviors at school. Individual mentoring with the youth will include education curriculum appropriate to their age that address anger control – to give skills to deal with anger appropriately and what to do when provoked, pro-social and interpersonal skills, moral values, and to respect the rights of others.
- 2) Case management services and parent education will be provided to the parents or caregivers. Case management and parent education will be strength based and based on positivity and encouragement. Parents often respond better when services are focused on helping the child and not focused on their deficits or “bad parenting”.
- 3) Program staff will help facilitate referrals and access mental health or other family services as needed and appropriate for the child and family. Staff will identify and connect families with other resources that build resiliency within children and youth in the community. Program staff will engage parents, teachers, and others capable of providing meaningful support to the child and work with them to build and integrate the support system for these troubled youth. Parents, teachers and others involved with the child will learn about developmental assets, identifying triggers, and will be in agreement on how to address inappropriate behaviors.

Project activities:

1. Program staff will identify children (ages 7-11) who struggle socially or behaviorally in school. Each child will receive mentoring, family education, and case management services for a minimum of 3 months.
2. Program staff will assess each child's external and internal assets at the start of services and develop a service plan to increase those assets most needed to assist the child in coping with school and family circumstances.
3. Program staff will engage parents/guardians, teachers, and others capable of providing meaningful support to the child and work with them to build and integrate support for the identified child.
4. Program staff will provide education and support to families and school staff in dealing with the child's unique challenges.

To determine if the project has reached its learning goals, evaluation methods will measure the impact of the *combination* of the three approaches. The evaluation will assess developmental assets of youth and identify which activities are most successful in building support systems for youth. In order to measure when and how the learning has occurred, an evaluator will assist with outcome measures and linking outcomes to the relevant program elements, including the collaborative, integrated approach.

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

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Collaboration:

This is a collaborative learning project to be implemented with students, school staff, and parents in the community of Ceres. In addition to working with the school, the project will engage the community at large whenever possible. Community supports can be developed for young people depending on their interests; young boys may want a tour of the fire department and meet with the firemen or local business leaders may want to talk with young people on how they got started. Ceres Partnership for Healthy Children has been part of the Ceres community for over 16 years and has experience working closely with many community organizations, agencies and local businesses.

Cultural Competence:

This project will be implemented in a community-based family resource center and the uniqueness of the Ceres community culture will be infused in all activities. Project staff will be bilingual English/Spanish. The project will also make connections for translation and inclusion of other languages spoken in our community. All staff is trained in cultural competence as core agency training.

Client/Family Driven Mental Health System for All Ages:

The project targets children and families in the culturally diverse city of Ceres. Youth, parents, and teachers will be involved in the design, implementation, and evaluation of these learning activities. Each will have input into the course of services needed for a particular child and family.

Wellness, Recovery, Resilience:

This learning project is built on the premise that promoting strong collaboration between agencies that supports healthy relationships and community connections is a foundation for emotional wellness, resilience, and the development of internal assets.

Integrated Service Experience:

Ceres Partnership for Healthy Children understands the need for integrated family services and works closely with all service providers to provide the best services and seamless referrals when needed for the family and individuals. The project will assist children or families with linkages service needs, ensuring seamless transitions when needed/requested.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.

The primary target population is youth (ages 7-11) from Ceres Unified School District experiencing behavioral issues in school and home and their families. Thirty (30) to fifty (50) youth will be served in addition, 100-175 family members will also benefit from the program. Services will be cultural and linguistically appropriate to the needs of families. We will serve primarily English and Spanish speakers through bilingual and bicultural staff and other languages through translation. Participation in the program is voluntary and all families are encouraged and offered assistance so they may participate.

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.

Key Activities and Milestones:

First six months:

Hire and train project staff, obtain age appropriate curriculum and parenting education materials, begin outreach to the community regarding the goals of the project and make presentations to staff of interested schools sites. Milestones for this period would be that staff are hired and trained; school connections are made, as well as all

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materials are available to make the program successful.

Program staff will begin working with youth and families. Evaluation components will be developed and implementation started. Milestones for this period would be referrals are received and services have started for youth and families, and staff has begun the implementation of evaluation.

Next eighteen months:

Program staff will continue to receive referrals and build support systems for troubled youth. Evaluation activities and learning will be ongoing through the remainder of the project period. Milestones for this period are the success of youth participating in the program and evaluation data collected. The final milestones are that learning has occurred.

Time needed for learning to occur:

24 months as identified above.

Time needed to communicate what you learn:

Findings will be communicated throughout the project. A consultant evaluator will assist in this process.

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

Learning Questions and Evaluation Methods:

Does the integrated combination of mentoring for children, parent education and integrative case management with parents, and engagement of adults important in the child's and family's life increase developmental assets? Can this approach positively impact mental health indicators, such as poor decision-making, ineffective problem-solving, anger/coping issues, depression/anxiety and related potential to engage in risky or harmful behavior? How long does it take to increase internal developmental assets through a mentoring/case management/community mobilization program?

Program staff will assess support from the family, school, and neighborhood at the start of services using a rating sheet derived from the 40 developmental assets for middle childhood. This assessment will occur at the start of services and again at the end of 2 and 4 months. Ratings will be done in collaboration with the child, parents/guardians, teacher, and other adults with meaningful involvement in the child's life. (The mentor will not serve as the assessor to assure that a valid recording of assets.) Analysis will compare levels of support before services and throughout the program for individual children and for all children in the program as a group. In addition, the mentor will maintain a weekly record of critical events in the child's life, the child's emotional well-being in the prior week, and changes in family, school, and neighborhood support. These data will be used to identify links between changes in community support and children's emotional well-being.

What strategies are most successful for building support systems for children who enter case management/mentoring with low vs. moderate developmental assets?

At the end of the first and second year, data (developmental asset assessments, weekly recordings of critical events and children's behavior and well-being) will be aggregated for all children served to produce a larger pool of cases. Groups of children with low vs. moderate levels of initial developmental assets (internal and external) will be compared to identify what strategies were most successful for each group.

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

Community donations and In-Kind will be leveraged in the amount of \$5,300 for this two year project.

Year 1 - \$2,650

Year 2 - \$2,650

6. Please provide a budget narrative for total projected costs for the entire duration of the Innovation Program, and also provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

Program INN 04 Building Support Systems for Troubled Children Project is a two year project with a cost of \$131,415.

Year 1 - \$67,259

Year 2 - \$64,156

This budget is based on Program Manager, Coordinator and Specialist salaries; facility costs, office and project supplies, participant incentives, a subcontract with an evaluator and administrative overhead expenses that will allow testing of the project model and meet the project learning goals by demonstrating and documenting that troubled youth who have strong community support, and are given the opportunity to increase their developmental assets and learn social skills, can be successful in school and life.

7. Provide an estimated annual program budget, utilizing the following line items.

NEW ANNUAL PROGRAM BUDGET

A. EXPENDITURES

	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel			\$43,366	\$43,366
2.	Operating Expenditures			8,770	8,770
3.	Non-recurring Expenditures				
4.	Contracts (Training Consultant Contracts)			9,000	9,000
5.	Work Plan Management				
6.	Other Expenditures			8,773	8,773
	Total Proposed Expenditures			\$69,909	\$69,909

B. REVENUES

1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues			\$2,650	\$2,650

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	Total Revenues			\$2,650	\$2,650
C. TOTAL FUNDING REQUESTED				\$67,259	\$67,259

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.

1. Personnel: \$43,366

Program Manager- \$2,381 (.05 FTE or 2 hrs weekly): Program Manager will provide project oversight and supervises the Program Coordinator. Provides fiscal and contract management and assists with project development.

Program Coordinator/Mentor - \$19,022 (.5 FTE or 20 hours weekly): Program Coordinator will provide day to day coordination of the project, supervise mentor/case manger, coordinate services and referrals from schools, develop connections within the community to benefit project, collect evaluation data and provide mentoring and case management services to youth and families. This is a full time position with .50 paid by other projects.

Mentor/Case Manager - \$13,290 (.5 FTE or 20 hours weekly): Mentor/case manager will provide one on one mentoring with referred youth, provide strength based case management services with families and will engage parents/guardians, teachers, and others capable of providing meaningful support to the child and work with them to build and integrate support for the identified child. This is a full time position with .50 paid by other projects.

Payroll Taxes/Fringe Benefits - \$8,673 (25% of total salary expenses): These are direct charges for FICA, Medicare, State Unemployment Insurance (SUI), Workers Compensation and Group Insurance. The cost share for these services is calculated as a percentage of the overall personnel labor charges.

Year 2 adds a 3% Cost of Living Adjustment (COLA) and increases to \$44,668.

2. Operating Expenditures: \$8,770

Facilities Expense (\$4,800): Facilities expense is directly charge by percentage of office space used by project. This includes project's share of rent, utilities, communication and internet access, equipment maintenance, copier lease and janitorial. Budgeting \$4,000 per year and estimating another \$800 in donated facility costs provided in-kind.

Office Supplies (\$850): Costs of necessary office supplies directly related to this project and percentage of office supplies that are difficult to charge directly by use (i.e. paper, copier/printer cartridges, file folders, restroom supplies). Budgeting \$600 yearly and estimating another \$250 in donated office supplies.

Client Incentives (\$1,400): Incentives for youth and families participating in project. Budgeting \$800 yearly with another \$600 estimated incentives donated by local business partners.

Mileage/Travel (\$720): Expenses for project related transportation including use of company vehicles and reimbursement of employee use of personal vehicles for project activities.

Computers (\$1,000): Estimated costs provided in-kind.

4. Contracts: \$9,000

Evaluator (\$9,000 for Year 1 and \$5,000 for Year 2): To work with an evaluation consultant over 24 months to

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assist with evaluation design and to measure project impact and learning.

6. Other Expenditures: \$8,773

Indirect/Admin Costs - Expenses that cannot be readily identified to a particular project and include payroll services, benefits management, human resources, financials, invoicing, contract management all associated with the indirect management of this grant. Center for Human Services has a federally approved indirect rate of 15% for 2011-2012 and will apply this rate to all Ceres Partnership for Health Children funding.

Year 2 decreases to \$8,368.

Year 1 Total Proposed Expenditures: \$69,909

Year 2 Total Proposed Expenditures: \$66,806

Total Project Proposed Expenditures: \$136,715

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County: Stanislaus☒ Completely New Program☐ Revised Previously Approved ProgramProgram Number/Name: INN 05 Civility School Learning ProjectDate: August 2011

Complete this form for each new INN Program. For existing INN programs with changes to the primary¹ purpose and/or learning goal, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

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

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.

"Civility School Learning Project" is a new approach to increasing quality of services including better outcomes by creating ownership of "social culture" at Keyes Elementary and Spratling Middle School in students, classroom teachers, parents, and campus staff through campus-wide introduction of civility activities and strategies.

Traditional models for providing school-based mental health support for students have a primary focus on "solving the problem" or "fixing the student" with much less focus on connecting the individual to his/her natural support community of peers, parents and personnel. Student behavioral problems are often the source and ongoing fuel for adversarial interactions that lack civility between parents, kids and school staff; academic and non-academic.

There are established links between the degree that students have caring relationships, high expectations, and opportunities for meaningful participation to lower incidences of involvement in substance abuse, and other health/mental health compromising risk behaviors as well as to greater resilience, well-being, and academic success; and adult role models for civility are essential to this project.

We need a project like this to contribute to practices that will have a positive impact on school campus culture, increase children's developmental assets and strength-based social connections, engage parents and improve their constructive communication with the school personnel, increase teacher/school personnel productivity and develop positive partnerships on behalf of children, and the overall positivity of campus culture. The project will help support and accelerate county-wide transformation by addressing the learning priority of improving the well-being of children.

2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

This project introduces a new approach to prevention and early intervention of behavioral health issues in children by building school capacity to promote civility to increase positive interactions and emotional wellness

¹ The term "essential purpose" has been replaced with the term "primary purpose" for INN.

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for everyone, emphasizing developmental assets in children. This new and promising approach if proven effective could be adapted and introduced in other schools. This is timely and relevant in Stanislaus County as the Stanislaus County Office of Education's (SCOE) has implemented a countywide initiative focused on Civility Education. This project will contribute to the field by showing how mental/behavioral/emotional health issues are impacted by civility education.

Elements of the proposed project that are new and adopted from outside the mental health system include focusing on the "social culture" of a school campus vs. the traditional "problem behavior" focus. This is a prevention and capacity building approach vs. a program or service approach. It is designed to build the capacity/skills of school personnel, students, and parents, and to impact policy and systems (such as discipline policies, celebrations, parent engagement activities).

Choosing Civility Project (CCP) Implementation Team comprised of administration, lead teachers/classified staff, parents, Student Assistance Program (SAP), and student leaders will initially be developed to provide oversight for the project. Using P.M. Forni's Choosing Civility: 25 Rules of Considerate Conduct as a reference guide, CHS and KUSD staff, parents, and student leaders will work together to develop and implement strategies at all levels (student, classroom, parent, campus).

A significant emphasis of learning in this project stems from the approach that the solution to the problem of 'lack of civility' comes from within each person. Everyone who participates on campus; primarily parents, students, and school personnel has the power within them to impact an interaction with another.

The implementing agency, Center for Human Services, provides SAP services on campus and will utilize a method coined as "Focused Conversations" as a structured way to begin the project. The Focused Conversation Method has been developed by the Institute of Cultural Affairs as part of its "Technology of Participation." It is a logical process that directs a conversation to flow from surface to depth. A facilitator leads the conversation through a series of questions at four levels. These levels are Objective, Reflective, Interpretive, and Decisional. These levels of discussion identify facts and emotional responses to situations as well as define meaning and provide resolution to the discussion topic. A series of facilitated Focused Conversations with participants in the Keyes Union School District will begin to define specific activities for early steps in planning how to achieve the learning objectives as well as what is the standard for civility on campus.

It is anticipated that these Focused Conversations will identify goals, strategies, timelines, and benchmarks for the Civility Project. Some examples of activities include parent meetings to introduce and discuss the project, input through surveys sent home to parents, and asking students what works and does not work about rudeness vs. civility. Additional examples of activities include meetings with school administrators, teachers, classified staff, and community stakeholders to seek engagement in defining how to incorporate policy and messaging of the project as well as how to know that growth change and honoring of their participation in the shift in civility shows up in school/work culture.

All groups of participants on campus will give input to define how they will know campus culture is shifting to one of civility as a critical implementation activity before the project formally begins.

As the project goes forward, additional activities will be incorporated as lessons are learned and milestones accomplished.

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

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Community Collaboration:

This is a collaborative learning project to be implemented with students, school staff, and parents in the community of Keyes. Keyes Unified School District (KUSD) is a small, two school K-8 district that serves the community of Keyes (population 5,000). In addition to working with the school, we will engage the community at large whenever possible. We will also collaborate with SCOE and link to their Choosing Civility Initiative as appropriate.

Cultural Competence:

This project will be implemented by the school community and kept compatible with the uniqueness of the diverse families who live in Keyes. In accordance with CHS' cultural competence plan, we will ensure that any Innovation processes and activities are inclusive and reflect the needs of participants. All diverse perspectives and communication styles will be included and valued for their unique experience in contributing to the design, implementation, and evaluation of the project. SAP staff will be bilingual Spanish, as 72% of Keyes students are Hispanic.

Client/Family Driven Mental Health System for All Ages:

The project targets school children and their families living in a small, culturally diverse rural community as well as school personnel working at the two participating schools. Any individuals participating and who are identified or self-identify as a consumer of mental health services or family members of individuals who are consumers of services will be included and valued for their unique experience and perspective in contributing to the design, implementation, and evaluation of the project.

Wellness, Recovery, Resilience:

This learning project is built on the premise that creating a culture of civility and promoting healthy relationships and connections, lays the foundation for emotional wellness and the development of internal assets in children. This value will permeate all activities throughout the project.

Integrated Service Experience for Clients and Families Throughout their Interactions in the Mental Health System:

CHS will assist children or families with linkages service needs, ensuring seamless transitions when needed/requested.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.

This project targets children and families connected to the school communities at Keyes Elementary and Spratling Middle School in Keyes, CA. This small, two school district provides educational services to 512 students who reside in Keyes. The current population of Keyes is approximately 5,000 and the community has a diverse cultural and ethnic base comprised of Hispanic (72%), Caucasian (23%), Hmong, Assyrian, Portuguese, and African-American (5%). Approximately 50% of the students of Keyes Elementary School are English learners, and 100% of the students receive free and reduced lunch. 88.3% of students are socioeconomically disadvantaged.

This project will seek to involve every individual and family who is part of the two communities. School staff, students, and parents will be represented on the Choosing Civility Project (CCP) Implementation Team and will be involved in all aspects of implementation. As there are activities designed to impact all levels of the culture (student, classroom, parent, and campus), there is built-in inclusion for the entire school community.

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.

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Total timeframe and activities proposed are contingent on the actual start date of project and will be adjusted accordingly to match with Traditional School Year Schedule.

Phase 1 - (three - six months):

Hire (if needed), plan, and conduct staff development sessions that include team building and training sessions to create alignment and understanding of the learning focus of the project, establishment of an approach to evaluation, and identification of lead teachers/school staff, parent, and youth leaders. Baseline data established for proposed indicators of learning. Project kick-off activities will be planned and implemented. Presentations outlining the basic purpose of the Choose Civility Project will be provided to students, school staff, and parents to create interest and volunteers to take leadership roles in CCP Team.

Phase 2 (six - twelve months):

Focused conversations with participants in the Keyes Union School District to practices and uses of civility principles in intervening with behavioral issues at school and in parent interactions related to behavioral issues. Examples of strategies and specific activities are: parent meetings to share and discuss what approaches work best when behavioral problems exist, what evidence of civility can be seen in program implementation at school and at home, school staff meetings, and student developed and led Civility lessons. Initially, SAP staff will assist CCP Team by facilitating a series of Focused Conversations with participants and other CCP Team members may be identified from within Keyes Union School District to acquire the skill if it is desirable in sustaining a civility culture beyond the projects learning timeframe.

Phase 3 (twelve – eighteen months):

May involve summer planning for the next school year and a fall kick-off for Year 2 of the project. Ongoing implementation of all activities/strategies, data collection, and evaluation will occur as outlined in the evaluation plan. Sharing of initial lessons learned will be conducted with all constituent groups and BHRS.

Phase 4 (eighteen – twenty-four months):

Activities include continued implementation of activities at all levels, data collection, and evaluation and planning for sustainability of the cultural strategies that have become part of the school environment. Focus will turn to developing a plan for sharing contribution to learning with stakeholders within (school community, families, students) and outside (BHRS, MH service providers, SCOE and other school districts). An implementation manual will be completed and available for use by other districts. An evaluation summary will be created and shared with the community.

Time Needed for Learning to Occur:

24 months as identified above

Time Needed to Communicate What You Learn:

We plan to communicate findings to different constituent groups (teacher/school staff, parents, students, BHRS, SCOE, etc.) throughout the project and will have a better idea once we meet with the evaluator. We anticipate all learning to be communicated within the 24 months of the project.

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

Proposed outcomes and measurements – additional and more refined outcomes and measurements maybe developed as the project proceeds.

- a. Are students impacted by a participating in ownership of attempt to shift school culture toward civility?
Do students show increasing signs of improved developmental assets (commitment to learning, positive

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values, social competencies, and positive identity)? How long does this take? Do behavioral issues diminish?

- Administer the Student Quality of Life Scale (life, school, family dimensions) with students at baseline, 9 months, 18 months, and 24 months.
 - Track the number and type of disciplinary activities per month at schools compared to prior years.
 - Assess classroom environment and student behavior at baseline and every 3 months using teacher journal form.
- b. How are teachers impacted by a participating in ownership of attempt to shift school culture toward civility? Do teachers/school staff report increasing levels of engagement, work satisfaction, and productivity?
- Survey teachers at baseline, 9 months, 18 months, and 24 months to track changes.
- c. How are parents impacted by a participating in ownership of attempt to shift school culture toward civility? Do parents report increasing levels of support from the school and engagement in school events and activities?
- Survey parents who are involved with the Choosing Civility Project at baseline, 9 months, 18 months and 24 months to track changes. Relate their level of involvement to perceptions of the school.
- d. Can school campuses be impacted by an attempt to shift school culture toward civility? Do the schools show increasing focus on positive energy? Do school staff, parents, and students show increasing commitment to the values underlying the Choosing Civility Project?
- Conduct a structured observation of visible markers of positivity, relationship, and emotional wellness at baseline and every 2 months throughout the program.
 - Assess values and belief consistent with the CCP at baseline, 12 months, and 24 months at both schools.
- e. What are the key components of the model that were most effective in shifting the school culture toward civility? Which elements should the county adopt and suggest to others for replication and why? What elements of the model specifically reflect the language(s) and culture(s) of participants?
- These qualitative dimensions will be measured by assessing participants' (students, parents, teachers and other school personnel, community partners, behavioral health staff) throughout the project.

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

Student Assistance Program funds, Early Periodic Screen Diagnosis and Treatment (EPSDT) funds and in-kind of office space, computers, school facilities, training/consultation, and educational materials will be leveraged in the amount of \$58,400 for this two year project.

Year 1 - \$29,200

Year 2 - \$29,200

6. Please provide a budget narrative for total projected costs for the entire duration of the Innovation Program, and also provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

NEW/REVISED PROGRAM DESCRIPTION
Innovation

Program INN 05 Choosing Civility Project (CCP) is a two year project with a cost of \$172,459.

Year 1 - \$78,951

Year 2 - \$93,508

This budget is based on Program Director, Coordinator, and Student Assistant Specialist salaries; facility, training, educational materials, stipends, travel, parent support, and activity supplies; an evaluator; and administrative overhead expenses that will allow testing of the project model and meet the project goals of determining and documenting how changing the school culture to improve developmental assets for students, increase teacher productivity and satisfaction, engage parents, and focus on positivity, wellness and values increases the quality of services including better outcomes for children, families, and school staff.

7. Provide an estimated annual program budget, utilizing the following line items.

NEW ANNUAL PROGRAM BUDGET

A. EXPENDITURES

	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel			\$ 65,303	\$ 65,303
2.	Operating Expenditures			27,550	27,550
3.	Non-recurring Expenditures				
4.	Contracts (Training Consultant Contracts)			5,000	5,000
5.	Work Plan Management				
6.	Other Expenditures			10,298	10,298
	Total Proposed Expenditures			\$108,151	\$108,151
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues			\$ 29,200	\$ 29,200
	Total Revenues			\$ 29,200	\$ 29,200
C. TOTAL FUNDING REQUESTED				\$ 78,951	\$ 78,951

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.

Personnel: \$65,303

Program Director - \$3,128 (.05 FTE or 104 hours annually): Provides project oversight and supervises the Project Coordinator. Will assist with project development, fiscal and contract management.

Program Coordinator- \$9,915 (.25 FTE or 520 hours annually): Provides coordination of project activities

NEW/REVISED PROGRAM DESCRIPTION

Innovation

including supervision of SAP staff, working with school staff on all project activities, coordinating CCP training activities, outcome measurement, contract & budget management, and reporting requirements. Will assist school and Center for Human Services (CHS) in developing community support for this program and will assist them with parent engagement and school celebration activities.

Student Assistance Specialist - \$31,200 (1.0 FTE or 2,080 hours annually): A bilingual Student Assistance Specialist will work with designated school staff, parent leaders, and students implement all CCP planning, implementation and evaluation activities. Student Assistance Program (SAP) will also provide prevention and early intervention activities with students and families and will work with school staff to develop Student Success Plans, provide school staff and parent trainings, and assist with outcome measurement. (This will be a full-time position with .7 FTE or 1,456 hours paid with Innovations funding and the other .3 FTE funded by schools using SAP funding).

Mental Health Clinician– \$8,000: To provide strength based case management services and support. Estimating funding for this position to be leveraged with EPSDT funds.

Payroll Taxes/Fringe Benefits - \$13,060 (25% of total salary expenses): These are direct charges for FICA, Medicare, State Unemployment Insurance (SUI), Workers Compensation, and group insurance. The cost share for these services is calculated as a percentage of overall personnel labor charges. CHS is estimating the 2011-2012 fringe rate at 25%. (\$2,340 for Student Assistance Specialist to be funded by schools using Student Assistance Program funding and \$2,000 to be funded by CHS leveraged EPSDT Funding.

Year 2 adds a 3% Cost of Living Adjustment (COLA) and increases to \$66,611. Note: COLA not applied to \$21,700 estimated SAP, EPSDT and in-kind Costs.

Operating Expenditures: \$27,550

Facilities Expense - (\$5,000): Facilities expense is directly charge by percentage of office space used by project. This includes project's share of rent, utilities, communication and internet access, equipment maintenance, copier lease and janitorial. Estimating \$5,000 donated office, school site and computer costs provided in-kind.

Training - (\$4,900): Costs associated with providing Choosing Civility planning, team building, and training activities at both school sites as follows:

- Consultant fee one day training for Year 1 team building & Year 2 kick-off day: \$1,900
- Food (continental breakfast & lunch) for training/team building: \$ 500
- Substitute pay (\$115 per day) for teachers/school staff involved in planning and training activities: \$2,500

Educational Materials – (\$3,150): Funds will be utilized to purchase Choosing Civility books for school staff and parents. 50 books x \$13 = \$650. Estimating an additional \$2,500 in donated costs provided in-kind for training/consultation and educational materials.

Office Expenses - (\$1,000): Funds to be used to purchase general supplies for project activities including training, parent meetings, prevention/early intervention activities and school celebration supplies and project materials.

NEW/REVISED PROGRAM DESCRIPTION
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School Staff Stipends - (\$9,000): Lead teacher and classified staff will receive stipends for the extra time spent coaching, mentoring and supporting CCP implementation in classroom and non-classroom settings. Implementation activities include grade level meetings, staff meeting sharing as well as one-on-one support when needed. Parent leaders will also receive stipends for their time and materials (\$1,000 is being requested per site). Based on school feedback, \$1,000 stipends will be issued to the following:

- 3 leads at Keyes Elementary \$3,000
 - 2 leads at Spratling Middle School \$2,000
 - 2 Classified lead staff (ie, yard duty) \$2,000
 - Parent leaders (\$1,000 per site for multiple parents) \$2,000
- \$9,000 per year

Mileage - (\$500): CHS staff mileage for project related travel.

Parent Support Meeting Expenses - (\$2,000): For refreshments and child care so that the parents have funds when planning their support activities. This will be shared by both sites.

Special Activities (School Celebrations) - (\$2,000): Each school will have \$1,000 per year to utilize for school-wide celebrations and student incentives.

Year 2 adds \$12,000 Training for school staff reimbursement for one-day all school kick-off (August 2012) and reduces educational materials \$650 for a Year 2 total of \$38,900.

Contracts: \$ 5,000

Evaluator to assist with survey development for outcome measurement.

Other Expenditures: \$10,298

Indirect/Admin Costs are expenses that cannot be readily identified with a particular final cost objective and include costs related to payroll services, benefits management, finance functions, human resources, etc. CHS has a federally approved indirect rate of 15% for 2011-2012 and will apply that rate to this funding. (Not applied to \$29,200 estimated SAP, EPSDT and in-kind costs).

Year 2 increases to \$12,197 due to salary Cost of Living Adjustment (COLA), increased training costs and a reduction in educational materials.

Year 1 Total Proposed Expenditures: \$108,151

Year 2 Total Proposed Expenditures: \$122,708

Total Project Proposed Expenditures: \$230,859

NEW/REVISED PROGRAM DESCRIPTION

Innovation

County: Stanislaus

- ☒ Completely New Program
☐ Revised Previously Approved Program

Program Number/Name: INN 06 Connecting Youth Receiving Services to Community SupportsDate: August 2011

Complete this form for each new INN Program. For existing INN programs with changes to the primary¹ purpose and/or learning goal, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

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

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.

Connecting Youth to Community Supports has a primary focus of increasing quality of services including better outcomes with secondary foci of promoting interagency collaboration and increasing access to services by offering youth who are currently receiving services at Sierra Vista Child and Family Services, the Drop in Center Family Resource Center (FRC), the North Modesto/Salida Family Resource Center, the Hughson Family Resource Center, and the Bridge access to community-based activities.

Clinicians will assist youth in identifying activities they are curious about, interested in, and passionate about. The Community Support Specialist, based at FRC or other partner agency, would receive an activity referral and the Specialist would connect the youth to the desired activity and monitor participation in the activity. The clinician would monitor progress toward recovery including length of time and intensity of treatment.

The current mental health model that our agency utilizes is diagnosis-driven, which historically hasn't emphasized incorporating community linkages as a formal part of the treatment plan. The key learning question is whether youth who are under the care of a clinician and engaged in our proposed project will successfully complete their treatment plan in less time and with better outcomes than with just clinical sessions alone.

We need this project because it will assist mental health clinicians in thinking about how incorporating recovery and resiliency based approaches and de-stigmatizing activities into treatment, and connecting youth to community capacity building efforts already in development in Stanislaus County can reduce time of needed treatment and improve mental health outcomes. The project will help support and accelerate county-wide transformation by connecting people receiving services to community-based supports and help clinicians and other service providers become more able to link their clients to appropriate information and support for more holistic approaches to well-being.

2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

The project will focus on youth receiving treatment and clinicians providing the treatment to the youth in a community-based organization. The youth who are currently under the care of the clinician are receiving mental

¹ The term "essential purpose" has been replaced with the term "primary purpose" for INN.

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health services at Sierra Vista Child & Family Services (SVCFS). Clinicians will assist the youth in identifying activities that they are curious about, interested in, and passionate about. A Community Support Specialist, based at a Family Resource Center or other partner agency, will receive an activity referral from the clinician. If the desired activity is currently offered at a Family Resource Center in their community, the specialist will help them make the connection to that program and monitor their participation. If the activity is not offered at the FRC, we will either make that type of activity available or connect the youth to the activity with another organization. The specialist will monitor the youth's participation.

Mental Health Clinicians will assess the youth's progress toward recovery including time and intensity of treatment as well as their own experience in incorporating activities into treatment. .

Current mental health practice does not emphasize activities outside of the clinical office setting and the project proposes to incorporate community-base youth activities as a formal part of treatment. This project will teach us whether or not making the connection to youth development programs improved mental health outcomes for youth and what type of activities are more successful.

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

Community Collaboration:

The Connecting Youth to Community Project Community Support Specialists, Sierra Vista clinicians and the Family Resource Center case managers will be collaborating with other youth serving organizations in the community (external community-based supports) to connect youth to a variety of activities and supports. These community based supports can include clubs, local parks and gyms, art projects, faith based organizations, schools, community centers, private tutors/instructors, etc. The program will also work with volunteers in the community to bring activities to the FRC's that a young person may request (examples: art lessons, guitar, etc.). The project staff will rely on collaboration with partner organizations such as the Hughson Family Resource Center (HFRC) and the Bridge. The HFRC serves the rural underserved populations of southeast Stanislaus County including a large Hispanic population and the Bridge serves the portion of the Southeast Asian community of Stanislaus County. Including these organizations in a partnership endeavor will expand the scope of culturally relevant activities to participating youth.

Cultural Competence:

Sierra Vista has a commitment to cultural competency and hires culturally and linguistically diverse staff to meet the needs of the target population. Likewise, this program will have a strong emphasis on identifying and supporting the specific family and youth values, beliefs, interests, and unique culture. Consideration of the individual's passions and cultural values are paramount. The Community Support Specialists will help identify community activities that not only relate to the interests of the youth but where appropriate support personal values, beliefs, and heritage. For example, a Cambodian youth interested in learning to play a musical instrument might be connected to the Bridge's Traditional Cambodian Music Program. Another youth might be connected with a neighborhood Traditional Mexican Dance Troop, while yet another might be connected to a Bible Study Group, or a Traditional Swedish Cooking Group, or a Bicycling Club.

Client/Family-Driven Mental Health System for All Ages:

The project works from a client-driven and family-driven approach. The young person (client) in treatment will determine the activity that they are passionate about and want to participate in with guidance from the clinician in sorting out what and how they may express their passions, curiosity, and interests. The parent or caregiver will be involved to ensure that there are not any barriers to participation (for example: cultural values, transportation).

Wellness, Recovery, Resilience:

The project can improve youth wellness, recovery and resiliency by offering opportunities for positive youth development activities that is not diagnosis-based. The 40 Developmental Asset research tells us that having youth involved in youth development programs that they enjoy helps them grow and become healthy, resilient

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individuals.

Integrated Service Experience for Clients and Families throughout their Interactions in the Mental Health System:

Mental health services that a young person receives from a clinician will be integrated and concurrent with the services they receive through the youth development program. The Community Support Specialist will facilitate ongoing collaboration between clinical services and community-based supports.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.

Estimated to engage and serve annually between 80 and 100 diverse youth ranging in age from 6 – 17 years.

Youth to be served include any/all that are receiving mental health services under the care of a clinician or case manager at Sierra Vista Child and Family Services, the Drop in Center FRC, the North Modesto/Salida FRC, the Hughson Family Resource Center, and the Bridge.

The Family Resource Centers hire bi-lingual Spanish/English staff to meet the need of the very large Hispanic community in Stanislaus County. Additionally, staff within the agency and on contract will provide for other languages including but not limited to, Cambodian, Hmong, Portuguese, Farsi, American Sign Language.

Sierra Vista has a strong collaboration with The Bridge who will work directly with the Southeast Asian population county-wide for the proposed project activities. The project will draw from these resources to serve youth and families of diverse race, ethnicity, and culture. This program is a start up program with no history to form a baseline for expected numbers served.

Youth will be involved in assessing the impact of the project through the pre/post test feedback tool and discussion about the impact on their mental health outcomes with their clinician.

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.

First 90 days:

Project Development - Community Support Specialist would coordinate the innovation project and set up relationships with the agencies in local communities and throughout the county that offer youth development programs.

Month #4:

Community Support Specialist would educate the clinicians about positive youth development activities that are available in the community to young people in treatment.

Ongoing After Month #4:

- Clinician will provide a baseline assessment of the youth's mental health prior to contacting the Community Support Specialist.
- Clinician and Community Support Specialist will work together to assist the youth in identifying an activity that they are interested and passionate about and develop a participation plan.
- Community Support Specialist will engage the young person and connect them to the program.
- Young person would participate in a youth development program in their community with participation monitored by the Community Support Specialist.

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- If the requested program is not available, the Community Support Specialist would recruit a volunteer or person in the community to deliver the program at the FRC.
- Community Support Specialist will work with the clinicians and case managers so that once learning occurs, the program supports are in place and the referrals can continue.

Quarterly Basis and Upon Completion of Treatment Plan:

Clinician assesses youth progress and how participating in the youth development program is affecting his/her mental health status against the baseline assessment.

Month 21 or When Learning has Occurred:

Project measurements are gathered and results are reported.

Time Needed for Learning to Occur:

Up to 21 months.

Time Needed to Communicate What Was Learned:

3 months after learning has occurred.

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

The practice of providing primarily clinical services to youth with mental health needs would shift to providing an array of clinical and supportive services for youth and therefore improve their mental health outcomes.

The expectation is that the clinicians will have to employ many different techniques to engage and motivate youth to participate in a program outside of their diagnosis-driven case plan. After engagement and participation, it is expected that we will have achieved a level of learning that will help refine and change current mental health practice.

The priority learning questions that will advance local transformation are: How can people providing services encourage people receiving services to connect with community-based supports that focus on their interests, passions, and strengths instead of their symptoms, illness or diagnosis? and Does making these connections to community-based supports improve the experience of recovery and decrease the length of time and intensity of needed treatment?

We will know learning has occurred when the clinicians report that a young person in the program has completed their time in treatment and/or improved their mental health status in a shorter period of time than stated in their original treatment plan. Additionally,

- When a significant number of youth involved in treatment plus a youth development activity completes their treatment plan faster than the youth who choose to be just in treatment alone, and
- When we begin to see a larger percentage of youth choosing to be engaged in treatment plus a youth development activity versus those youth that choose to be just in treatment alone.

To understand what produced the change, the clinician will track the young person's activity progress and make the link to the activity in the therapeutic setting. They will also measure time in and intensity of treatment for youth in a youth development activity versus youth just in treatment.

The following measurement methods will be used:

- Youth total time in treatment
- Youth pre and post activity mental health status evaluated by their clinician (includes quarterly updates, if

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applicable). <ul style="list-style-type: none"> Youth pre test of what they would like to learn as a result of the identified youth development program Youth and caregiver self ratings through the course of treatment Types of activities that each youth engaged in and for what period of time Youth post test survey of what they learned and what changed for them as a result of engaging in a youth development program. Do they feel the program helped improve their mental health status? Clinician post test survey of what they learned and what changed for them as a result of engaging youth in the program. Do they feel the program helped improve treatment outcomes? Clinician feedback about whether or not this practice of engaging youth in a youth development program should be included as part of the formal mental health treatment plan once the learning has occurred.
5. If applicable, provide a list of resources to be leveraged.
In-kind facility costs and Admin. Costs associated with facility costs will be leveraged in the amount of \$13,800 for this two year project. <div style="margin-left: 40px;"> Year 1 - \$6,900 Year 2 - \$6,900 </div>
6. Please provide a budget narrative for total projected costs for the entire duration of the Innovation Program, and also provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.
Program INN 06 Connecting Youth to Community-based Supports is a two year project with a cost of \$342,486. <div style="margin-left: 40px;"> Year 1 - \$171,312 Year 2 - \$171,174 </div> This budget is based on Community Support Specialists, Program Supervisor/Coordinator and Clinical Supervision salaries; facility, supplies, travel, equipment maintenance, one time office setup costs, staff training, and administrative overhead expenses that will allow testing of the project model and meet the project learning goals of determining and documenting that youth who are under the care of a clinician AND engaged in community-based supports that focus on their interests, passions, and strengths instead of their symptoms, illness or diagnose, will successfully complete their treatment plan in less time and with better outcomes than with just clinical sessions alone.
7. Provide an estimated annual program budget, utilizing the following line items.

NEW ANNUAL PROGRAM BUDGET

A. EXPENDITURES

	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel			\$129,332	\$129,332
2.	Operating Expenditures			20,635	20,635
3.	Non-recurring Expenditures			4,000	4,000
4.	Contracts (Training Consultant Contracts)			1,000	1,000

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Innovation

5.	Work Plan Management				
6.	Other Expenditures			23,245	23,245
	Total Proposed Expenditures			\$178,212	\$178,212
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues			\$6,900	\$6,900
	Total Revenues			\$6,900	\$6,900
C. TOTAL FUNDING REQUESTED				\$171,312	\$171,312

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.

1. Personnel: \$129,332

2.0 FTEs Community Support Specialist – \$76,000: Positions will be based at 2 Family Resource Center. Responsible for direct supervision of the Innovation project, community support identification and engagement, tracking and monitoring of youth in program, all program monitoring.

.5 FTE Program Supervision/FRC Coordinator – \$24,000: Covers the costs for supervision of two employees, as well as coordination with FRC supervisors.

.05 FTE Clinical Director - \$4,300: Coordination and oversight of project implementation, data collection and metrics, attending staff meetings.

Benefits and Taxes - \$25,032: Fringe benefits and taxes at 24% of total salary cost.

Year 2 adds a 3% Cost of Living Adjustment (COLA) and increases to \$133,212.

2. Operating Expenditures: \$20,635

Note: Facility costs and operating costs are allocated to programs based on Generally Accepted Accounting Principles. Allocations of site expenses with more than one program will be based on square footage usage or direct labor percentages. Due to possible funding amount changes all costs are estimated at this time.

Facility Costs - \$13,283: Breakdown listed below:

- Rent - \$12,000: Cost to house the Community Support Specialists and a portion of program supervisor. Estimated at \$500 per month per site for 12 months for 2 sites. In-kind portion is \$6,000.
- Utilities - \$344: Cost for utilities at program site housing the Community Support Specialists. Costs of Utilities at sites being visited will be covered by other funding sources.
- Janitorial and Maintenance - \$360: Cost for janitorial and upkeep at each program site. Allocated per agency as noted above.
- Telephone - \$379: Cost for phone at facility to house Community Support Specialists. Allocated per agency as noted above.
- Miscellaneous - \$200: To cover unanticipated charges for air conditioning, heater, windows, carpets, and

NEW/REVISED PROGRAM DESCRIPTION
Innovation

other repairs.

Supplies - \$400: Files, stationary, pens staples markers, postage, etc. for the program.

Travel – Mileage - \$6,652: Costs for mileage reimbursements for travel to comply with scope of work. Costs budgeted will allow for approximately two employees to travel on average 30 miles per day to meet goals of program.

Equipment Expense - \$300: Maintenance costs related to copier equipment used to support program objectives.

3. Non-recurring Expenditures – Year 1 only: \$4,000

Office setup for two employees

Desk	\$ 500
Chair	\$ 100
Computer	\$1,000
Misc.	<u>\$ 400</u>
Total	\$2,000 x 2 employees = \$4,000

Year 2 = \$0

4. Contracts /Training Consultant: \$1,000

Training Consultant: Staff Training costs for Community Support Specialist and Clinicians.

6. Other Expenditures: \$23,245

Administrative Overhead are expenses that cannot be readily identified with a particular final cost objective and include costs related to payroll services, benefits management, finance functions, human resources, etc. Costs reflect 15% of total personnel, operating, non-recurring and training consultant expenditures. In-kind portion is \$900.

Year 2 decreases (\$18) to \$23,227 due to one time non-recurring expenditures in Year 1 offset by salary COLA.

Year 1 Total Proposed Expenditures: \$178,212

Year 2 Total Proposed Expenditures: \$178,074

Total Project Proposed Expenditures: \$356,286

NEW/REVISED PROGRAM DESCRIPTION

Innovation

County: Stanislaus☒ Completely New ProgramProgram Number/Name: INN 07 Families in the Park☐ Revised Previously Approved ProgramDate: August 2011

Complete this form for each new INN Program. For existing INN programs with changes to the primary¹ purpose and/or learning goal, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

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

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.

Families in the Park will increase access to underserved groups through an innovative approach that focuses on in a culturally specific ways of outreaching to young African-American families (predominantly mothers with pre-school children) who spend their days from April to November in West Modesto's Mellis Park. Locating the project in the untypical and accessible location of the familiar neighborhood park is the first step in a culturally specific approach as the park is a place where families feel relaxed and comfortable.

Over half of the young children entering kindergarten in west Modesto are not school ready and current data suggests one-third of young children will not graduate from high school. Most high school dropouts score either "Below Basic" or "Far Below Basic" on English language or mathematics tests in the fourth grade. Additionally, according to 2008-09 State data, the overall drop-out rate in Stanislaus County has risen to 23.5% and the drop-out rate among African-American students is 32%. A large percentage of individuals who do not graduate from high school do not lead healthy, happy productive lives and are at higher risk for mental/behavioral health issues. Compared to high school graduates, dropouts earn lower wages, pay fewer taxes, are more likely to commit crimes, are less likely to be employed, are more likely to be on welfare, are more likely to raise children in single parent homes, and are overall less healthy. Data from the California Health Information Survey indicate individuals dropping out of high school are 50% more "Likely have had psychological distress during past year".

Mental health problems that contribute to lack of success in school (and later life) can be directly linked to lack of preparation for school, lack of effective parental support to attend school regularly and ongoing lack of internal resources (developmental assets) during the school years. It is anticipated that a significant number of parents/guardians and some children who will participate in the project will be identified as having mental health/behavioral needs that contribute to this problem throughout the lifespan.

Though there are a variety of recreational programs available through the Modesto Parks, Recreation and Neighborhoods Department, these programs do not have an explicit goal to support mental health and do not provide any culturally specific outreach that seeks to create relationship with these young families that can lead to accessing assessment and a larger support system that is envisioned in this project. We need a project like this to learn culturally specific ways of outreaching to young African-American families with pre-school children that are currently unserved and experience significant barriers to connecting with needed mental health services and increasing school readiness. The project will help support and accelerate county-wide transformation by improving the well-being of children.

¹ The term "essential purpose" has been replaced with the term "primary purpose" for INN.

NEW/REVISED PROGRAM DESCRIPTION

Innovation

2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

Introduces a specific change in an existing mental health approach using culturally specific outreach and engagement methods through creating relationship with African American families with pre-school aged children.

A currently unserved and unengaged population – primarily mothers with young children who spend their days in the neighborhood park – will be provided a variety of parenting and child development services as a way to learn culturally specific methods of creating relationship.

The project proposes to “take the services” to the families “where they are” rather than trying to “bring them to a program” immediately. However, a short term measure of the success of the engagement will be whether the families make the transition to participating inside the nearby King Kennedy Memorial Center during the cold months when being outside is not an option.

Initially, the project activities will focus on outreach that builds relationship. Learning is expected to occur in an ongoing way related to what works to successfully and continuously engage parents and children. Initial outreach approach will emphasize food and fun. Project staff will offer snacks to families in the park, talk to the moms, and establish the basis for engagement by building relationship in culturally specific ways of relating.

Staff members of the project are primarily African American. Reading circles and culturally specific story-telling are anticipated to be important engagement activities and parent input will be included in selection of stories/books that are shared.

Additionally, the project will contribute to learning and practice once parents and children are engaged in the project related to culturally specific methods for offering parenting and child development supports to families where there are identified needs in terms of fostering school readiness but where mental/behavioral health needs have not been formally identified. Learning about this would contribute to knowledge about improving the well-being of children and whether strengthening developmental assets at an early age (ages 2 and up) helps children in underserved areas improve their ability to thrive in stressful life circumstances and lead healthy, successful lives.

The new outreach practice will teach us what culturally specific methods work to effectively engage African-American parents/guardians with young pre-school children to participate in assessing developmental assets in the children that will positively impact school readiness and success.

- 2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

Community Collaboration:

The project will be designed and operated by our community collaborative which has extensive ongoing representation and linkages to community residents. Collaboration is planned with Modesto City Schools and the Modesto Parks, Recreation and Neighborhoods Department. Community residents and parent participants will be included in designing the program such that activities will be of direct interest and cultural value to them and their children.

Cultural Competence:

Families in the Park will be implemented by The Stanislaus Multi-Cultural Community Health Coalition - West Modesto King Kennedy Neighborhood Collaborative (SMCHC/WMKKNC). An organization designed to be a

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neighborhood-based multi-cultural community organization with representation and participation of all segments of our racially and culturally diverse community. All staff is formally trained in providing culturally competent services. Additionally, all of the project staff will be either bi-lingual and/or bi-cultural.

Client/Family-Driven Mental Health System for All Ages:

The community residents and parent participants will be included in designing the program such that activities will be of direct interest and cultural value to them and their children. Parents/guardians will be included in the program design, project review, and evaluation process. Additionally, parents/guardians complete feedback forms on a monthly basis.

Wellness, Recovery, Resilience:

We strongly believe that wellness and resilience are best established as early as possible and very importantly, before children enter school. Attitudes and behaviors developed at an early age are likely to be sustained throughout childhood and into adulthood. This project directly seeks to learn culturally specific methods to engage families with young children to create wellness and resiliency in young children.

Integrated Service Experience for Clients and Families throughout their Interactions in the Mental Health System:

Some of families that participate will likely need formal mental health services. Our objective will be to support them in identifying their needs, connecting them with the appropriate mental health service provider and supporting them throughout their service experience.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.

It is anticipated the learning project will serve 15 – 25 African American families with 20 – 30 pre-school age children annually. Moms with children in the park of diverse race and ethnicities may also be included in the activities, developmental asset assessments, and services offered.

Staff members of the project are African American and Latino and some staff are bi-lingual Spanish speaking.

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.

Key Activities and Milestones

First Phase – three - six months:

All activities and meetings with partners related to project startup, e.g. presentations to school, and park and recreation staff. Obtain age appropriate developmental asset tools and culturally relevant parenting education materials, and train project staff in tools, methods, and learning orientation of the projects. Milestones for this period would be that staff is hired (if needed) and trained, school and community connections are made as well as all materials are available to make the program successful.

Second Phase – six – twelve months:

Formally begin outreach to families in the park with snacks, fun activities, and story-telling. Staff and families begin talking about culturally specific program activities and introduce child development (Ages and Stages) assessment of children. Evaluation components begin to be developed. Ongoing project operation and evaluation of continuing success and learning. Report successful outreach and engagement strategies, refine strategies that are not working, assess developmental assets of children 3 times a year; evaluate initial successes in outreach/engagement and in strengthening developmental assets.

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Third Phase – Year two and three:

Ongoing project operation and evaluation of continuing success and learning with program refinements identified from participants' feedback and analyses of the strength-based child development assessments.

Time needed for learning and reporting of learning to occur:

Ongoing learning, development of parent trust and culturally specific engagement approaches, assessment of child developmental needs, and ongoing adjustment of strategy for working with parents/guardians and children will be part of planning and implementation the first year and part of the second year. The remaining 18 months of the project will be ongoing implementation, assessing and enriching the learning opportunity afforded by this unique project. Finally, it is anticipated that 6 and 12 months will be required to evaluate additional benefits after the projects is completed.

The project evaluator will produce 6 evaluation reports – one every 6 months. These reports will be completed within 1 month of the end of each 6 month program interval.

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

There will be two general approaches to measuring the benefits of the project. Parent input is central to measurements of success in this project. Ongoing input and feedback will be central to developing culturally specific outreach approaches that have not been tried before. As parents are successfully engaged, they will have the opportunity to participate in development asset work with their children.

The program will measure successful outreach quantitatively (the number of families who participate, the number of program participants with mental health issues who connect to and receive mental health services) and qualitatively (the approaches to outreach and connection that are most successful based on reports of parents, staff, and community partners). Results of this evaluation will help others successfully connect to and build partnerships with African American families with young children.

Parent- child interaction can be measured through levels of participation, observations, and parent interviews. It is anticipated that observation and interactive data inputs will occur every 6 months and a key element of that could be parent focus groups that asks about parent views on the program and its benefit to the children. Other proposed means of gathering feedback; a short, simple feedback form, and two child development tools: Child assessment using Ages and Stages and child development tools using the 40 Developmental Assets.

Using baseline data from the Ages and Stages and 40 Developmental Assets tools, initial measurements will be compared to reassessments every 4 months with the goal of identifying changes/improved assets for each child. Parent participation in use of these tools is critical and an effort to automate use of the tool will be sought. The objective is to make the use of these tools as straightforward, single, and easy-to-use and understand as possible for parents who may have limited literacy and other challenges to completing long and complicated assessment tools. This is an important aspect because unless the use of tools is simple, easy and straight-forward, they would not be used in a continuing manner in a general implementation of the project. The project evaluator will develop these automated systems.

Lessons learned will be described in project evaluation reports every 6 – 12 months. Parents/guardians will be included in the project review, evaluation, and lessons learned input processes.

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

In-kind consisting of Executive Director time, food contributions, and facility space and maintenance will be

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leveraged in the amount of \$120,780 for this three year project.

Year 1 - \$40,260

Year 2 - \$40,260

Year 2 - \$40,260

6. Please provide a budget narrative for total projected costs for the entire duration of the Innovation Program, and also provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

Program INN 07 Families In the Park is a three year project with a cost of \$422,850.

Year 1 - \$148,350

Year 2 - \$137,250

Year 3 - \$137,250

This budget is based on Program Manager, Coordinators, Assistant Aides, Evaluator, and Liaison salaries; rent, utilities, supplies, legal and accounting, insurance, travel, food, age appropriate games, toys, books and administrative overhead expenses that will allow testing of the project model and meet the project learning goals of providing evidence of how providing family support and child development services to families with young pre-school children where they spend their time, which is outside in a community park, contributes to understanding mental/behavioral health needs of this group and how best to serve their needs so these young children can enter school developmentally and behaviorally ready to learn.

7. Provide an estimated annual program budget, utilizing the following line items.

NEW ANNUAL PROGRAM BUDGET

A. EXPENDITURES

	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel			\$127,105	\$127,105
2.	Operating Expenditures			39,660	39,660
3.	Non-recurring Expenditures			6,000	6,000
4.	Contracts (Training Consultant Contracts)				
5.	Work Plan Management				
6.	Other Expenditures			15,845	15,845
	Total Proposed Expenditures			\$188,610	\$188,610

B. REVENUES

1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues			\$40,260	\$40,260

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	Total Revenues			\$40,260	\$40,260
C. TOTAL FUNDING REQUESTED				\$148,350	\$148,350

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.

Personnel: \$127,105

The table below shows the calculated personnel cost by position with wage rate and benefit rates for each position. The Executive Director will devote 5 hours per month (in-kind), the Program Manager and Program Coordinator will devote 5 hours per week on the project and the Project Coordinator will work half-time. Resources are allocated to provide linkage with the Modesto City Schools and with the Modesto Department of Parks, Recreation and Neighborhoods. Substantial resources are allocated to the Program Evaluator who will also develop and maintain various computer programs for automating the Ages and Stages and 40 Developmental Assets databases.

Personnel & FTE	Hr	\$/hr	Wages	Ben %	Total \$
Executive Director – 12% (In-Kind)	250	\$84.00	\$21,000	0%	\$21,000
Program Manager – 12%	245	\$24.98	\$6,120	28%	\$7,834
Program Coordinator -12%	245	\$21.98	\$5,385	28%	\$6,893
Bilingual Administrative Assistant - 12%	245	\$13.99	\$3,428	28%	\$4,387
Project Coordinator - 50%	1,020	\$18.00	\$18,360	28%	\$23,501
Bilingual Program Aide #1 - 40%	816	\$12.00	\$9,792	28%	\$12,534
Bilingual Program Aide #2 - 40%	816	\$12.00	\$9,792	28%	\$12,534
Healthy Start Liaison – 12%	245	\$25.68	\$6,291	22%	\$7,675
Recreational Aide (MPR&N) - 20%	408	\$12.00	\$4,896	28%	\$6,267
Tracking, Evaluation & Report Writing - 15%	306	\$80.00	\$24,480	0%	\$24,480

Operating Expenditures: \$39,660

The budget provides for various types of business expenses such as office supplies, facilities, phone, insurance, legal, and accounting. These would be prorated to this project based on the share of the organizations budget using the generally accepted accounting practices required for non-profit organizations. A breakdown of costs:

- Facility Costs - \$17,760: Rent, Utilities & Maintenance (In-Kind from City of Modesto Parks, Recreation & Neighborhood Department).

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- Telephone - \$1,200: Monthly phone/cell phone services estimated at \$100 per month.
- Office Expense - \$1,500: May include office supplies such as paper, pens, printer ink cartridges, etc. and use of fax and copier machines.
- Legal & Accounting - \$2,000: To cover legal and accounting/auditing services.
- Insurance - \$2,000: Includes general liability, auto liability, etc. as required by contract.
- Travel - \$2,000: Travel will cover costs to training or other events related to the project.
- Food - \$5,200: Providing food is a necessary and traditional part of community based projects (\$1,500 provided by in-kind).
- Age Appropriate Games, Toys, Books - \$6,000: SMCHC/WMKKNC does not have a supply of age-appropriate games, toys and books for 2 to 6 years old children and resources are provided to purchase these items.
- Fuel - \$2,000: Fuel costs will cover trips such as to the Sacramento Zoo and Fairy Tale Town or other locations and include van rental and insurance as necessary.

Years 2 & 3 decrease Travel (\$1,000) and Age Appropriate Games, Toys, Books (\$3,000) to equal \$35,660.

Non-Recurring Expenditures: \$6,000

The non-recurring training will be for a SMCHC/WMKKNC staff member (project coordinator) to receive “train-the-trainer” training in the Ages and Stages and 40 Developmental Assets tools.

Years 2 and 3 = \$0

Administrative Overhead: \$15,845

The rate for administrative overhead is 11% of personnel, operating, and non-recurring expenditures (excluding a portion of in-kind costs).

Years 2 & 3 decrease to \$14,745

Year 1 Total Proposed Expenditures: \$188,610

Year 2 Total Proposed Expenditures: \$177,510

Year 3 Total Proposed Expenditures: \$177,510

Total Project Proposed Expenditures: \$543,630

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County: Stanislaus☒ Completely New ProgramProgram Number/Name: INN 08 Integration Innovations☐ Revised Previously Approved ProgramDate: August 2011

Complete this form for each new INN Program. For existing INN programs with changes to the primary¹ purpose and/or learning goal, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

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

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.

Primary purpose of this Innovation is to increase the quality of services including better outcomes, for adult and older adult individuals of all cultures, and ethnicities who receive medical and psychiatric care in a publicly funded primary care clinic setting.

Ethnic minority and socio-economically disadvantaged populations have experienced disparity in access to health and mental health care due to their economic, cultural and language barriers that impede their ability to obtain affordable, regular health care coverage and/or medical care. This program is being proposed as a direct result of several concerns, both quantitative and anecdotal in nature, which if addressed in a systematic manner could be of significant benefit for safety net providers, patients with dual diagnosis of mental health and chronic disease, as well as the entire community.

Stanislaus County needs a project like this to increase the quality of services offered to medically high-risk populations, including uninsured and underinsured individuals who have psychiatric illnesses and/or substance abuse issues co-occurring with chronic disease such as diabetes and hypertension. Access to peer supports is not currently included in primary care service delivery, has the potential to achieve better outcomes for overall well-being including health and mental health, and is the innovative approach in this project.

The project will help support and accelerate county-wide transformation by connecting people receiving services to community-based supports and expanding treatment options for people struggling with both substance abuse and mental illness.

2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

There are two models that the project is adapting, namely the Triple AIM model developed by the Institute for Health Care Improvement that has been adopted by other organizations including CareOregon, Genesis Healthcare, and QuadMed. This model emphasizes that when an organization brings together relevant and complementary health care services for the benefit of the patient, the organization can both decrease health care costs and improve health care quality.¹ Similarly, the Integrative Behavioral Health Model incorporates behavioral health evaluation, consultation, and treatment for anxiety, depression, and substance abuse within

¹ The term "essential purpose" has been replaced with the term "primary purpose" for INN.

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the community health center's setting and if necessary, referral to a licensed clinical social worker who deals one-on-one with developing customized mental health counseling plans in concert with the patient's physician.

The element of Innovation in Integration Innovations that is not part of the Triple AIM or Integrated Behavioral Health models is the addition of a peer support or community resource liaison component. The community resource liaison addition to the program came about over the course of planning that focused on challenges experienced by patients with mental health as well as chronic disease conditions. The major challenge identified was the significant number of non-medical issues—e.g. food, shelter, transportation—that can dramatically interfere with the patients' ability to adhere to mental health and medical treatment plans. There is no doubt that these life challenges can be overwhelming for a patient with only one mental health or medical issue, not to mention the notable increase in complexity for the patient living with one of each conditions. Integration Innovations adopts elements from the mental health system and introduces a new approach of peer support by a community liaison as part of a multi-disciplinary approach in primary care.

The Innovation proposes to learn the extent to which an integrated behavioral health program with peer support available to patients can be effective in a medical primary care setting. Can combining non-medical case coordination, peer support, group/individual interactive learning, and chronic disease management effectively contribute to reducing psychiatric and chronic disease symptoms? Additionally, can it increase treatment plan adherence as well as building resilience in a population of patients dually-diagnosed with one or more mental health conditions, substance use/abuse issues, and chronic medical conditions that are manageable through behavioral change as well as medical interventions?

Key Learning Questions

How can people providing services encourage people receiving services to connect with community-based supports that focus on their interests, passions, and strengths instead of focusing only on their symptoms, illness or diagnosis?

Does making these connections to community-based supports improve the experience of recovery and decrease the length of time and intensity of needed treatment?

Can adopting a "harm reduction" treatment strategy for substance abuse issues help improve the overall effectiveness of treatment for people with mental illness and substance abuse?

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

Community Collaboration:

Key to this proposal is the involvement of community partners, West Modesto King Kennedy Neighborhood Collaborative (WMKKNC) and the local chapter of National Alliance for Mental Illness (NAMI-Stanislaus). This collaboration will be more intensive than just basic referral of patients. Staff from both the primary clinic and the community partners will contribute to and receive training in various topics related to implementation such as chronic disease management, case coordination, and data collection; effective methods of peer support and how community partners will be included in the primary care environment.

Cultural Competence:

The Integration Innovations Project will be inclusive of diverse and underserved populations including consumers/family members from diverse racial and ethnic groups, geographic areas, across the life span, gender, Lesbian, Bisexual, Gay, Transgender, and Questioning (LBGTQ), and with a goal of reducing disparity in access and service delivery.

All marketing and outreach will be conducted in languages represented within the underserved populations in geographically diverse parts of the county.

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Staff will participate in specific Cultural Competence Training sessions with a goal of 95% of staff completing at least basic Cultural Competence Training prior to the start of clinic operations. Additionally, staff will be enrolled at least once annually in identified "Cultural Competence Training."

All policies and procedures will be reviewed to ensure cultural competency issues are addressed within the policies and procedures being developed.

Client/Family-Driven Mental Health System for All Ages:

This proposal addresses the healthcare needs of adults, however, the program inherently recognizes that family and community plays a major role in both physical and mental health.

The Integration Innovations Program will work to increase the array of community service options for individuals diagnosed with serious mental illness and chronic disease that will allow them to avoid unnecessary institutionalization and out-of-home placements.

The program will promote and provide advocacy for parents/significant others to understand the mental health system and chronic disease management and responsibility, will provide family education and when applicable, will develop or join/refer patients and their family to support groups. Feedback related to effective of program strategies will be sought from consumer/family member participants.

Wellness, Recovery, Resilience:

Incorporation of non-stigmatizing approaches to Wellness, Recovery & Resiliency will be addressed and acquired through training, technical assistance, and consultation with Behavioral Health and Recovery Services, community members, contract programs, family, and consumer organizations.

Specific activities may include education workshops and technical assistance designed to help teams of consumers, family members, providers, and administrative staff share and expand their knowledge and skills in "how-to" build resilience, pursue recovery, and experience wellness to reach a goal of helping individuals, families, and communities build on their strengths and increase the kinds of services and supports people-in-recovery need to live meaningful lives, guided by their own choices, in their community.

Integrated Service Experience for Clients and Families throughout their Interactions in the Mental Health System:

The Integration Innovations Project is built around the idea of providing services that address both physical and mental health and are "seamless" to clients and provided in a way that clients do not have to negotiate multiple agencies and funding sources to get critical needs met and to move towards recovery and develop resiliency. Services are delivered, or at a minimum, coordinated through a single agency or a system of care. The integrated service experience centers on the individual/family, uses a strength-based approach, and includes multi-agency programs and joint planning to best address the individual/family's needs using the full range of community-based treatment, case management, and interagency system components for persons who also have co-occurring disorders including substance use problems and other chronic health conditions or disabilities. The ultimate goal is to provide a full range of integrated services to treat the whole person, the goals of self-sufficiency for adults and their family, and community who may otherwise face.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.

Health Services Agency Clinics serve and the Integration Innovations Program will serve medically high-risk special populations including uninsured and underinsured individuals from diverse populations and including all racial, ethnic, and cultural populations across the lifespan who seek services at the clinic.

It is estimated that 120 individuals meeting certain specific criteria will be served annually by Integration Innovations Program. The project proposes to contribute to practice with individuals who meet the following

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criteria:

- Resident of Stanislaus County
- Has at least one chronic disease; diagnosed with: diabetes, high blood pressure, chronic obstructive pulmonary disease and at least one behavioral health condition (serious mental health and/or substance use disorders); and
- Is at high risk for medical non-adherence or exhibits behaviors that increases the chances of medical and /or mental health treatment plan non-adherence; and
- Is at least 18 years of age; and
- Speaks either English or Spanish as their primary language; and
- Is not currently receiving services at Stanislaus County Behavioral Health and Recovery Services.

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.

The Integration Innovations Program will be 30 months in duration with an initial six month planning phase from 7/1/2011 through 12/31/2011, funded by in-kind contributions, followed by two individual program service years occurring in calendar 2012 and 2013.

A detailed 2 year timeline is proposed that outlines objectives, measurements, actions and proposed outcomes, and is briefly summarized below.

The planning phase will include contracting and securing required personnel, organizational meetings including collaboration partners, staff training, identification of appropriate patients to invite into the program, production of materials for the program, and various other logistical activities leading up to the provisioning of program services and learning activities at the start of service year one.

Service year one and two will involve the provision of group and individual visits, case management services, peer support activities with collaboration partners, data collection and analysis to form baseline data, and begin to learn from the innovation. Program staff will meet every other week to discuss cases and outcomes.

Ongoing input from participants and partners will be documented as lessons learned and incorporated to continue learning.

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

If the Integration Innovations Program is an effective model for teaching and reinforcing self-care management as well as making patient condition relevant services more available, then the patient will display higher levels of adherence to provider treatment plans.

Potential Direct Outcomes:

Healthier participants; fewer ER visits and admissions; patient understands tools and resource to taking control of their own health; care related cost-reductions and cost-avoidance; participants will become stronger self-advocates; decreased intensity of treatment; increased utilization of community based resources and supports.

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Potential Indirect Outcomes:

Program participants will learn how to teach others the self-care skills they learned; participants will become more publicly visible mental illness advocates; changing perspectives of the roles and impact potential of behavioral health clinicians and physicians; de-stigmatization of mental illness conditions.

Measurements for the expected contributions to the learning project will be accomplished through:

- Various qualitative and quantitative surveys for participants, staff, providers, community liaisons—i.e. pre/post surveys, validated psychological instruments.
- Evaluation of patient relevant outpatient data—i.e. lab results, weight, blood pressure, physical activity level changes.
- Others as identified to be relevant for the Integrations Innovations Program.

Both qualitative and quantitative measures will be used in ongoing data collection efforts for evaluation purposes in illustrating program effectiveness. The related data collection methods can indicate progression and regression in learning that occurred as well as articulating the types of change.

The following are actual sources of data that will be used in evaluating the program learning questions and associated milestones:

1. Physician implements mental health assessment to establish mental health risk.
2. Behavioral Health Clinician will perform “stages of change” assessment in pre/post tests format, before and after psycho-educational sessions.
3. Peer support/community resource liaisons will contribute to the evaluation process and evaluation will specifically assess the contribution of the peers/community liaison component, e.g. ‘what works/doesn’t work’ and positive outcomes.
4. “#of potential patient referrals” to “# of actual patient enrollees”
5. Survey of enrolled clients to determine perceived client value of specific program components
6. Measure perception of social support (via survey tool)
7. Exit interview addressing the client's perceptions of program experience in all aspects including peer support (what helped, what hindered, turning points in their recovery process, etc.)
8. Quantitative measures including lab specific measures such as Micro albumin, Hemoglobin A1C, cholesterol, blood glucose, weight, BMI, blood pressure, and ER visits

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

H.S.A. C&A Fund Revenue will be leveraged in the amount of \$172,468 for this two year project.

Year 1 - \$86,234

Year 2 - \$86,234

6. Please provide a budget narrative for total projected costs for the entire duration of the Innovation Program, and also provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

Program INN 08 Integration Innovations Project is a two year project with a cost of \$500,000.

Year 1 - \$250,000

Year 2 - \$250,000

This budget is based on medical personnel salaries, room charges, office and printing supplies, communications,

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postage, mileage, subcontracts with CBOs and administrative overhead/indirect expenses that will allow testing of the project model and meet the project learning goals of determining and documenting to what extent does the integrated behavioral health and medical primary care setting combined with non-medical case coordination, peer support, group/individual interactive learning, and chronic disease management contribute to reducing psychiatric and chronic disease symptoms, treatment plan adherence, as well as building resilience in a population of patients dually-diagnosed with one or more mental health conditions, and a chronic medical condition (diabetes and/or hypertension).

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7. Provide an estimated annual program budget, utilizing the following line items.

NEW ANNUAL PROGRAM BUDGET

A. EXPENDITURES

	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel		\$201,348		\$201,348
2.	Operating Expenditures		28,771		28,771
3.	Non-recurring Expenditures				
4.	Contracts (Training Consultant Contracts)		47,638		47,638
5.	Work Plan Management				
6.	Other Expenditures		58,477		58,477
	Total Proposed Expenditures		\$336,234		336,234
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues		\$86,234		\$86,234
	Total Revenues		\$86,234		\$86,234
C. TOTAL FUNDING REQUESTED			\$250,000		\$250,000

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.

1. Personnel: \$201,348

.50 FTE Licensed Clinical Social Worker - \$36,899 (\$35.48/hour x 1,040 hours). Provides psychotherapy, motivational counseling, patient self management education, and works with psychiatrist to monitor patient progress.

.20 FTE Psychiatrist (contracted) - \$59,082 (\$142.03/hour x 416 hours). Provides for clinical mental health patient monitoring and management.

.25 FTE Program Coordinator/Clinician - \$18,449 (\$35.48/hour x 520 hours). Provides supervision and coordination for the program, including preparation of reports. Coordinates activities of staff, coordinates services with community partners and other health professionals; and sets processes for integration between BHRS, H.S.A., and program partners.

.04 FTE Epidemiologist - \$2,986 (\$37.33/hour x 80 hours). Work with coordinator, physician, IT staff, psychologist & contract psychiatrist to develop baseline evaluation criteria/performance standard, data collection and tracking of service delivery, effectiveness both quantitative and qualitative.

.10 FTE AOD Counselor (contracted) - \$13,520 (\$65/hour x 208 hours). Provides AOD counseling, patient self

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management education, and works with Program Coordinator to monitor patient progress.

.20 FTE Attending Physician & Resident (contracted) - \$35,360 (\$340 per clinic x 2/week x 52 weeks). Assist coordinator, psychologist, psychiatrist, epidemiologist and other relevant program staff in development of baseline evaluation criteria/improvement milestones; interactive training, participate in workgroups in the development of systems, strategies, and activities that will encourage treatment plan adherence and mental health self-management. (Note: These activities and funding are exclusive of actual patient care).

.06 FTE IT Staff Member - \$3,104 (\$25.87/hour x 120 hours). Work with program staff to install and set-up workstations and technology; assist in development of appropriate data tools, query mechanisms, and analysis tools, and general computer support.

Benefits - \$31,948. Reflects county department prevailing rate of 52% for non-contracted staff salaries.

2. Operating: \$28,771

Facility Costs - \$12,000. Room charges @ \$120 each.

Communications - \$1,500 (\$125/month x 12 months). Monthly phone charges.

Office Supplies - \$2,500. Paper, pens, printer ink cartridges, etc.

Postage - \$500. Mailing costs.

Copies - \$1,000. Printing of brochures and learning materials.

Other Travel Expenses - \$1,000. Reimburse staff for travel to and from off site meetings and events.

Patient Incentives - \$2,600. Transportation vouchers, gift cards and meeting refreshments.

RX Drug Free Program Transition Fund - \$7,071. To provide funding for patients applying but not yet approved/covered by MediCal, MediCare, MIA or other appropriate funding sources. Funds will be used for prescription drug purchases until payer sources are secured for patient.

Assessment Instruments - \$600. Costs related to purchase, reproduction, translation, display, use, or distribution of assessment tools that are identified by workgroups as appropriate for patient diagnostics and care.

4. Contracts: \$47,638

West Modesto King Kennedy Neighborhood Collaborative - \$31,259. .80 FTE for two part- time Community Liaisons salary, benefits, mileage and supplies. To serve as resource for staff and patients, perform non-medical case coordination and facilitate and assist with access to non-medical services.

NAMI (National Alliance on Mental Illness) - \$8,219. .20 FTE Community Liaison salary, benefits, mileage and supplies. Will be available to assist with developing and providing education, linking patients to resources and services, work with patient treatment team and collect relevant mental health evaluation data.

Vendor to be determined - \$8,160. .05 FTE Nurse/contractor trainer to assist program team to develop and present relevant professional development curriculum for physicians, behavioral health clinicians, nurses, health educators, community liaisons and other identified staff on chronic disease identification, management, and strategies for patient self-management and treatment adherence.

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6. Other Expenditures: \$58,477

Administrative Overhead - \$41,664. Reflects 15% of Personnel, Operating and Contract costs (\$277,757). These are expenses that cannot be readily identified to a particular project. Costs include, but are not limited to, accounting fees, depreciation, insurance, taxes, utilities, purchasing, inventory management, recruitment and contracting.

Indirect County Assessed Costs - \$16,813. Expenses incurred in joint usages and not identified with a specific cost object or cost center. Assessed by County to all county departments.

Total Annual Proposed Expenditures: \$336,234

Total Project Proposed Expenditures: \$672,468

¹ McCarthy, et al. The Commonwealth Fund. The Triple Aim Journey: Improving Population Health and Patients' Experience of Care, While Reducing Costs. July 22, 2010, Volume 48.

NEW/REVISED PROGRAM DESCRIPTION

Innovation

County: Stanislaus☒ Completely New Program☐ Revised Previously Approved ProgramProgram Number/Name: INN 09 Promoting Community Wellness Through Nature and Neighborhood Driven TherapiesDate: August 2011

Complete this form for each new INN Program. For existing INN programs with changes to the primary¹ purpose and/or learning goal, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

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

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.

'Promoting Community Wellness through Nature and Neighborhood -Driven Therapies Project', is a new community-based approach that proposes to increase access to underserved groups through a combination of family-oriented outdoor programming and capacity for resident-led neighborhood improvements as "therapies" to address wellness issues in the Airport Neighborhood.

Conditions in the Airport Neighborhood are dire. Orville Wright School (OWS) federal poverty designation is at a staggering 100%; high rates of crime, vandalism and gang activity, coupled with a lack of infrastructure and safe play spaces, and pose a threat to residents' physical and emotional health on a daily basis. Anxiety, depression, substance abuse, mental illness, obesity, and low self-esteem are commonly diagnosed in children and adults. In contrast, the community is surrounded by two of the County's most precious natural resources, the Tuolumne River and the Tuolumne River Regional Park, a source of beauty and serenity as well as physical and mental health at residents' doorsteps.

Traditional approaches to addressing mental wellness issues tend to focus on treating the patient and the symptom without dealing with the physical conditions that often contribute to illness. Yet research tells us that environment, both where we live and how we perceive our surroundings, plays an important role in our overall health.

We need a project like this to change the community's attitude toward and connection with its natural and urban environments and the important role nature has in the overall increase in health and vitality of its residents. The project will help support and accelerate county-wide transformation by connecting people receiving services to community-based supports and improving the well-being of children.

2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

¹ The term "essential purpose" has been replaced with the term "primary purpose" for INN.

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This project proposes to address the environmental and social conditions that contribute to the degradation of the physical and emotional wellness of residents in the Airport Neighborhood as a means of improving community wellness. This new approach to mental wellness adapts practices used in a non-mental health context (outdoor recreation and education) to the cultural and social conditions of the Airport community as a means of strengthening existing mental health services.

Specifically, the project focuses on contributing to mental health approaches by combining family-oriented outdoor experiences with community-driven neighborhood development and capacity-building to strengthen developmental assets in children, increase leadership and competency in adults, and help build a more integrated community.

A series of community-driven and resident-led activities (therapies) will be used to address environmental and social barriers to mental wellness in the Airport Neighborhood on 3 levels:

- Individual – strengthening developmental assets in children
- Family – strengthening leadership skills and social competency
- Community – increasing resident engagement and community connectedness

The activities identified as “therapies” to promote community wellness reflect input from residents at monthly community chats, from partners, and from a growing body of research that shows the importance of outdoor play and connection to nature for the mental, intellectual, and physical health of kids, families, and communities.

Activities include but are not limited to:

- The development and maintenance of a resident-managed soccer field at the Tuolumne River Regional Park to provide a safe play area for families
- A community driven non-competitive youth soccer program and in-school recreational program focused on adult/youth relationships, conflict resolution and character development
- A family summer day camp near the Tuolumne River to address and promote the physiological stress reductions nature provides and link families to the outdoors
- Year round culturally sensitive family activities, special events, and fairs at the park and school, family movie nights, etc., that strengthen adult/youth relationships and build trust and camaraderie among residents
- Agency (Airport Collaborative) and resident (Charlas Comunitarias) collaboratives designed to strengthen networks among residents and support organizations
- Leadership training and opportunities for adults and children through ongoing collaborations with OWS Peacebuilders initiative designed to address bullying, respect, and community
- Neighborhood driven improvement projects relating to safety such as improved street and alley lighting, infrastructure, increased patrols, neighborhood watch and trash cleanups addressing the secondary need, security, in Maslow’s Hierarchy of Needs.

The expected outcome is a community that is healthier, feels safer, takes ownership of its physical surroundings, and understands how to effectively work with one another and with support agencies to solve issues that negatively impact residents’ mental and emotional health.

Currently, there are no mental health service providers or organizations using family-oriented outdoor recreation and nature experiences in conjunction with community-driven neighborhood improvement efforts as “therapies” to address community wellness issues in the Airport Neighborhood.

Partnerships include the Center for Human Services, OWS, Healthy Start Family Resource Center, Lifewind International, Common Wealth Modesto, Gallo Glass, Advancing Vibrant Communities, the George Rogers Neighborhood Park Committee, Habitat for Humanity, City of Modesto, Stanislaus County, Modesto Police

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Department, Stanislaus County Sheriff, Congregations Building Community, Interfaith Ministries, Stanislaus County Police Activity League, Boy Scouts of America, Parent Resource Center, and Golden Valley Health Centers.

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

Community Collaboration:

All of the proposed project activities will be in collaboration with local support agencies, non-profits, business entities, and local government under the umbrella of the newly formed Airport Collaborative. This comprehensive partnership ensures consistent far reaching messaging about and an organized effort to achieve improved community health and vitality.

Cultural Competence:

The majority of residents in the Airport Neighborhood are Spanish-speaking first or second generation Latino immigrants. To provide a culturally competent project for the residents, we will do the following:

- The project coordinator and education director for the project are both fluent Spanish speakers. Additionally, the project coordinator is, herself, Latino. With this staff leadership that is bilingual/bicultural, we will reduce barriers to service by residents.
- Project planning and delivery will incorporate direct involvement of residents, thus helping to ensure cultural competence.
- To deliver services as effectively as possible, the project coordinator will co-locate to the Orville Wright School for many hours each week to facilitate access to project staff by the residents.
- All activities that involve residents, including the Charlas Comunitarias, soccer program, and summer day camp, will occur in the Airport Neighborhood to ensure ease of access by residents.

Client/Family-Driven Mental Health System for All Ages:

The proposed project and activities will be driven by community residents, specifically parents, who believe that by becoming leaders, advocating to improve their neighborhood and creating recreational/nature play opportunities for their children, their families will be better equipped to deal with the emotional and negative impacts of the neighborhood. Families are critical to encouraging participation in building a supportive environment and engaging other family members to be involved in these efforts and activities. We will also ensure that residents are actively engaged with the various agencies and stakeholders from the Airport Collaborative with the hopes that agencies will see the value of resident input, the project, and approach, as it pertains to community wellness.

Wellness, Recovery, Resilience:

The proposed project has identified activities/therapies and been designed to improve the overall wellness of residents in the Airport Neighborhood. Because these therapies both address existing mental illnesses prevalent to this community (such as anxiety, depression, substance abuse and low self esteem) as well as prevention (strengthening developmental assets, leadership skills and community involvement) recovery time is expected to decrease and resilience to increase.

Integrated Service Experience for Clients and Families Throughout their Interactions in the Mental Health System:

Though traditional direct services are not part of this project, assistance for linkages to services will be available as the need arises and efforts to ensure service needs are met by agency partners will be addressed as they arise.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.

Through this project, we will work with low-income, Spanish speaking adults, OWS students and Airport

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Neighborhood community members in the underserved area of Stanislaus County's Airport Neighborhood. By working with a base of existing families who have participated in the community chats, neighborhood improvement projects, last year's soccer program, and our partners at the Healthy Start Family Resource Center and OWS, we will identify and engage up to 30-40 additional families through the planning process for this year's soccer program which begins in January as well as through leadership development training and opportunities prior to the beginning of the projects funding cycle.

In 2010, over 40 families participated in the outdoor soccer program and we expect that with proper planning, community engagement and the development of the soccer field, more families will want to participate. The goal is to engage more families and develop new resident leaders who believe in the goal of this proposal.

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.

A 24-month learning project building on previous efforts as a foundation, the timeline for learning and evaluation activities are as follows:

Phase 1 - first six months – Project Planning and Outreach

- Finalize learning plan strategy
- Conduct outreach throughout the Airport Neighborhood to expand the pool of resident and community organization participants
- Facilitate ongoing monthly Charlas Comunitarias and Airport Collaborative Meetings
- Complete resident driven strategic planning and community action plans
- Develop schedule of community center activities at Legion Hall
- Hire a Soccer Program/Recreation Coordinator
- Develop Airport youth soccer program plan, including rules of conduct, fees, leadership training, community service elements, and equipment management plan
- Hire coaches, organize teams

Phase 2 - next 18 months – Provision of Programs

- Complete baseline data collection for learning issue
- Conduct ongoing collection of data through surveys for learning issue
- Facilitate ongoing monthly Charlas Comunitarias and Airport Collaborative Meetings
- Conduct leadership training for parents and adults, including:
 - Peace Builders Family Leadership Training
 - La Red Character Development Training
 - Safety First Leadership Training
- Complete neighborhood beautification projects, i.e. graffiti abatement, neighborhood cleanup, river cleanup (at least one each spring and fall)
- Coordinate periodic culturally relevant family activities led by residents (such as National Night Out, Airport Family Movie Night, Dia de Los Muertos, Christmas Nativity Celebration, Dia del Niño, etc.)
- Conduct Airport Family Summer Camp; two sessions each summer of 2011, 2012
- Conduct Trekking the Tuolumne River Education Program at Orville Wright Elementary each school year (2011-12 and 2012-13)
- Conduct Tuolumne River Adventure Club program for junior high school youth each year (2012 and 2013)
- Conduct soccer program activities including holding games, leadership training, community service activities, equipment management, fundraising, etc.

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Phase 3 – final 2 months – Post-project Data Collection and Evaluation

- Complete post-project data collection
- Conduct post-project surveys
- Complete learning issue analysis and final report
- Conduct outreach to residents, county, and media to share results

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

A local evaluator familiar with community based projects and prevention efforts will be engaged to assist in developing and finalizing measurement tools for intended outcomes. Focus of outcome evaluation will be on documenting the following changes:

1. An expanding, diverse resident participation in project activities (therapies) such as outdoor recreation, Community Charlas, leadership development opportunities, and neighborhood improvement activities.
Measurement - track number of participants and level of involvement.
2. An expanding leadership base.
Measurement – document creation of new resident/volunteer leaders in the community; percent breakdown by gender, age, length of residency, and number of training opportunities.
3. Strengthened individual skills applied to community activities as they relate to planning, political involvement, group processing, technology, financial management, and conflict resolution.
Measurement – surveys and questionnaires.
4. Wide spread support for and participation in the development of a community action plan.
Measurement - track number of people who participate in vision/development meetings.
5. Consistent tangible progress toward goals with room for adaptation.
Measurement - document indicators including number of milestones reached, number of community achievement celebrations and recognitions from outside community, and feedback and suggestions received from resident surveys.
6. Community climate and spirit.
Measurement - number of positive/negative media stories and number of cultural /community events held
7. Signs of improved developmental assets in children and adults.
Measurement – pre and post asset evaluation, educational indicators, and teacher and parent surveys.

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

Resource Legacy Fund, Modesto Irrigation District revenues, private funds and in-kind donations will be leveraged in the amount of \$366,420 for this two year project (annual amounts adjusted to equal annual expenditures).

Year 1 - \$208,674

Year 2 - \$157,746

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6. Please provide a budget narrative for total projected costs for the entire duration of the Innovation Program, and also provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

Program INN 09 Promoting Community Wellness through Nature and Neighborhood-Driven Therapies is a two year project with a cost of \$263,233.

Year 1 - \$128,929

Year 2 - \$134,304

This budget is based on Community Outreach Manager, Director of Outreach Education, Deputy Executive Director and Recreation Coordinator salaries; facility, supplies & materials, travel, non-recurring expenditures, program consultants, and administrative overhead expenses that will allow testing of the project model and meet the learning goals of providing evidence that by empowering families to improve their community's overall health by focusing on their interests and passions to address wellness issues; i.e. improving existing neighborhood conditions and creating resident-driven safe and meaningful outdoor recreation and nature exploration close to home for their children, residents will be able to identify root causes of and solutions to problems that plague the neighborhood which will result in residents feeling safer, more united, empowered and with an increased sense of pride and ownership of their community.

7. Provide an estimated annual program budget, utilizing the following line items.

NEW ANNUAL PROGRAM BUDGET

A. EXPENDITURES

	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel			\$137,812	\$137,812
2.	Operating Expenditures			156,338	156,338
3.	Non-recurring Expenditures			8,050	8,050
4.	Contracts (Training Consultant Contracts)			22,260	22,260
5.	Work Plan Management				
6.	Other Expenditures			13,143	13,143
	Total Proposed Expenditures			\$337,603	\$337,603

B. REVENUES

1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues			\$208,674	\$208,674
	Total Revenues			\$208,674	\$208,674

C. TOTAL FUNDING REQUESTED

				\$128,929	\$128,929
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NEW/REVISED PROGRAM DESCRIPTION
Innovation

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.

1. Personnel: \$137,812

Expenses are based on current Tuolumne River Trust Salary tables. Salary costs will increase annually by an average of 3% to provide for annual steps and Cost of Living Adjustment (COLA). Year 2 = \$141,946.

.5 FTE Community Outreach Manager - \$45,000. This position will be responsible for overseeing the development and implementation of neighborhood improvement projects, leadership training, outreach and education, community chats, and Airport collaborative meetings to achieve the goals of this proposal. In addition, they will work with the Trust Administrative Director to provide fiscal management and oversee disbursement of funds. They will also ensure involvement of stakeholders, community members, and oversee collection and processing of data collected during the grant period.

.35 FTE Central Valley Director of Outreach Education - \$35,616. This position will be responsible for the development and implementation of outdoor activities related to the river and the park including working with Orville Wright School to incorporate the Trekking the Tuolumne River Education Program as part of their science curriculum, the summer camp program, Tuolumne River Adventure Club, family-oriented nature outings, and other outdoor activities and events. In addition, the Education Director will be responsible for assisting in the collection and processing of data related to the learning questions being investigated.

.05 FTE Deputy Executive Director - \$6,174. This position will provide project oversight and supervision to the Community Outreach Manager and the Director of Outreach Education. This position will also assist with project development and contract management.

1.0 FTE In-School Mental Health Recreation Coordinator - \$30,000. The sports coordinator would be paid to coordinate in-school sports such as soccer, jump rope teams, baseball, kickball, or other team sports during the recesses at school, lunch, the after school program, and coordinated after school competitive sports. Throughout the sports activities, the emphasis will be on the spirit of being a team and the character development of working together and sportsmanship. The Peacebuilders curriculum and philosophy will be taught and reinforced throughout these sports activities in alignment with its utilization within the school itself. The Coordinator will likely also train other parent/community members who would be coaching children or even parents who are watching their children play in appropriate positive reactions, via Peacebuilders, to support their children in playing sports. Sports and physical activity have been proven to increase the mental health of individuals.

Benefits and Taxes - \$21,022 are calculated at 18% of the above positions salaries.

2. Operating Expenditures: \$156,338

Facility Rentals & Related Maintenance - \$140,958 FY 11-12; \$103,377 FY 12-13. These expenses will cover facility rentals for community meetings and recreational programs, garbage pickup for beautification days, custodial service, soccer field maintenance, art, recreation, and special event supplies including food for community meetings and culturally appropriate family events. These expenses will be leveraged by in-kind donations that together will meet the full expense.

Travel and Transportation - \$1,800 for FY 11-12; \$2,013 FY 2012-2013. Amounts are based on estimated costs for busing participants to leadership trainings, community meetings, outdoor recreation based adventures etc.

Office Supplies & Materials - \$13,580 for FY 11-12; \$14,452 FY 2012-2013. Estimated cost for items such as

NEW/REVISED PROGRAM DESCRIPTION

Innovation

office supplies, printing, outreach flyers /materials and postage. These expenses also include training materials for 400 students over the period of the grant.

Year 2 = \$119,842

3. Non-Recurring Expenditures: \$8,050

One-time expenses including a laptop with software (\$950); summer day camp and outdoor recreation equipment (\$600). We anticipate spending these funds in first quarter FY 11-12 as we implement this project. Cost of Legion Park Soccer Field (\$6,500) to be covered with leveraged funding sources.

Year 2 = \$0

4. Training & Program Consultants: \$22,260

Peacebuilder Training - \$5,500. Five people will be trained at a cost of \$1,100 each that will in turn train 400 students over the course of the grant. Associated material costs are included under operating expenses.

Parent Partner/ Outreach Assistant (.50 FTE @ \$9/hr) - \$9,360: This contracted position will act as a Parent Assistant. They will be an advocate for transition age youth (TAY) and their families involved in this program and be responsible for helping lead the community chats and neighborhood improvement projects forward. They will ensure engagement and support to TAY families and help families understand this project.

Recreation Peer Mentor/Coach Stipends - \$2,400. These positions will be held by participants and/or successful community leaders who understand the circumstances that youth encounter in transitioning to adulthood. Through their personal experiences, they will be familiar with community resources and how to access them. They will be intimately involved with adolescents, families, significant others, and necessary community support systems to ensure the program's success. Stipends would be provided for two people, \$1,200 each, for two years.

Evaluation Consultant – \$5,000. The innovative nature of our project will require a diverse set of measurements. In an effort to maximize the learning from this project and capture the impact of our work, we will contract with a professional evaluator to create a comprehensive evaluation plan and to help develop assessment tools as needed.

Year 2 = \$16,760 and does not include Peacebuilder Training.

6. Other Expenditures: \$13,143

Administrative Overhead - \$13,143. Expenses that cannot be readily identified to a particular project. Costs include but are not limited to, accounting fees, depreciation, insurance, taxes, utilities, purchasing, inventory management, recruitment and contracting. Calculated at 8.5% of TRT's direct expenses requested from Stanislaus County for each year of the two year period of this grant.

Year 2 = \$13,502

Year 1 Total Proposed Expenditures: \$337,603

Year 2 Total Proposed Expenditures: \$292,050

Total Project Proposed Expenditures: \$629,653

NEW/REVISED PROGRAM DESCRIPTION

Innovation

County: Stanislaus☒ Completely New ProgramProgram Number/Name: INN 10 Revolution Project☐ Revised Previously Approved ProgramDate: August 2011

Complete this form for each new INN Program. For existing INN programs with changes to the primary¹ purpose and/or learning goal, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

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

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.

"Revolution Project" will promote interagency and community collaboration. Revolution Project seeks to engage adults who own businesses or have other civic leadership roles to learn what it takes to resolve existing conflicts with youth from nearby schools and build partnerships that transform mental health in the rural, underserved Westside community of Patterson. Traditional models for conflict resolution between youth and adults have a primary focus on "punishing the problem" or "fixing the youth problem" with little to no focus on increasing common ground through communication, increasing developmental assets of youth, and connecting youth to adults in leadership roles in support of their community. It is expected that increasing youths' high expectations and opportunities for meaningful participation will lower the incidence of involvement in substance abuse and other health/mental health compromising risk behaviors as well as increase youths' resilience, mental and emotional wellness, and academic success.

The Youth Development Committee (YDC) has been wrestling with challenges related to negative adult and youth interactions in a particular area of town that has become a youth "hot spot." This high profile area which includes retail and food establishments is within minutes of the two community high schools and junior high, and is flooded with young people after school hours. Some business owners feel youth are responsible for vandalism and property damage, threatening other customers, and creating an unwelcome and uncomfortable environment. Youth, on the other hand, feel they are devalued and disrespected by some business owners, despite the fact they contribute to their profits. Youth also feel the culture is not friendly toward youth and they are unfairly judged and generally misunderstood. The situation is contributing to negative mental health for the youth, as exhibited by poor decision-making and ineffective problem-solving, anger/coping issues, and increasing the potential to engage in risky or harmful behavior. So far, nothing has been successful in terms of resolving this conflict and it has created a "perfect storm" of opportunity to try something new.

This innovative project will attract the interest of youth and adults from diverse cultures and ethnic groups throughout Stanislaus County and create a new model for youth leadership in civic-minded roles as a way to improve the emotional and mental wellness of youth through strengthened relationships. The project will help support and accelerate county-wide transformation by improving the well-being of youth.

2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a

¹ The term "essential purpose" has been replaced with the term "primary purpose" for INN.

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non-mental health context.

Revolution Project adopts elements from outside the mental health system and introduces new approaches to youth development and resiliency. Revolution will use a community-based opportunity for Patterson youth and adults to communicate and work together to reduce conflict and build their collective interest in preserving and increasing community assets in order to increase mental and emotional wellness.

Key Learning Goals for the Project are:

What are the most impactful strategies for building community engagement in youth development programs in a rural community?

How does improved collaboration between youth and business leaders including shared development of constructive out-of-school activities, help youth experience positive mental health, social experiences, academic success, and well-developed life skills?

Will the collaborative approach be strengthened by encouraging Patterson youth to define *wants* and *needs* to achieve this? Activities to implement Asset Learning Circles:

- Engage and educate broad cross-sections of adults including parents, business owners, spiritual leaders, community members, educators, youth workers, seniors, and other professionals about positive youth development practices and the role of the community in supporting youth.
- Build youth assets by supporting and working with youth to develop a new “hangout” with programming and activities they want and need. Strategies might range from blogs linked to a community website, youth presentations at community organizations/groups, and outreach to small businesses in the community. Staff and youth will implement these strategies and provide quarterly feedback to the steering committee on the outcomes of these efforts.
- Find ways to get community members more involved and connected with local youth by volunteering their time.
- Engage community members to work with project staff to develop strategies for recruiting volunteers to offer activities/programs at the Youth Hub (or other venues).
- Develop new funding and resources.
- Market the hub to community youth.
- Identify 5-7 youth and community leaders to serve as a steering committee for the community engagement project.
- Identify Center for Human Services (CHS) and City staff, youth and adult volunteers, and guest speakers in various combinations to co-facilitate Asset Learning Circles.

As promising strategies are identified, the steering committee will recruit small groups of volunteers to develop additional outreach programs and activities employing that strategy.

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

Community Collaboration:

CHS and the City of Patterson will work together to provide leadership for this project and will also involve other members of the community to implement our learning project including our youth and adult partners (in the YDC, community & civic groups, schools, parents, church and faith based members, etc.). Ultimately, we hope this will result in greater overall community engagement and cohesion.

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Innovation

Cultural Competence:

Youth culture is a significant factor throughout this learning process; diversity in our youth participants will be essential to representing different cultures/ethnicities of the Patterson youth and adults. Both CHS and Behavioral Health and Recovery Services (BHRS) have cultural competence plans and will ensure that Innovation processes and activities are inclusive and reflect the needs of program participants including preferred language.

Wellness, Recovery & Resilience:

The learning activities proposed are intended to develop assets and mental and emotional wellness in both the adult and youth populations in Patterson, focusing on strengths and positive action and ultimate outcome of a more healthy and well-functioning community. A key element of the approach is on well-being and resiliency rather than "fixing a problem."

Client/Family Driven Mental Health System for All Ages:

The project targets youth and adults living in a small, culturally diverse rural community. Youth, their families, and adults in the community will be involved in the design, implementation, and evaluation of all learning activities.

Integrated Service Experience:

Through its familiarity with and understanding of the mental health system and service providers within Stanislaus County, Revolution Project will utilize linkages and make referrals that promote positive interactions for consumers and family members when the need arises.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.

Ethnically and culturally diverse youth living in Patterson or attending Patterson Unified School District schools, ages 12-18, will be our primary targeted youth population. Primary languages spoken are English and Spanish. Youth will be involved at all levels of the project including training of adults, task force, steering committees, and project evaluation. 50-100 youth and 50-100 adults are expected to participate in this project annually.

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.

Revolution project is expected to be 24 months in duration.

First three months:

- Recruit and hire Program Coordinator and Youth Specialist
- Connect with partners/consultants and provide intensive youth development training for project staff and partners
- Develop structure and activities for Asset Learning Circles
- Lease Youth Hub space
- Form youth/adult task force to begin Youth Hub development
- Work with evaluator to develop evaluation plan and tools/strategies
- Identify potential Asset Learning Circle participants

Next six months:

- Begin Asset Learning Circles
- Youth Hub kickoff (programming/activities begin)

NEW/REVISED PROGRAM DESCRIPTION

Innovation

- Provide ongoing youth development training or support as needed for adult and youth partners
- Convene steering committee to work on community volunteer engagement
- Begin developing community youth development foundation/plan

Next three months:

- Begin utilizing volunteers in youth programs
- Evaluate programming, impact, and results of Asset Learning Circles, Youth Hub, youth programming coordination, and make adjustments to strategies as needed
- Continue ongoing learning activities (Learning Circles, programs/outreach via Youth Hub, volunteer/community engagement, youth development training)
- Share project progress throughout the Patterson community through youth & adult presentations to various groups. Celebrate successes with public events.

Second year:

- Ensure all (3) learning components (Asset Learning Circles, Youth Hub and community/volunteer engagement) are ongoing and supported
- Work with partners to look at what can be sustained in terms of efforts and make plans to enlist broad community/volunteer and funding support
- Continue program evaluation and sharing within the community

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

The over-arching goal for the Revolution project is to build community assets that support positive youth development including mental and emotional wellness in Patterson. Expected outcomes include:

- More adults will understand and support the core principles of youth development (including 40 Development Assets) and practice them in every day life.
- Adults will reinforce and nurture the strengths and potential of local youth instead of focusing on youth as "problems."
- There will be an increase in the number of caring adults engaging youth in Patterson which will produce greater assets and resiliency in the youth.
- Youth will feel valued, respected, and included as community members, creating a greater sense of personal well-being and mental health.
- Youth and adults will be connected and work together; learning from each other and developing mutually respectful relationships.
- Adults who volunteer to support youth in the community will experience a positive sense of purpose by "giving back" and sharing their time and talents.

A variety of evaluation strategies to measure impact, knowledge, and change with adults, youth, and volunteers including surveys and feedback, focus groups, records of volunteers, and activities and information gathering from various representative community groups and partners. An Organizational Consultant will be employed to develop and implement a series of evaluation instruments and processes to measure project impact. A combination of the following to track individual outcomes and process effectiveness:

- Adult youth development questionnaire
- Pre/post surveys for Asset Learning Circles
- Questionnaire/tool for youth to engage peers to assist in the development of the Youth Hub
- Youth asset & knowledge surveys conducted with youth attending Hub or other partner activities related to

NEW/REVISED PROGRAM DESCRIPTION

Innovation

this project to determine impact and knowledge of local resources/programs

- Community survey to assess knowledge of youth programs and willingness to get involved
- Anecdotal information and stories gathered in partner meetings or any project activities

We will share what we have learned throughout the project duration.

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

In-kind donations will be leveraged in the amount of \$45,000 for this two year project.

Year 1 - \$22,500

Year 2 - \$22,500

6. Please provide a budget narrative for total projected costs for the entire duration of the Innovation Program, and also provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

Program INN 10 Revolution is a two year project with a cost of \$192,070.

Year 1 - \$95,203

Year 2 - \$96,867

This budget is based on Program Director and Coordinator salaries; training, rent, utilities, telephone, travel, youth incentives, food, and recreation; contract services and administrative overhead expenses that will allow testing of the project model and meet the learning goals of providing evidence that building community assets supports positive youth development, and helps Patterson residents shift the negative perceptions they have of youth while developing more young people who will become strong, resilient, and positive contributors to the community in which they live.

7. Provide an estimated annual program budget, utilizing the following line items.

NEW ANNUAL PROGRAM BUDGET

A. EXPENDITURES

	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel			\$ 48,235	\$ 48,235
2.	Operating Expenditures			39,550	39,550
3.	Non-recurring Expenditures				
4.	Contracts (Training Consultant Contracts)			17,500	17,500
5.	Work Plan Management				
6.	Other Expenditures			12,418	12,418
	Total Proposed Expenditures			\$117,703	\$117,703
B. REVENUES					

NEW/REVISED PROGRAM DESCRIPTION
Innovation

1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues			\$22,500	\$22,500
	Total Revenues			\$22,500	\$22,500
	C. TOTAL FUNDING REQUESTED			\$95,203	\$95,203

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.

1. Personnel: \$48,235

.05 FTE Program Director- \$3,128. (104 hours annually): Provides project oversight and supervises the Project Manager. Will assist with project development, fiscal, and contract management.

1 FTE Project Coordinator - \$35,460 (2080 hours annually): Duties include working with the City of Patterson, YDC, and youth/adult partners on the project task force/steering committees to plan and implement all project activities. The Coordinator will organize & develop training related to youth development and Asset Learning Circles. Other duties include contract and budget management, and working with the evaluator to implement all aspects of evaluation.

Payroll Taxes/Fringe Benefits - \$9,647 (25% of total salary expenses). These are direct charges for FICA, Medicare, State Unemployment Insurance (SUI), workers compensation, and group insurance. The cost share for these services is calculated as a percentage of overall personnel labor charges.

Year 2 adds a 3% Cost of Living Adjustment (COLA) and increases to \$49,682.

2. Operating Expenditures: \$39,550

Training (\$1,500): Includes costs for consultation and potential trainers.

Rent (\$11,250): Funds will be used to pay half of the lease of a site for the Youth Hub (total lease cost/month = \$1,875).

Utilities (\$3,600): Funds to pay for electricity at Youth Hub.

Telephone (\$1,200): Funds to pay for monthly telephone/cell phone expenses.

Mileage/Transportation Support (\$500): Funds will be used for staff mileage for project related travel.

Youth Incentives (\$1,000): Funds will be used to assist in youth engagement and participation, and to reward youth taking on leadership roles in the project.

Food (\$500): Funds will be used for the purchase of food and snacks for project groups, meetings and activities.

Recreation (\$20,000): Includes in-kind from City of Patterson for use of senior center and swim passes (\$5,000), and in-kind from CHS for Teen Center staff, equipment, supplies, food and van (\$15,000).

NEW/REVISED PROGRAM DESCRIPTION
Innovation

4. Contracts: \$17,500

Contract Services-Project Evaluation (\$5,000): Funds will be utilized to contract with Dr. Jamie McCreary to develop an evaluation plan. Cost includes creation of measurement tools, administration schedule, and analysis/reports on results.

Contract Services-City of Patterson (\$10,000): Funds will be used to contract with the City of Patterson Parks and Recreation Department to provide a part-time (.5 FTE) Youth Specialist who will work with the Program Coordinator and other youth partners to implement program activities.

Training Consultant – (\$2,500): Estimated value of CHS Youth Development training/consultation and education materials (in-kind).

6. Other Expenditures: \$12,418

Indirect/Admin Costs: Expenses that cannot be readily identified with a particular final cost objective and include costs related to payroll services, benefits management, finance functions, human resources, etc. CHS has a federally approved indirect rate of 15% for 2011-2012 and will apply that rate to this funding (excluding in-kind costs).

Year 2 = \$12,635

Year 1 Total Proposed Expenditures: \$117,703

Year 2 Total Proposed Expenditures: \$119,367

Total Project Proposed Expenditures: \$237,070

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: Stanislaus

Select One:

- ☐ New
☒ Existing
☐ Completed Project (PIER)

Project Name: Consumer/Family Access to Computing ResourcesProject Number: SU-02**TECHNOLOGICAL NEEDS NEW PROJECT – N/A**

Check at least one box from each group that describes this MHSa Technological Needs project category:

- ☐ New system
☐ Increases the number of users of an existing system
☐ Extends the functionality of an existing system
☐ Supports goal of modernization/transformation
☐ Supports goal of client and family empowerment

Indicate the type (and subtype if applicable) of MHSa Technological Needs Project and
 provide the Vendor/Consultant information:

ELECTRONIC HEALTH RECORD (EHR) SYSTEM PROJECTS (Check All That Apply)

<input type="checkbox"/> Needs Assessment and Vendor Selection <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Vendor Selection Process	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Infrastructure, Security, and Privacy	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Practice Management <input type="checkbox"/> Electronic Registration <input type="checkbox"/> Electronic Scheduling <input type="checkbox"/> Billing Interface with State <input type="checkbox"/> Billing Interface with Contract Providers	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Clinical Data Management <input type="checkbox"/> Assessment and Treatment Plan <input type="checkbox"/> Document Imaging <input type="checkbox"/> Clinical Notes Module	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Computerized Provider Order Entry <input type="checkbox"/> Lab – Internal <input type="checkbox"/> Lab – External <input type="checkbox"/> Pharmacy – Internal <input type="checkbox"/> Pharmacy – External	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Interoperability Components <input type="checkbox"/> Messaging – Data transfer between different systems with different data standards. <input type="checkbox"/> Record Exchange – Data transfer between two systems that share a common structural design.	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Full Electronic Health Record (EHR) with Interoperability Components (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies)	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal

CLIENT AND FAMILY EMPOWERMENT PROJECTS

<input type="checkbox"/> Client/Family Access to Computing Resources	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Personal Health Record (PHR) System	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal

<input type="checkbox"/> Online Information Resource (Expansion / Leveraging Information Sharing Services)	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal														
OTHER TECHNOLOGICAL NEEDS PROJECTS THAT SUPPORT MHSA OPERATIONS <i>Not Applicable</i>															
<input type="checkbox"/> Telemedicine and Other Rural / Underserved Service Access Methods	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal														
<input type="checkbox"/> Pilot Projects to Monitor New Programs and Service Outcome Improvement	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal														
<input type="checkbox"/> Data Warehousing /Decision Support	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal														
<input type="checkbox"/> Imaging/Paper Conversion	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal														
TECHNOLOGICAL NEEDS NEW PROJECT DESCRIPTION															
1. Provide an Executive Summary of your Project: <div style="border: 1px solid black; padding: 5px; min-height: 40px;"> <i>Not Applicable (not a new project).</i> </div>															
2. Describe how your Technological Needs Projects will meet MHSA's goal of the Integrated Information Systems Infrastructure (IISI): <div style="border: 1px solid black; height: 40px;"></div>															
A Project Management Overview is required. Do you certify that you have completed or will complete each of the following plans? <input type="checkbox"/> Yes or <input type="checkbox"/> No															
a. Independent Project Oversight b. Integration Management c. Scope Management d. Time Management e. Cost Management f. Quality Management	g. Human Resource Management h. Communication Management i. Procurement Management j. Risk Assessment k. Change Control Plan l. Needs Assessment														
3. Complete a proposed implementation timeline with the following major EHR categories (Example below):															
Integrated EHR Roadmap <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 14%;">2006</td> <td style="width: 14%;">2008</td> <td style="width: 14%;">2009</td> <td style="width: 14%;">2010</td> <td style="width: 14%;">2012</td> <td style="width: 14%;">2014</td> <td style="width: 14%;">2015</td> </tr> <tr> <td style="background-color: #90EE90;">Needs Assessment and RFP/Vendor Selection</td> <td style="background-color: #90EE90;">Infrastructure</td> <td style="background-color: #4169E1;">Practice Management</td> <td style="background-color: #800080;">EHR "Lite" Clinical Notes and History <small>On-Line Clinical Notes</small></td> <td style="background-color: #FF00FF;">Ordering and Viewing / E-Prescribing and Lab</td> <td style="background-color: #FF0000;">Full EHR</td> <td style="background-color: #FFD700;">Fully Integrated EHR and PHR</td> </tr> </table>		2006	2008	2009	2010	2012	2014	2015	Needs Assessment and RFP/Vendor Selection	Infrastructure	Practice Management	EHR "Lite" Clinical Notes and History <small>On-Line Clinical Notes</small>	Ordering and Viewing / E-Prescribing and Lab	Full EHR	Fully Integrated EHR and PHR
2006	2008	2009	2010	2012	2014	2015									
Needs Assessment and RFP/Vendor Selection	Infrastructure	Practice Management	EHR "Lite" Clinical Notes and History <small>On-Line Clinical Notes</small>	Ordering and Viewing / E-Prescribing and Lab	Full EHR	Fully Integrated EHR and PHR									
NOTE: Your implementation plan may not be in this order.															
4. Will funding be used for Data Collection Reporting (DCR)? <input type="checkbox"/> Yes or <input type="checkbox"/> No															
6. EHR and PHR Standards and Requirements: If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at: http://www.dmh.ca.gov/Prop_63/MHSA/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf															
7. Project Proposed Start Date: Proposed End Date:															

TECHNOLOGICAL NEEDS EXISTING PROJECT

Please provide the following information when requesting additional funds for existing projects only:

1. Provide a justification how this request is a continuation of a previously approved project and not a new project.

The proposed expansion is entirely consistent with the purpose of the originally approved existing project Consumer/Family Access to Computer Resources and meets the precise objectives of the original project of introducing access as well as facilitating increased access to consumers and family members that will support wellness, recovery and resiliency goals through modern technological resources. This project is central to successful implementation of the anticipated Personal Health Record aspect of Electronic Health Record in the future.

The expanded project is a broadening scope that increases resources primarily for youth and is based on input from transition aged youth who actively use technology to support their emotional health and wellness goals. There is no change in the original concept and focus of the Consumer/Family Access to Computer Resources project, there is an expansion of resource to incorporate additional stakeholder input.

2. Why was the initial funding insufficient? Check all boxes that apply and provide a brief explanation.

- | | |
|--|--|
| a. <input type="checkbox"/> Project manager performance | h. <input type="checkbox"/> Change in Vendor/Contract services cost |
| b. <input type="checkbox"/> Project staffing | i. <input type="checkbox"/> Change in cost of materials (hardware, software, etc.) |
| c. <input type="checkbox"/> Requirements not completely defined | j. <input type="checkbox"/> Personnel cost increase |
| d. <input checked="" type="checkbox"/> Change in scope - expansion | k. <input type="checkbox"/> Delay in RFP process |
| e. <input type="checkbox"/> Difficulties in customizing COTS | l. <input type="checkbox"/> Insufficient management support |
| f. <input type="checkbox"/> Delay in project start date | m. <input type="checkbox"/> Training issues |
| g. <input type="checkbox"/> Completion date has lapsed | n. <input checked="" type="checkbox"/> Other – expanded to achieve goals |

Explanation:

In continued meetings with Transition Aged Young Adult stakeholders, several additional services and project components (web-based services, social networking, computer applications, and additional computer hardware) were identified as desirable to support emotional health and resiliency among transition aged youth. The initial deployments related to this project have been well-received and more resources have been requested specific to youth needs and use of technology. Additionally, Stanislaus County BHRS will deploy more web- and cloud-based services to continue to provide services outside of the traditional physical service delivery locations in community-based agency partners.

3. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide a brief explanation.

- | | |
|---|--|
| a. <input type="checkbox"/> Project organization | j. <input type="checkbox"/> Project phasing |
| b. <input type="checkbox"/> Project management resources | k. <input type="checkbox"/> Change management plan |
| c. <input type="checkbox"/> Support resources | l. <input type="checkbox"/> Risk management plan |
| d. <input type="checkbox"/> Development and maintenance resources | m. <input checked="" type="checkbox"/> Contract services costs |
| e. <input type="checkbox"/> Quality assurance testing resources | n. <input checked="" type="checkbox"/> Hardware costs |
| f. <input type="checkbox"/> Project plan dates (schedule) | o. <input checked="" type="checkbox"/> Software costs |
| g. <input type="checkbox"/> Project scope | p. <input type="checkbox"/> Personnel costs |
| h. <input type="checkbox"/> Project roles and responsibilities | q. <input checked="" type="checkbox"/> Other costs |
| i. <input type="checkbox"/> Project monitoring and oversight | r. <input type="checkbox"/> Training provisions |

Explanation:

Additional computers, application software and web-based services will be purchased and deployed based on feedback from stakeholders. Contract services will be utilized to provide consultation, procurement, and implementation expertise. A 15% indirect administrative cost has been included to support financial services, contracts, and data management staff time and resource contributions.

PROJECT BUDGET**A. EXPENDITURES**

	Type of Expenditure	FY 11/12	FY 12/13	FY 13/14	Total
1.	Personnel	-0-	-0-	-0-	-0-
2.	Hardware	\$ 5,000	\$ 5,000	\$ 5,000	\$15,000
3.	Software	13,000	3,000	3,000	19,000
4.	Contract Services	20,000	20,000	20,000	60,000
5.	Indirect Administrative Cost	1,900	1,400	1,400	4,700
	Total Proposed Expenditures	\$39,900	\$29,400	\$29,400	\$98,700
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues	-0-	-0-	-0-	-0-
C. TOTAL FUNDING REQUESTED		\$39,900	\$29,400	\$29,400	\$98,700

D. BUDGET NARRATIVE

1. Provide a detailed budget narrative explaining the proposed project expenditures for each line item.

A. EXPENDITURES1. Personnel Costs:

N/A – Sufficient personnel costs remaining in the original project budget SU-02.

2. Hardware:

Estimated costs to purchase laptops/PCs (\$8,500), wireless networking (\$1,000), projectors (\$3,000), printers (\$1,500) and special accommodations PC equipment i.e. ergo keyboards (\$1,000) for consumers and family members use.

3. Software:

Costs to purchase desktop software i.e. Adobe Creative Suite (\$7,000), server and client access licenses i.e. Microsoft, CALs/Maint, etc. (\$10,000), and special accommodations software i.e. Dragon (\$2,000),

4. Contract Services:

Vendor costs for Internet/Wireless Network access (\$10,000), hosted collaboration tools i.e. Google Apps (\$15,000), Cloud-based education/networking/training services (\$20,000), and mobile software development services i.e. iOS, Android etc. (\$15,000) to give consumers and family members access, knowledge and experience with up to date technological tools and capabilities.

5. Indirect Administrative Cost:

Reflects 5% of total Hardware, Software & Contract Services costs (\$94,000) and are expenses that cannot be readily identified to a particular project. Costs include financial services, contracts, purchasing and Data Management Systems oversight management for this project expansion.

TECHNOLOGICAL NEEDS POST IMPLEMENTATION EVALUATION REPORT (PIER) - N/A**Basic Information**

Actual Start Date: ____/____/____ ☐ Check if different than planned start date in original project proposal
 Actual Completion Date: ____/____/____ ☐ Check if different than planned completion date in original project proposal

What was the final Project Schedule Status?

- ☐ Project was completed on time
☐ Project was completed early
☐ Project was completed late

What was the final Project Budget Status?

- ☐ Project was completed within approved budget
☐ Project was completed over budget – Final Cost: MHSA funds - \$_____ Non-MHSA funds - \$_____
☐ Project was completed under budget – Final Cost: MHSA funds - \$_____ Non-MHSA funds - \$_____

Objectives Achieved

Describe the achieved objectives of the project. Also describe the User and Management Acceptance of the Completed Project.

Lessons Learned

Please select the categories which best describe your lessons learned:

- | | |
|--|---|
| a. <input type="checkbox"/> Scope (planning, defining, verifying, and controlling) | h. <input type="checkbox"/> Cost (estimating, budgeting, and control) |
| b. <input type="checkbox"/> Documentation (requirements and use cases) | i. <input type="checkbox"/> Human Resources (team acquisition, development, management, and turnover) |
| c. <input type="checkbox"/> Development (design, coding, and data) | j. <input type="checkbox"/> Communications (info distribution and reporting) |
| d. <input type="checkbox"/> Quality (assurance, control, metrics, and testing) | k. <input type="checkbox"/> Procurement (purchase, acquisitions, and contracting) |
| e. <input type="checkbox"/> Implementation (installation and deployment) | l. <input type="checkbox"/> Training (system education) |
| f. <input type="checkbox"/> Risk (identification, response, and control) | m. <input type="checkbox"/> User acceptance (sponsorship and buy-off) |
| g. <input type="checkbox"/> Time (sequencing, estimating, and scheduling) | |

Describe lessons learned, best practices used for the Project, any notable occurrences or factors that contributed to the Project's success or problems, or other information which could be helpful during future Project efforts. Describe problems that were encountered and how they were overcome.

Corrective Actions

This section will have to be included when the Project is deemed to be a Limited Success or Failure, or when there are Significant Differences between Project Expectations and Project Results. If this condition applies, summarize alternatives for improving the outcome.

Next Steps

Describe if the Project has any future phases or enhancements; or if it be in maintenance phase.

CERTIFICATION STATEMENT

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

I certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met.

All documents in the Funding Request and/or Post Implementation Evaluation Report (PIER) are true and correct.

Paul Gibson

Chief Information Officer (Print)

Signature

Date

Ron Gandy, CPA

HIPAA Privacy/Security Officer (Print)

Signature

Date

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: StanislausProject Name Electronic Health Data Warehousing ProjectProject Number: SU-03

Select One:

- ☒ New
☐ Existing
☐ Completed Project (PIER)

TECHNOLOGICAL NEEDS NEW PROJECT

Check at least one box from each group that describes this MHSa Technological Needs project category:

- ☐ New system
☒ Increases the number of users of an existing system
☒ Extends the functionality of an existing system
☒ Supports goal of modernization/transformation
☐ Supports goal of client and family empowerment

Indicate the type (and subtype if applicable) of MHSa Technological Needs Project and provide the Vendor/Consultant information:

ELECTRONIC HEALTH RECORD (EHR) SYSTEM PROJECTS (Check All That Apply) NOT APPLICABLE

<input type="checkbox"/> Needs Assessment and Vendor Selection <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Vendor Selection Process	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Infrastructure, Security, and Privacy	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Practice Management <input type="checkbox"/> Electronic Registration <input type="checkbox"/> Electronic Scheduling <input type="checkbox"/> Billing Interface with State <input type="checkbox"/> Billing Interface with Contract Providers	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Clinical Data Management <input type="checkbox"/> Assessment and Treatment Plan <input type="checkbox"/> Document Imaging <input type="checkbox"/> Clinical Notes Module	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Computerized Provider Order Entry <input type="checkbox"/> Lab – Internal <input type="checkbox"/> Lab – External <input type="checkbox"/> Pharmacy – Internal <input type="checkbox"/> Pharmacy – External	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Interoperability Components <input type="checkbox"/> Messaging – Data transfer between different systems with different data standards. <input type="checkbox"/> Record Exchange – Data transfer between two systems that share a common structural design.	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Full Electronic Health Record (EHR) with Interoperability Components (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies)	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal

CLIENT AND FAMILY EMPOWERMENT PROJECTS NOT APPLICABLE

<input type="checkbox"/> Client/Family Access to Computing Resources	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Personal Health Record (PHR) System	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Online Information Resource (Expansion / Leveraging Information Sharing Services)	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal

OTHER TECHNOLOGICAL NEEDS PROJECTS THAT SUPPORT MHSA OPERATIONS

<input type="checkbox"/> Telemedicine and Other Rural / Underserved Service Access Methods	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Pilot Projects to Monitor New Programs and Service Outcome Improvement	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input checked="" type="checkbox"/> Data Warehousing /Decision Support	<input checked="" type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input checked="" type="checkbox"/> Internal
<input type="checkbox"/> Imaging/Paper Conversion	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal

TECHNOLOGICAL NEEDS NEW PROJECT DESCRIPTION**1. Provide an Executive Summary of your Project:**

This new Technological Needs Project proposes to support implementation of an integrated Electronic Health Data Warehouse that can serve as the system-of-record for internal quality improvements, maintenance, surveillance, reporting, and auditing requirements. The Data Warehouse will combine data from the County's Electronic Health Record as well as other Behavioral Health and Recovery Information Systems to provide timely, accurate, and actionable information via user-focused dashboards to coordinators, managers and senior leadership. Data warehousing is a process for assembling and managing data for various sources and can potentially provide numerous benefits to an organization with regard to quality improvement, decision support and analysis of outcome measurement data.

BHRS Senior Leadership Team is confident that we can achieve this greater level of data management capability, and by so doing, BHRS will be better positioned to promote better outcomes and determine that service recipients are better off as a result of the services they and their family members have received.

2. Describe how your Technological Needs Projects will meet MHSA's goal of the Integrated Information Systems Infrastructure (IISI):

This project proposes to be a continuation of Stanislaus County Behavioral Health and Recovery Services (BHRS) strategy of developing our own Integrated Information Systems Infrastructure (IISI) that aligns with MHSA's IISI goals. Expanded Data Warehouse capability significantly forwards that strategy.

The components of the IISI will ultimately include public-facing services such as a community portal; partnership-supporting elements such as shared document management solutions and our Electronic Health Record; and outcomes-focused tools such as a dashboard for measuring to what extent our services are making a difference in the lives of service recipients of all ages. The common link between these components is data; data extracted, compiled or computed from multiple sources. An underlying structure must exist to support making sense of all that data in the form of a data warehouse.

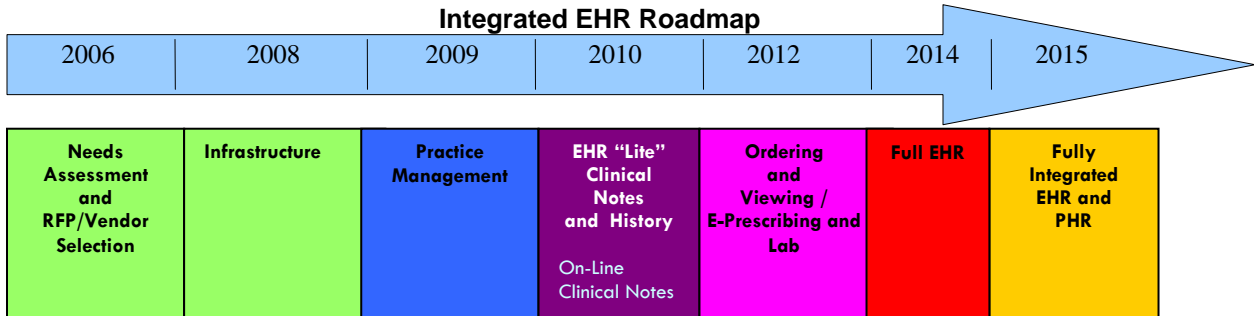
The proposed Data Warehouse project will be composed of hardware and software, and significant purchases will be required to build out the capacity as well as external expertise to help bring the Data Warehouse to fruition. Components of the Data Warehouse will include databases, reporting tools, storage management, and business continuity elements. In order to make the most efficient use of the hardware to be purchased in the Data Warehouse project, server virtualization technologies will be used as well as data de-duplication software and shared storage solutions. An initial public-facing portal will be developed, though a more robust portal will be considered as another measure. The Data Warehouse will support the Electronic Health Record already being implemented as well as document imaging requirements described separately in this proposed TN plan.

Stanislaus County Behavioral Health and Recovery Services has extensive experience in data warehousing operations, however, the increased emphasis on data in Mental Health Services Act statewide trends will require a local data warehouse of a far greater scale than currently exists.

3. A Project Management Overview is required. Do you certify that you have completed or will complete each of the following plans? ☒ Yes or ☐ No

- | | |
|----------------------------------|------------------------------|
| a. Independent Project Oversight | g. Human Resource Management |
| b. Integration Management | h. Communication Management |
| c. Scope Management | i. Procurement Management |
| d. Time Management | j. Risk Assessment |
| e. Cost Management | k. Change Control Plan |
| f. Quality Management | l. Needs Assessment |

4. Complete a proposed implementation timeline with the following major EHR categories (Example below):



NOTE: Your implementation plan may not be in this order.

5. Will funding be used for Data Collection Reporting (DCR)? ☒ Yes or ☐ No

6. EHR and PHR Standards and Requirements: NOT APPLICABLE

If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at:
http://www.dmh.ca.gov/Prop_63/MHSA/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf

7. Project:

Proposed Start Date: 12/01/11

Proposed End Date: 12/31/13

TECHNOLOGICAL NEEDS EXISTING PROJECT – N/A

Please provide the following information when requesting additional funds for existing projects only:

1. Provide a justification how this request is a continuation of a previously approved project and not a new project.

2. Why was the initial funding insufficient? Check all boxes that apply and provide a brief explanation.

- | | |
|---|--|
| a. <input type="checkbox"/> Project manager performance | h. <input type="checkbox"/> Change in Vendor/Contract services cost |
| b. <input type="checkbox"/> Project staffing | i. <input type="checkbox"/> Change in cost of materials (hardware, software, etc.) |
| c. <input type="checkbox"/> Requirements not completely defined | j. <input type="checkbox"/> Personnel cost increase |
| d. <input type="checkbox"/> Change in scope | k. <input type="checkbox"/> Delay in RFP process |
| e. <input type="checkbox"/> Difficulties in customizing COTS | l. <input type="checkbox"/> Insufficient management support |
| f. <input type="checkbox"/> Delay in project start date | m. <input type="checkbox"/> Training issues |
| g. <input type="checkbox"/> Completion date has lapsed | n. <input type="checkbox"/> Other |

Explanation:

3. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide a brief explanation. N/A

- | | |
|---|---|
| a. <input type="checkbox"/> Project organization | j. <input type="checkbox"/> Project phasing |
| b. <input type="checkbox"/> Project management resources | k. <input type="checkbox"/> Change management plan |
| c. <input type="checkbox"/> Support resources | l. <input type="checkbox"/> Risk management plan |
| d. <input type="checkbox"/> Development and maintenance resources | m. <input type="checkbox"/> Contract services costs |
| e. <input type="checkbox"/> Quality assurance testing resources | n. <input type="checkbox"/> Hardware costs |
| f. <input type="checkbox"/> Project plan dates (schedule) | o. <input type="checkbox"/> Software costs |
| g. <input type="checkbox"/> Project scope | p. <input type="checkbox"/> Personnel costs |
| h. <input type="checkbox"/> Project roles and responsibilities | q. <input type="checkbox"/> Other costs |
| i. <input type="checkbox"/> Project monitoring and oversight | r. <input type="checkbox"/> Training provisions |

Explanation:

PROJECT BUDGET

A. EXPENDITURES

	Type of Expenditure	FY 11/12	FY 12/13	FY 13/14	Total
1.	Personnel	\$ 57,028	\$160,887	\$ 90,038	\$307,953
2.	Hardware	100,000	50,000	10,000	160,000
3.	Software	70,000	30,000	10,000	110,000
4.	Contract Services	10,000	25,000	5,000	40,000
5.	Indirect Administrative Cost	8,554	24,133	13,506	46,193
	Total Proposed Expenditures	\$245,582	\$290,020	\$128,544	\$664,146

B. REVENUES

1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues – AOD Funding	\$28,831	\$34,048	\$15,091	\$77,970
	Total Revenues	\$28,831	\$34,048	\$15,091	\$77,970

C. TOTAL FUNDING REQUESTED

	\$216,751	\$255,972	\$113,453	\$586,176
--	------------------	------------------	------------------	------------------

D. BUDGET NARRATIVE

1. Provide a detailed budget narrative explaining the proposed project expenditures for each line item.

A. EXPENDITURES**1. Personnel Costs:**

Based on the number of projected hours, 4,750, for five Data Management Systems staff partial FTEs. Salaries have been calculated at the highest step (Step 5) of the current county hourly rates schedule, with a 5% cost of living adjustment (COLA) added for FY 13/14. Fringe benefits have been calculated as 52% of salary costs and include Retirement, Group Health and Dental Insurance, FICA, Medicare, Workers Comp, Disability and Unemployment Insurance.

2. Hardware:

Estimated costs to purchase SAN storage (\$100,000), servers (\$20,000) and additional hardware upgrades (\$40,000) for developing, implementing and maintaining a Data Warehouse that meets present and future needs.

3. Software:

Costs to purchase Secure Portal (\$30,000), Server Virtualization (\$30,000) and Dashboard (\$20,000) software, plus other additional software upgrades and licenses (\$30,000) needed for developing, implementing and maintaining a Data Warehouse that will meet data collection and reporting requests and requirements.

4. Contract Services:

Vendor costs for consultation, procurement, and implementation of the Secure Portal and Dashboard Software and other Data Warehouse Project components as needed.

5. Indirect Administrative Cost:

Reflects 15% of Salary & Benefit costs and are expenses that cannot be readily identified to a particular project. Costs include payroll services, human resources, financial services, contracts, purchasing and oversight management for this project.

B. REVENUE**c. Other Revenues:**

The calculated portion of Alcohol & Other Drug Services (AOD) costs based on active, unduplicated cases as of 12/31/09 - 11.74% x Total Proposed Expenditures.

TECHNOLOGICAL NEEDS POST IMPLEMENTATION EVALUATION REPORT (PIER) – N/A**Basic Information**

Actual Start Date: ____/____/____ ☐ Check if different than planned start date in original project proposal
 Actual Completion Date: ____/____/____ ☐ Check if different than planned completion date in original project proposal

What was the final Project Schedule Status?

- ☐ Project was completed on time
☐ Project was completed early
☐ Project was completed late

What was the final Project Budget Status?

- ☐ Project was completed within approved budget
☐ Project was completed over budget – Final Cost: MHSA funds - \$_____ Non-MHSA funds - \$_____
☐ Project was completed under budget – Final Cost: MHSA funds - \$_____ Non-MHSA funds - \$_____

Objectives Achieved

Describe the achieved objectives of the project. Also describe the User and Management Acceptance of the Completed Project.

Lessons Learned

Please select the categories which best describe your lessons learned:

- | | |
|--|---|
| a. <input type="checkbox"/> Scope (planning, defining, verifying, and controlling) | h. <input type="checkbox"/> Cost (estimating, budgeting, and control) |
| b. <input type="checkbox"/> Documentation (requirements and use cases) | i. <input type="checkbox"/> Human Resources (team acquisition, development, management, and turnover) |
| c. <input type="checkbox"/> Development (design, coding, and data) | j. <input type="checkbox"/> Communications (info distribution and reporting) |
| d. <input type="checkbox"/> Quality (assurance, control, metrics, and testing) | k. <input type="checkbox"/> Procurement (purchase, acquisitions, and contracting) |
| e. <input type="checkbox"/> Implementation (installation and deployment) | l. <input type="checkbox"/> Training (system education) |
| f. <input type="checkbox"/> Risk (identification, response, and control) | m. <input type="checkbox"/> User acceptance (sponsorship and buy-off) |
| g. <input type="checkbox"/> Time (sequencing, estimating, and scheduling) | |

Describe lessons learned, best practices used for the Project, any notable occurrences or factors that contributed to the Project's success or problems, or other information which could be helpful during future Project efforts. Describe problems that were encountered and how they were overcome.

Corrective Actions

This section will have to be included when the Project is deemed to be a Limited Success or Failure, or when there are Significant Differences between Project Expectations and Project Results. If this condition applies, summarize alternatives for improving the outcome.

Next Steps

Describe if the Project has any future phases or enhancements; or if it be in maintenance phase.

CERTIFICATION STATEMENT

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

I certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met.

All documents in the Funding Request and/or Post Implementation Evaluation Report (PIER) are true and correct.

Paul Gibson

Chief Information Officer (Print)

Signature

Date

Ron Gandy, CPA

HIPAA Privacy/Security Officer (Print)

Signature

Date

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: StanislausProject Name: Document ImagingProject Number: SU-04

Select One:

- ☒ New
☐ Existing
☐ Completed Project (PIER)

TECHNOLOGICAL NEEDS NEW PROJECT

Check at least one box from each group that describes this MHSa Technological Needs project category:

- ☒ New system
☐ Increases the number of users of an existing system
☒ Extends the functionality of an existing system
☒ Supports goal of modernization/transformation
☐ Supports goal of client and family empowerment

Indicate the type (and subtype if applicable) of MHSa Technological Needs Project and provide the Vendor/Consultant information:

ELECTRONIC HEALTH RECORD (EHR) SYSTEM PROJECTS (Check All That Apply) –N/A

<input type="checkbox"/> Needs Assessment and Vendor Selection <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Vendor Selection Process	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Infrastructure, Security, and Privacy	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Practice Management <input type="checkbox"/> Electronic Registration <input type="checkbox"/> Electronic Scheduling <input type="checkbox"/> Billing Interface with State <input type="checkbox"/> Billing Interface with Contract Providers	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Clinical Data Management <input type="checkbox"/> Assessment and Treatment Plan <input type="checkbox"/> Document Imaging <input type="checkbox"/> Clinical Notes Module	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Computerized Provider Order Entry <input type="checkbox"/> Lab – Internal <input type="checkbox"/> Lab – External <input type="checkbox"/> Pharmacy – Internal <input type="checkbox"/> Pharmacy – External	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Interoperability Components <input type="checkbox"/> Messaging – Data transfer between different systems with different data standards. <input type="checkbox"/> Record Exchange – Data transfer between two systems that share a common structural design.	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Full Electronic Health Record (EHR) with Interoperability Components (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies)	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal

CLIENT AND FAMILY EMPOWERMENT PROJECTS –N/A

<input type="checkbox"/> Client/Family Access to Computing Resources	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Personal Health Record (PHR) System	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Online Information Resource (Expansion / Leveraging Information Sharing Services)	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal

OTHER TECHNOLOGICAL NEEDS PROJECTS THAT SUPPORT MHSA OPERATIONS

<input type="checkbox"/> Telemedicine and Other Rural / Underserved Service Access Methods	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Pilot Projects to Monitor New Programs and Service Outcome Improvement	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Data Warehousing /Decision Support	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input checked="" type="checkbox"/> Imaging/Paper Conversion	<input checked="" type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input checked="" type="checkbox"/> Internal

TECHNOLOGICAL NEEDS NEW PROJECT DESCRIPTION**1. Provide an Executive Summary of your Project:**

The proposed Document Imaging Project will provide both a repository of historical charts and other client data in electronic form that will act as a key component in improved quality of health service delivery as well as a capability going forward to reduce and ultimately eliminate paper-based processes in Stanislaus County Behavioral Health and Recovery Services.

This project will provide the capability to capture, store, manage, retrieve, and route documentation in a secure electronic manner. Document imaging, paper documents, photos, and graphics can be scanned and saved as images, organized into folders, linked to business applications, and retrieved by the users. Benefits of the proposed imaging system will include ease of search and retrieval, internet access of scanned images, transfer of images, microfilm replacement, space and storage reduction, and preservation of document integrity.

2. Describe how your Technological Needs Projects will meet MHSA's goal of the Integrated Information Systems Infrastructure (IISI):

In building out a document imaging capability in Behavioral Health and Recovery Services, we will be continuing our strategy of developing our own Integrated Information Systems Infrastructure (IISI) that aligns with MHSA's IISI goals. The components of the IISI will ultimately include public-facing services such as a community portal; partnership-supporting elements such as shared document management solutions and our Electronic Health Record; and outcomes-focused tools such as a dashboard for measuring to what extent our services are making a difference in the lives of our clients.

Hand-in-hand with our Data Warehouse and Electronic Health Record projects, the Document Imaging project will help close the "paper gap," the limitations currently imposed by hardcopy-based processes. Today, whenever paper-based business practices occur, we are confined to one-to-one transactions; only the individual in physical possession of the document can make use of the data present therein. Additionally, we have limited ability to monitor what occurs with the piece of paper. Paper documents may be altered, damaged or lost. Revising documents that exist on paper often require appending a second document to the first, doubling all of the challenges described above.

Behavioral Health and Recovery Services works collaboratively and shares paper medical records and other documents with multiple partners, public, non-profit, and private. Moving forward, the ability to confidently, safely and electronically share documents will become an expectation. Meaningful use will depend on data being in electronic form, and Behavioral Health and Recovery Services, will as a result of this project, be better positioned to comply.

The Document Imaging project will encompass two primary facets; point-forward document imaging and historical document imaging. The point-forward component will require developing a capacity including hardware document scanners, document management systems for collecting, cataloging and managing access to documents; electronic forms creation and management tools; and optical character recognition software for turning images of paper documents into records that are appropriately indexed and from which critical metadata

is captured. A significant change to current business practice will need to be effected.

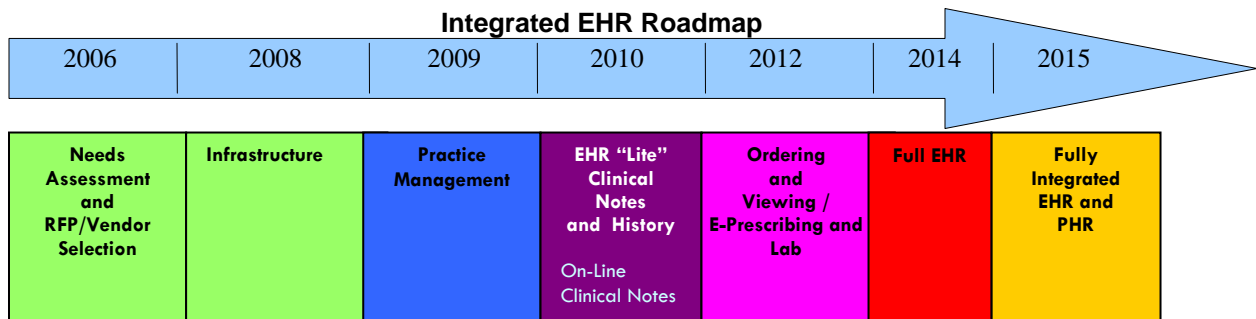
The historical document imaging component of the Document Imaging project will involve Behavioral Health and Recovery Services records management staff working with appropriately informed and trained contractors to manage the efficient and secure imaging of the department's current paper-based records; using the same technology and tools required in the point-forward component. This second facet will be a short-term (18-24 months) project that, once complete, can be closed. Point-forward scanning requires an on-going commitment to scan all appropriate documents as near as possible to the time of their creation.

Behavioral Health and Recovery Services' IISI requires an electronic document infrastructure, and the Document Imaging project will create that critical capability. Combined with a robust Data Warehouse system and a modern Electronic Health Record, we will be better positioned to help our clients and our community help themselves.

3. A Project Management Overview is required. Do you certify that you have completed or will complete each of the following plans? ☒ Yes or ☐ No

- | | |
|----------------------------------|------------------------------|
| a. Independent Project Oversight | g. Human Resource Management |
| b. Integration Management | h. Communication Management |
| c. Scope Management | i. Procurement Management |
| d. Time Management | j. Risk Assessment |
| e. Cost Management | k. Change Control Plan |
| f. Quality Management | l. Needs Assessment |

4. Complete a proposed implementation timeline with the following major EHR categories (Example below):



NOTE: Your implementation plan may not be in this order.

5. Will funding be used for Data Collection Reporting (DCR)? ☒ Yes or ☐ No

6. EHR and PHR Standards and Requirements: NOT APPLICABLE

If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at: http://www.dmh.ca.gov/Prop_63/MHSA/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf

7. Project:

Proposed Start Date: 12/01/11

Proposed End Date: 07/01/2013

TECHNOLOGICAL NEEDS EXISTING PROJECT – N/A

Please provide the following information when requesting additional funds for existing projects only:

1. Provide a justification how this request is a continuation of a previously approved project and not a new project.

2. Why was the initial funding insufficient? Check all boxes that apply and provide a brief explanation.

2011/12 ANNUAL UPDATE
EXHIBIT F6

- | | |
|---|--|
| a. <input type="checkbox"/> Project manager performance | h. <input type="checkbox"/> Change in Vendor/Contract services cost |
| b. <input type="checkbox"/> Project staffing | i. <input type="checkbox"/> Change in cost of materials (hardware, software, etc.) |
| c. <input type="checkbox"/> Requirements not completely defined | j. <input type="checkbox"/> Personnel cost increase |
| d. <input type="checkbox"/> Change in scope | k. <input type="checkbox"/> Delay in RFP process |
| e. <input type="checkbox"/> Difficulties in customizing COTS | l. <input type="checkbox"/> Insufficient management support |
| f. <input type="checkbox"/> Delay in project start date | m. <input type="checkbox"/> Training issues |
| g. <input type="checkbox"/> Completion date has lapsed | n. <input type="checkbox"/> Other |

Explanation:

3. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide a brief explanation.

- | | |
|---|---|
| a. <input type="checkbox"/> Project organization | j. <input type="checkbox"/> Project phasing |
| b. <input type="checkbox"/> Project management resources | k. <input type="checkbox"/> Change management plan |
| c. <input type="checkbox"/> Support resources | l. <input type="checkbox"/> Risk management plan |
| d. <input type="checkbox"/> Development and maintenance resources | m. <input type="checkbox"/> Contract services costs |
| e. <input type="checkbox"/> Quality assurance testing resources | n. <input type="checkbox"/> Hardware costs |
| f. <input type="checkbox"/> Project plan dates (schedule) | o. <input type="checkbox"/> Software costs |
| g. <input type="checkbox"/> Project scope | p. <input type="checkbox"/> Personnel costs |
| h. <input type="checkbox"/> Project roles and responsibilities | q. <input type="checkbox"/> Other costs |
| i. <input type="checkbox"/> Project monitoring and oversight | r. <input type="checkbox"/> Training provisions |

Explanation:

PROJECT BUDGET

A. EXPENDITURES

	Type of Expenditure	FY 11/12	FY 12/13	FY 13/14	Total
1.	Personnel	\$ 66,516	\$150,074	\$ 53,978	\$270,568
2.	Hardware	45,000	10,000	10,000	65,000
3.	Software	50,000	15,000	10,000	75,000
4.	Contract Services	60,000	30,000	-0-	90,000
5.	Indirect Administrative Cost	9,977	22,511	8,097	40,585
	Total Proposed Expenditures	\$231,493	\$227,585	\$ 82,075	\$541,153

B. REVENUES

1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues – AOD Funding	\$27,177	\$26,718	\$ 9,636	\$63,531
	Total Revenues	\$27,177	\$26,718	\$ 9,636	\$63,531

C. TOTAL FUNDING REQUESTED

		\$204,316	\$200,867	\$ 72,439	\$477,622
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D. BUDGET NARRATIVE

1. Provide a detailed budget narrative explaining the proposed project expenditures for each line item.

A. EXPENDITURES

1. Personnel Costs:

Based on the number of projected hours, 4,600, for six Data Management Systems staff partial FTEs. Salaries have been calculated at the highest step (Step 5) of the current county hourly rates schedule, with a 5% cost of living adjustment (COLA) added for FY 13/14. Fringe benefits have been calculated as 52% of salary costs and include Retirement, Group Health and Dental Insurance, FICA, Medicare, Workers Comp, Disability and Unemployment Insurance.

2. Hardware:

Estimated costs to purchase Scanners (\$15,000) and additional storage (\$50,000) for implementation and on-going

management of the Document Imaging Project “paperless” data collection and storage.

3. Software:

Costs to purchase Optimal Character Recognition (\$25,000), Document Management Solution (\$30,000) and Electronic Form Solution (\$20,000) software that will provide the capability to capture, store, manage and retrieve client data in a secure electronic manner.

4. Contract Services:

Vendor costs for consultation, procurement, and implementation of the Document Management Solution and Electronic Forms Software (\$25,000); and Contracted Scanning Services (\$65,000) to securely image the department’s current paper-based records.

5. Indirect Administrative Cost:

Reflects 15% of Salary & Benefit costs and are expenses that cannot be readily identified to a particular project. Costs include payroll services, human resources, financial services, contracts, purchasing and oversight management for this project.

B. REVENUE

c. Other Revenues:

The calculated portion of Alcohol & Other Drug Services (AOD) costs based on active, unduplicated cases as of 12/31/09 - $11.74\% \times \text{Total Proposed Expenditures}$.

TECHNOLOGICAL NEEDS POST IMPLEMENTATION EVALUATION REPORT (PIER) – N/A**Basic Information**

Actual Start Date: ____/____/____

☐ Check if different than planned start date in original project proposal

Actual Completion Date: ____/____/____

☐ Check if different than planned completion date in original project proposal**What was the final Project Schedule Status?**

- ☐ Project was completed on time
☐ Project was completed early
☐ Project was completed late

What was the final Project Budget Status?

- ☐ Project was completed within approved budget
☐ Project was completed over budget – Final Cost: MHSA funds - \$_____ Non-MHSA funds - \$_____
☐ Project was completed under budget – Final Cost: MHSA funds - \$_____ Non-MHSA funds - \$_____

Objectives Achieved

Describe the achieved objectives of the project. Also describe the User and Management Acceptance of the Completed Project.

Lessons Learned

Please select the categories which best describe your lessons learned:

- | | |
|--|---|
| a. <input type="checkbox"/> Scope (planning, defining, verifying, and controlling) | h. <input type="checkbox"/> Cost (estimating, budgeting, and control) |
| b. <input type="checkbox"/> Documentation (requirements and use cases) | i. <input type="checkbox"/> Human Resources (team acquisition, development, management, and turnover) |
| c. <input type="checkbox"/> Development (design, coding, and data) | j. <input type="checkbox"/> Communications (info distribution and reporting) |
| d. <input type="checkbox"/> Quality (assurance, control, metrics, and testing) | k. <input type="checkbox"/> Procurement (purchase, acquisitions, and contracting) |
| e. <input type="checkbox"/> Implementation (installation and deployment) | l. <input type="checkbox"/> Training (system education) |
| f. <input type="checkbox"/> Risk (identification, response, and control) | m. <input type="checkbox"/> User acceptance (sponsorship and buy-off) |
| g. <input type="checkbox"/> Time (sequencing, estimating, and scheduling) | |

Describe lessons learned, best practices used for the Project, any notable occurrences or factors that contributed to the Project's success or problems, or other information which could be helpful during future Project efforts. Describe problems that were encountered and how they were overcome.

Corrective Actions

This section will have to be included when the Project is deemed to be a Limited Success or Failure, or when there are Significant Differences between Project Expectations and Project Results. If this condition applies, summarize alternatives for improving the outcome.

Next Steps

Describe if the Project has any future phases or enhancements; or if it be in maintenance phase.

CERTIFICATION STATEMENT

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

I certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met.

All documents in the Funding Request and/or Post Implementation Evaluation Report (PIER) are true and correct.

Paul Gibson

Chief Information Officer (Print)

Signature

Date

Ron Gandy, CPA

HIPAA Privacy/Security Officer (Print)

Signature

Date