

INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

County: Santa Clara County Date Submitted _____
Project Name: headspace

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

The MHS Innovation Component requires counties to design, pilot, assess, refine, and evaluate a “new or changed application of a promising approach to solving persistent, seemingly intractable mental health challenges” (Welfare and Institutions Code Section 5830, subdivision (c)). The eventual goal is for counties to implement successful practices without Innovation Funds and to disseminate successful practices to other counties. In this way, the Innovation Component provides the opportunity for all counties to contribute to strengthening and transforming the local and statewide mental health system and contributes to developing new effective mental health practices. (Mental Health Services Oversight and Accountability Commission, Innovative Projects Initial Statement of Reasons)

An “Innovative Project” means “a project that the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports” (*California Code of Regulations, Title 9, Sect. 3200.184*). Each Innovative Project “shall have an end date that is not more than five years from the start date of the Innovative Project” (*CCR, Title 9, Sect. 3910.010*). Counties shall expend Innovation Funds for a specific Innovative Project “only after the Mental Health Services Oversight and Accountability Commission approves the funds for that Innovative Project” (*CCR, Title 9, Sect. 3905(a)*). Further, “The County shall expend Innovation Funds only to implement one or more Innovative Projects” (*CCR, Title 9, Sect. 3905(b)*). Finally, “All expenditures for county mental health programs shall be consistent with a currently approved plan or update pursuant to Section 5847” (*Welfare and Institutions Code, Sect. 5892(g)*).

The goal of this template is to assist County staff in preparing materials that will adequately explain the purpose, justification, design, implementation plan, evaluation plan, and succession plan of an Innovative Project proposal to key stakeholders, including local and State decision-makers, as well as interested members of the general public. Additionally, a County that fully completes this template should be well prepared to present its project workplan to the Commission for review and approval.

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

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

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

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I. Project Overview

1) Primary Problem

According to the U.S. Department of Health and Human Services' Office of Adolescent Health, one in five adolescents has a diagnosable mental disorder, and yet less than half of adolescents with these disorders received any kind of treatment in the last year. Santa Clara County is home to 168,420 children between the ages of 11 and 17, and yet the National Center for Children in Poverty report that there are only 8,122 youth ages 0-25 using mental health services in the County, while data suggests that among youth aged 11 to 17 alone over 30,000 youth should be accessing service. The lack of mental health service access among young people is associated with different factors. Young people with emerging mental health issues have difficulty finding timely, appropriate treatment and a service system that can respond to their needs. Where support is available, young people rarely receive holistic services even though mental health problems often coexist with other physical, social and emotional problems. Because of this lack of early identification and intervention services, young people often do not reach our health, social service, or justice systems until their mental health problems have become more severe and often more difficult and costly to treat. This can lead to devastating outcomes for young people. This innovation program, *headspace*, seeks to overcome this gap in service by providing age-appropriate, easily accessible, integrated mental health services for adolescents and young adults ages 12 to 25.

In 2016, Santa Clara County's Behavioral Health Services Department (BHSD) solicited Innovation (INN) ideas from MHSA stakeholders and the public and opened a submission window for potential ideas focused on four areas of need. Two of these areas specifically targeted children and transitional aged youth (TAY) as described below:

- **New and emerging prevention services for children.** BHSD is seeking new prevention practices and approaches that focus on the County's children and youth, from birth through 17 years of age. The intent is to pilot innovative, age appropriate strategies that reduce stigma, engage children and youth and their families, support wellness, and prevent and reduce involvement of children and youth in the child welfare and/or juvenile justice systems.
- **Transitional Aged Youth (TAY) support and care transitions.** BHSD is seeking innovative approaches to care transitions for the TAY population, youth 16 to 25 years of age, from Family and Children's services to the community. The intent is to pilot age appropriate approaches for TAY clients and consumers that will support and ensure successful transitions into the community and Adult services, as needed.

As requested by MHSOAC staff, Santa Clara County would submit a new Innovations narrative for Phase II of the *headspace* project. BHSD's original intent, as in previous projects, was to submit a budget augmentation request along with the implementation plan. This narrative describes Phase II of the *headspace* Innovation Idea: Implementation Plan.

The Youth Advisory Group was formed in February 2018. The group consists of 27 diverse youth in the County. The group has provided valuable input and guidance from the ground up relative to site design concepts and branding development. With their input, the services will be tailored to best meet the needs of the youth in the community the centers will serve.

On February 12, 2018, the Santa Clara County BHSD convened a new MHSA Stakeholder Leadership Committee to begin the MHSA Community Program Planning (CPP) process. The stakeholder representative group was tasked with informing the FY18-FY20 MHSA Three-Year Program and Expenditure Plan (Draft Plan). The delay

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was mainly due to the Department’s interest in identifying gaps in services via a thorough, third party, assessment of needs across the system, and in particular, gaps in services related to MHSA programming.

On February 22, the MHSA Stakeholder Leadership Committee (SLC) began the Innovation program development portion, including identifying service needs and gaps based on current work and recommendations detailed in the MHSA needs assessment conducted by Resource Development Associates (RDA). On March 16, 2018 the SLC dedicated the meeting to program refinement. The *headspace* Implementation Phase was presented and discussed at the meetings, first in needs assessment overviews and during program refinement sessions presented by MHSA staff and the Deputy Director. SLC members and public audience provided comments and feedback regarding the *headspace* Implementation Phase. Staff summarized the comments and feedback and presented to the SLC at the March 27th meeting, sharing the positive feedback and great interest in both projects.

During the 30-day public review and comment period, May 11-June 10, 2018, the public agreed on the need for a youth space that would serve their needs with a variety of services under one roof. Followed by the Behavioral Health Board (BHB) Public Hearing on June 11, 2018, the FY18-FY20 MHSA Three-Year Program and Expenditure Plan was unanimously recommended to move forward, including *headspace* Implementation Phase. The Department sought adoption of the Draft Plan at the Board of Supervisors meeting on June 19, 2018 and received unanimous approval. The public feedback received on *headspace* during this process were in favor of this project. County of Santa Clara seeks to present the *headspace* Implementation Phase Project at the Mental Health Services Oversight and Accountability Commission (MHSOAC) in August 2018.

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

The success of *headspace* in Australia, a 60% rate of improvement in young people that received care, shows the need to uniquely tailor young people’s behavioral health needs to access early mental health. Bringing the *headspace* model to the United States (US) provides an opportunity to disrupt the traditional system of adolescent and young adult healthcare in our country and create a revolutionary culture of youth health that could dramatically reduce the burden of mental illness in our population through early detection and treatment. Doing so responds to the call from national leaders to shift educational and health care services to address the national crisis in youth mental health and health supports that are the primary morbidities of our young people. It also has the potential to offer a supportive, culturally friendly environment for young people during a challenging and neuro-developmentally critical time in their lives.

With funding from the Robert Wood Johnson Foundation, Stanford Psychiatry Center for Youth Mental Health and Wellbeing conducted a feasibility study to assess the feasibility of successfully importing *headspace* to the US (1). This study concluded that, while financial modeling for a *headspace* model in the US is certainly complicated, there is clear value in developing this model in the US, **since currently there is no similar public mental health early intervention structure in place for young people in the US.** The feasibility study revealed the following essential elements (The full report is attached to this template):

1. The *headspace* US sites must be physically **stand-alone sites** with their own entrance and exits in order to be successful. A core element of *headspace* is that young people see the program as their independent place for mental health and health care.
2. Each site must provide **integrated care services**, with a primary plan to target those with mild to moderate mental health conditions. The provision of integrated care services allows for “one-stop shopping” for young people while also addressing the stigma issues related to being seen for a mental health related

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service. Linking these services at one site is essential given the high frequency of comorbid health and mental health related conditions for young people. The focus on early intervention mental health issues, along with substance abuse and other related services, including access to educational, employment and housing support, is core to the *headspace* model and fills a significant gap in young adult public mental health service provision. In addition, if people then need a higher end behavioral health service, linkages can be made to the community behavioral health system, such as the County Coordinated Care system, for more intensive intervention.

3. **Strategic marketing and advertising models** decrease the perceived stigma for young people in accessing mental health supports. In Australia, *headspace* has changed the national norm for young people in going independently or with a friend to a *headspace* site for mental health support because of thoughtful advertising campaigns, linkages to musical events, the involvement of youth culture leaders, and activities of most interest to adolescent and young adults. Further, marketing investments are made to ensure that messaging specifically targets the appropriate cultural group, as recently seen in the *headspace* rollout of the Yarn Safe campaign for the indigenous people of Australia. It will be important for US sites to have the capacity to reach local young people from targeted cultural groups with specific and appropriate messaging in order to be successful.

There is nationwide interest reported from sites in New York, Michigan, Illinois and others on potential *headspace* model development. There is also interest in other counties in California, including Sacramento, San Mateo and Santa Barbara, in creating this model. These potential sites are eager to learn from Santa Clara County, the central hub for innovation. BHSD seeks to build a sustainable model that will expand the Children, Youth and Families prevention, early intervention and treatment continuum from our nationally recognized 0-5 system of care, through School Linked Services to an expanded early psychosis program. *headspace* will fill an important gap and serve as a critical component for adolescents and young adults.

Source:

- (1) Adelsheim, S., Tanti, C., Harrison, V., and King, R., (2015). *headspace: US Feasibility Report*.

3) The Proposed Project

Santa Clara County BHSD, under the direction of the Children, Youth and Families Division, seeks to adapt and pilot the Australian *headspace* model as the first of its kind in the US. The *headspace* program, informed by the feasibility study mentioned above, will establish two sites in Santa Clara County to provide accessible and youth-friendly mental health services to young people between the ages of 12 and 25. The *headspace* sites will help increase access to early mental health and drug treatment services for adolescents and will innovatively involve young people in building their own mental health resources at the sites. The *headspace* program will also facilitate youth-led marketing to combat stigma and reach youth in need.

Program Framework

The program will begin with four integrated, not just co-located, service components, including behavioral health (i.e., mental health and substance use treatment), primary care services, educational support, and

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employment support. These services will be integrated and provided by BHSD, Stanford Medicine, and Community-Based Organizations (CBOs). The services will be available to all young people regardless of their ability to pay and health insurance status.

The program will empower peers and young people through the development of the **Youth Advisory Group (YAG)**, who will be involved in the planning, implementation and evaluation of the services and programs, site identification, design and development, and marketing and outreach. The *headspace* centers will be youth-friendly, culturally and linguistically responsive, and accessible to youth. The YAG will provide input and guidance from the ground up. With input of community youth from the initiation of the project, the services will be tailored to best meet the needs of the youth in the community the centers will serve. A description of the YAG's participation in the ramp up phase is provided on Page 5 under Ramp Up.

The program will also help to mobilize communities by allowing the CBOs, identified through a competitive bidding process, to lead a community planning, mobilization, and empowerment process in partnership with other CBOs and stakeholders. This process will yield a consortium of service providers. Through this consortium of providers, appropriate services and resources for young people in the community will be identified and offered at the *headspace* sites or be available to the site participants through appropriate referrals and linkages. The Peer Partners hired by the CBOs are an essential part of the service integration and will provide support among the youth, information on the array of services available at the site and service linkage and access to facilitate a seamless service delivery.

At its core, equality services to youth ages 12 to 25 in Santa Clara County will be prioritized as new venues for public-private partnerships are explored and key data components are established. The integration of mental health care and primary health care will serve to better identify early warning signs of mental illness and suicide for more effective preventive care, a critical component of the model and a key area of distinction from other models.

The following are significant accomplishments during the Ramp Up Phase: The following activities are in place to support Implementation Phase:

1. **Youth Advisory Group:** The first YAG was developed in February 2018 to help inform the *headspace* sites in the County. Stanford Center for Youth Mental Health and Wellbeing (SCYMHW), in partnership with BHSD and over 45 community agencies, including the community-based organizations (CBOs), school districts, and local community colleges, conducted recruitment throughout the County. The recruitment yielded **27 diverse youths in the County for the YAG**. The application process included a completion of an online application, which included an "optional" self-disclosure about lived experience with mental illness as well as any particular cultural groups with which the applicants identified (e.g., LGBTQ, homelessness, etc.). However, this information was not required since some youths may not feel comfortable to disclose sensitive information. The age group ranged from 16 to 24 and many members self-identified as a consumer or family member of a consumer. The YAG represented diverse cultural groups, including but not limited to, Asian, Hispanic, Mexican, Caucasian, Iranian, and Vietnamese. The current YAG members are from the first round of recruitment. The planning team is committed to ensuring the County's diverse cultural groups and voices are represented on the YAG and will continue to outreach and engage diverse youth. To date, the YAG members have participated in several meetings, many of which were with the IDEO.org consultants who are contracted to assist in the development of the site design concepts and program branding. As mentioned in the feasibility study, it is essential to develop a branding and marketing strategy that will target the young people. Hence, the YAG members are involved in every step of the way in identifying the branding and marketing ideas. Four YAG members attended a kick-off meeting with IDEO.org to understand the branding development process, while other YAG members from San Jose and Palo Alto/Mountain View met with IDEO.org as a group and also one-on-one in their communities (e.g., coffee shops) to provide specific information about the youth cultures in their respective communities. On March

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7, 2018, a youth joined BHSD and SCYMHW in conducting a presentation at the Foundry Youth Mental Health Integrated Care Model meeting in Sacramento hosted by MHSOAC. Further, several YAG members have participated in visiting potential *headspace* sites in San Jose to provide their input on site location, building, and neighborhood. Through input from YAG members, the planning team has identified a potential site in San Jose and is reviewing the logistics and legality items in partnership with the County Fleets and Facilities Team. Two YAG members will also attend the on-going data and evaluation planning meeting with BHSD, Stanford and Informing Change, a selected vendor assisting the planning team in developing the evaluation plan during the ramp up phase.

2. **Finalize services/framework that will be provided at the *headspace* centers:** Based on the feasibility study and consultation meetings with the experts from Australia and British Columbia, Canada on the *headspace* and Foundry model, respectively, as well as input from the YAG, BHSD and Stanford Center for Youth Mental Health and Wellbeing developed the **center framework** consisting of the main service components. The main service components include behavioral health (i.e., mental health and substance use treatment), primary care services, employment support, and educational support. Also, in tandem, BHSD has developed the scope of work that will be included in the Request for Proposal to identify the CBOs for some direct services. The services will be integrated and not just co-located, which will create an innovative culture of youth health. Service integration is achieved as any young people entering the site will receive equal services through a streamlined, coordinated system. As identified in the feasibility study, the provision of integrated care services allows for “one-stop shopping”, which helps to prevent stigma when accessing mental health services for young people and is essential given the high frequency of comorbid health and mental health related conditions. Service integration fills a significant gap in young people’s public mental health service provision. The Peer Partners at the center will help young people to understand the array of available services, as well as help navigate the center and community service linkage.
3. **Identify *headspace* centers:** BHSD has partnered with the County’s Facilities and Fleet (FAF) Team in collaboration with Stanford and the YAG to scout and identify potential sites to lease for *headspace*. Several potential sites were reviewed by the planning team and YAG within the past six months. The project planning team, along with the YAG, has identified a potential site in San Jose. The County’s FAF team is in the process of assessing the legal items with the builder in order to move forward with the letter of interest. The planning team is also in process of identifying another site in north County. The project planning team has partnered with IDEO.org and the YAG to develop design concepts. The site milieu of the *headspace* sites is another innovative aspect that will contribute to the increased access of mental health service and eliminate stigma. BHSD anticipates to identify a site for contract negotiation by November 2018. Based on the Innovation funding regulations, the lease for these two sites will not exceed 5 years.
4. **Develop Staffing Infrastructure at the *headspace* centers:** In collaboration with Stanford and the YAG, BHSD has finalized the staffing infrastructure for the sites to include, but not be limited to: Psychiatrist, Psychologist, Physician/Nurse Practitioner, Substance Use Treatment Counselors, Mental Health Service clinicians, Community Coordinators and Peer Partners in order to maintain fidelity with the original *headspace* model. This infrastructure is aligned with the feasibility study. Staff recruitment and the RFP will be conducted once the implementation plan is approved.
5. **Develop a billing and financing model for the *headspace* program:** The project is intended to provide services to youth ages 12- 25, regardless of insurance coverage, Medi-Cal population, and commercially-insured youth. The planning team, including BHSD and Stanford Center for Youth Mental Health and Wellbeing, has engaged in preliminary conversations with local (i.e., Kaiser Permanente) and international experts (i.e., Australia and Canada) related to blending the fiscal model of private and public insurance. This is one of the main innovation components of the project. To this end, BHSD will partner with the evaluation planning vendor to capture evaluation data related to *headspace* billing model for sustainability and

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replicability purposes. The goal is to employ the new billing and financial model during program implementation.

6. **Develop the Data Management System for the project:** BHSD has identified a vendor from Berkeley, CA to assist with the development of a comprehensive evaluation plan, including plans related to data collection and management. The project planning team also met with experts from Australia and British Columbia about their data systems and minimum data set. This information will be used by our evaluator to develop the evaluation plan and systems. The data management systems should be ready for operation at the early phase of program implementation.

The first year of the project included establishing partnership with the Stanford Technical Assistance team and conducting program literature review to understand the model of interest, as well as establishing the two staffing structure for the project (i.e., Youth Outreach Specialist and Supported Employment and Education Specialist). The project plan is underway during the ramp up, the second year of the project. The implementation phase of the program will provide an opportunity to conduct an innovative project to: explore the advantages and challenges of integrating behavioral health, physical health, and social support; develop a new financial model; and serving a broad age range within the centers, such as peer leadership and peer-to-peer mentorship opportunities wherein older youth can serve as mentors and role models to their younger peers; continuity of care for youth throughout adolescence with opportunities for them to work with their services providers over a long period; opportunities for tracking longitudinal data and longer term impact evaluation across the years a young person comes to *headspace* for services; explore the unique needs of 18-25 year olds which are distinct from 12-17 year olds; and, workflow components related to treating minors and involving parents/ guardians.

Provided the County obtains MHSOAC approval in August 2018, the BHSD will release the RFP in September 2018 or sooner to identify partnering CBOs for the sites, and launch the contract amendment process with Stanford Center for Youth Mental Health and Wellbeing, which will be led by the BHSD Director and County Counsel with the Stanford Counsel and contracts team.

Santa Clara County's *headspace* project seeks to 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. This includes a community-driven approach that has been successful in a national health insurance model to be adapted in a public/private health insurance setting with a primary focus on prevention and early intervention.

Source:

- (2) Innovative Project Regulations. Issued 2015, Section 3910.

4) Innovative Component

With funding from the Robert Wood Johnson Foundation, Stanford Psychiatry Center for Youth Mental Health and Wellbeing conducted a feasibility study to assess the feasibility of successfully importing *headspace* to the US (1). This study concluded that, while financial modeling for a *headspace* model in the US is certainly complicated, there is clear value in developing this model in the US, **since currently there is no similar public mental health early intervention structure in place for young people in the US.** To this end, one of the main innovative component of this INN project is the financial model, along with the integrated behavioral health services, youth-led site and service development, and community mobilization.

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The project will provide guidance on the complicated financial modeling required in a system that is not a national healthcare model, as it exists in Australia. Hence, Santa Clara County seeks to 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 (2). *headspace* is intended to provide services to youth ages 12 to 25, regardless of insurance coverage, Medi-Cal population, and commercially-insured youth. The Australian *headspace* model is based on a universal health care system and this project provides an opportunity for BHSD and the County to develop a billing mechanism that will enable all payor types for the services provided at the sites.

The project facilitate service integration essential for youth people seeking mental health services, including behavioral health (i.e., mental health and substance use treatment), primary care services, educational support, and employment support. These services will be integrated and provided by BHSD, Stanford Hospital, and Community-Based Organizations.

Source:

(1) Adelsheim, S., Tanti, C., Harrison, V., and King, R., (2015). *headspace*: US Feasibility Report.

Learning Goals / Project Aims

headspace goals will revolve around understanding processes, testing hypotheses, and/or achieving specific outcomes.

The **overarching goal** of the *headspace* project is to increase access to behavioral health services. *headspace* intends to reach marginalized youth, as well as those that may be stigmatized by institutionalized services already in place. Through implementation of the *headspace* Implementation Phase project, BHSD seeks to achieve the following overarching **learning goals and intended outcomes**, categorized into four domains (these goals and outcomes are being reviewed and refined with our selected vendor to develop the project evaluation plan. The YAG members are also part of the evaluation planning process):

1. Innovative Intervention Model

Learning Goals

- A. Understand the efficacy of integrating multiple service components to increase youth access and engagement in behavioral health services.
- B. Identify best approaches to include youth, family members, and community stakeholders in the development, implementation and evaluation of an integrated care model intended for young people.

Intended Outcomes

- A. Integrated services at the sites will **increase** young people's **access** to behavioral health services, among other health and wellbeing services such as primary care services and employment and educational support, in Santa Clara County.
- B. The innovative model will help to **empower young people** to promote behavioral health (services) among their peers and **eliminate behavioral health-related stigma** through the YAG.
- C. Through the consortium model, the sites will **increase partnership and improve service coordination** among community providers in improving the health and wellbeing among young people in Santa Clara County.

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2. Access and Engagement

Learning Goals

- A. Distinguish the barriers and facilitators to access *headspace* sites among youth who are currently engaged and not engaged in the integrated care model.

Intended Outcomes

- A. **Provide services** to at least 1,000 young people in Santa Clara County in the first year.
- B. **Increase access** to behavioral health services among the vulnerable and disadvantaged groups including indigenous, LGBTQI, and homeless youth, as well as those who are not engaged in school or work.
- C. **Improve service quality** by conducting the following:
 - a. Ensuring culturally appropriate services
 - b. Maximizing open and accessible hours
 - c. Addressing transportation issues
 - d. Reducing wait lists through streamlined services

3. Finance Model

Learning Goals

- A. Understand how to effectively and successfully adopt a financial model that allows all youth to access integrated care services regardless of their ability to pay and insurance coverage.

Intended Outcomes

- A. **Develop** an innovated, blended finance model that will allow the site to provide integrated services to young people in the County independent of ability to pay and insurance coverage status.
- B. Through the new financial model, **analyze** the cost of services and the benefits of the blended financial model for young people's integrated care service.

4. Client Outcomes

Learning Goals

- A. Learn the effects of the integrated model on clients social-emotional and physical wellbeing, as well as and life functioning.

Intended Outcomes

- A. Young people will **demonstrate, through clinical assessments, an improvement** in their social-emotional wellbeing.
- B. There will be a **positive outcome** on young people's health and wellbeing, including economic and social outcomes (e.g., the number of days spent unable to work or study decreased).
- C. There will be an **increase of family involvement** in the young people's health and wellbeing.

The BHSD *headspace* project learning goals and intended outcomes were informed by previous research, including the U.S. *headspace* feasibility study and the *headspace* effectiveness study in Australia, respectively. In 2013, the Australian Government Department of Health commissioned the Social Policy Research Centre, the Centre for Social Impact, and other partners to evaluate *headspace* effectiveness. This study evaluated four key areas of *headspace* (i.e., 1) *headspace* access and engagement, 2) center participant outcomes, 3) the

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intervention model, and 4) *headspace* model cost effectiveness) and found the results below, which informed the BHSD learning goals and intended outcomes.

Learn the effects of the integrated model on clients social-emotional and physical wellbeing, as well as and life functioning (e.g., center participant outcomes).

Access to and engagement in *headspace*

- A. In 2013/2014 over 45,000 young people were served by *headspace*; the program reaches its target population, with 75% of young people displaying high levels of psychological distress at intake.
- B. The program has had success engaging vulnerable and disadvantaged groups including indigenous, LGBTQI, and homeless youth, as well as those who are not engaged in school or work.
- C. Notable barriers that, if addressed, could improve service quality include responding to the stigma surrounding mental illness, ensuring culturally appropriate services, maximizing open and accessible hours, addressing transportation issues, and reducing wait lists through rapid response.

Outcomes for *headspace* center participants

- A. Nearly half (47%) of clients demonstrated declines in psychological distress. However, overall changes were small but significant as measured by K10, and effect sizes shrink when using other measures such as functioning and activity (29% showed no change and 24% increased).
- B. Suicidal ideation and prevalence of self-harm also decreased.
- C. Clients whose mental health improved also had positive economic and social outcomes (the number of days spent unable to work or study decreased).
- D. Clients who had more frequent occasions of service had better outcomes.

The intervention model itself

- A. Family-based treatment was identified as a service gap.
- B. Enhanced outreach services may be beneficial to spread awareness about *headspace* services.
- C. Clinicians and youth reported that the colocation of medical and counseling services encouraged help-seeking behavior, while youth reported increased likelihood of treatment adherence.

The cost effectiveness of the *headspace* model

- A. The average cost of service was \$339 in 2013/2014.
- B. The average cost of treatment for *headspace* clients is \$1695 in government investment.
- D. Variations in the cost of services exist among different centers.
- E. 63% of services were primarily for mental health.
- F. 23% of services were primarily related to engagement and assessment.
- G. The costs of starting a new *headspace* center are expected to be higher than established centers.
- H. 45% of services received at *headspace* were subsidized through Medicare.
- I. The Medicare rebate to GPs was \$37 per visit and an hour-long session with a psychologist returned \$84.40 in Medicare funding.

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I. Project Overview (continued)

5) Evaluation or Learning Plan

The intended participants and data sources will primarily be young people who seek services at the *headspace* sites. Additionally, there is an interest to conduct a community-based assessment among young people with and without prior *headspace* engagement to understand the barriers or facilitators to youth people accessing the *headspace* sites in Santa Clara County.

BHSD completed a Service Agreement with Informing Change in May 2018, who will serve as consultant in developing the comprehensive evaluation plan for this project. The project planning team hosted an initial meeting with Informing Change in March 2018 to discuss the goals of the evaluation project, and met again on May 14, 2018 to discuss the agreement deliverables. The following are some specific deliverables and items that Informing Change will provide (This plan may be refined based on further partnership and input from the YAG and Data and Evaluation Committee):

Methodologies

Quantitative and qualitative data will be collected to understand the learning goals and conduct program evaluation. Both type of data will be collected in a variety of methods, including via surveys (e.g., paper-based and electronically via iPad or computers), group discussion and interviews (e.g., open-ended questions regarding services and benefits). Secondary data (e.g., clinical data and assessment surveys) that are normally collected as part of the clinical service and standard may also be reviewed as part of the program evaluation.

For **quantitative data**, the surveys may gather indicators related to experience and satisfaction, intensity and duration of services, comprehensive service use and need, outcomes, and service costs and uptake. **Qualitative tools**, surveys that solicit written responses, will also likely explore experience and satisfaction, cultural sensitivity and responsiveness, adherence to principles of recovery and “least restrictive means,” coordination, and partnership. The YAG members, in partnership with the evaluator, may also be trained to facilitate group discussions and interviews among their peers who are service recipients to understand their experience and satisfaction. These discussions and interviews may explore pathways and opportunities promoting positive behavioral and emotional health, employment and academic successes, experiences with *headspace*, and social and family relationships. Additionally, surveys and interviews may be administered with *headspace* staff to explore implementation, effectiveness, efficiency, and cost-benefit perspectives.

For **quantitative assessments** and standardized measures, survey evaluation will rely on benchmarks (e.g., “no evidence,” “mild,” “moderate”, and “severe”). The evaluation plan may include a range of **quantitative outcome estimators** including generalized estimating equations (GEE) for repeated measures analysis, clinical significance (CS) estimators, and difference-in-difference (DID) estimators (to explore issues of equity and differences in group-level effectiveness). We will also explore opportunities for establishing matched (via propensity score matching) comparison groups from BHS youth clients not engaged in *headspace*.

The evaluation plan will likely explore **variables** related to the following **domains**:

Access & Engagement

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- Given findings from prior literature, the evaluation will account for and understand how structural and environmental factors influence model access and engagement (as well as outcomes). The evaluation will also capture these using ZIP Code data, client self-report questionnaires, and interviews.
- In the Australian model, *headspace* succeeded at reaching vulnerable or access-limited populations. The evaluation plan will examine facilitators and barriers to reaching vulnerable or access-limited populations.
- Explore client profiles such as demographics, socioeconomic status, presenting issues, insurance coverage, and household characteristics.
- Examine client and family satisfaction with services and experience in *headspace*.

Outcomes for clients

- Examine various measures of psychological distress and physical, psychological, and life functioning, as well as functional literacy and employment.
- Examine associations and, where appropriate, make causal inferences using generalized estimating equations (GEE) or related repeated measures estimators to assess within-person changes over times.
- Explore a dose-response effect conditional on presenting issues and severity.
- Items will include a look at equity and we will model effects using difference-in-difference estimators and or multivariable regression as appropriate to data size and available measures—between different priority populations
- Develop and implement methods for capturing and incorporating socio-structural and environmental determinants into models

Service delivery model

In addition to data captured traditionally in MIS, scaling the model will require a deeper understand of what works. Evaluation plan will include measures and data collection approaches to the following, as warranted:

- Service type: e.g., mental health services, assessment, physical health, sexual health, alcohol and other substances, employment and career, family intervention, nutrition and diet, group support
- Service quality
- Outreach and engagement tracking
- Outputs of use and follow-up on behavioral health treatment adherence and health-seeking behaviors Costs per unit, occasion, person, or service type

Cost Effectiveness

The project planning team in partnership with the contracted evaluator will build upon the Australian model and other existing models of examining the costs of *headspace*, recognizing that the financial modeling of healthcare reimbursements within the US is more complex than what has been modeled in Australia due to our complex healthcare insurance reimbursement system.

Process Evaluation Data

In addition to the performance and outcome measures above, the evaluation will capture implementation successes and challenges to guide future replication in the California and U.S. contexts. This can be structured within the evaluation plan as:

- Summary documentation of the planning process, taken from meeting notes and gathered intentionally.

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- Regular (e.g. monthly) implementation learning calls with staff as the project rolls out where the vendor asks 2-3 questions to elicit feedback on the implementation process and summarize in a final report as well as through memos submitted on a regular basis (e.g. quarterly).
- Retrospective interviews with key implementers.

To ensure that the measures, priorities, and potential interpretations included in the plan reflect youth priorities, concerns, and development, the evaluation plan will engage the YAG in the evaluation plan development. The evaluation planning began in May 2018 with the contracted vendor after the agreement was developed.

6) Contracting

The BHSD Children, Youth and Families Division will oversee the contracts with the Stanford Center for Youth Mental Health and Wellbeing, and with our community partners, including the CBO to provide direct services and the vendor to provide the evaluation. County will ensure quality as well as regulatory compliance in these contracted relationships through on-going contract meetings.

II. Additional Information for Regulatory Requirements

1) Certifications

Current ramp up program funding comes from a Fiscal Year (FY) 17 budget referral item from Santa Clara County Board of Supervisor Joseph Simitian, which received full Board approval. The BHSD Children, Youth and Families Division oversees the Stanford Psychiatry Center for Youth Mental Health and Wellbeing efforts to fund: one (1) Youth Support Specialist (YSS) to develop a Youth Advisory Group to inform initial program messaging and marketing campaigns for *headspace* as well as to run focus groups to elicit youth and family voices in the development and evaluation of the *headspace* pilot, and develop a peer support model at *headspace*; and, one (1) Supported Employment and Education Specialist (SEES) to ensure that youth receiving treatment can coordinate their treatment plans with their educational and employment goals as well as act as community liaison with youth and schools and community at large. These are one-time funds and contingent on the opening of the first *headspace* site in Santa Clara County.

Community Program Planning

In August 2016, BHSD convened an MHSA Stakeholder Leadership Committee meeting and shared the 18 INN ideas that had been submitted. Meeting attendees were invited to participate in the selection of ideas that would be developed for the County's INN Plan. Participants selected an idea submitted by Steven Adelsheim, MD, from the Stanford Psychiatry Center for Youth Mental Health and Wellbeing, on the adaptation and piloting of the *headspace* model in Santa Clara County, which addressed both of the County's identified INN program areas and is described below. In November 2017, BHSD received approval from the MHSOAC to implement the ramp up phase and return to the MHSOAC to submit the implementation plan for approval. BHSD is in the process of completing the ramp up phase, which allowed the team to design a framework for the implementation and sustainability components to adapt and replicate *headspace* in Santa Clara County.

The Youth Advisory Group was formed in February 2018. The group consists of 27 diverse youth in the County. The group has provided valuable input and guidance from the ground up relative to site design concepts and branding development. With their input, the services will be tailored to best meet the needs of the youth in the community the centers will serve.

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On February 22, the Stakeholder Leadership Committee (SLC) began Innovation program development, including brainstorming ideas to address needs and gaps. On March 16, 2018 the SLC dedicated the meeting to program refinement of the concepts developed. Deputy Director, Deane Wiley, presented a detailed PowerPoint on the Tech Suite and *headspace* implementation to the SLC. SLC members and public audience were asked to provide a comments and feedback regarding each Innovation idea. Staff summarized the comments and feedback and presented to the SLC at the March 27th meeting, sharing the positive feedback and great interest in both projects.

Both these projects will be included in the 3 year plan, which will begin its 30 day review from May 11 until June 10. The public hearing by the Behavioral Health Board occurred on June 11th with the plan being unanimously accepted. The County Board of Supervisors received the plan during the meeting on June 19th and provided a unanimous vote of approval. County of Santa Clara seeks to present this project the Oversight and Accountable Commission in August 2018.

2) Primary Purpose

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

- a) Increase access to mental health services

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INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

II. Additional Information for Regulatory Requirements (continued)

3) MHSa Innovative Project Category

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

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

4) Population (if applicable)

According to the U.S. Census in July 2015, the estimated population of Santa Clara County was 1,918,044. Approximately 23% of the population was under the age of 18. Fifty six percent (56%) of the population was White, 36% Asian, 26% Latino or Hispanic, some White and some non-White, and 3% African American. The population to be served are youth ages 12-25 years of age, who will receive services whether they are on MediCal, private insurance or are underinsured or uninsured. The intended population also includes traditionally marginalized youth, such as youths who identify themselves as Lesbian, Gay, Bisexual, Transsexual and Queer (LGBTQ), foster and homeless youth, and youth whose primary language is not English.

During the ramp up phase, BHSD and the Stanford Psychiatry Center on Youth Mental Health and Wellbeing partnered with the YAG, a total of 27 youth founding members, to help inform the *headspace* centers in Santa Clara County. The Youth advisors represent the intended service areas, Central San Jose and North County (Palo Alto/Mountain View). The YAG will be recruited annually to ensure the group represent the County diversity.

The estimate is that 1,000 youth will seek services and supports from each of the two *headspace* centers, with a total of 2,000 youth ages 12 to 25 served annually.

5) MHSa General Standards

- a) **Community Collaboration:** Through a series of community forums and focus groups across Santa Clara County, the *headspace* project intends to engage young people, families, and service providers, to ensure that an array of community voices and perspectives will inform the development and implementation of the program.
- b) **Cultural Competency:** An important component of the *headspace* model is to be culturally responsive and sensitive. Australia's programs acknowledge the aboriginal people of Australia in all of their marketing materials, and they create campaigns which feature youth who are representative of the community they are serving. In Santa Clara County's communities, BHSD staff understand the importance of having mental health and health care providers who are linguistically and culturally sensitive. This includes, but is not limited to, Spanish-speaking and/or Latino/a, Asian-American, African-American, LGBTQ, as well as gender minorities. The Santa Clara County *headspace* centers will reflect culture in all intake and program materials.
- c) **Client- and Family-Driven:** Another core component of the *headspace* model is that it is youth-centered and guided by a Youth Advisory Group which informs the decision-making process from the initiation to implementation of the centers. Youth Advisors will meet monthly to address decisions relating to marketing campaigns, the look and feel of the centers, and the provision of services. Focus groups with youth sub-groups (e.g. LGBTQ, Asian-American, young men) will be an integral component of the process. One of the limitations of the Australian *headspace* model has been a lack of focus on family engagement. The adapted model for Santa Clara County will include family members in the young person's treatment, when appropriate, in order to address the needs of youth and the family systems supporting youth that are struggling.

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- d) **Wellness, Recovery, and Resilience-Focused:** Inherently, a prevention and early intervention model like *headspace* will bolster protective factors of young people and ensure they have the coping skills and support systems in place to successfully transition into adulthood. The *headspace* model of integrated health and mental health care, in tandem with educational and employment services and substance use treatment services, supports the whole-child and promotes overall wellness. The cornerstone of the *headspace* model is its emphasis on youth wellness, rather than illness, and paths to recovery, so that youth will thrive as adolescents and adults.
- e) **Integrated Service Experience for Clients and Families:** The *headspace* model focuses on collaboration with community agencies and service providers to promote continuity of care. It is essential that youth and their families (when appropriate) feel equipped to navigate community resources as outlined in the individualized treatment plan. This creates a continuum of care from current school-linked services provisions for school-age youth and their guardians as needed extending into the community bringing down the accessibility barriers of time and language for many youth and their families.

II. Additional Information for Regulatory Requirements (continued)

6) Continuity of Care for Individuals with Serious Mental Illness

Individuals with Serious Mental Illness are not the intended population for the *headspace* program. However, the sites will be developed in alignment with the BHSD Coordinated Continuum of Care to provide referrals and linkages to existing services among individuals presenting with serious mental illness.

7) INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement.

The Youth Advisory Group will be part of the evaluation planning and implementation process. Additionally, there will be a launch meeting and an on-going meeting with *headspace* stakeholders to develop the comprehensive evaluation plan to include stakeholders, including individuals and families with lived experience, to help inform the evaluation plan. During these stakeholder meetings, the contracted evaluator and planning team will review variables, existing data systems, and data collection instruments, and data collection methods to ensure the plan will be culturally sensitive and responsive to all youth in the County.

BHSD has a strong existing partnership with 13 school districts in the County. Through these 13 school districts, BHSD met with over 25 diverse school staff members to gather input related to *headspace* services to inform the current plan. Some of these school staff partners may continue to serve on the evaluation committee to represent diverse students, family members, and community members.

II. Additional Information for Regulatory Requirements (continued)

8) Deciding Whether and How to Continue the Project Without INN Funds

Since the initiation of this project concept, there has been high interest from the private sector regarding *headspace*. There is high potential for future public/private partnerships to help leverage and sustain a comprehensive initiative like *headspace*. The Stanford Psychiatry Center for Youth Mental Health and

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Wellbeing has received multiple requests for supports from foundations committed to, for example, fund the marketing campaign development.

MHSA Community Services and Supports funds is the likely option to sustain the *headspace* project.

9) Communication and Dissemination Plan

The results, newly demonstrated successful practices, and lessons learned of *headspace* will be disseminated during our quarterly stakeholders meeting locally. The information will also be disseminated through our work with the Stanford Center for Youth Mental Health and Wellbeing, and they will likely serve as the central office to disseminate the *headspace* project across other counties and states. Additionally, local and national conferences will serve as a venue to disseminate information from this INN program.

10) Timeline

- a) Specify the total timeframe (duration) of the INN Project: 4 Years Months
- b) Specify the expected start date and end date of your INN Project: November 2018 Start Date November 2022 End Date

Note: Please allow processing time for approval following official submission of the INN Project Description.

- c) Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for
- i. Development and refinement of the new or changed approach;
 - ii. Evaluation of the INN Project;
 - iii. Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project;
 - iv. Communication of results and lessons learned.

The program will be implemented in partnership with the Stanford Center for Youth Mental Health and Wellbeing who will be providing technical assistance. An implementation Scientist from Stanford, Dr. Mark McGovern, is helping in finalizing the following implementation plan:

Ramp-Up Phase Activities: March 2018-October 2018 (8 months)

- Model framework with service components
- Development of Youth Advisory Group- See exhibit A
- Site identification for two *headspace* sites – In progress
- Staffing infrastructure – Finalized, see exhibit B
- Finance and billing model – Plan in progress
- Data evaluation and management systems – Evaluation plan draft from Informing Change, see exhibit C
- Community stakeholder input (e.g., During School Linked Services quarterly stakeholders meeting that included CBOs and community representatives)

Implementation Phase: November 2018-November 2022 (4 years)

First year: November 2018-November 2019

- Open two sites in Santa Clara County and begin providing *headspace* services with MHSOAC approval of *headspace* Implementation Phase
- Begin integration of multiple services at both sites

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- Develop a governance structure that includes community stakeholders, youth peers, family members, and service providers to assist with direction and policy development of the program
- Conduct Youth Advisory Youth meetings and recruit new members for next year
- Conduct site promotion and media campaign
- Refine program components based on input by governance structure participants and stakeholders
- Establish a comprehensive program evaluation plan, identify data management systems and begin evaluation process
- Procure and fund direct services from service providers to include peer support specialist, program supervisors, and program coordinators. Having started this process in advance, contract award would be in place at beginning of implementation phase.

Second year: November 2019-November 2020

- Continue service provision and refine as needed based on process evaluation and stakeholder input
- Conduct process evaluation via focus groups and electronic surveys
- Integrate data management systems and begin reviewing process data to inform on-going service provision
- Fully integrate multiple services at both sites, including the Community-Based Organization(s) as part of the consortium
- Conduct on-going Youth Advisory Youth meetings *
- Conduct on-going site promotion and media campaign *
- Conduct on-going stakeholders meeting to provide program updates and solicit input for program improvements *

Third year: November 2020-November 2021

- Continue service provision and refine as needed based on process evaluation and stakeholder input
- Conduct program evaluation via focus groups and electronic surveys
- Continue data review and conduct quality improvement, as needed, based on data
- Identify potential new services to integrate at both sites, including more organizations to join the consortium
- Begin developing sustaining plans through stakeholder engagement

Fourth year: November 2021-November 2022

- Continue service provision and refine as needed based on process evaluation and stakeholder input
- Continue data review and conduct quality improvement, as needed, based on data
- Begin gathering outcomes and impact data, and begin disseminating learned information from the pilot process to local and national stakeholders
- Begin to explore and implement the sustainability plan

*Will occur throughout the four year of program implementation.

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II. Additional Information for Regulatory Requirements (continued)

11) INN Project Budget and Source of Expenditures

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

- a) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
- b) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
- c) BUDGET CONTEXT (If MHSA funds are being leveraged with other funding sources)

A. Budget Narrative:

There are three budget components that pertain to the tables below (B1 through B6 and A through A3):

Santa Clara County BHSB Budget

The Santa Clara County BHSB, under the direction of the Children, Youth and Families Division, will hire 3.40 FTE at the San Jose Site and 3.0 FTE at the Palo Alto/Mountain View site, respectively. For the San Jose site, the positions included within the County BHSB budget are: .50 FTE Clinical Manager, 1.0 FTE Clerical Staff, 1.50 FTE Licensed Clinicians, and .40 Primary Care Physician/Nurse Practitioner for a total of 3.40 FTE. At the Palo Alto/Mountain View site, the positions included within the County BHSB budget are .50 FTE Clinical Manager, 1.0 FTE Clerical Staff, and 1.50 FTE License Clinicians for a total of 3.0 FTE. The Primary Care Physician/Nurse Practitioner for the Palo Alto/Mountain View site is included in Stanford's budget below. The staff members at both sites will provide center management and direct services (e.g., mental health and substance use treatment at both sites, and primary care services at San Jose site) for a cost of \$8.6 million for four years, including the \$400,000 for evaluation (i.e., sum of B1 and B5). **Part of the expense is the projected \$3.4 million lease expense at the two sites (i.e., expense items B1).**

The personnel budget for BHSB is based on the official County Salary Scale, per the County of Santa Clara County Employee Services Agency Basic Salary Information

(https://www.sccgov.org/sites/esa/classification/documents/basic_salary_plan.pdf)

The operating budget pertains to items such as rent, utilities, program supplies, office supplies, kitchen supplies, computer maintenance, professional development, and training (i.e., direct cost), as well as administrative cost (e.g., finance; indirect cost). Since the INN funding regulation states that lease or rent of a facility paid by INN funding may not exceed five years, this condition will be included in the lease agreement.

Community Based Organization Budget

Through an RFP process, the Community Based Organization(s) will be identified to hire 4.0 FTE at each *headspace* site to provide direct services related to community planning and mobilization, case management, peer support, and mental health prevention efforts. These services will be completed by the following positions included within the CBO Budget: 1.0 FTE Community Coordinator at each site, 2.0 FTE Youth Partner at each site, and 1.0 FTE Administrative Assistant at each site. The expense for the CBOs will be \$3.17 million across the four years (expense items B2).

The operating budget pertains to items such as program supplies, office supplies, professional development, and training (i.e., direct cost).

Stanford Budget

Expense items B3 and B4 relate to the **technical assistance team from the Stanford Center for Youth Mental Health and Wellbeing (\$1.4 million for four years)** and the **clinical staff from the Stanford Medicine (\$1.6 million for four years)**, respectively. The positions included within the Stanford budget for the technical assistance team are .10 FTE

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Clinical/Medical Director, .05 FTE Multi-site Prototype Evaluation Implementation Scientist, .10 FTE Program Implementation Manager, 1.0 FTE Youth Development Specialist, and 1.0 FTE Supported Education and Employment Specialist for a total of 2.25 FTE. The positions included within the Stanford clinical team are .20 FTE Psychiatrist and .20 FTE Psychologist at the San Jose site for a total of .40 FTE. The Palo Alto/Mountain View site will also include the .20 FTE Psychiatrist and .20 FTE Psychologist, as well as the .40 FTE Primary Care Provider for a total of .80 FTE.

The operating budget pertains to items such as program supplies, office supplies, professional development, and training (i.e., direct cost), as well as administrative costs (e.g., finance; indirect cost).

The County plans to procure and release a request for proposal (RFP) for evaluation services related to *headspace*. **Item B5 reflects the expense related to the evaluation of the INN project that will be contracted out.** An independent evaluator will be contracted to conduct a comprehensive process and outcome evaluation of the *headspace* project with emphasis on sustainability for a total cost of \$400,000 for four years. A variety of measurements will be in place to assess and understand the impact (e.g., outcome evaluation) as well as lessons learned (e.g., process evaluation) of *headspace*. The overarching goal of the *headspace* project is to increase access to services by endorsing a “no wrong door policy” and allowing all youth, regardless of ability to pay to receive the help and support they need. The overarching outcome goals and indicators of success are listed in the program overview narrative, question #6.

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B1. COUNTY Budget By FISCAL YEAR (FY)*							
PERSONNEL COSTs (salaries, wages, benefits)		FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Total
1.	Salaries/Benefits	\$415,916	\$831,833	\$831,833	\$831,833	\$415,916	\$3,327,331
2.	Total Personnel Costs	\$415,916	\$831,833	\$831,833	\$831,833	\$415,916	\$3,327,331
OPERATING COSTs		FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Total
3.	Direct Costs	\$46,076	\$92,153	\$92,153	\$92,153	\$46,076	\$368,611
4.	Rent/Utilities (2 Sites) \$5/sq ft. at 6000 sq ft.	\$432,000	\$864,000	\$864,000	\$864,000	\$432,000	\$3,456,000
5.	Indirect Costs	\$141,599	\$283,198	\$283,198	\$283,198	\$141,599	\$1,132,792
6.	Total Operating Costs	\$619,675	\$1,239,351	\$1,239,351	\$1,239,351	\$619,675	\$4,957,403

B2. COMMUNITY BASED ORGANIZATION By FISCAL YEAR (FY)*							
PERSONNEL COSTs (salaries, wages, benefits)		FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Total
1.	Salaries/benefits	\$307,500	\$615,000	\$615,000	\$615,000	\$307,500	\$2,460,000
2.	Total Personnel Costs	\$307,500	\$615,000	\$615,000	\$615,000	\$307,500	\$2,460,000
OPERATING COSTs		FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Total
3.	Direct Costs	\$37,500	\$75,000	\$75,000	\$75,000	\$37,500	\$300,000
4.	Indirect Costs	\$51,750	\$103,500	\$103,500	\$103,500	\$51,750	\$414,000
5.	Total Operating Costs	\$89,250	\$178,500	\$178,500	\$178,500	\$89,250	\$714,000

B3. STANFORD TECHNICAL ASSISTANCE By FISCAL YEAR (FY)*							
PERSONNEL COST		FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Total
1.	Salaries/benefits	\$87,345	\$214,134	\$292,163	\$300,928	\$154,978	\$1,049,548
2.	Total Personnel Costs	\$87,345	\$214,134	\$292,163	\$300,928	\$154,978	\$1,049,548
OPERATING COST		FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Total
3.	Direct Costs	\$11,744	\$23,592	\$23,700	\$23,811	\$11,963	\$94,810
4.	Indirect Costs	\$25,763	\$61,809	\$82,125	\$84,432	\$43,405	\$297,534
5.	Total Operating Costs	\$37,507	\$85,401	\$105,825	\$108,243	\$55,368	\$392,344

B4. STANFORD CLINICAL SERVICE By FISCAL YEAR (FY)*							
OPERATING COST		FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Total
1.	Direct	\$155,157	\$319,623	\$329,212	\$339,089	\$174,631	\$1,317,712
2.	Indirect Costs	\$40,341	\$83,102	\$85,595	\$88,163	\$45,404	\$342,605
3.	Total Consultant Costs	\$195,498	\$402,725	\$414,807	\$427,252	\$220,035	\$1,660,317

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B5. EVALUATION Budget By FISCAL YEAR (FY)*							
EVALUATOR TBD		FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Total
1.	Direct Costs	\$50,000	\$100,000	\$100,000	\$100,000	\$50,000	\$400,000
2.	Indirect Costs						
3.	Total Consultant Costs	\$50,000	\$100,000	\$100,000	\$100,000	\$50,000	\$400,000

B6. ONE TIME START UP Budget By FISCAL YEAR (FY)*							
SITE RENOVATION AND EQUIPMENTS		FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Total
1.	Total Non-recurring costs						

BUDGET TOTALS	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Total
Personnel						\$6,836,879
Direct Costs						\$2,481,133
Rent/Utilities (2 Sites) \$5/sq ft. at 6000 sq ft.						\$3,456,000
Indirect Costs						\$2,186,931
Non-recurring costs						
Other Expenditures	\$974,682	\$564,379				\$1,539,061
TOTAL INNOVATION BUDGET	\$2,777,373	\$4,231,323	\$3,777,479	\$3,801,107	\$1,912,722	\$16,500,004

*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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A. Expenditures By Funding Source and FISCAL YEAR (FY)							
Administration:							
A1.	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Total
1.	Innovative MHSAs Funds						
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Administration						
Evaluation:							
A2.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Total
1.	Innovative MHSAs Funds	\$50,000	\$100,000	\$100,000	\$100,000	\$50,000	\$400,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Evaluation	\$50,000	\$100,000	\$100,000	\$100,000	\$50,000	\$400,000
TOTAL:							
A3.	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 2019	FY 2020	FY 2021	FY 2022	FY 2023	Total
1.	Innovative MHSAs Funds	\$1,802,691	\$3,666,944	\$3,777,479	\$3,801,107	\$1,912,722	\$14,960,943
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*	\$974,682	\$564,379				\$1,539,061
6.	Total Proposed Expenditures	\$2,777,373	\$4,231,323	\$3,777,479	\$3,801,107	\$1,912,722	\$16,500,004
*If "Other funding" is included, please explain. <ul style="list-style-type: none"> • FY19 Other funding includes the following: <ul style="list-style-type: none"> ○ \$470,000- <i>headspace</i> facilities improvement ○ \$504,682- <i>headspace</i> budget from original contract funded by the County General Fund on a one time only basis 							

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- FY17- \$105,028
- FY18- \$197,824
- FY19- \$201,830
- FY20 Other funding includes the following:
 - \$470,000- *headspace* facilities improvement
 - \$94,379- *headspace* budget from original contract funded by the County General Fund on a one time only basis
- Summary of INN Reversion Fund Allocation for *headspace*
 - FY19- \$1,802,691
 - FY20- \$20,081

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