EXHIBIT A

INNOVATION WORK PLAN
COUNTY CERTIFICATION

County Name: Nevada: Developing Collaboration to Strengthen the Crisis Continuum of Care

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

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

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

Rebecca Slade — Signature (Local Mental Health Director)

3/15/17 — Date

Behavioral Health Director — Title

EXHIBIT B

INNOVATION WORK PLAN
Description of Community Program Planning and Local Review Processes

County Name: Nevada
Work Plan Name: Developing Collaboration to Strengthen the Crisis Continuum of Care

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.

1. Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)

Nevada County held 11 meetings throughout the county to get community input. At these meetings we received input from individuals representing consumers, family members, homeless population, Latino population, seniors, veterans, service providers and county staff. We started by advertising and holding four Innovation community events that anyone from the public could attend (2/20/15, 3/3/15, 3/17/15, and 3/30/15). These meetings were held in Grass Valley. It was suggested by individuals that we needed to get more feedback and input from targeted organizations and individuals including mental health consumers and mental health service providers so we had meetings that included these groups:

- Turning Point Staff , consumer and Behavioral Health Staff on 2/9/15
- Insight Respite Team on 4/17/15
- Mental Health Task Force in Truckee on 4/23/15
- Tahoe Truckee Community Foundation on 3/11/16
- MHSA Steering and Community Meeting on 4/15/16
- Family Resource Center of Truckee on 4/28/16
- Community Collaborative of Tahoe Truckee on 5/3/16

At all the meetings we had two goals: 1.) educate individuals on Mental Health Services Act Innovation Program; and 2) receive input and ideas on areas that needed improvement where existing mental health approaches possibly didn't exist or were inadequate and what they wanted to learn/change/improve around the area of crisis/crisis services and community engagement.

In summary, mental health consumers, family members and community stakeholders have been involved in all aspects of the community planning process: program development, evaluation, budget development and program implementation.

The next step was we had two additional meetings on 8/18/16 and 9/21/16 to discuss and develop Innovation Plan details with contract agencies.

The final draft of the Innovation Plan was presented and supported at the Mental Health Services Act (MHSA) Steering Committee on12/12/16 and at the Mental Health Board (MHB) on 1/6/17.

Once our plan was developed and supported by the MHSA Steering Committee and MHB it was posted on our County Website for 30 day public review, March 30, 2017 to April 29, 2017. Once the plan was posted, an email was sent out to our MHSA contact lists. These lists contain over 175 individuals. The individuals on the list varies from family members, mental health consumers, contractors, community based organizations, and staff from various departments within Nevada County. Additionally, an email press release was sent to all major media outlets that serve Nevada County. Lastly, public comment was received at our Public Hearing that was held at our Mental Health Board Meeting on May 5, 2017.

2. Identify the stakeholder entities involved in the Community Program Planning Process.

The stake holders involved in the Community program Planning Process included:

1. Family members from eastern and western Nevada County
2. Consumer seniors and adults
3. Homeless individuals
4. Nevada County Behavioral Health contract providers
    a. Big Brothers Big Sisters
    b. SPIRIT Peer Empowerment Center
    c. Hospitality House
    d. New Directions
    e. Turning Point Providence Center
    f. EMQ FamiliesFirst
    g. Victor Community Support Services, Inc.
    h. Community Recovery Resources
    i. FREED
    j. Welcome Home Vets
    k. Nevada County Housing Development Corporation
    l. NAMI Nevada County
    m. Sierra Family Medical Clinic
    n. Family Resource Center of Truckee
    o. Tahoe Truckee Unified School District
    p. Nevada County Superintend of Schools
    q. Project MANA
    r. Insight Respite Center
5. Nevada County Behavioral Health
    a. Adult staff
    b. Children's staff
    c. Nevada County Mental Health Board
6. Nevada County Department of Social Services
    a. CalWORKs

   b. Child Protective Services
   c. Adult Services
   d. Veterans Services Office
7. Nevada County Health and Human Services Agency
8. Nevada County Public Health Department
9. Community Based Organizations
   a. Community Collaborative of Tahoe Truckee
   b. San Juan Ridge Family Resource Center
   c. Alta California Regional Center
   d. Drug Free Nevada County
   e. Gateway Mountain Center
   f. Boys and Girls Club of North Lake Tahoe
   g. Girls on the Run-Sierras
   h. Foothills Healthy Babies
   i. North Tahoe Family Resource Center
   j. Sierra Nevada Children's Services
   k. Tahoe SAFE Alliance
10. Evaluation Service Provider
11. Nevada and Placer County Crisis Service Providers
12. PEI Service Providers
13. Tahoe Forest Health System
14. Tahoe Regional Planning Agency
15. Tahoe Forest Hospital
16. Truckee Lutheran Presbyterian Church

3. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

Nevada County's Innovation Plan was posted on our County Website for 30 day public review from March 30, 2017 to April 29, 2017. No substantive public comment was received at our Public Hearing that was held at our Mental Health Board Meeting on May 5, 2017.

INNOVATION
Crisis Continuum of Care Collaboration

County: **Nevada County Behavioral Health**

Program Name: **Developing Collaboration to Strengthen the Crisis Continuum of Care**

Date: **03/27/2017**

1. *Select **one** of the following purposes that most closely corresponds to the Innovation Program's learning goal and that will be a key focus of your evaluation:*	☐ Increase access to underserved groups ☐ Increase the quality of services, including better outcomes ☒ Promote interagency collaboration ☐ Increase access to services

2. *Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system. If your Innovation Program reflects more than one primary purpose in addition to the one you have selected, you may explain how and why each also applies.*

One of the key goals for the past few years of the Nevada County Behavioral Health (NCBH) program is the development of a Crisis Continuum of Care (CCC) to meet the needs of persons at risk of needing mental health crisis intervention. It is our goal to create an accessible, safe, and supportive environment to meet the needs of each individual requiring mental health intervention by linking that person to the least restrictive service to promote wellness, resiliency, and recovery.

In the past three years, we have strengthened our CCC through new funding from the SB 82 Triage Personnel Grant to expand crisis workers to be co-located at the local Emergency Department (ED) 24/7, hire additional Peer Crisis Counselors to support individuals and their families in the ED, and develop the Insight Respite Center, a four-bed home to offer a safe and supportive environment to help an individual take the time (up to 28 days) to return to his/her home environment. The Insight Respite Center is for adults at risk of needing mental health crisis intervention, in a less-restrictive wellness, resiliency, and recovery-oriented setting, utilizing Peer Counselors to offer respite services 24/7.

In addition, we received funding from the California Health Facilities Financing Authority (CHFFA) Investment in Mental Health Wellness to build a Crisis Stabilization Unit (CSU), with four -beds. This program is available 24/7 and individuals can stay up to 23 hours to help resolve an immediate psychiatric crisis.

As a result of this additional funding to expand the CCC, we have a number of options for serving individuals needing crisis services in our community. When an individual needs crisis services, our crisis intervention provider, Sierra Mental Wellness Group, responds to initial calls and/or conducts a crisis intervention service at the Sierra Nevada Memorial Hospital Emergency Department (ED).

When appropriate, the crisis worker calls the SPIRIT Peer Empowerment Center (SPIRIT Center) to have a Crisis Peer Counselor come to the ED to offer supportive services to the individual and/or family member(s) during the crisis. The SPIRIT Center is a peer-run center that offers peer support services in a warm, welcoming environment. The SPIRIT Center Peer Counselors have lived experience, are in recovery from a mental illness, and are trained with a minimum of 24 hours of training to help individuals develop skills to support recovery. These trained and experienced SPIRIT Center Crisis Peer Counselors are available to effectively offer peer support service in the ED and to follow-up into the community.

The Insight Respite Center is located in a warm, welcoming home, and is staffed by Turning Point Community Programs. Individuals may access this service when they are at risk of needing mental health crisis intervention or as a "step-down" setting following a crisis service, CSU, and/or inpatient hospitalization. Individuals can stay up to 28 days in this less-restrictive wellness, resiliency, and recovery-oriented setting. The average length of stay is 10-14 days. Peer Counselors are available to support individuals 24/7.

This expanded CCC has been available for over a year. Staff and services are established and each organization is experienced in delivering services. As the next developmental stage in the CCC, there is a need to develop strategies to promote interagency and community collaboration. This enhanced collaboration would also help improve the client referral and flow process to ensure that individuals are able to access services in a timely manner with minimal barriers to services.

Mental Health Services Act (MHSA) stakeholders continue to stress the need to strengthen collaboration across agencies in the CCC to improve access, quality, and outcomes for clients needing this enhanced level of services.

Following two years of implementation of the expanded CCC, each of the four key agencies are functioning well and clients have timely access to services. Unfortunately, each provider functions more as a silo rather than as a seamless, collaborate system of care. The crisis workers coordinate services with Behavioral Health and the CSU. Similarly, SPIRIT works closely with Crisis, the CSU, and Insight Respite, but not as closely with Behavioral Health. Insight Respite works with Behavioral Health and SPIRIT, but in a limited way with the CSU and Crisis. This silo model does not flow as smoothly for clients as is optimal. This Innovation Project will bring staff together for all of the providers to identify issues regarding access, quality, timeliness, and improved outcomes. Discussions of what works and barriers to services will help identify opportunities for improved communication, collaboration, and shared outcomes and data, to strengthen the CCC.

MHSA stakeholders have been extremely supportive of the development of the CCC and have identified the opportunity to continue to refine the referral, access, services, and linkage process between these organizations to continue to improve the client's experience. The MHSA list of priorities during the FY 2014-2017 three-year planning process, and annually since the three-year plan was approved, recommended strengthening services and identifying opportunities for cross-agency collaboration. This collaboration will help to develop strategies for integrating services into the community, train first responders to know when, where, and how to access services, and develop a clear process for referring clients from one level of services to another

and enhance collaboration from one agency to another, as efficiently as possible. This will help to improve services, outcomes, and reduce inefficiencies across the service delivery system.

The goal of this Innovation study is to design, develop, and evaluate various approaches to create one coordinated CCC across the different agencies that provide crisis services. This study will help create and enhance cross-agency interagency structure; identify and develop shared goals; develop clear admission and discharge criteria across the continuum; develop shared policies and procedures, and coordinate services and funding to improve outcomes for persons who are in a mental health crisis.

The Innovation project will identify opportunities to remove barriers to improve access to services and efficiently utilize limited resources in this rural county. This project will also provide opportunities to learn how to develop a structure for referring individuals to different programs, identifying barriers to services, developing strategies for reducing barriers, and implement opportunities to improve access and resolve an individual's crisis as quickly as possible, within the community, whenever possible.

Overview of Existing Services

Nevada County is a rural county with a population of approximately 98,000 and is located northeast of Sacramento. The majority of the county population lives on the western side of the Sierras, in the two main population sites, Grass Valley and Nevada City. However, the majority of the population lives in the rural communities outside of these two towns. There is also a small portion of the population that lives in Truckee and other rural communities in the eastern Sierras.

Behavioral Health offers community mental health services and alcohol and drug treatment services in partnership with organizational providers, individual providers, and other county agencies. Our integrated system offers a broad range of services. The County Mental Health outpatient clinics provide services including medication services, case management, and psychotherapy for those with serious mental illness. A network of community-based psychotherapists is available to provide treatment throughout Nevada County. Contracted organizational providers also provide intensive supportive services, including Assertive Community Treatment, and Crisis Services which are offered 24 hours per day.

There is one main hospital that serves the western portion of the county, Sierra Nevada Memorial Hospital (SNMH). The vast majority of crisis intervention services are delivered at SNMH in Grass Valley. There is also a small hospital (Tahoe Forest Hospital) that serves the Truckee area. Both hospitals operate an Emergency Department (ED) to respond to emergencies and crisis situations.

Over the past several years, stakeholders have emphasized the importance of expanding our crisis continuum of care to meet the needs of persons at risk of needing mental health crisis intervention. The foundation of this crisis continuum has been a contract with Sierra Mental Wellness Group, our after-hour's crisis intervention provider, for over 20 years. Until recently, crisis staff were located at the Behavioral Health outpatient clinic in Grass Valley. When staff from the ED needed a crisis intervention service, the crisis on-call worker was called and responded within one (1) hour to the ED by driving to the ED.

In July 2013, we began contracting with the SPIRIT Peer Empowerment Center (SPIRIT Center) to have Crisis Peer Counselors available on-call to support clients in the ED. The SPIRIT Center is a peer-run center that offers peer support services in a warm, welcoming environment. These trained and experienced SPIRIT Center Crisis Peer Counselors are available to effectively implement this expanded peer support service in the ED. Initially, Crisis Peer Counselors were available from 4:00 p.m. – 10:00 p.m. Their hours have been expanded to cover noon to 10:00 p.m., seven (7) days per week. We have found this service to be extremely effective at supporting individuals and their families at the ED during the crisis intervention service.

The SPIRIT Center Crisis Peer Counselors work closely with the clinical crisis intervention staff to offer recovery-oriented services in the ED. They also call each person the next day, or following an inpatient admission, to help link the person to needed services. Stakeholders report that these services are very valuable and helpful in supporting individuals and family members during the crisis situation.

In the past three years, we have strengthened our crisis continuum of care through new funding from the SB 82 Triage Personnel Grant and the SB 82 CHFFA Investment in Mental Health Wellness Grant. The Triage Personnel Grant was used to expand the number of crisis workers so they can be co-located at the Emergency Department (ED) 24/7. This approach results in an almost immediate response to all requests for crisis intervention and supports the ED in managing emergency services. In addition, we were able to hire additional Peer Crisis Counselors to expand their hours to support individuals and their families in the ED. The hours available are noon to 10:00 p.m., seven days a week. In addition, they are able to follow-up with individuals to ensure they are stable in the community.

The SB 82 Triage Personnel Grant also provided funding to develop the Insight Respite Center, a four-bed home to offer a safe and supportive environment. The Insight Respite Center is for adults at risk of needing mental health crisis intervention, in a less-restrictive wellness, resiliency, and recovery-oriented setting, utilizing Peer Counselors to offer respite services 24/7. The Center has been highly effective at helping clients become stable and, in most situations, resolve their crisis before needing more intensive services in the ED, CSU, and/or psychiatric inpatient services.

Insight Respite Center staff also offer a "warm line" 24/7. Respite center staff are available to answer the phone and speak with individuals who need someone to talk to. This warm line offers 24-hour support to individuals.

In addition, the SB 82 CHFFA Investment in Mental Health Wellness funding (2014) created the opportunity to purchase a modular and co-locate it on the grounds of the SNMH hospital to build a four-bed CSU in Grass Valley. This four-bed CSU offers crisis stabilization services lasting less than 24 hours to help resolve an acute psychiatric and/or co-occurring substance use crisis episode by offering multidisciplinary care. The CSU provides a medication evaluation, a mental health assessment, collateral family support, nursing services, and therapeutic interventions. Once the crisis is resolved, individuals are referred to ongoing outpatient mental health, substance use treatment services, Respite Services, and/or linked to needed services in the community to help the individual recover.

The CSU building has also created a space for crisis staff to respond 24/7 to any calls from the ED. This strategy produces a very responsive crisis intervention process and hospital staff appreciate this co-location to help meet the needs of a busy ED.

All of the components of the CCC are operational. However, there are opportunities to improve the referral process between each of the programs, collect referral and service data more consistently, and analyze the data to demonstrate access, quality, and cost-effectiveness of services. In addition, developing a methodology to measure and evaluate collaboration across multiple agencies, develop strategies to share information, and enhance coordination to strengthen our crisis services is the goal of this Innovation Plan.

Overview of the Innovation Project

The goal of the Nevada County Crisis Continuum Innovation Project is to learn how to develop and implement a coordinated, collaborative crisis system that includes several different organizational providers and multiple agencies to meet the needs of clients needing this enhanced level of services. Learning how to improve coordination across these providers will help reduce barriers to services; reduce inefficiency and duplication of services; and improve client outcomes and system performance. Through these Innovation funds, we will learn how to develop and improve interagency partnerships, identify clear criteria for admission and release from each level of crisis service in the continuum, and train stakeholders and allied agencies to make timely referrals to the appropriate agency. This will help promote recovery and wellness by making sure the client has support in resolving a crisis in the least restrictive setting.

The goal of strengthening the coordination and cross-agency collaboration of services across the CCC is a high priority for stakeholders. All agencies involved in the CCC have been actively involved in planning meetings and contributing to the development and implementation of the CCC, as funding has been established. This level of involvement and commitment to developing interagency collaboration provides an excellent foundation for successfully implementing this Innovation Project.

Through this collaboration and integration of services, clients will benefit by receiving the right level and intensity of services, at the right time to meet their needs. With limited services in this rural community, it is important to maximize existing services and learn how to better meet the needs of our clients. By improving the referral and coordination of the CCC service delivery system, clients will experience improved outcomes.

The Innovation Project provides funding for individuals from each component of the CCC to work together to meet the goals of the project. This strategy includes partially funding the lead nurse for the CSU, Project Manager for The Respite Center, Crisis Worker, SPIRIT Crisis Peer Counselor Supervisor, and NCBH Program Manager. This funding will support each position to work closely together to develop strategies for improving communication and interagency collaboration. In addition, clear referral, admission, and discharge criteria for each organization will be developed to promote easy access to services.

Nevada County will conduct a review of the literature to identify various models of collaboration. For example, Anthony M. Cresswell's *Modeling Intergovernmental Collaboration: A System Dynamics Approach* was suggested. The county will also utilize TA from OAC staff and other counties to help support this important project. It is important to

utilize an instrument that is relevant for small, rural counties that have limited resources and staff who have responsibility for a number of different activities.

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

The Innovation Project will make a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population, or community. The learning objective of this project is to develop a cross-county interagency collaboration to enhance communication across agencies, develop clear admission and discharge criteria, and maximize the available staff and services to meet the needs of the community, and specifically individuals in crisis. By funding individuals in each organization to actively participate in coordinating services and identify the opportunities and barriers to strengthen collaboration across the CCC service delivery system.

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

The purpose of this Innovation Project is to learn how to develop collaborative cross-agency crisis services to increase access to each level of services, improve the quality of services, and ensure there is no wrong door for accessing the various crisis services. This project will promote enhanced interagency, cross-organization collaboration to develop a coordinated and integrated CCC.

The expanded CCC has been very effective at developing the different, unique crisis services in Nevada County. However, learning how to promote coordination and collaboration across these organizations requires new and innovative practices to promote improved access and timely referrals to maximize limited resources, and support individuals to resolve their crisis in a timely and recovery focused manner. This Innovation Project will support ongoing communication to clearly define referral, admission, and discharge criteria, share information on the effectiveness of this criteria, and identify successes as well as opportunities for changing the system to continually improve services.

   a. *If applicable, describe the population to be served, including demographic information relevant to the specific Innovation Program such as age, gender identify, race, ethnicity, sexual orientation, and language used to communicate*

The Innovation Project will serve all individuals ages 18 years and older who are experiencing a crisis situation. This will include all persons, regardless of gender, race ethnicity, sexual orientation, and language.

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

We estimate that we will serve at least 100 unduplicated individuals each year of this 5-year project. Some individuals served may receive one crisis service. Others may receive a number of different services across the Continuum of Care.

The estimated number served is based upon the number of people served across the CCC, including the Insight Respite Center, the CSU, and crisis services. While the CSU is still working on increasing the number of people served, this improved collaboration will help to identify individuals who are appropriate for each level of service; and potentially continue to identify individuals receiving services in the community, rather than placing them in psychiatric hospitals.

c. Describe briefly, with specific examples, how the Innovation Program will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320. If a General Standard does not apply to your Innovation Program, explain why.

The Innovation Project's services will reflect and be consistent with all of the MHSA General Standards. Enhanced community collaboration and cross-organization coordination of services is one of the primary goals of our Innovation Project. These activities closely align with the general standards. All services will be culturally and linguistically competent. In addition, we will strive to provide culturally-sensitive services to the LGBTQ community, adults and older adults, consumers, and family members, to support optimal outcomes. Services will be client and family driven, and follow the principles of recovery, wellness, and resilience. These concepts and principles of recovery incorporate hope, empowerment, self-responsibility, and an identified meaningful purpose in life. Services will be recovery oriented and promote consumer choice, self-determination, flexibility, and community integration, to support wellness and recovery.

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

The Innovation Project will create the opportunity to develop and strengthen the CCC through improved coordination and collaboration to meet the needs of individuals experiencing a crisis. The opportunity to learn how to integrate and coordinate services will also help identify how to sustain these services after the five-year funding cycle for this project. Crisis Services will continue to be available through MHSA funds, county realignment and Medi-Cal funding, so individuals in crisis will continue to receive services to meet their needs.

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

The Innovation Project is planned for a 5-year implementation cycle to ensure sufficient time to develop a strong structure and interagency collaboration of crisis services and identify successful strategies for integrating and coordinating services to meet the needs of individuals.

It is anticipated that this project may take five (5) years. While ideas for strengthening collaboration can be identified relatively quickly, it takes much longer to implement identified changes to the system; conducting Plan Do Study Act (PDSA) projects to identify what works well; and then full implement new concepts. Realistically, in a small rural county, one change in management in one organization can have a significant impact on cross-agency collaboration. As a result, we are being conservative in our estimate of the length of time to fully implement this project in anticipation of potential setbacks when there may be changes in staffing or other changes in system funding.

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

I.D.E.A. Consulting will evaluate the Innovation Project. This organization has extensive experience in evaluating MHSA activities and numerous federal and state grants, across several counties in California, as well as in other states. In addition, this organization has been evaluating Prevention and Early Intervention activities for both Placer and Nevada County for the past three years.

The evaluation will have several components:

a) The development of interagency collaboration will be measured through administrator, staff, and client surveys. Existing interagency measures of collaboration will be utilized. In addition, strengths and barriers to cross-organizational services will be measured by surveying each organization in the CCC. Individuals will also be surveyed periodically to obtain their input to improving services. Understanding staff and client perceptions of access to services, timeliness, and quality of services will be measured.

b) Service-level data will be collected to measure the number of crisis services activities, referrals to each program in the CCC, number of contacts and duration of services, and location of services. This data will provide information on timely access and referrals to services. Cross-organization coordination will be evaluated to assess the timeliness of services and outcomes over time, and if enhanced collaboration results in more timely access to services and improved client outcomes.

c) Client perception of services and outcomes will be measured at least annually to determine if services are helping to improve outcomes. Indicators such as services delivered at the lowest level of care (e.g., Insight Respite rather than inpatient services); length and recidivism to inpatient services; access to services at all points of entry; and client and family satisfaction with services will be utilized to demonstrate transformational change to the CCC.

d) Weekly and monthly calls will be held to discuss referral criteria, implementation of the project, level of organizational coordination, and identify successes and challenges. These cross-organization calls will have staff from each organization discuss learning opportunities, strategies for resolving issues, and identify opportunities to continually improve services.

e) Periodic surveys of administrative staff, clients, and organizational staff will help to inform the progress of the Innovation Project on collaboration, communication, successes, and barriers to services. Review of these surveys will help continually inform staff from each organization, as well as stakeholders, of the success of the project.

7. *Describe how the County will decide whether and how to continue the Innovative Project, or elements of the Project, without Innovation Funds. Specify how stakeholders will contribute to this decision.*

Stakeholders will be actively involved in all components of the Innovation Project, including planning, implementation, evaluation, and ongoing funding. Meetings will be held at least quarterly with stakeholders and organizations, to discuss implementation strategies, opportunities to strengthen services, and successes. Data on access to services, service utilization, and client outcomes will also be reviewed with stakeholders to provide input on the success of the project and the sustainability and/or expansion of services.

The successful implementation of a CCC will be self-sustaining. If all components of the CCC are successful, clients will receive services in a timely manner, at the most appropriate level of care. Whenever possible, clients will have their needs met at Insight Respite, the CSU, and/or by crisis intervention services. The strategy will reduce the need for inpatient services, and potentially reduce the number of days hospitalized. This savings can then be used to support the CCC.

The implementation of the SB 82 has provided valuable lessons. The SB 82 Grant funded through the Triage Personnel Grant, with oversight from OAC, demonstrated the importance of collaboration across agencies. The Triage grant funded a number of components of the CCC, including additional crisis workers, which created the capacity to have a person on-site at the ED to immediately respond to crisis events and triage the individual to help identify their needs.

In addition, the Triage grant funded additional Crisis Peer Counselors through the Spirit Peer Empowerment Center to have Crisis Peer Counselors available on-call to respond to the crisis workers at the ED, come to the ED, and deliver supportive services to both the person in crisis and his/her family member. The Crisis Peer Counselors also follows up with the individual following the crisis, or subsequent inpatient hospitalization. These two components require close collaboration between the crisis workers and Crisis Peer Counselors. These providers have worked together to identify individuals who could benefit from the Crisis Peer Counselors. While identification and referrals to the Crisis Peer Counselors has improved, there are still opportunities to improve this collaborative relationship, develop stronger policies on identification of needs, timeliness of referral to Crisis Peer Counselors, coordination when the Crisis Peer Counselors arrives in the ED, and results of follow-up.

The third component of the SB 82 Triage grant was to develop a peer-run Insight Respite center. This program has had profound success in helping to stabilize individuals, help resolve issues "pre-crisis," and support the individual to return to a stable environment when ready for discharge. Initially, all referrals came from Behavioral Health, but more recently there has been discussion to expand referral points to the Respite service and improve timely access to this valuable service. Also, there are opportunities to improve linkage to Behavioral Health or other services, including SPIRIT.

We also received funding through the CHFFA to develop the CSU. This funding provided the opportunity to build the CSU, but did not provide funding to staff this organization. The CSU was built in a timely manner, but the collaboration between the ED, crisis staff, and CSU is in development and there continues to be opportunities to strengthen this collaboration. Referrals to other community resources, including Insight Respite, and Behavioral Health, have begun, but there are opportunities to strengthen these relationships and collaboration to improve services for clients.

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

All available resources will be utilized to ensure the success of the Innovation Project, including Medi-Cal funding, whenever feasible; MHSA CSS and/or PEI funding; realignment dollars; and other sources of funding as they become available. We will utilize evaluation data to review access, quality, and cost-effectiveness across the CCC, and as well document client and system level outcomes.

9. *Provide an estimated annual and total budget for this Innovation Program. Please include information for each fiscal year or partial fiscal year for the Innovation Program.*

Year	Total Estimated Expenditures	Estimated Revenue	INN Dollars Requested
1	$ 472,506	$ 197,506	**$ 275,000**
2	$ 467,278	$ 217,278	**$ 250,000**
3	$ 458,294	$ 258,294	**$ 200,000**
4	$ 452,837	$ 277,837	**$ 175,000**
5	$ 434,895	$ 334,895	**$ 100,000**
Total INN Dollars Requested			**$ 1,000,000**

NOTE: It is anticipated that as the project matures, revenue will increase and the need for INN dollars will decrease.

INNOVATION PROJECT – YEAR 1								
A. EXPENDITURES								
		County Mental Health Department		**Community Mental Health Contract Providers/CBO's**		**Total**		**Grand Total**
		MHSA	**Other**	**MHSA**	**Other**	**MHSA**	**Other**	
1	Personnel	$23,816	$14,290			$23,816	$14,290	$38,106
2	Operating Expenditures							
3	Non-recurring Expenditures							
4	Contracts (Training, Consultant, Contracts)			$181,148	$183,216	$181,148	$183,216	$364,364
5	Evaluation			$41,250		$41,250		$41,250
6	Work Plan Management							
7	Other Expenditures (Admin)	$28,786				$28,786		$28,786
8	Operating Reserve							
	Total Expenditures	**$52,602**	**$14,290**	**$222,398**	**$183,216**	**$275,000**	**$197,506**	**$472,506**
B. MHSA FUNDING REQUESTED		**$52,602**		**$222,398**		**$275,000**		**$275,000**

INNOVATION PROJECT – YEAR 2								
A. EXPENDITURES								
		County Mental Health Department		**Community Mental Health Contract Providers/CBO's**		**Total**		**Grand Total**
		MHSA	**Other**	**MHSA**	**Other**	**MHSA**	**Other**	
1	Personnel	$24,292	14,576			$24,292	$14,576	$38,868
2	Operating Expenditures							
3	Non-recurring Expenditures							
4	Contracts (Training, Consultant, Contracts)			$162,422	$202,702	$162,422	$202,702	$365,124
5	Evaluation			$37,500		$37,500		$37,500
6	Work Plan Management							
7	Other Expenditures (Admin)	$25,786				$25,786		$25,786
8	Operating Reserve							
	Total Expenditures	**$50,078**	**$14,576**	**$199,922**	**$202,702**	**$250,000**	**$217,278**	**$467,278**
B. MHSA FUNDING REQUESTED		**$50,078**		**$199,922**		**$250,000**		**$250,000**

INNOVATION PROJECT – YEAR 3								
A. EXPENDITURES								
		County Mental Health Department		**Community Mental Health Contract Providers/CBO's**		**Total**		**Grand Total**
		MHSA	**Other**	**MHSA**	**Other**	**MHSA**	**Other**	
1	Personnel	$24,779	$14,867			$24,779	$14,867	$39,646
2	Operating Expenditures							
3	Non-recurring Expenditures							
4	Contracts (Training, Consultant, Contracts)			$124,435	$243,427	$124,435	$243,427	$367,862
5	Evaluation			$30,000		$30,000		$30,000
6	Work Plan Management							
7	Other Expenditures (Admin)	$20,786				$20,786		$20,786
8	Operating Reserve							
	Total Expenditures	**$45,565**	**$14,867**	**$154,435**	**$243,427**	**$200,000**	**$258,294**	**$458,294**
B. MHSA FUNDING REQUESTED		**$45,565**		**$154,435**		**$200,000**		**$200,000**

INNOVATION PROJECT – YEAR 4								
A. EXPENDITURES								
		County Mental Health Department		**Community Mental Health Contract Providers/CBO's**		**Total**		**Grand Total**
		MHSA	**Other**	**MHSA**	**Other**	**MHSA**	**Other**	
1	Personnel	$25,274	$15,165.00			$25,274	$15,165	$40,439
2	Operating Expenditures							
3	Non-recurring Expenditures							
4	Contracts (Training, Consultant, Contracts)			$105,190	$262,672	$105,190	$262,672	$367,862
5	Evaluation			$26,250		$26,250		$26,250
6	Work Plan Management							
7	Other Expenditures (Admin)	$18,286				$18,286		$18,286
8	Operating Reserve							
	Total Expenditures	**$43,560**	**$15,165**	**$131,440**	**$262,672**	**$175,000**	**$277,837**	**$452,837**
B. MHSA FUNDING REQUESTED		**$43,560**		**$131,440**		**$175,000**		**$175,000**

INNOVATION PROJECT – YEAR 5								
A. EXPENDITURES								
		County Mental Health Department		**Community Mental Health Contract Providers/CBO's**		**Total**		**Grand Total**
		MHSA	**Other**	**MHSA**	**Other**	**MHSA**	**Other**	
1	Personnel	$25,779	$15,468			$25,779	$15,468	$41,247
2	Operating Expenditures							
3	Non-recurring Expenditures							
4	Contracts (Training, Consultant, Contracts)			$48,435	$319,427	$48,435	$319,427	$367,862
5	Evaluation			$15,000		$15,000		$15,000
6	Work Plan Management							
7	Other Expenditures (Admin)	$10,786				$10,786		$10,786
8	Operating Reserve							
	Total Expenditures	**$36,565**	**$15,468**	**$63,435**	**$319,427**	**$100,000**	**$334,895**	**$434,895**
B. MHSA FUNDING REQUESTED		**$36,565**		**$63,435**		**$100,000**		**$100,000**

10. *Included below is a brief narrative to explain how the estimated total budget is consistent with the requirements in Section 3920.*

A. Expenditures

1. **Personnel** – This line item includes salary and benefits for the County Program Manager position at 0.20 FTE. This individual will provide oversight and supervision to the INN project. Expenditures in this category are based on current and projected County Personnel Salary tables. A combination of MHSA INN dollars and Other Funding will be used to cover these costs.

2. **Operating Expenditures** – No expenditures are included in this category.

3. **Non-recurring Expenditures** – No expenditures are included in this category.

4. **Contracts (Training, Consultant, Other Contracts)** – This line item includes contracts with the organization that staffs the NCBH Respite Center; the NCBH Crisis Stabilization Unit; and the Crisis Unit. In addition, this line item covers expenses associated with crisis peer support. Funds will support the organization's participation in the INN project, helping to foster collaboration across agencies and improve outcomes for clients in crisis. Expenses include positions; operating expenditures; client supports; training; and other related expenses. Expenditures are based on historical costs and contract allowances. A combination of MHSA INN dollars and Other Funding will be used to cover these costs.

5. **Evaluation** – This line items covers project evaluation, which will provide an assessment of project effectiveness, client- and system-level outcomes achieved as a component of the enhanced collaboration across agencies. MHSA INN funding will be used to cover these costs.

6. **Work Plan Management** – No expenditures are included in this category.

7. **Other Expenditures** – This line item includes travel costs; outreach materials and supplies; and the administration costs (10%) associated with the project. MHSA INN funding will be used to cover these costs.

B. MHSA Funding Requested – This line item states the amount of MHSA Innovation Funding that is requested to support the implementation and success of the proposed project.