**INNOVATIVE PROJECT PLAN**

**RECOMMENDED TEMPLATE**

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| **COMPLETE APPLICATION CHECKLIST** |
| Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission: |
| Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.  *(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)* |
| Local Mental Health Board approval Approval Date: \_\_\_\_\_\_\_\_\_\_\_ |
| Completed 30 day public comment period Comment Period: \_\_\_\_\_\_\_\_\_\_\_ |
| BOS approval date Approval Date: \_\_\_\_\_\_\_\_\_\_\_  If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Note: For those Counties that require INN approval from MHSOAC prior to their county’s BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.* |
| Desired Presentation Date for Commission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.*** |

### County Name:

### Date submitted:

### Project Title:

### Total amount requested:

### Duration of project:

**Purpose of Document:** The purpose of this template is to assist County staff in preparing materials that will introduce the purpose, need, design, implementation plan, evaluation plan, and sustainability plan of an Innovation Project proposal to key stakeholders. *This document is a technical assistance tool that is recommended, not required.*

**Innovation Project Defined:** As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as a project that “the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports”. As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

**Section 1: Innovations Regulations Requirement Categories**

## CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention

Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population

Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system

Supports participation in a housing program designed to stabilize a person’s living situation while also providing supportive services onsite

## CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

Increases access to mental health services to underserved groups

Increases the quality of mental health services, including measured outcomes

Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes

Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

# **Section 2: Project Overview**

## PRIMARY PROBLEM

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

## PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

1. Provide a brief narrative overview description of the proposed project.
2. Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.
3. Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.
4. Estimate the number of individuals expected to be served annually and how you arrived at this number.

E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

## RESEARCH ON INN COMPONENT

1. What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?
2. Describe the efforts made to investigate existing models or approaches close to what you’re proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

## LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

## EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

**Section 3: Additional Information for Regulatory Requirements**

## CONTRACTING

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

## COMMUNITY PROGRAM PLANNING

Please describe the County’s Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County’s community.

## MHSA GENERAL STANDARDS

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

1. Community Collaboration
2. Cultural Competency
3. Client-Driven
4. Family-Driven
5. Wellness, Recovery, and Resilience-Focused
6. Integrated Service Experience for Clients and Families

## CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

## INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion.

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

## COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

1. How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

B) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

## TIMELINE

1. Specify the expected start date and end date of your INN Project
2. Specify the total timeframe (duration) of the INN Project

C) Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

# **Section 4: INN Project Budget and Source of Expenditures**

**INN PROJECT BUDGET AND SOURCE OF EXPENDITURES**

The next three sections identify how the MHSA funds are being utilized:

1. BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
2. BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
3. BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)

## BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, “$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000”) and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, “Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…”). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY**\* | | | | | | | |
| **EXPENDITURES** | | | | | | | |
| **PERSONNEL COSTS (salaries, wages, benefits)** | | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **TOTAL** |
| 1. | Salaries |  |  |  |  |  |  |
| 2. | Direct Costs |  |  |  |  |  |  |
| 3. | Indirect Costs |  |  |  |  |  |  |
| 4. | Total Personnel Costs |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
| **OPERATING COSTS** | | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **TOTAL** |
| 5. | Direct Costs |  |  |  |  |  |  |
| 6. | Indirect Costs |  |  |  |  |  |  |
| 7. | Total Operating Costs |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **NON RECURRING COSTS (equipment, technology)** | | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **TOTAL** |
| 8. |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |
| 10. | Total Non-recurring costs |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)** | | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **TOTAL** |
| 11. | Direct Costs |  |  |  |  |  |  |
| 12. | Indirect Costs |  |  |  |  |  |  |
| 13. | Total Consultant Costs |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **OTHER EXPENDITURES (please explain in budget narrative)** | | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **TOTAL** |
| 14. |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |
| 16. | Total Other Expenditures |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **BUDGET TOTALS** | |  |  |  |  |  |  |
| Personnel (line 1) | |  |  |  |  |  |  |
| Direct Costs (add lines 2, 5 and 11 from above) | |  |  |  |  |  |  |
| Indirect Costs (add lines 3, 6 and 12 from above) | |  |  |  |  |  |  |
| Non-recurring costs (line 10) | |  |  |  |  |  |  |
| Other Expenditures (line 16) | |  |  |  |  |  |  |
| **TOTAL INNOVATION BUDGET** | |  |  |  |  |  |  |

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)** | | | | | | | |
| **ADMINISTRATION:** | | | | | | | |
| **A.** | **Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:** | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **TOTAL** |
| 1. | Innovative MHSA Funds |  |  |  |  |  |  |
| 2. | Federal Financial Participation |  |  |  |  |  |  |
| 3. | 1991 Realignment |  |  |  |  |  |  |
| 4. | Behavioral Health Subaccount |  |  |  |  |  |  |
| 5. | Other funding\* |  |  |  |  |  |  |
| **6.** | **Total Proposed Administration** |  |  |  |  |  |  |
| **EVALUATION:** | | | | | | | |
| **B.** | **Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:** | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **TOTAL** |
| 1. | Innovative MHSA Funds |  |  |  |  |  |  |
| 2. | Federal Financial Participation |  |  |  |  |  |  |
| 3. | 1991 Realignment |  |  |  |  |  |  |
| 4. | Behavioral Health Subaccount |  |  |  |  |  |  |
| 5. | Other funding\* |  |  |  |  |  |  |
| **6.** | **Total Proposed Evaluation** |  |  |  |  |  |  |
| **TOTAL:** | | | | | | | |
| **C.** | **Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:** | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **FY xx/xx** | **TOTAL** |
| 1. | Innovative MHSA Funds |  |  |  |  |  |  |
| 2. | Federal Financial Participation |  |  |  |  |  |  |
| 3. | 1991 Realignment |  |  |  |  |  |  |
| 4. | Behavioral Health Subaccount |  |  |  |  |  |  |
| 5. | Other funding\* |  |  |  |  |  |  |
| **6.** | **Total Proposed Expenditures** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| \*If “Other funding” is included, please explain. | | | | | | | |