

**NEW/REVISED PROGRAM DESCRIPTION**  
**Innovation**

County: \_\_\_\_\_

Program Number/Name: \_\_\_\_\_

Date: \_\_\_\_\_

Complete this form for each new Innovation Program.

<p>1. Select <b>one</b> of the following purposes that most closely corresponds to the Innovation Program's learning goal and that will be a key focus of your evaluation.</p> <p><input type="checkbox"/> Increase access to underserved groups</p> <p><input type="checkbox"/> Increase the quality of services, including better outcomes</p> <p><input type="checkbox"/> Promote interagency collaboration</p> <p><input type="checkbox"/> Increase access to services</p>
<p>2. Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system. If your Innovation Program reflects more than one primary purpose in addition to the one you have selected, you may explain how and why each also applies.</p>
<p>3. Which MHSa definition of an Innovation Program applies to your new program, i.e. how does the Innovation Program a) introduce a new mental health practice or approach; <b>or</b> b) make a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community; <b>or</b> c) introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting? How do you expect your Innovation Program to contribute to the development and evaluation of a new or changed practice within the field of mental health?</p>
<p>4. Describe the new or changed mental health approach you will develop, pilot, and evaluate. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.</p>
<p>4a. If applicable, describe the population to be served, including demographic information relevant to the specific Innovation Program such as age, gender identify, race, ethnicity, sexual orientation, and language used to communicate</p>
<p>4b. If applicable, describe the estimated number of clients expected to be served annually</p>
<p>4c. Describe briefly, with specific examples, how the Innovation Program will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320. If a General Standard does not apply to your Innovation Program, explain why.</p>
<p>4d. If applicable, describe how you plan to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with Innovation funds</p>
<p>5. Specify the total timeframe of the Innovation program. Provide a brief explanation of how this timeframe will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results and lessons learned. Include a timeline that specifies key milestones for all of the above, including meaningful stakeholder involvement.</p>

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<p>6. Describe how you plan to measure the results, impact, and lessons learned from your Innovation Program. Specify your intended outcomes, including at least one outcome relevant to the selected primary purpose, and explain how you will measure those outcomes, including specific indicators for each intended outcome. Explain the methods you will use to assess the elements that contributed to outcomes. Explain how the evaluation will assess the effectiveness of the element(s) of the Innovative Project that are new or changed compared to relevant existing mental health practices. Describe how stakeholders' perspectives will be included in the evaluation and in communicating results. Explain how your evaluation will be culturally competent.</p>
<p>7. Describe how the County will decide whether and how to continue the Innovative Project, or elements of the Project, without Innovation Funds. Specify how stakeholders will contribute to this decision.</p>
<p>8. If applicable, provide a list of resources to be leveraged.</p>
<p>9. Provide an estimated annual and total budget for this Innovation Program, utilizing the following line items. Please include information for each fiscal year or partial fiscal year for the Innovation Program.</p>

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NEW ANNUAL PROGRAM BUDGET							
A. EXPENDITURES							
	Type of Expenditure	FY xxxx	Total				
1.	Personnel expenditures, including salaries, wages, and benefits						
2.	Operating expenditures						
3.	Non-recurring expenditures, such as cost of equipping new employees with technology necessary to perform MHSAs duties to conduct the Innovation Program						
4.	Contracts (Training Consultant Contracts)						
6.	Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditures in the budget narrative						
	<b>Total Proposed Expenditures</b>						
B. REVENUES							
1.	MHSA Innovation Funds						
2.	Medi-Cal Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Any other funding (specify)						
	<b>Total Revenues</b>						
	<b>C. TOTAL FUNDING REQUESTED (total amount of MHSA Innovation funds you are requesting that MHSOAC approve)</b>						

**D. Budget Narrative**

1. Include a brief narrative to explain how the estimated total budget is consistent with the requirements in Section 3920. The narrative should explain costs allocated for evaluation, if this information is not explicit in the budget