

# MHSA COUNTY COMPLIANCE CERTIFICATION

County:           KINGS          

Local Mental Health Director	Program Lead
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County Mental Health Mailing Address: <u>450 KINGS COUNTY DR.</u> <u>SUITE 104</u> <u>HANFORD, CA 93230</u>	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on JANUARY 13, 2015.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

MARY ANNE FORD-SHERMAN  
Local Mental Health Director/Designee (PRINT)

  
 Signature \_\_\_\_\_ Date 7/3/2015

County:           KINGS          

Date:           7.2.2015

# MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION<sup>1</sup>

County/City: Kings

- Three-Year Program and Expenditure Plan
- Annual Update
- Annual Revenue and Expenditure Report

<p align="center"><b>Local Mental Health Director</b></p> <p>Name: Mary Anne Ford Sherman</p> <p>Telephone Number: 559-852-2382</p> <p>E-mail: maryanne.fordsherman@co.kings.ca.us</p>	<p align="center"><b>County Auditor-Controller / City Financial Officer</b></p> <p>Name: Rebecca Carr</p> <p>Telephone Number: 559852-2460</p> <p>E-mail: becky.carr@co.kings.ca.us</p>
<p>Local Mental Health Mailing Address:</p> <p>450 County of Kings Drive, Suite 104, Hanford, CA 93230</p>	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Mary Anne Ford Sherman      [Signature]      7/3/2015  
 Local Mental Health Director (PRINT)      Signature      Date

I hereby certify that for the fiscal year ended June 30, 2014, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/12/14 for the fiscal year ended June 30, 2014. I further certify that for the fiscal year ended June 30, 2014, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Rob Knudsen      [Signature]      7/13/15  
 County Auditor Controller / City Financial Officer (PRINT)      Signature      Date

<sup>1</sup> Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)  
 Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)



# COUNTY OF KINGS BOARD OF SUPERVISORS

GOVERNMENT CENTER HANFORD, CALIFORNIA 93230 (559) 582-3211  
Catherine Venturella, Clerk of the Board of Supervisors

## AGENDA ITEM January 13, 2015

Bookmark: 10

**SUBMITTED BY:** Behavioral Health-Mary Anne Ford Sherman/Ahmad Bahrami

**SUBJECT:** MENTAL HEALTH SERVICES ACT (MHSA) THREE YEAR PLAN UPDATE

**SUMMARY:**

**Overview:**

Behavioral Health (BH) is seeking approval of the Mental Health Services Act (MHSA) Three Year Plan update in order for the new Three Year Plan to be adopted by your Board and then submitted to the California Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission (MHSOAC). The approval of the MHSA Three Year Plan update will authorize the Board of Supervisors (BOS), as the spending authority, to assume implementation of the new MHSA Three Year Plan Update and oversight of MHSA funding of programs in Kings County.

**Recommendation:**

**Approve the Mental Health Services Act (MHSA) Three Year Plan Update.**

**Fiscal Impact:**

There is no direct impact to the County General Fund. DHCS has disbursed the allotted MHSA funds to Kings County and the funds are currently in a Trust Account with Kings County. The approval of the Plan will authorize Behavioral Health to spend \$7,115,302 of MHSA funds for FY 2014-15 which is in the current County Budget. The total budget for the MHSA Three Year Plan is \$21,541,106.

**BACKGROUND:**

The MHSA Plan is updated annually. DHCS also requires each County to prepare a new MHSA Three Year Plan with robust stakeholder process to assess existing programs, revise programs, and implement any new

(Cont'd)

**BOARD ACTION:**

APPROVED AS RECOMMENDED:  OTHER:

**ROLL CALL: NEVES, PEDERSEN, VALLE, VERBOON, FAGUNDES - AYE**

I hereby certify that the above order was passed  
and adopted on 01/13/2015.

CATHERINE VENTURELLA, Clerk to the Board

By Catherine Venturella, Deputy.

## Agenda Item

### MENTAL HEALTH SERVICES ACT (MHSA) THREE YEAR PLAN UPDATE

January 13, 2015

Page 2 of 3

programs and services and plan for MHSA funded services for the next three years. Each year after, the County shall provide an annual update to the new Three Year Plan.

DHCS transferred authorization of plan approvals to the counties in 2011; thus, the Kings County BOS will approve all future Mental Health Services Act Plans developed by Behavioral Health.

Kings County contracted with Resource Development Associates (RDA) to assist in the planning, development and completion of the County's MHSA Three Year Plan Update. RDA began the process in June of 2014. The process included interviews with 20 stakeholders, 12 community focus groups with 128 participants in various locations in the county and with various target groups, as well as surveys. There were over 350 participants in the overall community program planning process.

As part of the plan development, the update and any revisions are required to go through a 30 day public review/comment process before it can be submitted for review and approval. The 30 day public comment process began on November 11, 2014. Upon completion of the public comment process, the Kings County Behavioral Health Advisory Board also reviews and approves the Plan updates. The Behavioral Health Advisory Board voted to approve the presented MHSA Three Year Plan on December 12, 2014, which was also a public hearing. There were no comments or questions during the 30-day process which ended on December 16, 2014.

Through the needs assessments and community stakeholder feedback, Behavioral Health restructured several programs and services to make them more efficient in implementation as well as access for the public. No existing programs were eliminated, but some were combined with other existing programs. A number of programs and services were re-named to be more reflective of the service and easier in identifying and tracking. New services were implemented to meet the community's needs. The new MHSA Three Year Plan does not include new revenues for new services; thus, the planning and implementation of new services have been strategized to maximize existing programs, resources, and partnerships.

Overall, Behavioral Health is adding five new services under its Community Services and Support (CSS) component of the MHSA Three Year Plan. These include specific program/services for Transition Age Youth (TAY), Older Adults/Seniors (this was existing program which has been moved to CSS), Therapeutic Activity Groups for TAY, Multi-Service Centers (or co-locating services throughout the county) and Mental Health Services for Domestic Violence Survivors. Behavioral Health projects 1,344 individuals will be served under the CSS Plan with a total cost of \$5,051,772 a year (a total of \$15,287,316 for the Three Year Plan).

Under Prevention and Early Intervention (PEI), the Plan proposed four new programs which include a Promotores de Salud Program, Linkages/Referral Portal for Law Enforcement, Community Capacity Building Program, and Youth Mentoring/Ambassador Program. These are in addition to many of the current successful PEI programs/services. The PEI portion of the Plan is seeking to serve 5,694 individuals a year. The projected cost for current fiscal year (2014-15) is \$1,387,077 and a total of \$4,455,031 for the duration of the Three Year Plan.

(Cont'd)

## **Agenda Item**

### **MENTAL HEALTH SERVICES ACT (MHSA) THREE YEAR PLAN UPDATE**

**January 13, 2015**

**Page 3 of 3**

Under the Workforce Education and Training (WET) Program, Behavioral Health will be adding two new programs; one is the Mental Health Workforce Pathways: Youth, Bilingual Individuals, and the Local Tribe. The second program under WET is the Cultural Ambassador Training Program. Parts of the WET programs are underway. The projected cost for the current fiscal year is \$121,853 and \$405,559 for the Three Year Plan.

Under the Innovation (INN) Program, the current program Circle of the Horse will end in December of 2015. Efforts are underway with the Innovation Learning Council (ILC) to develop a sustainability proposal for the local Santa Rosa Rancheria to assume continued funding of the program in the future.

Regarding the INN new project, Behavioral Health will seek to implement the Youth Researching Resiliency (YRR) Project so that direct input and feedback from youth and TAY can be obtained in the design and development of services that will be targeting that population. The cost for Fiscal Year 2014-15 is \$189,600 (\$35,000 will be for the new YRR Project). The total Amount for the INN Plan for the Three Year Plan is budgeted at \$558,200.

There are two new programs proposed under the Capital Facilities and Technology Needs (CFTN) in the Three Year Plan Update. Those two projects are the Feasibility Study for Oak Wellness Center, and the Tele-psychiatry Infrastructure Acquisition. All the MHSA programs are funded by Proposition 63, and each county has an allocation per county and per project or plan (such as Innovation, or PEI). The total budget for CFTN in the current fiscal year (2014-15) is \$365,000 with a total CFTN budget for the Three Year Plan at \$835,000.

The total program budget for fiscal year 2014-15 is \$7,115,302. The total budget amount for the MHSA 3 Year Plan Update is \$21,541,106.

A copy of the plan is on file with the Clerk of the Board for review. The Plan update is also available for review on the Behavioral Health website.

## Youth Researching Resiliency (YRR) Project

### Priority Population

Transition Age Youth 16 - 24

### Proposed Purpose of the Innovation Project

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

### Primary Purpose

Throughout the Community Planning Process, stakeholders identified and prioritized the unique needs of transition age youth (TAY) in Kings County—especially TAY who are members of the Tribal/Native American community and/or geographically or culturally isolated communities—as an area of concern that requires innovative solutions. As described by stakeholders, the challenges in serving this target group include high levels of criminal justice involvement, geographic and linguistic isolation, and socio-economic status. Additionally, the target population had very limited engagement in the MHSA CPP process, however, were consistently identified by stakeholders as being at-risk and under- or inappropriately served within the current service delivery model. Because engagement of this population (TAY with or at risk of mental illness) has been limited, further development of community collaboration and engagement regarding mental health issues was identified as a major need.

Kings County is a small, rural county with a population of approximately 150,000. Forty-six percent of County residents are in poverty. Over 40% of county residents have a primary language other than English, and 21% of county residents are linguistically isolated. While the largest cultural group is Latino (53%), the Tribal/Native American presence is significant and comprises 3% of the population. High levels of poverty, unemployment and rural and cultural isolation affect many residents of Kings County. TAY accounts for 16% of the County population, and many TAY in geographically, culturally, and linguistically isolated communities are at greater risk for mental health problems, incarceration, and alcohol and other drug abuse.

TAY in the target communities are impacted by stigma associated with mental illness (and mistrust of County and other government institutions stemming from historical trauma for tribal members) and thus are less likely to access County mental health services delivered in traditional clinic settings. The deficit of TAY with or at risk of mental illness participation in both MHSA-funded services and the CPP process indicates that there is a need to establish trust between the TAY populations in geographically and culturally isolated communities and county agencies, to increase linkages between target TAY(those with a mental illness or as risk of mental illness) and MHSA programs, and to provide programs and services in non-traditional settings that are accessible to the target population.

For TAY with or at risk of mental illness in geographically or culturally isolated communities, effective programs must include strategies that leverage community resiliency and protective factors in program design and delivery. This project utilizes models of youth-led participatory action research (PAR) and empowerment evaluation to engage the chronically underserved target population in the identification of resiliency factors that can be leveraged in subsequent program planning efforts in Kings County. Youth-led PAR gives youth a voice and encourages youth participation in creating solutions to issues that

greatly impact their lives, but over which they have traditionally had little influence. Empowerment evaluation is an approach that “aims to increase the likelihood that programs will achieve results by increasing the capacity of program stakeholders to plan, implement, and evaluate their own programs” (Fetterman, 2005).

The proposed project is a new model that promotes interagency and community collaboration and increased access for TAY with or at risk of mental illness through direct engagement in mental health training, youth-led participatory research, and decision-making. Project outcomes will inform the County’s understanding of what community and cultural resiliency factors contribute to the success of individuals in these communities, and how these factors can be leveraged to implement strengths-based, culturally competent approaches to mental health programming (for TAY with our at risk of mental illness).

### **Project Description**

The proposed program directly addresses the issues of limited TAY engagement in MHSA services and planning processes, and the identified need for culturally competent, strength-based services targeted to culturally and geographically isolated communities by engaging youth in leading participatory research and evaluation to identify individual and community resiliency factors that will inform the creation of future mental health programming.

The aim of the proposed program is to engage TAY (and TAY with or at risk of mental illness) in a youth-led, participatory action research (PAR) project that provides a way for young people to advocate for themselves and their communities and engage in positive behavior change through skill-building, empowerment and problem-solving. The project will provide the opportunity for the County to engage TAY with or at risk of mental illness in the effort to create relevant programming rooted in community strengths.

The program will recruit TAY and TAY with or at risk of mental illness from Tribal and other culturally and geographically isolated communities. Participants will receive intensive training on mental health topics including recovery and resiliency, mental health signs and symptoms, mental health advocacy, and mental health resources in the community. Participants will also receive training in research and evaluation skills including assertive communication, research design, cultural competency and community engagement. With the aid of adult mentors, participants will engage in evaluation design including the co-development of data collection tools and procedures and receive training on their use. Participants will drive all aspects of data collection using the methods created in the design phase and actively engage community members in the research process. The participants will also be tasked with analyzing and interpreting the data, developing findings, and ultimately making recommendations to the County to inform future program planning and implementation efforts. Findings and recommendation will be disseminated to the provider community in the County, County agencies, and wider, if appropriate.

Community-based participatory research bridges the gap between academic researchers and the real-life issues of communities and offers promise for addressing the racial, ethnic, and linguistic disparities in mental health care and other services that County stakeholders identified as barriers to access and ongoing engagement for the target population (TAY with or at risk of mental illness). In addition to building County and community knowledge of resiliency factors to inform strengths-based programing, the proposed program will also serve as a bridge for entry into mental health services for individuals at

risk of mental illness and improve the mental health system through outreach, capacity building, and community development.

Youth-led PAR has been used to both evaluate and inform service planning in a number of social service and health settings. However, most youth-led PAR focuses on evaluating current programs, or identifying the needs and barriers related to accessing services. Youth-directed research of community resiliency factors to inform strengths-based programming has not been extensively implemented or studied, with the majority of programs relating to public health, sexual health, and alcohol and other drug abuse. Applying youth-led PAR of community resiliency factors to mental health program planning will inform new program strategies rooted in community strengths and empower TAY with or at risk mental illness to take an active role in County mental health issues.

The program is expected to improve the cultural competency among service providers and program planners in the County. Additionally, by offering a youth-led, strengths-based approach to research, evaluation, and planning, the project is expected to result in more effective engagement of TAY with or at risk of mental illness in the target communities, which may have a significant positive impact on their mental health outcomes.

**This INN project is consistent with the following MHSA General Standards:**

- **Community Collaboration:** The YRR project contributes to increased engagement of target TAY (with or at risk of mental illness) populations by engaging individuals in a youth-directed, community-based process that will inform mental health programming to meet TAY-specific mental health needs.
- **Cultural Competence:** Demographic characteristics of target TAY include geographic isolation, limited English-language ability, and non-dominant culture affiliation. The YRR project will increase cultural competency throughout the mental health system by engaging TAY in the identification of community resiliency factors that will inform future strengths-based and culturally relevant programming.
- **Client-driven:** The research activities conducted as a part of this project will be youth-directed. TAY will be engaged and provide leadership in all aspects of the project including planning, recommendations, evaluation, and program and/or process improvement.
- **Family-driven:** All TAY participants will be encouraged to engage family members in the research and evaluation process, and family members will be engaged as partners in all research activities.
- **Wellness, Recovery, and Resilience-focused:** The YRR project design is based on principals that encourage wellness and identification of resiliency factors in TAY with or at risk of mental illness and community members. The project focuses on wellness and resiliency through identifying community resiliency factors and engaging youth in activities designed to develop self-awareness, decision-making ability, critical thinking, and leadership skills.
- **Integrated Service Experience:** The results of the YRR project will be used to inform future MHSA program planning and implementation efforts. As such, TAY specific programming will include strategies to create an integrated service experience for TAY with or at risk of mental illness.

### **Contribution to Learning**

The proposed program innovates mental health practice by combining youth-led PAR interventions that have been shown to be successful in non-mental health settings with strengths- and resiliency based mental health approaches that move the focus away from deficits of consumers and focuses on the

strengths and resources of the consumers. Youth-led PAR has been used in interventions targeting reduction in alcohol and drug abuse risk factors and other public health, community planning, and civic engagement activities. While PAR and youth-led research models exist in mental health practice, this project is innovative in that it combines youth-led empowerment research with identification of community resiliency factors that will inform future strengths-based mental health programming. This project will contribute to learning resiliency factors in this community that aid individuals in adapting well in the face of adversity, tragedy, or high levels of stress. Little or no research has been conducted in the Central Valley on historically underserved communities to better understand the resiliency factors in those communities that are essential to supporting a strength-based approach to mental health programming. The findings from this project will inform creation of strengths-based programming for this population.

Additionally, implementation of youth-led PAR interventions has been shown to have positive impacts on the health and behavior outcomes of participants. It is possible that engaging the TAY in PAR and empowerment evaluation will facilitate positive mental health and/or social outcomes. The process of engaging youth in leading community research may bolster and reinforce the identified resiliency factors or protective factors that prevent or counter various risk factors by promoting development of neighborhood, family, school, peer, and individual strengths, assets, and coping mechanisms.

The key learning questions this project answers includes:

- How does playing a lead role in designing and implementing a community-based evaluation of resiliency factors impact the capacity of Kings County youth who have or are at risk for mental illness from underserved regions and cultural groups for leadership and decision-making roles in the local mental health system?
- How does participation in PAR on community-strengths impact youth perceptions of barriers/challenges to success?
- What are the resiliency factors in historically underserved communities that allow individuals to overcome risk factors and succeed?
- How can these factors be leveraged to create strengths-based, culturally appropriate mental health programs?
- Will mental health programs developed with TAY input increase access to care by TAY with or at risk for a mental illness?

### **Evaluation**

Successful outcomes from the project would support broader inclusion of target TAY (TAY with or at risk of mental illness) views and perspectives in future programming and decision-making. If youth-led PAR and empowerment evaluation approaches utilized in the project result in successful identification of community resiliency factors, recommendations for program improvements, and positive outcomes for youth served, stakeholders can integrate these practices into future planning efforts targeting additional historically underserved or unserved populations.

The County will measure program success using both process and outcome indicators. Process indicators measure to what extent the program was implemented as intended and include:

- Number of participants from target population continuously engaged
- Community resiliency factors successfully identified and call out the most successful
- Findings report successfully completed

- Assess staff of local mental health provider's receptiveness of TAY recommended ideas and approaches
- Demonstrate a change in provider perception of how to effectively serve local TAY.

Outcome indicators measure the impact of the program on the participants, community, and the mental health system and include:

- Increased leadership and decision-making capabilities of YRR participants in future service delivery
- Increased positive perceptions of mental health services, community strengths, etc. for YRR participants, those risk for mental illness and other stakeholders
- Increased engagement in county mental health system, including program planning, implementation, and evaluation
- Level of community engagement in mental health system increases
- How many providers have implemented changes recommended by YRR, or developed new services or service delivery as a result of YRR and TAY feedback.
- Assessing the perceptions of TAY on issues of mental health
- Ensure cultural competency in the services and approaches rendered to the TAY in geographically and culturally isolated communities
- Establishment of a TAY speaker's bureau or similar forum to provide input, recommendation and perspective to service providers as a means for on-going process improvement
- Emergence of TAY representation in the mental health services (from provider staff, volunteers, board members/advisory bodies, training, etc.) leading to more TAY targeted mental health programs or greater access of services by TAY with a mental illness or at risk for mental illness.

Individual level baseline data will be collected during the training phase using self-assessment surveys that solicits information on participant self-perception, perception of mental health services, resiliency factors, barriers to access, and cultural competency. Surveys will be used at each phase of implementation and compared to baseline.

As the project is client-driven and community-based, participants and community members will play an integral role in understanding the impact of the program.

### **Project Timeline**

#### **Year 1, 2015-16:**

##### **Program initiation**

*The first part of the FY 2014-15 was spent with stakeholders developing the MHSA 3 Year Plans. The plan was developed/approved by the County Board of Supervisors in January 2015. Behavioral Health has worked with MHSOAC to refine the plan and have it approve by July 2015. Upon approval of MHSOAC of the plan at the start of FY 2015-16, Behavioral Health will seek to RFP the coordination of the Innovation Plan for implementation, and possibly evaluation.*

##### **Recruitment of staff**

*Some of the administrative oversight shall be designated to a Behavioral Health program manager. In the spring of 2015 Behavioral Health wrote into it proposed budget a position of a program manager who will work to ensure the implementation of the Youth Researching Resilience Project and support the*

coordination of the plan. Hiring will begin upon with the Board of Supervisors adoption of the budget in August 2015.

☐ Recruitment of youth participants

*Fall of 2015 (Sept to Nov). Use various options to recruit (from social media, to Spanish Radio, to Community Centers, to Schools/Training Programs, to local service providers and direct outreach). Include plans for stipends/incentives for engagement and participant retention.*

☐ RFP

*Develop the RFP within a month of the MHSOAC's approval of the plan with specific expectations, capacity, and cultural competency. Launch RFP so a provider can be identified to implement the YRR Project.*

☐ Training

*Maximize the time that TAY will be available and seek to begin trainings closer to the holidays, winter breaks, etc. Trainings shall go from December 2015 through May 1, 2016)*

☐ Tool development and training

*(May 1<sup>st</sup>- June 30, 2016) focus on development of the tools and training specific to its implementation, once participants have received the training so to have an understanding create the program tool*

☐ Evaluation implementation

*(end of FY 2015-16 so assess the effort to date).*

**Year 2, 2016-17:**

☐ Data analysis and findings development

*(July 1 through March 1, 2017)*

☐ Evaluation implementation

*(Jan 1 2017- March 30, 2017)*

☐ Recommendations

*Compete written recommendations formally submitted in writing Due May 30<sup>th</sup>. Upon completion a formal panel meeting with TRR participants and mental health providers to ensure the recommendations are received and discussed.*

**Year 3, 2017-18 17:**

☐ Implementation-

*Having TAY and Behavioral Health provide technical assistance to providers in implementing recommendations by the TRR (July 1 through December 31, 2017)*

☐ Evaluation-

*Determine if recommendation been implemented and outcomes met? (January 1 through March 30, 2018) and does the program need more time?*

☐ Dissemination of findings

*May 1 through June 30, 2018 using local press, radio, and possibly special efforts (maybe a specific*

*website for the report/finding presented by the TAY). A press conference featuring the participants, presentation/study session to the County Board of Supervisors. Community Town Hall in their communities and also with service providers where their findings can be shared.*

**Post Year 3:**

- Replication of YRR effort with other communities and underserved cultural groups.
- On going dissemination of findings

**Ongoing activities:** Self-assessment surveys for youth participants

**Number to be Served in 2014-2015: 0**

**Proposed Budget 2015-2016: \$135,000**

**Total Proposed Budget 2015-2018: \$505,000**

**Cost per Person FY 2015-2016: TDB**

**FY 2015-16 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Innovation (INN) Component Worksheet**

Youth Researching Resiliency

County: KINGS

Date: 7/1/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. YOUTH LED RESILIENCY	100,000	100,000				
<b>INN Evaluation</b>	25,000	25,000				
<b>INN Administration</b>	10,000	10,000				
<b>Total INN Program Estimated Expenditures</b>	135,000	135,000	0	0	0	0

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. YOUTH LED RESILIENCY	150,000	150,000				
<b>INN Evaluation</b>	20,000	25,000				
<b>INN Administration</b>	10,000	10,000				
<b>Total INN Program Estimated Expenditures</b>	180,000	185,000	0	0	0	0

**FY 2015-16 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Innovation (INN) Component Worksheet  
Youth Researching Resiliency**

County: KINGS

Date: 7/1/15

	<b>Fiscal Year 2017/18</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>INN Programs</b>						
1. YOUTH LED RESILIENCY	150,000	150,000				
<b>INN Evaluation</b>	20,000	25,000				
<b>INN Administration</b>	10,000	10,000				
<b>Total INN Program Estimated Expenditures</b>	180,000	185,000	0	0	0	0

**Innovation Plan  
Youth Researching Resiliency Project  
Budget Narrative (Revised)**

Behavioral Health has spent down its existing Innovation (INN) Plan funds for FY 2014-15 on its existing INN Plan project (Circle of the Horse). There will be some cost associated with the Circle of the Horse \$96,600 for the first part of FY 2015-16 as that project ends and has been included in the overall budget for FY 2015-16.

To date Behavioral Health has not spend any Innovation funds for the proposed Youth Researching Resilience (YRR) Project. It is the intention of Kings County Behavioral Health to begin the YRR project starting in FY 2015-16. As there will be two INN projects still in FY 2015-16 the funding for the first year of the YRR will be less than what will be allocated in future years of the project.

**FY 2015-16**, Kings County Behavioral Health is proposing the following budget for the YRR and separates the existing INN project which ends in FY 2015-16. Total Budget for all INN Programs in FY 2015-16 is **\$233,600**.

INN Admin Cost-**\$10,000** for Admin Costs (this is for both the Circle of the Horse and the proposed YRR Project).

Evaluation-**\$25,000** YRR Program Evaluation shall be performed by a non-county/third party agency to be identified through an RFP process. Current INN plan evaluation was done for this amount, and thus decision to set aside \$25,000 for project evaluation.

YRR-**\$100,000** for the first year of the YRR program. Kings County Behavioral Health is seeking to RFP the YRR Project to a community based provider and thus has not developed the specifics line items for the project, but in addition to things such as salaries, the project budget will include costs with stipends/incentives, travel, printing, outreach, technology, and training shall all be included in the initial program cost.

**FY 2016-17** all the INN Plan funds shall be allocated to the YRR Project. The total budgets for that fiscal year are projected to be **\$185,000**.

INN Admin- **\$10,000** (for YRR and all Behavioral Health administrative functions related to INN).

Evaluation-**\$25,000** (this is exclusively for the YRR project. Behavioral Health is seeking to have the Evaluation be conducted by a third party entity).

YRR Project-**\$150,000**. The YRR project will have an increase funding which will allow for increase in youth participation, level of activities, and formulation of recommendations.

**FY 2017-18** For the final year of the project the same funding will be allocated but specific program budget will change to meet the final timeline.

INN Admin-**\$10,000**

**Innovation Plan**  
**Youth Researching Resiliency Project**  
**Budget Narrative (Revised)**

Evaluation- **\$25,000** (necessary to compile and finish evaluation of the final Participatory Action Research efforts).

YRR Project-**\$150,000** The funds in the final year will remain the same, but will target increase in travel and training for youth to share the results of the project, final incentives for TAY participants, and dissemination of the findings including print and development of multi-media option such as websites specific for the project.

**Total Budget for YRR is: \$505,000.**