Mariposa County MHSA Innovation Plan

"MHSA Team Decision Making"

Fiscal Year *2008/2009* and *2009/2010*

Dated May 17, 2010
Revised July 2, 2010
Revised July 15, 2010

Mariposa County Behavioral Health and Recovery Services
5037 Stromin9 Road
Mariposa, CA 95338

EXHIBIT A

INNOVATION WORK PLAN
COUNTY CERTIFICATION

County Name: Mariposa County

County Mental Health Director	**Project Lead**
Name: James A. Rydingsword Telephone Number: (209) 966-2000 E-mail: jrydings@mariposacounty.org	Name: John Lawless Telephone Number: (209) 966-2000 E-mail: jlawless@mariposacounty.org
Mailing Address: Mariposa County Behavioral Health and Recovery Services PO Box 99 Mariposa, CA 95338	Mailing Address: Mariposa County Behavioral Health and Recovery Services PO Box 99 Mariposa, CA 95338

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

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

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

Signature (Local Mental Health Director/Designee) 5-17-10 Date Director Title

EXHIBIT B

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

County Name: Mariposa County
Work Plan Name: _____

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

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

The stakeholder process began in the Spring of 2009 with several meetings which included the Mental Health Board, County Human Services Department staff, the Blue Ribbon Commission (child welfare), community providers, consumers and the community at large. Each of these planning bodies in the community recognize the importance of including diverse voices in the planning process and therefore have included in their recruitment efforts the engagiement of unserved and underserved communities. During these initial meetings, mental health related gaps and needs were discussed, as well as strategies for addressing these gaps. Based on the feedback, several innovative strategies were explored further with the assistance of consultants from Fresno State University. It was detennined that the Team Decision Making model, which has been utilized extensively within the context of child welfare, not only fit with the direction the Human Services Department wanted to move in with the provision of services, but could lead to postive outcomes addressing the gaps and needs identfied by stakeholders. In the Spring of 2010, stakeholder meetings were again held to present the TDM model for consideration as the MHSA Innovative Project. Meetings were held with the Mental Health Board, Human Services Department Staff, Consumers of mental health services through the County's ROADHouse Wellness Center, Community Providers, and the Area 12 Agency on Aging Multi-Disciplinary Team. Each of these groups includes members from diverse communities, including the Latino community, the Native American community, youth, elderly, indiviudals with mental illnesses, individuals with families with mental illnesses, etc.

After a needs and gaps assessment was conducted with stakeholders, the planning team, including the MHSA consultant and several Behaviorall Health staff and managers, synthesized results and identified several major needs. One of these was the concept that even in a small community such as Mariposa County, there seem to be a number of individuals for whom mental health services were not meeting their needs and who required a more individualized team approach to finding solutions. Several concepts were explored. Interestingly, during the planning phase of this Project the concept of Team Decision Meetings were being introduced and started in the community for Child Welfare cases. After experiencing some successful TDM's with

this population, nany discussions started to arise about whether this concept would work with other populations, such as the seriously mentally ill. Multi-disciplinary teams had been occuring for some time in Mariposa County, but rarely with the client present and even more rarely with the client being put at the center of decision making. With the help of Fresno State Social Work Evaluation Research and Training team it was determined that this best practice for Child Welfare Services (TDM's) may in fact be successful with the mentally ill adults if adapted and applied correctly. After a series of discussions with *staff,* the concept was brought out to the community groups listed below. Stakeholders were informed through the use of a powerpoint presentation of the purpose of MHSA Innovation funds and the requirement that they be utilized to explore new approaches to mental health services in an *effort* to expand learning. Although stakeholders were excited about the prospect of demonstrating something innovative and new, there were many concerns about funds not being sustainable once the funding ending. During the planning process, the Director of Human Services assured indiviudals that if it was successful, existing funds would be re-allocated to continue the Project. Additionally, the planning work that will go into preparing for the Project (including creation of policies, protocols, etc.) will allow the Project to continue with limited ongoing resources.

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

Mariposa County Mental Health Board: This group is comprised of a combination of communitiy members, consumers and interested professionals. Of the members who participated in the planning process through this venue, 4 were consumers of mental health services in the County; at least 4 had familiy members who were consumers of mental health services in the county or in other communities; 2 board members are youth; 4 represent the elderly population; geographically the board recruits members by county district, therefore all communiites of Mariposa County are represented by the board; the Board has made *efforts* to recruit ethnically diverse populations, however, this has been a difficult task... one that the Board continues to work on diligently.
Mariposa County Human Services *Staff* (Behavioral Health, Alcohol and Drug Program, Child Welfare Services, Social Services): A recent survey of the demographics of the Human Services *staff,* as required by the MHSA Workforce, Education and Training Plan, demonstrated that the staffs ethnicity is representative of the demographics of the community and the clients served. Throughout the stakeholder process, over 40 staff participated in some aspect of planning. Mariposa County hires consumers as *staff* in their Behavioral Health Programs and these indiviudals gave valuable input into the planning process as well.
Mariposa County Blue Ribbon Commission: Once again, this group which has been routintely getting 20 members to the table is made up of a diverse group of indiviudals including representatives from the Native American Community, the Latino community, foster youth, foster parents, community members, professionals, etc.
Mariopsa County Domestic Violence Coordinating Council: Although mostly professionals, this 35 member Council includes two agencies who provide services specifically to Native American populations, representaives from the Latino community,

survivors of domestic violence, professionals who specialize in serving geographically and socioeconomically diverse populations, law enforcement entities, etc.

Mariposa County Child Abuse Interagency Coordinating Council: For the most part, the membership of this Council mirrors that of the Domestic Violence Coordinating Council described above.

R.OAD. House Wellness Center Consumers: Stakeholder meetings were conducted at the Wellness Center on two different occasions during this planning process. During the initial meeting, 7 consumers were present and discussed the gaps in services and possible strategies; during the second meeting, only 1 consumer showed up due to poor advertising, therefore another meeting was scheduled in which 5 consumers were present. This group is active in the community and had many questions and valuable feedback, which although did not alter the concept of using TDM's, did give the planning team a list of concerns that will need to be addressed during the initial planning process. These consumers have agreed to serve on an advisory committee to assist with the planning process.

Mariposa County Board of Supervisors: During the planning process, the Mental Health Director and MHSA Consultant had individual meetings with the Board members to discuss some of the gaps that the stakeholder process was ofthe possible strategies and solutions that were being explored in order to gain their input and assess their concerns.

Interested Community Members: Two community stakeholder meetings were conducted during evening hours during this planning process; dinner was served and the outreach and advertising for these meetings was widespread, including in the local newspaper, through services providers, on the county website, on email list-serves, flyers around town and word of mouth. Many community members, including multiple consumers and family members, as well as agency professionals, joined in this discussion.

Community Partners/Community Based Organizations: As described throughout this document, community based organizations were well represented at the various Council and community meetings.

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

The 30-day stakeholder review officially began on April 25th, 2010, when the full plan was posted throughout the community, both through internet websites, list serves, and hard copies at the County Hall of Records, the County Clerk's Office and the Public Library. On May 25th , the Board of Supervisors hosted a public hearing that was advertised according to regulations in our local paper, as well as an announcement, which went out to stakeholders. During the public hearing a few questions were asked, by the Board of Supervisors to gain some clarification about the Project, however, all were supportive and hoped the Project would demonstrate successful results.

Innovation Work Plan Narrative

Date: _ _ _ _ _ _

County: MARIPOSA

Work Plan#: _____

Work Plan Name: MHSA Team Decision Making

D **Purpose of Proposed Innovation Project (check all that apply)**

☒ INCREASE ACCESS TO UNDERSERVED GROUPS
D INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
D PROMOTE INTERAGENCY COLLABORATION
INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

During 2009, meetings were held in Mariposa County with agency staff, community members, the mental health board, and consumers. These meetings were aimed to hear from the community what they believed to be the most significant unmet mental health needs in the county. Many respondents reported that there was a need to reach persons who seemed to "fall through the cracks" and whom were not being currently served by the county Mental Health programs. Those included in this group were individuals who were either not being served adequately by mental health programs or those who were at risk of mental illnesses and who were not eligible for various services throughout the community for one reason or another. Further, the stakeholders elaborated that amongst the underserved were the homeless; the elderly; persons aged 21-64 without children; those who lived in remote areas of the county; those individuals without transportation; persons with alcohol/drug problems; and transitional aged youth. Those attending the community meetings also identified accessing services as a barrier. Stakeholders cited wait lists for mental health services as one barrier contributing to the accessibility issue. Those attending the community stakeholder meetings suggested that the county should look at ways to improve accessibility to services. An additional suggestion was for the county to do more to include the entire family in case planning and the delivery of services. Persons also cited the need to have better communication amongst various agencies who are involved in the delivery of mental health services as well as others who work with the same consumers. Stakeholders desired to have a team approach to providing services and wanted to streamline processes that tended to further create barriers to services. Overall, persons desired mental health services that truly meet the needs of those residing in the community. Thus, it was as a result of agency and community input that the County was able to determine that it wanted to test and measure whether a new methodology would increase the County's ability to improve the quality of services and obtaining better outcomes while increasing the accessibility of the services in the community by applying for an Innovation Project under the Mental Health Services Act.

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, Le. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

It is the desire of Mariposa County to take an evidence-based practice found in the child welfare setting and apply it to the mental health adult population. The county looked at the barriers identified by consumers, staff and the community during various stakeholder meetings held in early 2009 and sought a project aimed at reducing some of these identified barriers. In addition, throughout the community meetings, stakeholders expressed a belief that individuals often felt stigmatized simply by accessing mental health services. After exploring other practices, it was determined that implementing Team Decision Making meetings for the adult mental health population would lead to positive outcomes. Team Decision Making meetings are held in the child welfare settings at some specific times or decision making points, including: any time a child is at risk of changing placements; when a child has had to be removed from his/her own home; prior to reunifying with a parent/guardian. In child welfare these Team Decision Making meetings have been found to improve the stability of children in out of home placement and to keep children safe in their own homes, whenever possible. The key assumptions in Team Decision Making meetings include: a group can be more effective in decision making than an individual; families are the experts on themselves; when families are respected and included in the decision making process, they are capable of identifying and participating in addressing their own needs; and members of the family's own community add value to the process by serving as natural allies and experts on the community resources. Thus, this Innovation Project would utilize Team Decision Making meetings with the adult population in order to achieve an improved integrated approach to the delivery of services. The desired project goals are to improve mental health care, independent living and self-sufficiency for the adult mental health consumers. In the proposed Adult Team Decision Making Meeting, the consumer will be the center of the decision-making although he/she will be able to have family/friends who will be able to contribute to the discussion leading up to the ultimate decision. Thus, it is anticipated that this approach will be consumer driven. In addition, various providers would be included in the meetings, which should then improve the communication issues that currently exist in the county. All meeting participants would be included at the request and agreement of the consumer, to ensure this remain a completely voluntary approach. The Team Decision Making meeting model appears to be a perfect concept to allow Mariposa to build a system that will improve accessibility; promote effective services; reduce out of home and institution care; and reduce stigma toward the consumers of these services. The key assumptions found in Team Decision Making meetings including consumer and family participation and involvement; improved accessibility; focus on specific consumer needs; community partnership and a mechanism for evaluation, all appear consistent with the guiding principles for the

MHSA. Some of the ways the current Project is consistent with guiding principles includes:

- Community Collaboration: the Team Decision Making model relies on community collaboration to explore and find the most individualized approaches and maximize the resources that are brought to bear in providing innovative consumer services. Throughout the planning and implementation process, the community will be engaged in creating a successful and innovative model.
- Cultural Competence: Each Team that will assemble on behalf of a consumer will be created to meet the individual needs of the consumer. Thus, with an eye towards cultural competency, each Team will be tasked with exploring the cultural strengths that will lead to successful outcomes and cultural barriers, which may impede them. Representatives from various cultures, which represent the consumer's culture will be included on the Team, including diverse ethnicities, ages, socio-economic status, religious backgrounds, geographic areas, etc.
- Client-Driven: Inherent in the Team Decision Making Model is the concept of client-driven services. As described throughout the document, the model bases itself on the client being at the center of all decision-making and determining their own goals and strategies for successful outcomes.
- Family-Driven: Whenever possible and allowable by the consumers, the Team will work to engage "family members", however the client defines their family. By helping to create a more solid natural support system, the Team will assist the consumer to identify ongoing support outside of the mental health care system.
- Wellness, Recovery and Resilience: Every potential Team member will be trained in the concepts of Wellness, Recovery and Resilience to ensure that as strategies and services are explored, it is done with an eye towards following these guiding principles.
- Integrated Service Experience: The very concept of Team Decision Making relies on various service providers coming to the table to offer a variety of services and to ensure integration and coordination of said services.

To this end, it is further envisioned that a central part of this Innovation Project will include a strong evaluation component to determine the effectiveness of using this child welfare best practice approach in an adult mental health setting.

Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

Mariposa County has recently introduced the Team Decision Making meeting concept to its child welfare staff. In December, 2009 child welfare staff members and some service providers for the child welfare program were trained on a Team Decision Making meeting model. In addition to the introductory meeting, a second training was held for persons who desired to become trained facilitators for these meetings. Team Decision Making is a best practice model used in various child welfare programs throughout the country. Many communities, in fact, have implemented the Annie E. Casey Foundation's Family to Family model of involving the family and community in child welfare decisions. Still other communities, while not embracing all of Family to Family strategies, have implemented some of them. Team Decision Making meetings in child welfare have been found to improve outcomes and reduce the time spent in resolving placement problems. These child welfare Team Decision Making meetings are coordinated and facilitated by a trained facilitator and include family members, service providers, other community representatives, the social worker, careproviders, and other resource staff. The meetings have demonstrated improved communication and cooperation amongst those involved in the decision making process. Those in attendance at Team Decision Making meetings also are more accountable. The family is involved fUlly in the decision making and creation of safety plans for the children. These meetings also serve as a mechanism to connect families to needed services in a more efficient manner thereby reducing delays in treatment and improving the time to reunification. Members of the community who are familiar with community resources also attend Team Decision Making meetings and are full participants in the planning and decision making process. This MHSA Innovation Project would allow Mariposa County to take this best practice approach used in child welfare and adapt for a mental health setting. It is anticipated that using Team Decision Making meetings for the adult mental health consumers could result in positive outcomes for participants. The consumer, agency staff and members of the community will be exposed to a new practice that is anticipated to result in improved services and better communication amongst all participants. Current consumers or potential consumers will drive the service plan; however, this innovation plan will allow at the discretion of the consumer for input from members of their family and community resources persons leaving the consumer to be at the center of finding solutions to their problems. The intent will be to retain the main principles found in child welfare Team Decision Making meetings but use the meetings with adults who may be in crisis and perhaps facing homelessness; a move to out of home care; or another type of situation that may call for a safety plan to be developed. It is anticipated that by utilzing this innovative approach, decisions reached as a result of the Team Decision Making meetings will be more responsive to

the needs of individual consumers and result in achieving the desired outcomes. In order to begin holding these meetings, the staff, consumers, service providers and community must first be introduced to the new process. Mariposa County will use input from the consumers throughout the life of the Project to determine when and how to make any necessary adaptations to the Project to best meet the needs of the population to be served.

Innovation Work Plan Narrative

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates: 07/10-07/13
MMIYY MMIYY

Mariposa County plans to submit an application for the MHSA Innovation funds in May 2010. It is anticipated that the county's Innovation Project will be approved so that implementation may begin on July 1, 2010. During the first few months (July 2010-October 2010) the county will proceed with plans to secure a contract with the California State University Fresno Foundation through the Central California Social Welfare Evaluation, Research, and Training Center (SWERT). SWERT is tied to the Social Work Department. It is anticipated that a faculty member will be used to design the actual evaluation methodology for this project and will be designated as the Principal Investigator. It is anticipated that a combination of quantitative and qualitative data will be gathered to analyze the participation in the process and the relationship of the process to the achievement of the identified outcomes. SWERT will also utilize student interns to collect the data throughout the implementation. SWERT has experienced personnel who will be able to write training curriculum; provided training on the curriculum; write policies and procedures; and facilitate community focus groups. Staff have expertise in the social work field and can provide guidance and support to Mariposa throughout the lifetime of the Project. It is envisioned that SWERT will select one of their staff to become a Project Manager for this Innovation Project. Throughout the design of all aspects of the project including the evaluation plan, it will be the expectation of Mariposa County that SWERT will engage consumers and local residents in the development process to ensure integration of the experiences and expertise of consumers in our community. This engagement will take the form of inviting consumers to serve on planning groups, conducting focus groups with consumers to test whether protocols or evaluation methods are appropriate, inviting consumers to help review and interpret evaluation finding, etc. SWERT has experience working with counties in the Central Valley and has participated in numerous other research projects. In addition, Mariposa County will hire or assign a county employee to serve as a Team Decision Making meeting Coordinator; and select facilitators for these meetings. Throughout the winter of 2010-2011, policies and procedures will be finalized and training for agency staff, community partners, and facilitators will occur. Further, the Principal Investigator will design an evaluation tool during this time period. The actual Team Decision Making meetings will begin taking place no later than April 2011. The county will engage the participants of the Team Decision Making meetings in the evaluation component throughout the life of the project. It is anticipated that this Innovation Project will operate through July 2013 which should allow for at least a full two years of implementation. The final evaluation will use data gathered throughout this two-year period and should give

Mariposa County some valuable information as to the effectiveness of the project in achieving the desired outcomes. Mariposa County is committed to contributing to the larger learning community through the dissemination of its Project methodology and evaluation results. Evaluators, in coordination with Project staff, will be responsible for creating materials that can be easily distributed to other communities. This will take the form of a short 2-4 page printed handout that can be mailed out, as well as a link on the Behavioral Health Network of Care that can be e-mailed to other Behavioral Health agencies throughout the State. Additionally, staff will be available to make presentations about the results of the Project at professional conferences.

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

As previously mentioned, Mariposa County plans to contract with CSU Fresno Foundation through SWERT to create and implement an evaluation design that will be used to measure Project outcomes. It is anticipated that the evaluation will be designed to address individual, systemic and group dynamics. Mariposa County will require that SWERT include the stakeholders in this process. The county selected this specific Innnovation Project after reviewing input from the community via a series of stakeholder meetings. Further, the Innovation Plan will include continued outreach to the community to introduce how this Innovation Project will hopefully address some of the concerns expressed in the stakeholder meetings. The evaluation process itself will include surveys with Team Decision Making meeting participants immediately following the meetings. In addition, it is anticipated that once implementation takes place, quarterly focus groups will be held with various agency, consumer and community members to review the Project and the use of Team Decision Making meetings. Data will be collected to track the decisions made during the Team Decision Making meetings and to determine whether these decisions resulted in the desired outcomes. It is further anticipated that the local Mental Health Board will be updated periodically throughout the lifetime of the Innovation Project.

Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

To ensure Project success, it will be necessary to leverage resources. Although no new, other than MHSA Innovation funds, will be accessed to support this Project at this time, there will be a shift of existing time and resources both within the County Mental Health programs and amongst community providers to participate fully in Team Decision Making meetings. It is estimated that the following contributions of time will be made over the course of the 36 months of Project implementation:

In Kind Time Value (from various sources): $71,040

Training Time Value: 30 staff and community providers x Average of $40 per hour x 16 hours of training = $19,200

Team Decision Making Meeting Time Value: 6 staff/community providers per meeting x Average of $40 per hour x average of 6 hours for meeting and preparation x 36 meetings = $51,840

Additionally, other resources will be leveraged such as space to facilitate the meetings. We plan to utilize the Family Services Center, which will be built by the Spring of 2011 with MHSA Capital Funds to facilitate these meetings.

EXHIBIT D

Innovation Work Plan Description

(For Posting on **DMH** Website)

County Name

Mar posa

Work Plan Name

Mariposa MHSA Team Decision Making

Annual Number of Clients to Be Served (If Applicable)

24-36 Total

Population to Be Served (if applicable):

The Team Decision Making meeting Innovation Project will serve those adults with a mental illness or at risk for developing a mental illness living in Mariposa County who may be in crisis and perhaps facing homelessness, a move to out of home care, or another situation requiring the development of a safety plan. This strategy may also be utilized in situations where individuals are not currently getting their needs met through "traditional" mental health services and may require team brainstorming to develop the best approach for meeting their needs.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

Mariposa County plans to utilize a Team Decision Making meeting approach for those adults in need of mental health services for whom "traditional" services may not be fully meeting their needs. Participants of the meetings will include the consumer, the agency staff, community partners, service providers and members of the consumer's family. The meetings will be led by a trained facilitator and will focus on the needs of the individual consumer. Unlike other staffing processes that tend to include only agency staff or other providers, this process will be consumer/family involved. The hope is that by using this innovative approach with the adult population, Mariposa County will experience similar positive outcomes as when Team Decision Making meetings are utilized in the child welfare programs. The Innovation Project will further include an evaluation component which will include the consumer/family, the mental health providers, as well as other community stakeholders. A faculty member of CSU Fresno will serve as the Principal Investigator and will oversee the evaluation component of this project. Thus, the focus of the project will be to determine whether a Team Decision Making meeting process that has been identified as a best practice model in child welfare can be adapted for use with the adult mental health population. Further, it is hoped that Mariposa will discover whether positive outcomes will result from utilzing this innovative approach.

EXHIBIT E
Mental Health Services Act
Innovation Funding Request

County: Mariposa County

Date: *3/5/2010*

Innovation Work Plan			Estimated Funds by Age Group (if applicable)			
No.	Name	Fr Mental Health MHSA Funding	Children, Youth	Transition Age Youth	Adult	Older Adult
1	Mariposa MHSA Team Decision Making	$128,32	O	$10,000	$90,000	$28,327
2						
11						
12						
	'Less the amount that has been received in Program Planning Funds	-36,700				
	'Plus the planning funds already spen	4000				
2						
2	ubtotal: Work Plans	$95,62				
2	us ounty dministrabon	14,473				
2	Plus 0 tional 10% 0 eratin Reserve					
2	otal MHSA Funds R uired for Innovation	$110,100				

EXHIBIT F

County: Mariposa Fiscal Year: *2010/13*

Work Plan #: _

Work Plan Name: Mariposa MHSA Team Decision Meetings _

New Work Plan ☑

Expansion D

Months of Operation: *07/10-06/13*
MM/YY - MM/YY

	County Mental Health DeDartment	Other **Governmental** Aaencles	**Community** Mental Health **Contract** Providers	Total
A. Expenditures				
1. Personnel Expenditures	41,730			$41,730
2. Operating Expenditures	12,725			$12,725
3. Non-recurring expenditures				$0
4. Training Consultant Contracts	62,000			$62,000
5. Work Plan Management	11,872			$11,872
6. Total Proposed Work Plan Expenditures	$128,327	$0	$0	$128,327
B. Revenues				
1. Existing Revenues				$0
2. Additional Revenues				
a. (insert source of revenue)				$0
b. (insert source of revenue)				$0
c. (insert source of revenue)				$0
3. Total New Revenue	$0	$0	$0	$0
4. Total Revenues	$0	$0	$0	$0
C. Total Fundina Reauirements	$128,327	$0	$0	$128,327

***includes** $32,700 of unspent **planning** dollars

'does not include county administrative dollars (in Exhibit E)

Prepared by: Cynthia Larca Date: *3/5/2010*

Telephone Number: (209) 966-2131 _

MHSA Innovation Plan
Enclosure 8 Exhibit F
Budget Narrative

Workplan Name: Mariposa MHSA Team Decision Meetings

We are currently requesting MHSA Innovation funds for a 3-year period, from July 1, 2010 through June 30, 2013. Mariposa County's total Innovation allocation is $146,800, less the planning estimate of $36,700. Therefore, we are currently requesting $110,100.

Of this, Mariposa County has requested and been approved to receive planning funds in the amount of $36,700. Of this amount, $4,000 has been spent to date for planning purposes. The remainder of the funds are reflected in the budget below.

We plan to spend funds in the following manner:

Year 1(2010-2011) - $44,831: During this year we will be planning, identifying tools and methodology, developing policies and procedures, etc. Additionally, we will begin implementation during the last few months of this year, by April 2011.

1. Consulting ($26,000): During the first year of funding, we will contract with CSU Fresno Foundation's SWERT to assist with:
   - Project Design (design policies, protocols, job descriptions, outreach plan, etc.)
   - Project Implementation (training of community partners, training of staff, etc.)
   - Project Evaluation (design of methodology and tools; baseline evaluations)
2. Project Staff ($8,346): We anticipate that by January 1st, a Project Coordinator within the County Mental Health program will be assigned from current staff. This Coordinator will be funded at .2 FTE and be responsible for outreach to consumers, coordination of the Project and facilitation of TDM meetings. We also anticipate that a .1 FTE Office Assistant will be assigned to assist with the logistics of the Project. We anticipate that these staff will be brought on January 1st, 2011.
3. Work Plan Management ($2,182): The Mental Health Services Act Coordinator will be assigned to overseeing Work Plan Management. We anticipate that .05 FTE of their time will be spent with this activity for six months of the project.
4. Operating Costs ($3,500): Operating costs will include overhead associated with Project Staff including rent, utilities, communications, transportation, supplies, etc.
5. County Administrative Costs ($4,803): We are requesting approximately 11 % Administrative Costs to cover the necessary expenses associated with managing the tracking, stakeholder process, project

reports, contracts, etc. associated with this collaborative inter-departmental project. Although MHSA Innovation represents a small amount of overall funds, there remain necessary minimal administrative tasks associated with these funds.

Year 2 (2011-2012) -$46,527: During this year we will be demonstrating the project.

1. Consulting ($16,000): During the first year of funding, we will contract with CSU Fresno Foundation's SWERT to assist with:
   - Project Evaluation (data collection)
   - Project Support (assisting with re-training, troubleshooting, ongoing adaptations as necessary)
2. Project Staff ($16,692): A Project Coordinator within the County Mental Health program will be funded at .2 FTE and be responsible for outreach to consumers, coordination of the Project and facilitation of TOM meetings. We also anticipate that a .1 FTE Office Assistant will be assigned to assist with the logistics of the Project and the evaluation.
3. Work Plan Management ($4,364): An MHSA Coordinator will be assigned to overseeing Work Plan Management. We anticipate that .05 FTE of their time will be spent with this activity.
4. Operating Costs ($4,861): Operating costs will include overhead associated with Project Staff including rent, utilities, communications, transportation, supplies, etc. Additionally, incentives will be purchased for participants including gas vouchers, grocery certificates, and other items associated with helping them meet their goals.
5. County Administrative Costs ($4,611): We are requesting approximately 11 % Administrative Costs.

Year 3 (201 2-2013) - $51,442: During this year we will be demonstrating the project, collecting final data and communicating results of study to local stakeholders and statewide partners.

1. Consulting ($20,000): During the first year of funding, we will contract with CSU Fresno Foundation's SWERT to assist with:
   - Project Evaluation (data collection and analysis; final report)
   - Project Support (assisting with re-training, troubleshooting, ongoing adaptations as necessary)
2. Project Staff ($16,692): A Project Coordinator within the County Mental Health program will be funded at .2 FTE and be responsible for outreach to consumers, coordination of the Project and facilitation of TOM meetings. We also anticipate that a .1 FTE Office Assistant will be assigned to assist with the logistics of the Project.

3. **Work Plan Management ($5,326):** A Mental Health Services Act Coordinator will be assigned to overseeing Work Plan Management. We anticipate that .05 FTE of their time will be spent with this activity.
4. **Operating Costs ($4,364):** Operating costs will include overhead associated with Project Staff including rent, utilities, communications, transportation, supplies, etc. Additionally, incentives will be purchased for participants including gas vouchers, grocery certificates, and other items associated with helping them meet their goals
5. **County Administrative Costs ($5,060):** We are requesting approximately 11% Administrative Costs.