

EXHIBIT A
INNOVATION WORK PLAN
COUNTY CERTIFICATION

County Name: Nevada: Integration of Rural Mental Health Services to Improve Outcomes

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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.

		Director
Signature (Local Mental Health Director/Designee)	Date	Title

EXHIBIT B

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

County Name: Nevada
Work Plan Name: Integration of Rural Mental Health Services to Improve Outcomes

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.

Once our plan was developed it was posted on our County Website for 30 day public review, **July 1, 2016 to July 31, 2016**. 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 **August 5, 2016**.

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 Superintendent 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 Experience
 - 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. California Department of Rehabilitation
 - 15. Placer County staff
 - 16. Tahoe Regional Planning Agency
 - 17. Tahoe Forest Hospital
 - 18. 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 July 1, 2016 to July 31, 2016. Public comment was received at our Public Hearing that was held at our Mental Health Board Meeting on August 5, 2016.

MHSA Program Component INNOVATION

County: Nevada County Behavioral Health

Program Name: Integration of Rural Mental Health Services to Improve Outcomes

Date: DRAFT 07/01/16

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.

The Tahoe Truckee Community is a remote, rural community that has some unique challenges. Both Nevada and Placer County are located in the Tahoe Truckee community. In some neighborhoods, residents on one side of the street live in Nevada County, and across the street, the residents live in Placer County. As a result, while one person may travel a mile to access mental health services, the neighbor across the street travels ten miles over a 7,000 foot pass to access mental health services. Both counties are challenged by identifying county of responsibility for each client. In addition, the residents do not necessarily understand the difference between county lines and county programs, so will access services at the most convenient location, and are occasionally denied services because of their address.

MHSA stakeholders from both counties have identified the Tahoe Truckee area as a high priority for MHSA funding and services. The Community Collaborative of Tahoe Truckee (CCTT) is comprised of over 45 health, education, and social service agencies who work together to address the fundamental needs of individuals needing mental health services, especially families. The CCTT developed a list of priorities during the FY 2014-2017 three-year planning process for strengthening services and identifying opportunities for cross-county collaboration. This collaboration will help to develop shared goals, strategies, and funding 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 system of care across two agencies in the Tahoe Truckee area. This study will help create and enhance cross-county interagency structure; develop shared goals; and coordinate services and funding to improve outcomes for persons who need mental health services. The Innovation project will identify opportunities to remove barriers to improve access to services

and efficiently utilize limited resources in this remote area. This project will also provide opportunities to learn how to share resources across counties, including sharing staff. Strategies on prioritizing each staff person's caseload, which clients have the highest need from each county, and how to manage limited resources are some of the issues that will be addressed with this project.

Overview of Existing Services

In both counties, the Tahoe Truckee area represents a small proportion of each county's population. For Nevada County, Tahoe Truckee has 17% of the population, but only 5% of the Behavioral Health budget. The majority of the population, and the majority of Behavioral Health services, in each county are located on the "western slope" of each county. As a result, Behavioral Health services are limited in the Tahoe Truckee area.

One of the differences in service delivery in this region is how each county mental health program operates in the Tahoe Truckee area. Nevada County's mental health staff are county employees, while Placer County has contracted with an organizational provider to deliver Behavioral Health services in the Tahoe Truckee area.

Nevada County has one child outpatient therapist and one adult outpatient therapist located in the Tahoe Truckee area. The children's Clinician is bilingual, Spanish speaking, which is an important resource in this community. Psychiatry services are available for four (4) hours per week, for persons who need medication support services in Nevada County. Nevada County also contracts for *Promotora* services for a few hours per week to offer services to the Latino community and enhance culturally- and linguistically-relevant services. It is a priority to continue to strengthen the availability of bilingual, bicultural services in Tahoe Truckee to provide outreach and support services to the Latino community. Currently, the only case management services are delivered by the two clinical therapists. Nevada County does not have a case manager on staff in Tahoe Truckee. However, there is a need to expand case management services to deliver supportive services to help clients to live independently, learn daily activities, and have transportation needed to access services.

In addition, there are other mental health services that are not available in Tahoe Truckee. For example, it is extremely difficult for clients to access Full Service Partnership (FSP) services, housing support, NAMI Nevada county, local affiliate of the National Alliance on Mental Illness, family support, and/or the SPIRIT Peer Empowerment Center support services.

While crisis intervention services are available in Tahoe Truckee, there is a broader array of crisis support services in the western region, such as the Crisis Stabilization Unit (CSU) and the Insight Peer Respite program. The travel time to access services in the western part of the county creates a burden for individuals and their families. As a result, individuals in Tahoe Truckee are less likely to access these specialized mental health services. There are also limited supported employment opportunities for clients and low-cost housing options in the Tahoe Truckee area. When an individual does not have a support system, transportation, and/or adequate income, they become very isolated.

Similarly, the Placer County mental health services in the Tahoe Truckee area are also very limited. Sierra Mental Wellness Group, a contract provider, delivers individual therapy for

adults. They have also recently contracted with a psychiatrist for four (4) hours per week to provide medication support services. However, each county has contracted with a different psychiatrist, so there are two psychiatrists in this area, each providing four hours of service per week.

Sierra Mental Wellness Group also has one part-time Case Manager to provide community-based services to their clients. EMQ offers mental health services for children and families.

There is limited bilingual, bicultural services in Tahoe Truckee. In addition to the Nevada County Children's Clinician (who is a bilingual, Spanish speaker), there are the *Promotoras* who offer a few hours of services each week. There is a continued and growing need to expand services to provide culturally- and linguistically-competent services across the entire two-county community.

It is a priority for both counties to utilize existing resources in this community. In the past year, both counties have created and funded a position for one Coordinator, who works across both counties in the Tahoe Truckee region. This Coordinator will be invaluable in supporting the goals of the Innovation Project and provide oversight and leadership to help integrate services across the two counties. The Innovation staff will work closely with the Coordinator, as well as coordinate services with the *Promotoras*, to help reduce stigma of accessing mental health services and create opportunities to support individuals to access needed services.

Overview of the Innovation Project

The goal of the Nevada County Innovation Project is to learn how to develop and implement a coordinated, interagency, cross-county service delivery system to meet the needs of clients living in the Tahoe Truckee area, regardless of the county of residence. This coordination will reduce barriers to services; reduce inefficiency and duplication of services; and create accessible services to meet individuals' needs regardless of their county of residence. Through these Innovation funds, we will learn how to develop interagency partnerships, share services, and resources to better meet the needs of clients.

This coordination and cross-county integration of services across the Tahoe Truckee region is a high priority for stakeholders from both counties. There is also excellent support from administrators from both counties for this project. Last year, the Tahoe Truckee Mental Health Task Force was formed. Membership includes both the Nevada and Placer County Health and Human Services Agency Directors and the Behavioral Health Directors. This level of involvement and commitment to developing interagency collaboration provides an excellent foundation for successfully implementing this Innovation Project. There are also a few programs that have been developed as cross-county programs, including the Suicide Prevention Coordinator who serves both counties, and a Wellness Center at the high school that services both counties.

Through this collaboration and integration of services, clients will benefit from a broader array of services 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 quality of care and integrating services, clients will experience improved outcomes.

The Innovation Project adds funds to hire the part-time Case Manager who currently works for Placer County and fund the Case Manager position an additional 50%, to provide the cross-county linkage for persons living in the Tahoe Truckee area. In addition, the hours of services from the Family Resource Center of Truckee will be expanded, to provide additional bilingual, bicultural services to this community. Training will be funded to support staff from both counties to develop and strengthen skills in Motivational Interviewing; wellness and recovery; mental health support services; and Wellness Recovery Action Plans (WRAP). Training will also be available to the community, including Mental Health First Aid.

The trainings that are offered in the Tahoe Truckee area often include persons from both counties. For example, the CCTT often schedules a 30 to 60-minute training to occur during the monthly scheduled meeting. With over 45 agencies coming together, everyone can benefit from these trainings to develop stronger skills. The Innovation Project will take advantage of these meetings, and arrange some, or all, of the presenters to present on the CCTT regularly scheduled meeting dates. As an example, a training on Motivational Interviewing and/or Mental Health First Aid, could greatly benefit persons from the majority of agencies that attend the CCTT. Other individuals, such as the *Promotoras*, would also be invited to attend trainings that are relevant to meet their needs. Trainings on more specific topics, such as Wellness and Recovery Action Plans (WRAP), would be offered to the Case Manager, *Promotoras*, and clinical staff working in the Tahoe Truckee area. Notices of these specialize training would be distributed to the CCTT, to invite others who would benefit from these trainings.

Definition: Promotora is a lay Hispanic/Latino community member who receives specialized training to provide basic health/mental health education in the community without being a professional health care worker. While most of their work entails educating target audiences about health issues affecting their community, they also provide guidance in accessing community resources associated with health care. Often, Promotoras live locally and are identified leaders in their community who work for community-based health promotion projects. Thus, Promotoras serve as liaisons between their community and other community organizations, including health professionals, social service, and treatment programs. As liaisons, they often play the role of an advocate, educator, mentor, outreach worker, role model, and interpreter. (Wikipedia)

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 coordinate services and resources to maximize the available staff

and services, while expanding case management and bilingual support services to meet the needs of the community. By funding one person to provide case management services across the region, both counties will learn about the opportunities and barriers to coordinating services in the Tahoe Truckee area.

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 cross-county services to increase the quality of services and ensure there is no wrong door for accessing mental health services. This project will promote enhanced interagency, cross-county collaboration to develop a coordinated and integrated continuum of care in this rural area that is shared by both Nevada County and Placer County. In addition to learning how to integrate services across county lines, this project expands the array of services available to clients, including case management services delivered by the same person across the two counties, and providing transportation assistance to attend health appointments, when needed. Additional bilingual, bicultural services will also help reduce stigma and enhance access to services for the Latino community in the Tahoe Truckee area.

Our challenge in this area is to develop strategies for coordinating services across the two counties. For example, clients from Nevada County may not be able to access a service delivered by the Placer County provider, as they only have a contract to deliver mental health services to Placer County clients. Also, transportation is one of the biggest barriers to health and behavioral health care for rural residents. There are so few services available in this area, clients need to travel to Reno, Nevada to the east, or Auburn, Grass Valley, or Sacramento to the west, for specialty services. Similarly, veteran's services are only available in Reno, Auburn, and the Sacramento area. The goal of the Innovation Project is to find and test promising, replicable solutions that foster local partnerships between health, behavioral health, transportation, and community-based services in both counties to increase access to healthcare. Identification of strategies to share limited transportation services between Tahoe Truckee and regional services will maximize staff time, be cost-effective, and meet the needs of clients by improving access to services.

Nevada County also has a new program in the region called Project Mana, which provides outreach to the homeless. The Innovation Project will coordinate services with this program to help maximize services and outcomes.

- 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 development of case management services and supportive strategies to help client's access regional services is a high priority of all individuals, especially adults ages 18 and older with a serious mental illness and/or individuals with disabilities. We will also expand services to individuals who are Latino. We plan to utilize the Family Resource Center of Truckee to offer culturally and linguistically appropriate services to the Latino population. Linkage with these

existing services will enhance our Innovation project and ensure that we have services available in both English and Spanish to meet the needs of this rural community.

Another high priority population for the Innovation Project are older adults. A number of older adults have retired to this region. Older adults may become isolated and potentially develop depression, as a result of significant life events, such as chronic health problems, caretaking, and/or death of a spouse/life partner. Many older adults still have stigma regarding access to mental health services, and are reluctant to obtain needed services. Special outreach to this community, through services at senior centers, and by offering outreach activities (e.g., blood pressure checks) will help reduce barriers to accessing services. The case manager and bilingual, bicultural services will provide outreach into the community, deliver services at the local FRC weekly, and visit Senior living apartments to help reduce stigma and improve access to services. Otherwise, we anticipate that the individuals served will be consistent with our client population in the Grass Valley area for gender, race/ethnicity, and sexual orientation.

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

We estimate that we will serve 50 unduplicated individuals each year of this 5-year project. Some individuals served may receive only a few case management services to help link them to community services and resources. Others needing ongoing support and assistance developing activities of daily living, may receive case management and/or bilingual services for a longer period of time.

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-county 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. We plan to partner with the Family Resource Center of Truckee to utilize bilingual, bicultural services in this community. 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 strategies and services to integrate services across the Tahoe Truckee community to meet the needs of clients. The opportunity to learn how to integrate and coordinate services will also help identify how to sustain these service

after the five-year funding cycle for this project. Services will continue to be available through MHSA CSS (Community Support and Services) and/or PEI (Prevention and Early Intervention) and Medi-Cal funding, so clients 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 foundation of services and identify successful strategies for integrating and coordinating services across the two counties.

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 two years. This relationship allows for information to be easily obtained from both counties to measure the implementation of this project.

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-county services will be measured by surveying staff from both counties, as well as clients. 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 outreach activities, linkage to resources, number of contacts and duration of services, and location of services. This data will provide information on the increase in case management and culturally relevant services to this community. Cross-county coordination will be evaluated to assess the number of clients who are able to access services from each county, and/or to receive services in a convenient location.
- c) Client perception of services and outcomes will be measured at least annually to determine if services are helping to improve outcomes.

- d) Monthly calls will be held to discuss implementation of the project, level of interagency coordination, and identify successes and challenges. These cross-county calls will have staff from both counties discuss learning opportunities, strategies for resolving issues, and identify cross-county funding opportunities to continually improve services.
 - e) Periodic surveys of administrative staff, clients, and partner agency 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 both counties as well as stakeholders, such as the CCTT, of the success of the project. In addition, the effectiveness of the development of a Memorandum of Understanding (MOU), and other formal agreements, will be reviewed and updated at least yearly.
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 the CCTT, providers, case managers, and therapists, 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.

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 of services, and as well document client and system level outcomes.

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

See proposed budget, attached.

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

A. EXPENDITURES

Personnel – No expenses are budgeted for this category.

Operating Expenditures – No expenses are budgeted for this category.

Non-Recurring Expenditures – No expenses are budgeted for this category.

Contract Services

- A contract will be developed with Sierra Mental Wellness Group (SMWG) to provide staffing for this Innovation Project. A 0.5 FTE SMWG Case Manager will coordinate services and provide cross-county linkage for persons living in the Tahoe Truckee area. This contract also includes funding for supervisory duties, as well as administrative and operations costs for SMWG. The total cost for this line item: \$39,715 for Year 1; Years 2+ show a slight increase due to rising expenses.
- A contract will be developed with the Tahoe Truckee Family Resource Center to provide bilingual, bicultural services to this community. Expenses will include administrative costs, supplies, and travel, as necessary to the support of this INN project. The total cost for this line item: \$12,000 for each year of the project.
- I.D.E.A. Consulting will evaluate this Innovation Project through data collection and analysis. Findings will be routinely shared to improve collaboration and coordination of services to meet the needs of clients. The total cost for this line item: \$11,250 for each year of the project (15% of total INN allocation).

Total cost for this line item: \$62,965, Year 1; Years 2+ show a slight increase in expenses.

Other Expenditures – Other expenditures include local travel for service delivery and care coordination (\$6,000 per year); meeting and outreach materials and supplies (\$2,000 annually); training expenses (\$4,000 per year); and administrative costs at 10% of total allocation (\$7,500 annually). Total cost for this line item: \$19,500 for each year of the project.

B. REVENUES – Anticipated revenue includes the MHSa Innovation allocation (\$75,000 per year), as well as Medi-Cal FFP funds (estimated at \$21,706 annually).

C. TOTAL FUNDING REQUESTED – Total Innovation funding requested for this project is \$75,000 per year, for five years (\$375,000 for the 5-year project).

Nevada INN Plan Budget

DRAFT 07/01/16

	Annual	FTE	Year 1	Year 2	Year 3	Year 4	Year 5
Expenditures							
Personnel (salary/benefits)							
Total Personnel			\$ -	\$ -	\$ -	\$ -	\$ -
Operating Expenditures							
Total Operating			\$ -	\$ -	\$ -	\$ -	\$ -
Non-recurring							
Total Non-recurring			\$ -	\$ -	\$ -	\$ -	\$ -
Contracts							
<u>Sierra Mental Wellness Group</u>							
SMWG Case Manager	\$ 66,794	0.5	\$ 33,397	\$ 34,399	\$ 35,067	\$ 35,735	\$ 36,403
SMWG Management	\$ 145,600	0.0063	\$ 1,138	\$ 1,172	\$ 1,206	\$ 1,217	\$ 1,240
SMWG Admin/Operating Overhead			\$ 5,180	\$ 5,336	\$ 5,441	\$ 5,543	\$ 5,646
Subtotal - SMWG			\$ 39,715	\$ 40,906	\$ 41,713	\$ 42,495	\$ 43,289
<u>Tahoe Truckee Family Resource Center (bilingual, bicultural services; includes admin, supplies, travel)</u>							
IDEA Evaluation (15% of total allocation)			\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000
IDEA Evaluation (15% of total allocation)			\$ 11,250	\$ 11,250	\$ 11,250	\$ 11,250	\$ 11,250
Total Contracts			\$ 62,965	\$ 64,156	\$ 64,963	\$ 65,745	\$ 66,539
Other Expenditures							
Travel			\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000
Meetings and Outreach materials & supplies (may include food)			\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
Training			\$ 4,000	\$ 4,000	\$ 4,000	\$ 4,000	\$ 4,000
Admin (10% of total allocation)			\$ 7,500	\$ 7,500	\$ 7,500	\$ 7,500	\$ 7,500
Total Other Expenditures			\$ 19,500	\$ 19,500	\$ 19,500	\$ 19,500	\$ 19,500
Total Expenditures			\$ 82,465	\$ 83,656	\$ 84,463	\$ 85,245	\$ 86,039
Income							
MHSA INNOVation Allocation			\$ 75,000	\$ 75,000	\$ 75,000	\$ 75,000	\$ 75,000
Medi-Cal FFP			\$ 21,706	\$ 21,706	\$ 21,706	\$ 21,706	\$ 21,706
Total Income			\$ 96,706	\$ 96,706	\$ 96,706	\$ 96,706	\$ 96,706