

## INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

County: \_\_\_\_\_ Date Submitted \_\_\_\_\_  
Project Name: \_\_\_\_\_

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

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

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

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

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

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

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

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### I. Project Overview

#### 1) Primary Problem

- a) What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community.

*CCR Title 9, Sect. 3930(c)(2)* specifically requires the Innovation Component of the Three-Year Program and Expenditure Plan or Annual Update to describe the reasons that a County's selected primary purpose for a project is "a priority for the County for which there is a need ... to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system." This question asks you to go beyond the selected primary purpose (e.g., "Increase access to mental health services,") to discuss more specifically the nature of the challenge you seek to solve.

- b) Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

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

"A mental health practice or approach that has already demonstrated its effectiveness is not eligible for funding as an Innovative Project unless the County provides documentation about how and why the County is adapting the practice or approach... (*CCR, Title 9, Sect. 3910(b)*).

The Commission expects a County to show evidence that they have made a good-faith effort to establish that the approach contained within their proposed project either has not been demonstrated to be effective in mental health or is meaningfully adapted from an approach that has been demonstrated to be effective. Describe the efforts have you made to investigate existing models or approaches close to what you're proposing (e.g., literature reviews, internet searches, or direct inquiries to/with other counties). Have you identified gaps in the literature or existing practice that your project would seek to address?

- a) Describe the methods you have used to identify and review relevant published literature regarding existing practices or approaches. What have you found? Are there existing evidence-based models relevant to the problem you wish to address? If so, what limitations to those models apply to your circumstances?
- b) Describe the methods you have used to identify and review existing, related practices in other counties, states or countries. What have you found? If there are existing practices addressing similar problems, have they been evaluated? What limitations to those examples apply to your circumstances?

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### 3) The Proposed Project

Describe the Innovative Project you are proposing. Note that the “project” might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).

Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.

- a) Provide a brief narrative overview description of the proposed project.
- b) Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).
- c) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply to mental health a practice from outside of mental health, briefly describe how the practice has been applied previously.

### 4) Innovative Component

Describe the key elements or approach(es) that will be new, changed, or adapted in your project (potentially including project development, implementation or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

- a) If you are adapting an existing mental health model or approach, describe how your approach adds to or modifies specific aspects of that existing approach and why you believe these to be important aspects to examine.
- b) If you are applying an approach or practice from outside of mental health or that is entirely new, what key aspects of that approach or practice do you regard as innovative in mental health, and why?

### 5) Learning Goals / Project Aims

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices.

- a) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?
- b) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

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There is no maximum number of learning goals required, but we suggest at least two. Goals might revolve around understanding processes, testing hypotheses, or achieving specific outcomes.

### I. Project Overview (continued)

#### 6) Evaluation or Learning Plan

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. What observable consequences do you expect to follow from your project's implementation? How do they relate to the project's objectives? What else could cause these observables to change, and how will you distinguish between the impact of your project and these potential alternative explanations?

The greater the number of specific learning goals you seek to assess, generally, the larger the number of measurements (e.g., your "sample size") required to be able to distinguish between alternative explanations for the pattern of outcomes you obtain.

In formulating your data collection and analysis plan, we suggest that you consider the following categories, where applicable:

- a) Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?
- b) What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and/or effective dissemination. Please provide examples.
- c) What is the method for collecting data (e.g. interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients, analysis of encounter or assessment data)?
- d) How is the method administered (e.g., during an encounter, for an intervention group and a comparison group, for the same individuals pre and post intervention)?
- e) What is the *preliminary* plan for how the data will be entered and analyzed?

#### 7) Contracting

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

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### II. Additional Information for Regulatory Requirements

#### 1) Certifications

Innovative Project proposals submitted for approval by the MHSOAC must include documented evidence of County Board of Supervisors review and approval as well as certain certifications. Additionally, we ask that you explain how you have obtained or waived the necessity for human subjects review, such as by your County Institutional Review Board.

- a) Adoption by County Board of Supervisors. Please present evidence to demonstrate that your County Board of Supervisors has approved the proposed project. Evidence may include explicit approval as a stand-alone proposal or as part of a Three-Year Plan or Annual Update; or inclusion of funding authority in your departmental budget. If your project has not been reviewed in one of these ways by your Board of Supervisors, please explain how and when you expect to obtain approval prior to your intended start date.
- b) Certification by the County mental health director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA). Welfare and Institutions Code (WIC) 5847(b)(8) specifies that each Three-Year Plan and Annual Update must include “Certification by the county behavioral health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and nonsupplantation requirements.”
- c) Certification by the County mental health director and by the County auditor-controller if necessary that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA. WIC 5847(b)(9) specifies that each Three-Year Plan and Annual Update must include “Certification by the county behavioral health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act.”

Of particular concern to the Commission is evidence that the County has satisfied any fiscal accountability reporting requirements to DHCS and the MHSOAC, such as submission of required Annual Revenue and Expenditure Reports or an explanation as to when any outstanding ARERs will be completed and filed.

- d) Documentation that the source of INN funds is 5% of the County’s PEI allocation and 5% of the CSS allocation.

#### 2) Community Program Planning

Please describe the County’s Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County’s community.

Include a brief description of the training the county provided to community planning participants regarding the specific purposes and MHSA requirements for INN Projects.

#### 3) Primary Purpose

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

- a) Increase access to mental health services to underserved groups
- b) Increase the quality of mental health services, including measurable outcomes
- c) Promote interagency collaboration related to mental health services, supports, or outcomes

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- d) Increase access to mental health services

### II. Additional Information for Regulatory Requirements (continued)

#### 4) MHSa Innovative Project Category

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

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

#### 5) Population (if applicable)

- a) If your project includes direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number?
- b) Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate. In some circumstances, demographic information for individuals served is a reporting requirement for the Annual Innovative Project Report and Final Innovative Project Report.
- c) Does the project plan to serve a focal population, e.g., providing specialized services for a target group, or having eligibility criteria that must be met? If so, please explain.

#### 6) MHSa General Standards

Using specific examples, briefly describe how your INN Project reflects and is consistent with all potentially applicable MHSa General Standards set forth in Title 9 California Code of Regulations, Section 3320. (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standard could not apply to your INN Project, please explain why.

- a) Community Collaboration
- b) Cultural Competency
- c) Client-Driven
- d) Family-Driven
- e) Wellness, Recovery, and Resilience-Focused
- f) Integrated Service Experience for Clients and Families

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### II. Additional Information for Regulatory Requirements (continued)

#### 7) Continuity of Care for Individuals with Serious Mental Illness

Will individuals with serious mental illness receive services from the proposed project?

If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.

#### 8) INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement.

a) Explain how you plan to ensure that the Project evaluation is **culturally competent**.

*Note: this is not a required element of the initial INN Project Plan description but is a mandatory component of the INN Final Report. We therefore advise considering a strategy for cultural competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.*

b) Explain how you plan to ensure **meaningful stakeholder participation** in the evaluation.

*Note that the mere involvement of participants and/or stakeholders as participants (e.g. participants of the interview, focus group, or survey component of an evaluation) is not sufficient. Participants and/or stakeholders must contribute in some meaningful way to project evaluation, such as evaluation planning, implementation and analysis. Examples of stakeholder involvement include hiring peer/client evaluation support staff, or convening an evaluation advisory group composed of diverse community members that weighs in at different stages of the evaluation.*

### II. Additional Information for Regulatory Requirements (continued)

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

Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion. For example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next steps?

#### 10) Communication and Dissemination Plan

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

- a) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties?
- b) How will program participants or other stakeholders be involved in communication efforts?
- c) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

#### 11) Timeline

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- a) Specify the total timeframe (duration) of the INN Project: \_\_\_\_ Years \_\_\_\_ Months
- b) Specify the expected start date and end date of your INN Project: \_\_\_\_ Start Date \_\_\_\_ End Date  
*Note: Please allow processing time for approval following official submission of the INN Project Description.*
- c) Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for
  - i. Development and refinement of the new or changed approach;
  - ii. Evaluation of the INN Project;
  - iii. Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project;
  - iv. Communication of results and lessons learned.

## II. Additional Information for Regulatory Requirements (continued)

### 12) INN Project Budget and Source of Expenditures

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

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

### A. Budget Narrative:

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "\$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total \$15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time..."). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

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| <b>B. New Innovative Project Budget By FISCAL YEAR (FY)*</b>                    |                           |                |                |                |                |                |              |
|---|---------------------------|----------------|----------------|----------------|----------------|----------------|--------------|
| <b>EXPENDITURES</b>   |                           |                |                |                |                |                |              |
| <b>PERSONNEL COSTs (salaries, wages, benefits)</b>                              |                           | <b>FY xxxx</b> | <b>Total</b> |
| 1.  | Salaries                  |                |                |                |                |                |              |
| 2.  | Direct Costs              |                |                |                |                |                |              |
| 3.  | Indirect Costs            |                |                |                |                |                |              |
| 4.  | Total Personnel Costs     |                |                |                |                |                |              |
| <b>OPERATING COSTs</b>  |                           | <b>FY xxxx</b> | <b>Total</b> |
| 5.  | Direct Costs              |                |                |                |                |                |              |
| 6.  | Indirect Costs            |                |                |                |                |                |              |
| 7.  | Total Operating Costs     |                |                |                |                |                |              |
| <b>NON RECURRING COSTS (equipment, technology)</b>                              |                           | <b>FY xxxx</b> | <b>Total</b> |
| 8.  |                           |                |                |                |                |                |              |
| 9.  |                           |                |                |                |                |                |              |
| 10.   | Total Non-recurring costs |                |                |                |                |                |              |
| <b>CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)</b> |                           | <b>FY xxxx</b> | <b>Total</b> |
| 11.   | Direct Costs              |                |                |                |                |                |              |
| 12.   | Indirect Costs            |                |                |                |                |                |              |
| 13.   | Total Consultant Costs    |                |                |                |                |                |              |
| <b>OTHER EXPENDITURES (please explain in budget narrative)</b>                  |                           | <b>FY xxxx</b> | <b>Total</b> |
| 14.   |                           |                |                |                |                |                |              |
| 15.   |                           |                |                |                |                |                |              |
| 16.   | Total Other expenditures  |                |                |                |                |                |              |
| <b>BUDGET TOTALS</b>  |                           |                |                |                |                |                |              |
| Personnel (line 1)  |                           |                |                |                |                |                |              |
| Direct Costs (add lines 2, 5 and 11 from above)                                 |                           |                |                |                |                |                |              |

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|   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Indirect Costs (add lines 3, 6 and 12 from above) |  |  |  |  |  |  |
| Non-recurring costs (line 10)                     |  |  |  |  |  |  |
| Other Expenditures (line 16)                      |  |  |  |  |  |  |
| <b>TOTAL INNOVATION BUDGET</b>                    |  |  |  |  |  |  |

\*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

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| <b>C. Expenditures By Funding Source and FISCAL YEAR (FY)</b> |  |                |                |                |                |                |              |
|---|--|----------------|----------------|----------------|----------------|----------------|--------------|
| <b>Administration:</b>  |  |                |                |                |                |                |              |
| <b>A.</b>   | <b>Estimated total mental health expenditures <u>for ADMINISTRATION</u> for the entire duration of this INN Project by FY &amp; the following funding sources:</b>             | <b>FY xxxx</b> | <b>Total</b> |
| 1.  | Innovative MHSA Funds  |                |                |                |                |                |              |
| 2.  | Federal Financial Participation  |                |                |                |                |                |              |
| 3.  | 1991 Realignment   |                |                |                |                |                |              |
| 4.  | Behavioral Health Subaccount   |                |                |                |                |                |              |
| 5.  | Other funding*   |                |                |                |                |                |              |
| <b>6.</b>   | <b>Total Proposed Administration</b>   |                |                |                |                |                |              |
| <b>Evaluation:</b>  |  |                |                |                |                |                |              |
| <b>B.</b>   | <b>Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY &amp; the following funding sources:</b>                 | <b>FY xxxx</b> | <b>Total</b> |
| 1.  | Innovative MHSA Funds  |                |                |                |                |                |              |
| 2.  | Federal Financial Participation  |                |                |                |                |                |              |
| 3.  | 1991 Realignment   |                |                |                |                |                |              |
| 4.  | Behavioral Health Subaccount   |                |                |                |                |                |              |
| 5.  | Other funding*   |                |                |                |                |                |              |
| <b>6.</b>   | <b>Total Proposed Evaluation</b>   |                |                |                |                |                |              |
| <b>TOTAL:</b>   |  |                |                |                |                |                |              |
| <b>C.</b>   | <b>Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY &amp; the following funding sources:</b> | <b>FY xxxx</b> | <b>Total</b> |
| 1.  | Innovative MHSA Funds  |                |                |                |                |                |              |
| 2.  | Federal Financial Participation  |                |                |                |                |                |              |
| 3.  | 1991 Realignment   |                |                |                |                |                |              |
| 4.  | Behavioral Health Subaccount   |                |                |                |                |                |              |
| 5.  | Other funding*   |                |                |                |                |                |              |
| <b>6.</b>   | <b>Total Proposed Expenditures</b>   |                |                |                |                |                |              |
|   |  |                |                |                |                |                |              |
| *If "Other funding" is included, please explain.              |  |                |                |                |                |                |              |