



RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH

Jerry A. Wengerd, Director

Reply to: Mental Health Administration
P.O. Box 7549
Riverside, CA 92513

July 15, 2015

Ms. Wendy Desormeaux
MHSOAC
1325 "J" Street, Suite 1700
Sacramento, CA 95814

Dear Ms. Desormeaux:

In compliance with DMH Information Notice No. 09-02, Riverside County is submitting the "Transition Age Youth (TAY) Drop-In Center" Innovation Work Plan to the MHSOAC for review and approval.

Riverside County is requesting to conduct a five-year pilot TAY project as part of the MHSA Innovation Component to test the development and implementation of TAY Peer Support Specialist training within a dedicated training hub. The TAY Innovation Project will allow the Department the opportunity to test a TAY Peer Curriculum while also assessing the impact of practical application of work skills in an integrated approach through service delivery to TAY and their families.

Should you have any questions or comments regarding this plan, please contact me at 951-955-7123 or e-mail to bman@rcmhd.org.

Sincerely,

Bill Brenneman
MHSA Administrator
Riverside County
Department of Mental Health

cc: Jose.Oseguera, MHSOAC

Enclosure

EXHIBIT A

INNOVATION WORK PLAN
COUNTY CERTIFICATION

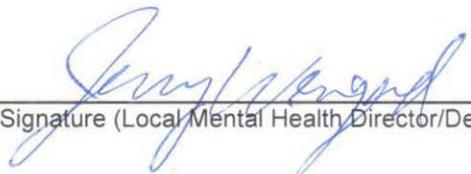
County Name: Riverside County

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

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

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



Signature (Local Mental Health Director/Designee)

7-14-15

Date

Mental Health Director

Title

EXHIBIT B

INNOVATION WORK PLAN

Description of Community Program Planning and Local Review Processes

County Name: Riverside
Work Plan Name: TAY Drop-In Center

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 Riverside County Department of Mental Health (RCDMH) conducts an on-going continuous planning process year round. This includes eliciting feedback and informed decision making through subject matter experts that comprise the MHSAs System of Care planning committees. MHSAs staff also provides monthly updates to the Behavioral Health Commission as they act as an advisory body on all aspects of MHSAs planning. The planning process includes the four key committees by age span: Children's, Transition Age Youth Collaborative, Adult, and Older Adult. There are several other cross-collaborative committees that advise the Department on certain specialty areas such as Criminal Justice, Cultural Competency and Ethnic Disparities, and the Consumer Wellness Coalition that lend ethnic-specific, consumer, and family member perspective to the planning process.

During last year's MHSAs 3-Year Program and Expenditure (3YPE) Plan Community Planning Process, a feedback survey was distributed to all the MHSAs Planning Committees and a multitude of other community stakeholders including community providers, NAMI, parent support, family advocates, cultural brokers, PEI and WET Steering Committees and other department and county organizations. The Department also oriented stakeholders on MHSAs programs through this process. County demographics and performance outcome data was provided to allow stakeholders to make more informed decisions.

Through the Community Planning Process several themes emerged. One of which was the need to expand the service array for TAY and to look at collaborative approaches. The suggestion of a Transition Age Youth (TAY) Drop-In Center was identified but lacked specific detail other than a recommendation to create a model that would include a multi-agency approach in some kind of centralized location.

At that point in the 3YPE Planning Process, the Department committed to exploring and developing an innovative approach to meeting this identified need. The Department tasked the TAY Collaborative with developing a potential Innovation project that could

be piloted as a potential model to be adapted into the TAY System of Care if proven effective.

The TAY Collaborative members include providers serving TAY across the county as well as TAY consumers of mental health services. The Collaborative reflects a diversity of ethnicities and geographic representation (Western, Mid-County, and Desert Regions). The Collaborative became the central vehicle for feedback from stakeholders in the planning and development process. The Department introduced the Innovation Guidelines to the Collaborative to explore potential learning opportunities.

The Collaborative developed a specific written survey to ensure TAY voice and provider input was included in the composition of the Drop-In Center. The survey was distributed to community providers and youth through the Collaborative.

Several elements emerged through the process. Stakeholder recommendations included a TAY Center that would provide a welcoming environment to access resources and services. TAY are currently often served in adult and children programs, neither of which are well suited for youth and young adults. Engaging family and support persons into services was seen as essential for TAY during this developmental phase especially when serious mental health issues arise. Youth and families face many barriers when attempting to access resources between systems serving children and adults. Access to interagency resources for youth and families such as probation, child welfare, health care, education, and housing emerged as necessary components of a center. Lastly, there is no TAY Peer Support Specialist (PSS) pre-employment training. Peers in the adult system have lived experience and focus on recovery. Peers in children serving systems are parents or caregivers of a child who has received or is currently receiving mental health care. Having TAY Peer Support Specialists providing services in the Drop-In Center was identified as an essential element in engagement and service provision.

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

The participants involved during the Stakeholder Planning Process included mental health consumers, peer specialists, family advocates, parent partners, and community-based organizations. Participants were representatives of underserved communities as well as persons serving those same communities.

Partner agencies included in the TAY Collaborative include representation from the Riverside County Office of Education (RCOE), Special Education Local Plan Area (SELPA), Victor Community Support Systems (VCSS), Operation Safe House, Olive Crest, Recovery Innovations, STARS, Catholic Charities, Department of Public Social Services (DPSS), Public Health, and RCMHD Peer Support Specialists working with TAY and their families.

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 TAY Innovation project first surfaced as a result of the Community Planning Process associated with the development of the MHSAs 3-Year Program and Expenditure (3YPE) Plan for FY14/15 through 16/17. At that time the Department committed to the concept and tasked the TAY Collaborative with further development of the model to support a project proposal. The 3YPE posted for 30-day comment period from April 1 through May 5, 2014 and the project was introduced to stakeholders at the May 7, 2014 Public Hearing for the 3-Year Plan.

Again during this year's MHSAs Annual Plan Update process for FY15/16, the Department's TAY staff reported they were attempting to reach consensus on the TAY Innovation Project with the MHSOAC. During the 30-day posting of the Annual Plan Update, April 1 through May 5, 2015, the Department with consultation from the MHSOAC agreed on the project concept. The intent to submit, and details the TAY Innovation Project, was announced to stakeholders at the Public Hearing held on May 5, 2015 for the Annual Plan Update FY15/16.

All public comments for both the MHSAs 3YPE and the Annual Plan Update were recorded and made public record in each of those respective documents. There were no substantive comments or opposition to the project and the TAY Collaborative remains extremely enthusiastic about the project and successful implementation.

EXHIBIT C
(Page 1 of 13)

Innovation Work Plan Narrative

Date: 06/17/2015

County: Riverside

Work Plan #: INN-5

Work Plan Name: TAY Drop-In Center

Purpose of Proposed Innovation Project (check all that apply)

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

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

RCDMH has a long history of incorporating peers with lived experience into service delivery using a recovery-oriented approach. Adult mental health programs incorporate the use of peers with adult lived experience. Children's programs incorporate in their service delivery the use of Parent Partners who are parents/caregivers of children served in the mental health system. Peers in the adult system and parent partners in the children's system are employed as County employees under the job classification of Peer Support Specialists (PSS). Peers with lived experience as a child or young adult in the mental health system serving TAY youth (age 16-25) are missing from our service delivery system. Workforce development for TAY PSS will fill a gap which currently exists between our adult and child systems. The availability of trained TAY PSS will improve the quality of services provided and will result in increased engagement and better outcomes for TAY youth and their families.

RCDMH provides pre-employment training for Peer Specialists in the adult system as well as Parent Partners. RCDMH proposes to develop and implement TAY PSS workforce training using a multi-dimensional approach with three integrated elements:

- 1). Develop and implement a TAY PSS training curriculum within a dedicated space that will serve as a training hub;
- 2). Within the training hub, provide on-going development of TAY PSS work skills by integrating TAY PSS into an adapted evidence-based model serving TAY and their families; and
- 3). Incorporate interagency partners into the training hub to provide the opportunity for TAY PSS to learn and practice their skills in an integrated way.

Curriculum development for TAY PSS pre-employment training represents the first stage of workforce development. Opportunities to practice the skills learned in the supportive work environment of a TAY Drop-In Center will further professional development and provide increased access to mental health services developmentally

EXHIBIT C
(Page 2 of 13)

tailored for TAY, their families, and support persons. Adapting an evidence-based practice (EBP) provides an opportunity to develop TAY PSS skills in a specialty mental health care practice for TAY and their families. TAY are more likely to experience First Episode Psychosis (FEP) compared with other groups (Insel 2010), so adapting this EBP allows for the opportunity to learn about incorporating TAY PSS staff into a practice that is particularly suited to the mental health needs of TAY youth. Adapting this model to fully and meaningfully incorporate TAY PSS into the interdisciplinary team will provide a unique opportunity to enhance their work skills and learn about the effectiveness of using TAY PSS on the team. This approach will increase the quality of our workforce and ultimately will increase the quality of services which will lead to better outcomes.

Co-location of agency partners such as Probation, Child Welfare, Education, Housing, Public Health, and Employment will enhance integration of care for TAY and their families. Fragmented services are the norm for youth and families attempting to navigate complex child and adult serving systems. Co-location of partner agencies within the TAY Drop-In Center provides an opportunity for TAY PSS to practice and learn to navigate complex systems. Integration of care with persons from other agencies is an essential skill for TAY PSS. Development of these skills will result in successful linkage to needed resources for TAY and their families, increased engagement, and improved care coordination. The Drop-In Center will provide an opportunity for agencies to network around issues and concerns effecting TAY resulting in greater coordination of resources, reduction of barriers to services, and improved outcomes.

Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. 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 MHS and Title 9, CCR, section 3320. (suggested length - one page)

Transition Age Youth (TAY) ages 16-25 make up the largest demographic population served by Riverside County Department of Mental Health. The majority of people with serious mental illness experience the first onset of symptoms in adolescence or early adulthood. Specialty mental health care for these youth and their families, which is developmentally informed and culturally aware, is often lacking. Services for these youth are provided in either adult or children systems of care. Youth and families can get lost between providers and agencies as they attempt to find resources for themselves and their loved ones. Stakeholders identified the need for increased support for TAY and their families. In addition, stakeholders expressed the importance of integrating persons with lived experience and specially trained to work with TAY and their families in service delivery.

RCDMH has utilized peers with lived experience to assist persons attempting to navigate complex systems of care and to support recovery. RCDMH has a long history of training and integrating the use of peer supports in adult and children's service delivery. Peer Support Specialists (PSS) work in our adult programs emphasizing recovery based on lived experience. Parent Partners are PSS who have experience with a child in the behavioral health system. Parent Partners work in children's programs supporting caregivers whose children are receiving services. What is missing from our peer support system are specially trained PSS persons, with lived experience as a child or young adult, providing peer-related services directly to TAY and their families. Currently there is no specific training available to develop a workforce of TAY PSS focused on working with transition age youth and their families. Acquiring knowledge on how to develop and implement a specific TAY PSS workforce for this stage of life is the focus of this innovation proposal.

RCDMH proposes to develop and implement this TAY workforce training using a multi-dimensional approach with three integrated elements:

- 1). Develop and implement a TAY PSS training curriculum within a dedicated space that will serve as a training hub;
- 2). Provide within the training hub on-going development of TAY PSS work skills by integrating TAY PSS into an adapted evidence-based model serving TAY and their families; and
- 3). Incorporate interagency partners into the training hub to provide the opportunity for TAY PSS to learn and practice their skills in an integrated way.

EXHIBIT C
(Page 4 of 13)

Each of these elements is integral to this innovation; and we believe will provide the opportunity to test a new approach and contribute knowledge to the field. The plan is to test this approach in each of our three RCDMH geographic regions. Each region has unique resources, populations, and challenges. Implementing in each geographic region will provide the opportunity to compare outcomes and regional differences in implementation.

The training hub will be a TAY Drop-In Center and is an innovative new approach in that TAY will have a space that is uniquely their own where they have the opportunity to take an active role in developing the TAY PSS training curriculum with feedback from participants, trainers, and other stakeholders. This method will support the creation of a training curriculum that is developmentally and culturally informed for TAY and their families. Training TAY PSS in a learning environment best suited for young adults, such as a dedicated space designed for TAY, we believe will result in better pre-employment training completion rates.

Additionally, it is a new innovative approach for RCDMH to utilize the TAY Drop-In Center as a place for TAY peers to continue their employment development, by providing the opportunity for TAY PSS to work with transitional age youth experiencing mental health needs. Presently, RCDMH services for TAY are provided in either adult or child settings. An adult clinic can be an overwhelming and unwelcoming experience for a young person. A children's setting may not be well suited for TAY, especially those with significant needs and those having difficulty engaging in care. The TAY Drop-In Center will provide a welcoming place for TAY creating better engagement and completion of treatment which will be an optimal work environment to support TAY PSS as they build their skills. The Drop-In Center, primarily staffed by TAY PSS, will provide an opportunity for trainees to practice skills in the day-to-day activities of the center. Pre-employment training graduates will be able to practice new skills as volunteers, interns, or employees in this integrated setting. The Drop-In Center will be a place for TAY PSS to work in an environment that supports on-going learning. On-going learning is a critical element in the successful development of a range of work skills.

Part of workforce development for TAY PSS is to have mechanisms that support applying those skills. RCDMH proposes to adapt an EBP that utilizes an interdisciplinary team to provide the opportunity for TAY peers to learn and practice their skills. This aspect of the innovation will contribute to learning about how TAY PSS can become part of a working team and will contribute to TAY peers work experience in a meaningful context. RCDMH proposes to adapt a First Episode Psychosis (FEP) model developed through the National Institute of Mental Health (NIMH), Recovery After an Initial Schizophrenia Episode (RAISE) project. This RAISE model was the basis for the OnTrack New York FEP which serves young people experiencing first episode psychosis. TAY are more likely to experience FEP compared with other groups (Insel 2010), so adapting this EBP allows for the opportunity to learn about incorporating TAY PSS staff into a practice that is particularly suited to the mental health needs of TAY youth. Currently FEP teams do not use Peer Supports in service delivery. Adapting this model to fully and meaningfully incorporate TAY PSS into the interdisciplinary team will provide a unique opportunity to enhance their work skills, and learn about the effectiveness of using TAY PSS on the FEP team.

EXHIBIT C
(Page 5 of 13)

The Drop-In Center will be a convening place for partner agencies such as education, probation, housing, public health, child welfare, and other stakeholders to provide integration and care coordination for TAY and their families. Co-location of partner agencies within a TAY Drop-In Center provides an opportunity for TAY PSS to practice and learn to navigate complex systems. Integration of care with persons from other agencies is an essential skill for TAY PSS. Development of these skills will result in successful linkage to needed resources for TAY and their families. Comparisons between the regional implementations will be made to investigate the effectiveness of this approach given that each region has different resources and collaborative partners.

The three elements of TAY PSS workforce development, pre-employment training, practical work experience, and co-location of partner agencies, will create positive change in a variety of ways. It is expected that trained TAY PSS will benefit from the experience of learning and working in a TAY Drop-in Center resulting in impacts on training retention and ultimate employment or volunteer opportunities. The integration of TAY PSS within an adapted evidenced-based FEP practice will result in skill development on interdisciplinary teams in a meaningful context working with TAY and their families. These skills will contribute to a better quality of service delivery and better outcomes for participants in the adaptation including engagement and retention, reductions in hospitalizations, and improved educational and vocational outcomes.

Graduates will be providing services to TAY and families as volunteers or as paid employees in an integrated setting with linkage to our partner agencies. Bringing in people from our partner agencies to convene in a TAY Drop-In Center will have an impact on how these agencies perceive the value of TAY PSS. These agencies may then consider the use of TAY PSS within their systems.

The Innovation Project supports and is consistent with General Standards identified in the MHSa and Title 9, Section 3320, as follows;

Client Driven: Services provided to the community as a part of the TAY PSS Workforce development will value the youth voice in establishing personal resiliency and recovery goals. TAY PSS training emphasizes recovery principles in service delivery.

Family Driven: Parent, caregiver, or other support persons are essential to recovery. Peers with lived experience as parents or caregivers will be active participants in supporting TAY PSS workforce development. Family voice and choice are important values for peers working with family members. FEP teams will further reinforce participation of family members and significant others in its adaptation.

Wellness, Recovery, and Resiliency Focused: TAY Drop-In services will be provided primarily by TAY PSS. The center will be designed as a “TAY friendly” space with emphasis on welcoming and engaging youth into wellness and recovery. Recovery principles are core values in the TAY PSS pre-employment training. Services provided by TAY PSS will be strength based, emphasize integrated care, and will assist TAY with maintaining relationships with family, friends, and other support persons.

Cultural Competence: TAY is often defined as an age of “Discovery”. TAY culture is as varied as the expression of youth reflected in language, fashion, ethnic and gender identity, music, social media, and art. TAY culture is diverse and ever-evolving. Drop-

EXHIBIT C
(Page 6 of 13)

In Center staff will reflect the cultural and linguistic diversity of the youth and families served. Specialized knowledge and skill of this developmental stage in life is required to properly engage and serve youth and their families. TAY PSS pre-employment program will train to this specialized knowledge. Drop-In Center services will put this knowledge into practice. The TAY PSS pre-employment training will include special training and sensitivity to families around their respective cultural views of mental illness and healing, as advised by stakeholders.

Integrated Service Experience: Embedding partner agencies such as Probation, Child Welfare, Public Health, Education, Housing, and Vocational Development allow an opportunity for integration of care between systems. Stakeholders have expressed frustration over a fragmented and siloed system as TAY and their families navigate between child and adult serving systems. Having partner agencies co-located reduces these silos, provides an opportunity for networking between agencies, and will improve linkage to needed services.

Community Collaboration: The TAY Collaborative was a key stakeholder in determining the need for a TAY Drop-In Center as well as identifying service priorities. Members of the Collaborative include providers and consumers. RCDMH has established effective interagency partnerships with agencies serving both adults and children in the community. These partnerships will be called upon to provide resources for TAY and families in the Drop-In Center. Additionally, the TAY Collaborative will use the Center as a central location to meet and further development of networks and resources to better serve TAY and their families.

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)

Peer support has been incorporated into nearly every aspect of service delivery within RCDMH from the clinic level to the management level. Peer Support Specialists (PSS) have been employed by RCDMH and incorporated into service delivery in the adult system of care and the children's system of care. However, peer support training and workforce development for peers that are transition age youth has been lacking. The current peer training curriculums available are focused on adults or parents, but not transition age youth. Collaboration with Recovery Innovations, who has an established peer training curriculum, led to a better understanding around the need to develop curriculum to include TAY specific peer training. According to Recovery Innovations there is currently no TAY specific peer training in the nation.

RCDMH proposes to contribute to the field a specific TAY peer training curriculum, and a new comprehensive TAY PSS training approach that will prepare TAY Peer Specialists to work with transition age youth and their families. This TAY peer training, based on the unique needs of this age group, is a multi-dimensional approach with pre-employment skill development, and the practical application of skills in a supported employment environment that is specifically for TAY. A key component of this multi-dimensional approach is developing and implementing the TAY PSS training within a dedicated training hub (the TAY Drop-in Center). This hub of workforce development will provide the opportunity to test TAY peer curriculum and also the impact of providing the practical application of work skills in an integrated way through service delivery to TAY and their families.

Practical opportunities will include being part of an interdisciplinary team in an adapted evidenced-based practice. Adapting an FEP model to fully and meaningfully incorporate TAY PSS into the interdisciplinary team will provide a unique opportunity to enhance their work skills and learn about the effectiveness of using TAY PSS on the team. Further, RCDMH expects the hub to be a unique learning environment by convening other service systems within the TAY Drop-In Center. This will provide an integrated setting for TAY PSS to learn and practice navigating complex systems of care as well as developing their skills to link TAY and their families with multiple resources. Partnering service agencies could in turn change their attitudes and beliefs about employing TAY PSS. Implementing this innovation project will allow RCDMH to determine the effectiveness of this multi-dimensional approach including impacts on training completion rates, TAY PSS employment rates, TAY PSS integration into an interdisciplinary team in an adapted evidence-based practice, and system changes with interagency providers accepting TAY PSS for employment or volunteering in their service arenas.

EXHIBIT C
(Page 8 of 13)

Primary Learning Goals:

To determine if training and practicing peer work skills in a dedicated TAY Drop-In Center results in the development of effective TAY PSS work skills, and a high percentage of TAY PSS becoming employed or volunteering within the social service arena including mental health systems, probation, or public social services.

To determine if implementing TAY PSS workforce development within a dedicated training hub results in increased knowledge for TAY PSS and high completion rates for training.

To determine the effectiveness of training TAY PSS to work as part of an integrated interdisciplinary team in an adapted evidence-based practice for FEP. Also to determine the impact of these services to TAY and their families.

To determine any impacts on system changes among the interagency partners at the hub with regards to working with TAY PSS and/or hiring TAY PSS in their own agencies.

To compare challenges and outcomes in regional implementations of this multi-dimensional approach with a training hub in each of the RCDMH geographic regions.

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: 08/15 - 08/20
MM/YY – MM/YY

August 2015 – August 2020

August 2015: Anticipated approval from MHSOAC

August – December 2015: Contract with FEB developer for training, fidelity, and adapting FEP for use with Peers. Create FEP plan for consultation and certification as appropriate. Outreach to partner agencies to begin developing collaborative elements for TAY Center. Hire Mental Health Services Supervisor. Develop TAY Peer Specialist pre-employment training curriculum. Identify location for TAY Center in the Western Region.

January 2016: Establish collaborative agreements with partner agencies for Center. Begin planning for TAY Centers in Mid-County and Desert Regions.

April 2016: Hire leadership team including Senior Peer Specialist, Clinical Therapists. Begin training certification for Pre-Employment training facilitators (Senior Peer Specialists).

June 2016: Hire TAY and other Peer Support Staff. Establish formal MOU with partner agencies and develop protocols for collaboration. Prepare for first pre-employment training including finalizing curriculum, outreach to potential candidates. Initiate process for establishing TAY Centers in Mid-County and Desert Regions.

July 2016: Finalize workflow protocols regarding service provision, Drop-In Staffing, Intern and Volunteer roles, and agency collaboration. Finalize FEP adaptation to include Peer Supports, certify TAY pre-employment trainers.

August 2016: Begin providing services at TAY Drop-In Center to include pre-employment training as well as training and skill development opportunities for qualified graduates.

August 2016: Begin training/certification toward adapted FEB, develop protocols and workflow for referrals to FEP, create informing materials for community. Evaluate first TAY PSS training cohorts and modify curriculum as indicated. Develop Annual Report for TAY Drop-In center regarding current status and lessons learned.

EXHIBIT C
(Page 10 of 13)

September 2016: Share Annual Report with TAY Collaborative and other community stakeholders, identify and secure location for TAY Drop-in Center in the Desert and Mid-County Regions, initiate staff hiring for MHSS.

October 2016: Begin providing FEP adaptation in the Western Region.

January 2017: Meet with FEP developers to update training, assess model fidelity, adjust model as indicated, and edit manual as necessary. Hire staff for Desert and Mid-County TAY Drop In Centers.

March 2017: Secure interagency collaborative partnerships for Mid-County and Desert Regions, initiate training for Desert and Mid-County staff in FEP adaptation training.

July 2017: Begin providing services at Desert and Mid-County Region Drop-In Centers including FEP adaptation. Analyze data and develop Annual Report for TAY Drop-In Center regarding current status and lessons learned.

August 2017: Share Annual report with TAY Collaborative and other community stakeholders.

July 2018: Analyze data and develop Annual Report for TAY Drop-In Center regarding current status and lessons learned.

August 2018: Share Annual Report with TAY Collaborative and other community stakeholders.

July 2019: Analyze data and develop Annual Report for TAY Drop-In Center regarding current status and lessons learned.

August 2019: Share Annual Report with TAY Collaborative and other community stakeholders.

July 2020: Analyze data and develop Annual Report for TAY Drop-In Center regarding current status and lessons learned.

August 2020: Annual Report with TAY Collaborative and other community stakeholders.

Innovation Work Plan Narrative

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.

Project Measurement:

Project measurement will focus on the following key areas:

- 1). The effectiveness of training TAY PSS within a dedicated training hub;
- 2). The impact of providing supported employment and the effectiveness of utilizing TAY PSS on an interdisciplinary team in an adapted evidenced-based FEP practice; and
- 3). The system changes resulting from increased interagency collaboration.

1. Effectiveness of TAY PSS Training

Project measurement will include examining the results of the training with regards to TAY PSS knowledge acquisition in addition to measuring training completion and graduation rates.

2. Impact of practical work experience within the TAY Training Hub

Project measurement will include the extent to which providing work experience in the supportive environment of the TAY training hub will result in TAY PSS gaining additional work skills as part of an interdisciplinary team in an adapted evidenced-based FEP practice. Measurement will include determining if an FEP adaptation can successfully integrate TAY PSS into an interdisciplinary team and build their work skills to provide services within an evidenced-based practice. Measurement will include examining the extent to which trained TAY PSS are utilized either as paid employees or as volunteers and the capacity in which TAY PSS are utilized. It is expected that better outcomes will be achieved for the TAY youth that receive FEP services at the TAY Drop-In Center from TAY PSS, including better service engagement, reductions in crisis and/or psychiatric hospital usage, better recovery outcomes with improvements in psycho-social functioning and increased participation in education, vocational, and employment outcomes.

3. Enhanced Interagency Collaboration

Determine the effectiveness of interagency collaborations established at the TAY Drop-In Center by measuring perceptions of collaborative activity over time. Measurement will include surveying partner agencies periodically to determine any changes over time in the perceptions and beliefs about utilizing TAY PSS. Also measurement will include collecting information on the effectiveness of interagency collaboration within the TAY Drop-In Center.

Both quantitative and qualitative data will be collected on measurement tools. The RCDMH electronic health record will also provide service utilization data including type

EXHIBIT C
(Page 12 of 13)

of staff (peers service delivery, licensed staff service delivery, etc.). Evaluation will include comparisons of regional implementations. Measurement surveys and results will be regularly reviewed with the TAY Collaborative Stakeholders group. Following the guidelines and principles of the MHSA, the TAY Collaborative stakeholder groups consisting of consumers, family members, service providers and other stakeholders. This group meets regularly and will have the opportunity to provide input and review of the project's progress. Annual Reports will be provided and shared with the TAY Collaborative and the County Behavioral Health Commission.

Innovation Work Plan Narrative

Leveraging Resources (if applicable)

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

Services provided at the TAY Drop-In Center that meet Medi-Cal billing requirements will be submitted for reimbursement. All consumer peer staff will meet the county specifications for the classification of Mental Health Peer Specialist. Specialized peer pre-employment training will be utilized. TAY Collaborative partnerships will be considered as potential resources within the Drop-In Center design.

EXHIBIT D

Innovation Work Plan Description (For Posting on DMH Website)

County Name

Riverside

Annual Number of Clients to Be Served (If Applicable)

_____ Total

Work Plan Name

TAY Drop-In Center

Population to Be Served (if applicable):

Transition Age Youth (16-26) and their families or support persons.

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

RCDMH through this innovation project will test the development and implementation of TAY PSS training within a dedicated training hub (the TAY Drop-in Center). RCDMH proposes to contribute to the field a specific Transition Age Youth (TAY) peer training curriculum, and a new comprehensive TAY PSS training approach that will prepare TAY Peer Specialists to work with transition age youth and their families.

This TAY peer training, based on the unique needs of this age group, is a multi-dimensional approach with pre-employment skill development and the practical application of skills in a supported employment environment that is specifically designed for TAY. A key component of this multi-dimensional approach is developing and implementing the TAY PSS training within a dedicated training hub (the TAY Drop-in Center). This hub of workforce development will provide the opportunity to test TAY peer curriculum and also the impact of providing the practical application of work skills in an integrated way through service delivery to TAY and their families. Practical opportunities will include being part of an interdisciplinary team in an adapted evidence-based practice. Adapting an FEP model to fully and meaningfully incorporate TAY PSS into the interdisciplinary team will provide a unique opportunity to enhance their work skills and learn about the effectiveness of using TAY PSS on the team. Further, RCDMH expects the hub to be a unique learning environment by convening other service systems within the TAY Drop-In Center. This will provide an integrated setting for TAY PSS to learn and practice navigating complex systems of care as well as developing skills to link TAY and their families with multiple resources. The Drop-In Center for Transition Age Youth (TAY) will provide a place for engagement into mental health services, access to resources, and the implementation of an early intervention model for youth experiencing first episode psychosis.

**RIVERSIDE COUNTY MHSA INNOVATIONS
BUDGET NARRATIVE
Innovations - TAY Drop-In-Center
FY 2015/2016**

	Budget Amount
A. Expenditures	
1. Personnel Expenditures Estimated 6 months of salaries and county benefits for 9 first year new program FTEs. Staffing consists of 6 months of salaries and benefits for 3 MH Services Supervisors and 2 months months of salaries and benefits for 36 Direct Service Staff.	\$656,695
2. Operating Expenditures Estimated 6 months of program rent, utilities, building maintenance, equipment rent, communication services , travel, transportation, general office expenditures such as postage, printing, and supplies, medication costs, and program overhead charges such as liability, malpractice, property, and insurance.	\$229,843
3. Non-recurring expenditures Estimated cost of equipping new program staff, acquiring and/or expanding current office space, and vehicle purchase for 3 new locations. New program staff costs will include workstations, computers, printers, telephones, and tenant improvements.	\$1,384,200
4. Training Consultant Contracts	\$0
5. Work Plan Management	\$0
6. Total Proposed Work Plan Expenditures	\$2,270,738
B. Revenues	
1. Existing Revenues	\$0
2. Additional Revenues a) MediCal New program generated Medi-Cal revenue.	\$132,981
3. Total New Revenue	\$132,981
4. Total Revenues	\$132,981
C. Total Funding Requirements	\$2,137,758

EXHIBIT E

**Mental Health Services Act
Innovation Funding Request**

County: Riverside

Date: 7/3/2015

Innovation Work Plans			FY 15/16 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No.	Name			Children, Youth,	Transition Age Youth	Adult	Older Adult
1	OS-INN	Innovations - TAY Drop-In-Center	2,022,508		2,022,508		
2							
3							
4							
5							
6							
7							
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21							
22							
23							
24							
25							
26	Subtotal: Work Plans		\$2,022,508	\$0	\$2,022,508	\$0	\$0
27	Plus County Administration		\$115,250				
28	Plus Optional 10% Operating Reserve		\$202,251				
29	Total MHSA Funds Required for Innovation		\$2,340,008				

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Riverside County

Fiscal Year: 2015/16

Work Plan #: _____

Work Plan Name: TAY Drop-In-Center

New Work Plan

Expansion

Months of Operation: 6

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	656,695			\$656,695
2. Operating Expenditures	229,843			\$229,843
3. Non-recurring expenditures				\$1,384,200
a. 3 Fax and Copiers	21,000			
b. 57 Computer and Printer Equipment Stations	125,400			
c. 3 Vehicles	75,000			
d. 57 Cubicles and Office Chairs	307,800			
e. 3 Site TI	750,000			
f. 3 Piece Lobby & Program Furniture	105,000			
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$2,270,738	\$0	\$0	\$2,270,738
B. Revenues				
1. Existing Revenues				
a) MediCal	\$132,981			\$132,981
2. Additional Revenues				
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$132,981	\$0	\$0	\$132,981
C. Total Funding Requirements	\$2,137,758	\$0	\$0	\$2,137,758

Prepared by: Mark Reynoso
 Telephone Number: (951) 374-3516

Date: 7/3/2015

EXHIBIT 5 b

Innovation Projected Staffing Detail

County: Riverside County Fiscal Year: 2015/16
 Program Work Plan #: _____
 Program Work Plan Name: TAY Drop-In-Center Date: 7/3/2015
 Type of Funding Innovation

Months of Operation: 6

Prepared by: Mark Reynoso
 Telephone Number: (951) 374-3516

Classification	Function	Total Number of FTE's	Salary, Wages and Benefits per FTE	Hours/FTE	Actual FTE's	Total
A. New Additional Positions						
MH Services Supervisor	<i>Provide direct supervision to teams</i>	1.50	107,423	3,132	1.50	\$ 161,135
Clinical Therapist II	<i>Provide mental health services</i>	4.50	30,480	3,132	1.50	\$ 137,162
MH Peer Specialist	<i>Provide recovery coaching and support</i>	12.00	20,227	8,352	4.00	\$ 242,728
CSA	<i>Provide transportation and program support</i>	-	-	-	-	\$ -
SR MH Peer Specialist	<i>Provide supervision to Peer Specialists</i>	3.00	21,017	2,088	1.00	\$ 63,050
Office Assistant III	<i>Provide clerical program support</i>	3.00	17,540	2,088	1.00	\$ 52,621
LVN II	<i>Provide support for medication services</i>	-	-	-	-	\$ -
Staff Psychiatrist IV	<i>Provide medication support services</i>	-	-	-	-	\$ -
Total New Additional Positions		24.00		18,792	9.00	\$ 656,695
B. Total Funding Requirements		24.00				\$ 656,695

**RIVERSIDE COUNTY MHSA INNOVATIONS
BUDGET NARRATIVE
Innovations - TAY Drop-In-Center
FY 2016/2017**

	Budget Amount
A. Expenditures	
1. Personnel Expenditures Estimated 12 months of salaries and county benefits for 57 new program FTEs.	\$4,941,602
2. Operating Expenditures Estimated 12 months of program rent, utilities, building maintenance, equipment rent, communication services , travel, transportation, general office expenditures such as postage, printing, and supplies, medication costs, and program overhead charges such as liability, malpractice, property, and insurance.	\$1,828,393
3. Flex Cost Expenditures Estimated Flex Cost Benefits for 90 total participants, 30 per site.	\$193,500
4. Training Consultant Contracts	\$0
5. Work Plan Management	\$0
6. Total Proposed Work Plan Expenditures	\$6,963,495
B. Revenues	
1. Existing Revenues	\$0
2. Additional Revenues a) MediCal New program generated Medi-Cal revenue.	\$3,384,997
3. Total New Revenue	\$3,384,997
4. Total Revenues	\$3,384,997
C. Total Funding Requirements	\$3,578,498

EXHIBIT E

Mental Health Services Act Innovation Funding Request

County: Riverside

Date: 7/3/2015

Innovation Work Plans			FY 16/17 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No.	Name			Children, Youth,	Transition Age Youth	Adult	Older Adult
1	OS-INN	Innovations - TAY Drop-In-Center	3,113,293		3,113,293		
2							
3							
4							
5							
6							
7							
8							
9							
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22							
23							
24							
25							
26	Subtotal: Work Plans		\$3,113,293	\$0	\$3,113,293	\$0	\$0
27	Plus County Administration		\$465,205				
28	Plus Optional 10% Operating Reserve		\$311,329				
29	Total MHSA Funds Required for Innovation		\$3,889,827				

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Riverside County

Fiscal Year: 2016/17

Work Plan #: _____

Work Plan Name: TAY Drop-In-Center

New Work Plan

Expansion

Months of Operation: 12

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	\$4,941,602			\$4,941,602
2. Operating Expenditures	\$1,828,393			\$1,828,393
3. Flex Cost Expenditures	\$193,500			\$193,500
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$6,963,495	\$0	\$0	\$6,963,495
B. Revenues				
1. Existing Revenues				
a) MediCal	\$3,384,997			\$3,384,997
2. Additional Revenues				
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$3,384,997	\$0	\$0	\$3,384,997
C. Total Funding Requirements	\$3,578,498	\$0	\$0	\$3,578,498

Prepared by: Mark Reynoso
 Telephone Number: (951) 374-3516

Date: 7/3/2015

EXHIBIT 5 b

Innovation Projected Staffing Detail

County: Riverside County Fiscal Year: 2016/17
 Program Work Plan #: _____
 Program Work Plan Name: TAY Drop-In-Center Date: 7/3/2015
 Type of Funding Innovation
 Months of Operation: 12

Prepared by: Mark Reynoso
 Telephone Number: (951) 374-3516

Classification	Function	Total Number of FTE's	Salary, Wages and Benefits per FTE	Hours/FTE	Actual FTE's	Total
A. New Additional Positions						
MH Services Supervisor	<i>Provide direct supervision to teams</i>	3.00	110,646	6,264	3.00	\$ 331,937
Clinical Therapist II	<i>Provide mental health services</i>	9.00	94,184	18,792	9.00	\$ 847,658
MH Peer Specialist	<i>Provide recovery coaching and support</i>	24.00	62,502	50,112	24.00	\$1,500,059
CSA	<i>Provide transportation and program support</i>	3.00	52,494	6,264	3.00	\$ 157,482
SR MH Peer Specialist	<i>Provide supervision to Peer Specialists</i>	6.00	64,942	12,528	6.00	\$ 389,649
Office Assistant III	<i>Provide clerical program support</i>	6.00	54,200	12,528	6.00	\$ 325,198
LVN II	<i>Provide support for medication services</i>	3.00	63,677	6,264	3.00	\$ 191,030
Staff Psychiatrist IV	<i>Provide medication support services</i>	3.00	399,530	6,264	3.00	\$1,198,589
Total New Additional Positions		57.00		119,016	57.00	\$4,941,602
B. Total Funding Requirements		57.00				\$4,941,602

**RIVERSIDE COUNTY MHSA INNOVATIONS
BUDGET NARRATIVE
Innovations - TAY Drop-In-Center
FY 2017/2018**

	Budget Amount
A. Expenditures	
1. Personnel Expenditures Estimated 12 months of salaries and county benefits for 57 new program FTEs.	\$5,089,850
2. Operating Expenditures Estimated 12 months of program rent, utilities, building maintenance, equipment rent, communication services , travel, transportation, general office expenditures such as postage, printing, and supplies, medication costs, and program overhead charges such as liability, malpractice, property, and insurance.	\$1,883,245
3. Flex Cost Expenditures Estimated Flex Cost Benefits for 90 total participants, 30 per site.	\$193,500
4. Training Consultant Contracts	\$0
5. Work Plan Management	\$0
6. Total Proposed Work Plan Expenditures	\$7,166,595
B. Revenues	
1. Existing Revenues	\$0
2. Additional Revenues a) MediCal New program generated Medi-Cal revenue.	\$3,486,547
3. Total New Revenue	\$3,486,547
4. Total Revenues	\$3,486,547
C. Total Funding Requirements	\$3,680,048

EXHIBIT E

Mental Health Services Act Innovation Funding Request

County: Riverside

Date: 7/3/2015

Innovation Work Plans			FY 17/18 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No.	Name			Children, Youth,	Transition Age Youth	Adult	Older Adult
1	OS-INN	Innovations - TAY Drop-In-Center	3,201,641		3,201,641		
2							
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4							
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6							
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25							
26	Subtotal: Work Plans		\$3,201,641	\$0	\$3,201,641	\$0	\$0
27	Plus County Administration		\$478,406				
28	Plus Optional 10% Operating Reserve		\$320,164				
29	Total MHSA Funds Required for Innovation		\$4,000,212				

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Riverside County

Fiscal Year: 2017/18

Work Plan #: _____

Work Plan Name: TAY Drop-In-Center

New Work Plan

Expansion

Months of Operation: 12

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	\$5,089,850			\$5,089,850
2. Operating Expenditures	\$1,883,245			\$1,883,245
3. Flex Cost Expenditures	\$193,500			\$193,500
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$7,166,595	\$0	\$0	\$7,166,595
B. Revenues				
1. Existing Revenues				
a) MediCal	\$3,486,547			\$3,486,547
2. Additional Revenues				
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$3,486,547	\$0	\$0	\$3,486,547
C. Total Funding Requirements	\$3,680,048	\$0	\$0	\$3,680,048

Prepared by: Mark Reynoso
 Telephone Number: (951) 374-3516

Date: 7/3/2015

EXHIBIT 5 b

Innovation Projected Staffing Detail

County: Riverside County Fiscal Year: 2017/18
 Program Work Plan #: _____
 Program Work Plan Name: TAY Drop-In-Center Date: 7/3/2015
 Type of Funding Innovation

Months of Operation: 12

Prepared by: Mark Reynoso
 Telephone Number: (951) 374-3516

Classification	Function	Total Number of FTE's	Salary, Wages and Benefits per FTE	Hours/FTE	Actual FTE's	Total
A. New Additional Positions						
MH Services Supervisor	<i>Provide direct supervision to teams</i>	3.00	113,965	6,264	3.00	\$ 341,895
Clinical Therapist II	<i>Provide mental health services</i>	9.00	97,010	18,792	9.00	\$ 873,088
MH Peer Specialist	<i>Provide recovery coaching and support</i>	24.00	64,378	50,112	24.00	\$1,545,061
CSA	<i>Provide transportation and program support</i>	3.00	54,069	6,264	3.00	\$ 162,206
SR MH Peer Specialist	<i>Provide supervision to Peer Specialists</i>	6.00	66,890	12,528	6.00	\$ 401,338
Office Assistant III	<i>Provide clerical program support</i>	6.00	55,826	12,528	6.00	\$ 334,954
LVN II	<i>Provide support for medication services</i>	3.00	65,587	6,264	3.00	\$ 196,761
Staff Psychiatrist IV	<i>Provide medication support services</i>	3.00	411,516	6,264	3.00	\$1,234,547
Total New Additional Positions		57.00		119,016	57.00	\$5,089,850
B. Total Funding Requirements		57.00				\$5,089,850

**RIVERSIDE COUNTY MHSA INNOVATIONS
BUDGET NARRATIVE
Innovations - TAY Drop-In-Center
FY 2018/2019**

	Budget Amount
A. Expenditures	
1. Personnel Expenditures Estimated 12 months of salaries and county benefits for 57 new program FTEs.	\$5,242,546
2. Operating Expenditures Estimated 12 months of program rent, utilities, building maintenance, equipment rent, communication services, travel, transportation, general office expenditures such as postage, printing, and supplies, medication costs, and program overhead charges such as liability, malpractice, property, and insurance.	\$1,939,742
3. Flex Cost Expenditures Estimated Flex Cost Benefits for 90 total participants, 30 per site.	\$193,500
4. Training Consultant Contracts	\$0
5. Work Plan Management	\$0
6. Total Proposed Work Plan Expenditures	\$7,375,788
B. Revenues	
1. Existing Revenues	\$0
2. Additional Revenues a) MediCal New program generated Medi-Cal revenue.	\$3,591,144
3. Total New Revenue	\$3,591,144
4. Total Revenues	\$3,591,144
C. Total Funding Requirements	\$3,784,644

EXHIBIT E

Mental Health Services Act Innovation Funding Request

County: Riverside

Date: 7/3/2015

Innovation Work Plans			FY 18/19 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No.	Name			Children, Youth,	Transition Age Youth	Adult	Older Adult
1	OS-INN	Innovations - TAY Drop-In-Center	3,292,640		3,292,640		
2							
3							
4							
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25							
26	Subtotal: Work Plans		\$3,292,640	\$0	\$3,292,640	\$0	\$0
27	Plus County Administration		\$492,004				
28	Plus Optional 10% Operating Reserve		\$329,264				
29	Total MHSA Funds Required for Innovation		\$4,113,908				

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Riverside County Fiscal Year: 2018/19
 Work Plan #: _____
 Work Plan Name: TAY Drop-In-Center
 New Work Plan
 Expansion
 Months of Operation: 12

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	\$5,242,546			\$5,242,546
2. Operating Expenditures	\$1,939,742			\$1,939,742
3. Flex Cost Expenditures	\$193,500			\$193,500
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$7,375,788	\$0	\$0	\$7,375,788
B. Revenues				
1. Existing Revenues				
a) MediCal	\$3,591,144			\$3,591,144
2. Additional Revenues				
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$3,591,144	\$0	\$0	\$3,591,144
C. Total Funding Requirements	\$3,784,644	\$0	\$0	\$3,784,644

Prepared by: Mark Reynoso
 Telephone Number: (951) 374-3516

Date: 7/3/2015

EXHIBIT 5 b

Innovation Projected Staffing Detail

County: Riverside County Fiscal Year: 2018/19
 Program Work Plan #: _____
 Program Work Plan Name: TAY Drop-In-Center Date: 7/3/2015
 Type of Funding Innovation

Months of Operation: 12

Prepared by: Mark Reynoso
 Telephone Number: (951) 374-3516

Classification	Function	Total Number of FTE's	Salary, Wages and Benefits per FTE	Hours/FTE	Actual FTE's	Total
A. New Additional Positions						
MH Services Supervisor	<i>Provide direct supervision to teams</i>	3.00	117,384	6,264	3.00	\$ 352,153
Clinical Therapist II	<i>Provide mental health services</i>	9.00	99,920	18,792	9.00	\$ 899,280
MH Peer Specialist	<i>Provide recovery coaching and support</i>	24.00	66,309	50,112	24.00	\$1,591,413
CSA	<i>Provide transportation and program support</i>	3.00	55,691	6,264	3.00	\$ 167,072
SR MH Peer Specialist	<i>Provide supervision to Peer Specialists</i>	6.00	68,897	12,528	6.00	\$ 413,379
Office Assistant III	<i>Provide clerical program support</i>	6.00	57,500	12,528	6.00	\$ 345,002
LVN II	<i>Provide support for medication services</i>	3.00	67,555	6,264	3.00	\$ 202,664
Staff Psychiatrist IV	<i>Provide medication support services</i>	3.00	423,861	6,264	3.00	\$1,271,583
Total New Additional Positions		57.00		119,016	57.00	\$5,242,546
B. Total Funding Requirements		57.00				\$5,242,546

**RIVERSIDE COUNTY MHSA INNOVATIONS
BUDGET NARRATIVE
Innovations - TAY Drop-In-Center
FY 2019/2020**

	Budget Amount
A. Expenditures	
1. Personnel Expenditures Estimated 12 months of salaries and county benefits for 57 new program FTEs.	\$5,399,822
2. Operating Expenditures Estimated 12 months of program rent, utilities, building maintenance, equipment rent, communication services , travel, transportation, general office expenditures such as postage, printing, and supplies, medication costs, and program overhead charges such as liability, malpractice, property, and insurance.	\$1,997,934
3. Flex Cost Expenditures Estimated Flex Cost Benefits for 90 total participants, 30 per site.	\$193,500
4. Training Consultant Contracts	\$0
5. Work Plan Management	\$0
6. Total Proposed Work Plan Expenditures	\$7,591,256
B. Revenues	
1. Existing Revenues	\$0
2. Additional Revenues a) MediCal New program generated Medi-Cal revenue.	\$3,698,878
3. Total New Revenue	\$3,698,878
4. Total Revenues	\$3,698,878
C. Total Funding Requirements	\$3,892,378

EXHIBIT E

**Mental Health Services Act
Innovation Funding Request**

County: Riverside

Date: 7/3/2015

Innovation Work Plans			FY 1920 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No.	Name			Children, Youth,	Transition Age Youth	Adult	Older Adult
1	OS-INN	Innovations - TAY Drop-In-Center	3,386,369		3,386,369		
2							
3							
4							
5							
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8							
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24							
25							
26	Subtotal: Work Plans		\$3,386,369	\$0	\$3,386,369	\$0	\$0
27	Plus County Administration		\$506,009				
28	Plus Optional 10% Operating Reserve		\$338,637				
29	Total MHSA Funds Required for Innovation		\$4,231,015				

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Riverside County

Fiscal Year: 2019/20

Work Plan #: _____

Work Plan Name: TAY Drop-In-Center

New Work Plan

Expansion

Months of Operation: 12

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	\$5,399,822			\$5,399,822
2. Operating Expenditures	\$1,997,934			\$1,997,934
3. Flex Cost Expenditures	\$193,500			\$193,500
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$7,591,256	\$0	\$0	\$7,591,256
B. Revenues				
1. Existing Revenues				
a) MediCal	\$3,698,878			\$3,698,878
2. Additional Revenues				
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$3,698,878	\$0	\$0	\$3,698,878
C. Total Funding Requirements	\$3,892,378	\$0	\$0	\$3,892,378

Prepared by: Mark Reynoso
 Telephone Number: (951) 374-3516

Date: 7/3/2015

EXHIBIT 5 b

Innovation Projected Staffing Detail

County: Riverside County Fiscal Year: 2019/20
 Program Work Plan #: _____
 Program Work Plan Name: TAY Drop-In-Center Date: 7/3/2015
 Type of Funding Innovation
 Months of Operation: 12

Prepared by: Mark Reynoso
 Telephone Number: (951) 374-3516

Classification	Function	Total Number of FTE's	Salary, Wages and Benefits per FTE	Hours/FTE	Actual FTE's	Total
A. New Additional Positions						
MH Services Supervisor	<i>Provide direct supervision to teams</i>	3.00	120,905	6,264	3.00	\$ 362,716
Clinical Therapist II	<i>Provide mental health services</i>	9.00	102,918	18,792	9.00	\$ 926,259
MH Peer Specialist	<i>Provide recovery coaching and support</i>	24.00	68,298	50,112	24.00	\$1,639,155
CSA	<i>Provide transportation and program support</i>	3.00	57,362	6,264	3.00	\$ 172,085
SR MH Peer Specialist	<i>Provide supervision to Peer Specialists</i>	6.00	70,963	12,528	6.00	\$ 425,780
Office Assistant III	<i>Provide clerical program support</i>	6.00	59,225	12,528	6.00	\$ 355,352
LVN II	<i>Provide support for medication services</i>	3.00	69,581	6,264	3.00	\$ 208,744
Staff Psychiatrist IV	<i>Provide medication support services</i>	3.00	436,577	6,264	3.00	\$1,309,731
Total New Additional Positions		57.00		119,016	57.00	\$5,399,822
B. Total Funding Requirements		57.00				\$5,399,822