INNOVATIVE PROJECT PLAN
RECOMMENDED TEMPLATE

COMPLETE APPLICATION CHECKLIST
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:
☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors. *(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)*
☐ Local Mental Health Board approval Approval Date: March 30, 2020
☐ Completed 30 day public comment period Comment Period: February 28, 2020
☐ BOS approval date Approval Date: _____ If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: April 7, 2020 *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*
Desired Presentation Date for Commission: May 28, 2020 ***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***

County Name: Ventura County

Date submitted: 2/28/2020

Project Title: FSP Multi-Platform Data Exchange

Total amount requested: $ 2,011,116

Duration of project: July 1, 2020 – June 30, 2024

Purpose of Document: The purpose of this template is to assist County staff in preparing materials that will introduce the purpose, need, design, implementation plan, evaluation plan, and sustainability plan of an Innovation Project proposal to key stakeholders. *This document is a technical assistance tool that is recommended, not required.*

Innovation Project Defined: As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as 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". As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- ☒ Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- ☐ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☐ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- ☐ Increases access to mental health services to underserved groups
- ☒ Increases the quality of mental health services, including measured outcomes
- ☒ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- ☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

Acronyms
DCR-Data Collection and Reporting
ED-Emergency Department
EHR-Electronic Health Record
FSP-Full Services Partnership
HCA-Health Care Agency
HIE-Health Information Exchange
HMIS-Homeless Management and Information System
HSA-Human Services Agency
RISE-Rapid Integrated Support and Engagement
SMI-Seriously Mentally Ill
VCBH-Ventura County Behavioral Health
VCSO-Ventura County Sheriff's Office
WPC-Whole Person Care

PRIMARY PROBLEM

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. 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.

FSP individuals are considered some of the county's most vulnerable population. The highest risk and highest need clients and they are often put in the position of reporting on their own service outcomes, retelling their story over and over to the professional stranger. They must also continually advocate for themselves even when they are being placed in environments where they have little to no control. Family members encounter the same level of difficulty advocating when their loved one has been hospitalized or incarcerated. What good is a crisis plan or an advanced mental health

directive, if the jail or emergency services cannot access that information? In addition, the unfair burden that systems place on our SMI population, to advocate for themselves in the midst of high stress situation, demonstrates the critical need to improve the overall ability to communicate within systems.

Ventura County has several programs operating separately in three of its primary agencies that focus on high need individuals. VCBH has RISE outreach and engagement services, the Sheriff's Office has homeless services officers, and HCA has the WPC program. Often these services are working together on the ground with overlapping clients and overlapping services, and then reporting client data and outcomes in completely isolated systems.

Through the Triage Grant from the MHSOAC the County developed RISE which continues to innovate and provide a very flexible outreach model. The RISE team does a good job of reaching out and connecting the hard to serve, however they are only as good as the information they have to work with. Physical health is in a similar situation with their backpack medicine program and shower pods, through WPC, in that they can treat people in places such as the river bottom or city park. Again, they can only provide these services if they know who needs them and where to provide them. Ongoing efforts to try and integrate as much as possible is a continued focus of discussion across the county. Too often RISE outreach workers are notified of a discharge after the fact, or a referral is made for homeless services and the person is no longer at the place they were last seen, or have been arrested by the time team members have gone out into the field. Law Enforcement often spends hours tied up on 5150 applications in our Emergency Departments or following up on calls that would be better answered by behavioral health personnel.

All of these services spend time and energy with our mentally ill homeless. Roughly 10-15 percent of the County's Behavioral Health population are homeless living outdoors or in a place not suitable for human habitation. The process of documenting that experience in our HMIS requires extensive documentation to serve as proof before becoming eligible for certain types of housing. If the county could combine efforts in a more systematic way, the most at risk individuals in our FSP programs would benefit greatly through improved services and reduced recidivism.

PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, 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) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

The County will work across agencies to develop a web of shared data streams so VCBH can serve and report on FSP clients across law enforcement encounters, hospital stays, health care services, and homeless services systems, to improve the quality of mental health services. This would allow our care managers to know if one of the 1500-2000 FSP partners have been incarcerated, hospitalized, or if they are eligible or in need of homeless services. The project will aide in collecting the needed data to reduce recidivism and is considered a complement to the proposed Innovations Incubator Multi-County FSP project.

Uniting these data systems is a complicated proposal that has already consisted of several months of meetings between organizations. Each agency has a different data system that must be bridged bidirectional, in as close to real time as possible. The EHR systems used by Behavioral Health, Primary Health, and ED services will need additional overlay software as EHRs are so rigid in their purpose. In addition to the technical capabilities there are legal ones, patient agreements for permissions on sharing must be created as well. In this endeavor, Ventura is looking to utilize models from Los Angeles County and other counties who already have approved data sharing agreements. The hope being that the use of other county examples can help to ease this time intensive process of research for our county counsel. Simultaneously, HCA is working on a separate endeavor to expand the number of county hospitals currently operating in their developing Health Information Exchange. The HIE would allow emergency room information exchange from private hospitals to be collected though a software platform called Manifest. This component would dramatically improve care coordination vital for FSP clients who are homeless or do not live near the county ED, but still use their services. The end result of these complex efforts would be a more nimble and comprehensive service coordination and valid data reporting for FSP performance outcome measures.

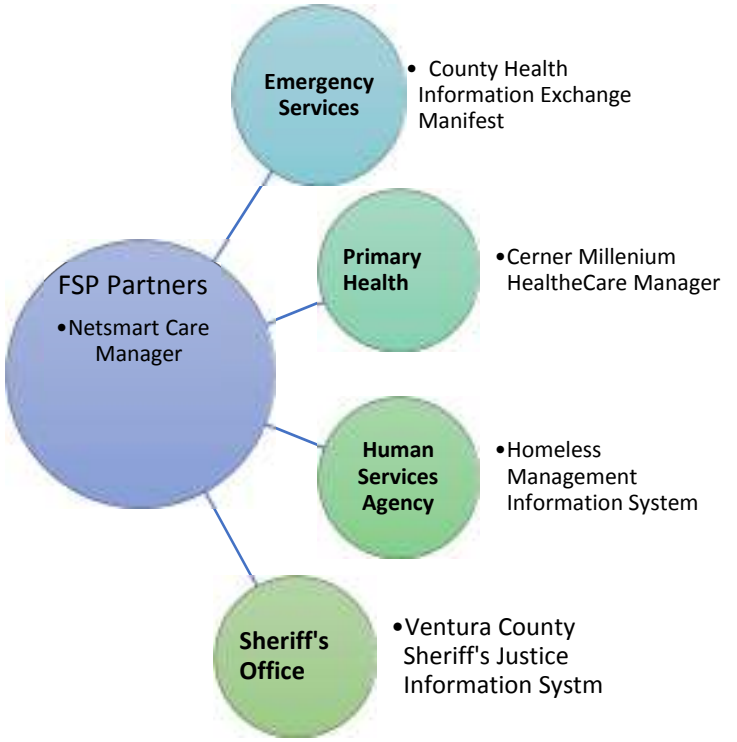
Overall Purpose and Goals:

1. Report valid FSP program data by gathering directly from partner agency's systems
2. Share important health and mental health information with relevant audiences across systems
3. Improve services through closer care coordination across systems

Throughout the three years an interagency workgroup will meet to finalize which data elements are to be shared with which agencies and establish norms for care collaboration workflows. The members of this work group will fill out the collaboration survey initially and annually and be responsible for sharing information at their agencies as technical bridges are built, policies are created, and enrollment is launched. The group will meet quarterly in year one and Behavioral Health department members will meet more frequently for department decision making. The evaluation will take place though our Quality Management Team and one member of this team will attend all the above meetings and administer the collaboration survey.

Potential Data Elements to be shared as necessary across systems:

ID
Demographics
Date of birth
Language preference
Gender
Spouse
Children
Power of attorney
Guardianship status
Current primary care provider
Medications (with prescriber)
Adverse drug reactions
Medical history
Previously prescribed ineffective meds
Pervious admissions w/dates
Emergency contact
Current problem list
Crisis plan/Mental health directive
Foster children
Incarcerated dates / treatment regimen
Discharge Instructions
Diagnosis
Competency issues
Advance directives
Misuse drug use risk
Substance abuse treatment provider
Test results (urine etc.)



EKG
Link to lab data
Vitals to document weight gain etc.
Status of data sharing permissions
Framework for ongoing coordination among providers
Court orders
TB test date and results

RESEARCH ON INN COMPONENT

A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

Through a research review, we found examples of behavioral health information exchange platforms and single agency sharing. In 2011 seven states attempted to address legal and technical barriers to the exchange of behavioral health data between physical health and behavioral health care providers, among organizations, and to execute successful pilot exchanges using the solutions developed. The project was funded by Office of National Coordinator for Health IT. In the end only 2 of the states were able to achieve this objective according to the 2014 summation report.

However a number of lessons learned can help VCBH build on the previous work in this multifaceted area.

There are plenty of examples of successful partnerships that demonstrate the various ways that client privacy and permission can be address and achieved to share physical and mental health information. Similarly there are several examples of information exchanges with behavioral health and law enforcement including and Innovation Incubator project that is in the works in California. The unique approach that Ventura is proposing is to unite Behavioral, Physical, Emergency, Homeless, and Law Enforcement Services though a live and actionable data use model.

After researching the many examples of the lessons learned in the various versions of data exchanges, the County found use in the SAMHSA website. SAMHSA has several resources dedicated to advancing behavioral health information exchanges. One document in particular provided by Maine helped VCBH to develop its data element sharing document. The County used this tool to expand the agencies that could be included with the VCSO and homeless services. The County has worked to find best practices of what is already working to craft a unique plan for the FSP data exchange proposal.

LEARNING GOALS/PROJECT AIMS

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

Learning Goals:

1. Can the proposed data systems be integrated to share information in an actionable way?
2. Are Community Partners (HCS, HSA, and VCSO) better able to coordinate care with behavioral health?
3. Are FSP partners more satisfied with services as a result of interagency data integration?
4. Long Term Goal: does the integration of data reduce costs across agencies?

Research Question	Indicators	Measure Being Considered
1. Can the proposed data systems be integrated to share information in an actionable way?	• Multi-agency action items can be created in Care Manager system • Rate at which action items are completed in Care Manager	• Completed action items measured in Care Manager system • Improvement in FSP measures collected by the state in the DHR Rate of completion

2. Are Community Partners (HCA, HSA, and Sheriff's Office) better able to coordinate care with behavioral health?	• Satisfaction in interagency partnership to put clients' needs first through the shared data exchange tools	• Modified version of 16 item IPEC Competency Self-Assessment Tool VERSION 3 (July 2015)
3. Are FSP partners more satisfied with services as a result of interagency data integration?	• Improvement in Treatment Perception Survey results.	• Treatment Perception Survey Adult and Youth and Family versions
4. Long Term Goal: does the integration of data reduce costs across agencies?	• Lower department expenditures as a result of: – Reduction of duplicate services – Reduction of hospitalization – Reduction of incarceration – Reduction in days homeless – Reduction in Removal from home and Days out of School	• Expenditure repots • Recidivism measures validated though data partnership

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. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

Learning Goal 1: Can the proposed data systems be integrated to share information in an actionable way?
The result of the four way information bridging would be agreement of clinical decision support tools, purpose, and care workflows. All of which can be built into the Care Manager software. The four data sources would be refreshed every morning and the workflows would trigger alerts and create tasks. For example if a person is hospitalized, data can be turned into two tasks: one for the clinician to create a key event note and one as an assignment to send our Peer Recovery Coach over to the inpatient unit to check in on the client. If Law Enforcement was involved they could send notification prior to hospitalization to our outreach and recovery team. These alerts, tasks, and their completion rates can be used to determine if data has been integrated from the various platforms in a timely way and completed by staff, resulting in better FSP DCR data and a clearer picture of the FSP outcome measures.

Learning Goal 2: Are Community Partners (HCA, HSA, and Sheriff's Office) better able to coordinate care with behavioral health?

A short survey will be deployed to the interagency workgroup at initiation and annually thereafter. The measure under consideration at the moment is a modified version of 16 item IPEC Competency Self-Assessment Tool VERSION 3. This survey is straight forward and focuses primarily on interpersonal interactions, rather than on concrete activities and accomplishments of partnering organizations. The technology bridging will be a concrete deliverable, however the resulting improvement in coordinating care while accessing relevant information to better serve our FSP partners will be the real test of a successful integration.

Learning Goal 3: Are FSP partners more satisfied with services as a result of interagency data integration?
The Treatment Perception Survey (TPS) has two versions one for youth and family and one for adults in treatment. The survey is administered to all clients annually and at discharge. This project proposes to pull just the FSP enrollees over the next three years and compare the results to FY 19/20. TPS is a 14 item survey for adults and an 18 item survey for youth and family. Both surveys ask about satisfaction, cultural competence, ease of enrollment, accessibility to their clinicians, and coordination with outside agencies. All components would be relevant to the goal of an improved experience for our FSP partners as a result of this project.

Learning Goal 4: Long Term Goal: does the integration of data reduce costs across agencies?
The theory is that each of these departments has programs and staff that are aimed at serving the highest need and highest risk users of the various systems. With data exchange happening and in real time, the coordination of these programs can improve in the following ways: reducing duplicate services, reduction in recidivism, and improving on service gaps. If this theory is proven there should be a reduction in department costs as a result of reduced recidivism. Recidivism measures would be validated though data partnership and analytics utilized to demonstrate improvements. Cost reports would be used from these departments for comparison year over year to determine cost savings in year three.

Section 3: Additional Information for Regulatory Requirements

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?

Contracts will be drafted for each project component complete with goals, objectives, and deliverables. Contracted entities would include Netsmart, who provides Avatar and the Care Manager products, SAS, the contracted provider for the VCIJIS database platform, and HCA to bridge into their Cerner EHR and HIE exchange. An MOU will be drafted and agreed upon for the HCA, VSCO, and HSA to work together on project goals, reporting, and meeting schedules. HCA will contract directly with Cerner.

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.

The community planning process for this project has been in the works for the past two years. The idea resulted from a county wide community needs assessment. The ongoing planning process has helped to determine where to focus resources in order to meet the needs of our highest risk county residents. Many of the findings from the process could be achieved by improving outreach and services to highest system utilizers. Additional support and urgency have bolstered these efforts since the final report from our county wide Mental Health and Safety Task Force Report was released and had several recommendations that align with this projects objectives.

The community planning process includes participation from the Board of Supervisors, Behavioral Health Advisory Board, providers, and community members. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future meetings. The project was shared in the following Behavioral Health Advisory Board subcommittee meetings as a part of the 3 year plan update process in the section of proposed use of Innovation funds:

- Adult Committee on Thursday, November 7, 2019
- Executive Meeting on Tuesday, November 12, 2019
- Prevention Committee on Tuesday, November 12, 2019
- Youth & Family Committee on Wednesday, November 13, 2019
- TAY Committee on Thursday, November 21, 2019
- General Meeting on Monday, November 18, 2019
- Community Input Session January 15, 2020
- Community Input Session January 21, 2020
- Community Input Session January 23, 2020

A more detailed plan proposal will be publically posted for a 30-day comment period beginning on February 28th 2020. The Behavioral Health Advisory Board will hold a public hearing on the proposed plan March 30th 2020. The plan will be revised based on any substantive feedback received, after which it is scheduled to go before the Ventura County Board of Supervisors for review and final approval April 7th 2020.

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as 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 standards could not be applied to your INN Project, please explain why.

A) Community Collaboration - The proposal was introduced to the community though it's robust Community Program Planning Process. VCBH works closely with a variety of CBOs, hospitals, and partner agencies to draft and submit this plan. It will continue these discussions in order to implement the plan according to this proposal.

B) Cultural Competency - VCBH has implemented a few strategies to make sure all of its services including FSP program are culturally competent. Expansion of its Logrando Bienestar Program allows bilingual bicultural staff to outreach and provide a warm handoff for our threshold population living in underserved areas into clinic services. A bilingual peer has been hired to work in the Oxnard Open drop in admission clinic. This position works with individuals who have dropped out of or are new to services and assists with intake paperwork. Many of these individuals have been recently discharged from hospitalization, CSUs, or incarceration. Additional strategies have been employed to review and respond to these efforts for improvement and are outlined in the evaluation section.

C) Client-Driven - Clients would finally be in the driver's seat, able to share across multiple agencies information such as a MH advance care directive, or which prescription meds have they tried in the past that didn't work, or make sure that anytime they are discharged or admitted into the hospital or incarceration their treatment won't be interrupted.

D) Family-Driven – Family members and loved ones could share conservatorship or emergency contact information across platforms in addition to what is listed in section C.

E) Wellness, Recovery, and Resilience-Focused -The information exchange would help eliminate unnecessary services, testing, or trials of medication that haven't worked. Multiple agencies would be working off of the same service plan, aware of when and where a client needs assistance.

F) Integrated Service Experience for Clients and Families - The proposal is to integrate the service experience for our FSP partners and their families across four of our largest agencies.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

The program proposes to put the control in the hands of our FSP partners. They will be the ones to decide who sees their information, reducing anxiety and the need to retell their story multiple times to multiple people. Additionally, VCBH has expanded its Logrando Bienestar program which provides culturally competent outreach services and case management for our threshold populations as they enter the Behavioral Health system. A component of the EHR Avatar improvement is an additional nuance in the follow up and services provided prior to these communities being fully enrolled in a clinic. The Cultural Equity Advisory Committee and Quality Management Action Committee will be reviewing this data on an ongoing basis to understand what works best, what common barriers are and how to adjust the system to overcome those hurdles.

This past year, VCBH has incorporated the Treatment Perception Survey system wide for youth and adults. In this survey (attached in addendum) FSP partners are asked about their services experience including satisfaction across substance abuse services, physical health services, and cultural sensitivity. This survey will be a part of the data used to evaluate the integration and coordination of services.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion.

VCBH is prepared to support the ongoing licensing costs in future years.

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 upon project completion.

The program will support a systems change to integrate four agencies working with overlapping high risk, high need populations. The technology should allow for greater continuity of care that is so often described by each agency. The desire to integrate has long been the goal but, with each data source living as its own island, that goal has usually been delayed and spotty in execution. The goal here would be to finally bridge those sources to better serve our clients and lighten the burden for them in seeking services.

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? How will program participants or other stakeholders be involved in communication efforts?

Quarterly reports will be collected from contracted agencies and a FSP workgroup will be meeting and reporting out. Annual updates will include a program data summary and annual reporting measures. A final report will conclude the effort. All reports will be distributed throughout our Community Program Planning Process.

B) 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.

Full services Partnership, Coordinated Care, Data Integration

TIMELINE

A) Specify the expected start date and end date of your INN Project

July 1 2020 – June 30, 2023

B) Specify the total timeframe (duration) of the INN Project

Three years

C) Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

Year	Objectives	Outcome Deliverable
1	1. Evaluate feasibility for interoperability to achieve long-term goals. 2. Invest in data sharing platform for foundation building. Plan strategy for health information exchange and purchase product/subscription(s). 3. Establish interagency work group 4. Investigate flexible data sharing client permission across agencies. 5. Build emerging/high risk algorithms to inform interventions to reduce negative outcomes (homelessness, incarceration, hospitalizations).	1. Feasibility study for areas of data sharing, clinical decision support tools, care management platforms, including HIE. 2. Health Registry incorporating key MH and physical health data from HCA safety net hospitals (VCMC and Santa Paula Hospital), Managed Medi-Cal labs, prescriptions, and claims, 3. Workgroup to meet quarterly in year 1 4. Permission finalized for enrollment and ready for agency county councils to review. 5. Demonstrated reporting capability for key FSP outcomes: homelessness, incarceration, and hospitalizations

2	1. Deploy risk algorithms to reduce negative outcomes. 2. Deploy Electronic Health Record clinical decision support tools [e.g. alerts] to improve coordination of care and timely intervention. 3. Evaluate linkage between physical and mental health care management solutions and law enforcement capability and determine tool(s) and formats for interoperability.	1. Demonstrated registry tool drawing from all available data sources. 2. Identification of all limitations on data sharing and plan for future development. 3. Demonstration of clinical decision support tools, purpose, and care workflows. 4. Demonstrated reporting to include key physical health components as well as FSP outcomes.
3	1. Deploy interoperability framework for physical and mental health information systems to fully implement long-term goal. 2. Deploy interoperability framework for sheriffs and mental health information systems to fully implement long-term goal. 3. Refine data sharing mechanisms and timing for optimal care, treatment, and services.	1. Innovative model for data sharing, clinical decision support tools, care management platforms, including HIE, for FSP population. 2. Care model for concurrent FSP and Enhanced Care Management (ECM) services that eliminate duplication of like services. 3. Statistically significant reduction in hospitalizations for mental health issues in FSP population.

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSA 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 MHSA funds are being leveraged with other funding sources)

BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project.

PERSONNEL COSTS

1 Program Administrator III - Hired to build Care Manager Software platform set up needed information alerts for FSP clients, manage information bridges to other providers and agencies, and work to build analytics within Avatar and Care Manager. Responsible for attending quarterly interagency meetings and clarifying system needs to meet program end goals.
Time to Project: 30-36 months -100% FTE; Annual Salary = $99,632 3% increase per year worked

Benefits- 47.00%

CONSULTANT COSTS / CONTRACTS

SAS – Developer creating data pool for the VCIJIS and the Information Bridge and live alerts back to Care Manager Software. BH/NetSmart will produce an extract from your BH system containing client identification and other information relevant to alerts desired and transmit it via some form of file transfer into the Sheriff's environment. SAS software will extract the file and will update it on a periodic basis (daily) BH will provide SAS with the business rules required to specify when an alert should be triggered. SAS software will generate an email back to BH identifying the alert and containing relevant information that is available in the BH or VCJIS data; SAS software will ensure that the same alert is not re-generated every time the data is refreshed.
Total=$325,000 onetime payment

MOU with Health Care Agency-Cerner - HealtheAnalytics Cost and Utlization Deployment, Cerner Data Acquisition/EMR Setup, Cerner HealtheCare Deployment, Cerner HealtheRegistries Deployment, Cerner Population Health Services (CCL Assessment), Information Technology Development, overall project costs for analysis and design services, build, project management, quarterly meetings to coordinate services deliver and workflow, privacy permission agreement, quarterly reports written to update project goals outlined in project timeline and project outcomes.
Total= $ 572,106 onetime payment

Contracted Services – Netsmart

Care Manager Software build customized for BH client management and services (2000 clients). Data connections or bridges to 4 systems 2 standard HL7 systems and 2 non-standard systems (Cerner Millennium HeltheCare, Cerner Manifest, VCIJIS, HSA or HMIS,)
Total= $ 399,000 over three years

OTHER EXPENDITURES

Indirect Administration Overhead Costs- 15% of Annual Operating Expenses
Included in this overhead is the Innovations Program Administrator and MHSA Quality Management Administrator responsible for the project evaluation.

TOTAL INNOVATION BUDGET= $ 2,011,116

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	**FY 20-21**	**FY 21-22**	**FY 22-23**	**FY xx/xx**	**FY xx/xx**	**TOTAL**
1.	Salaries	**$146,459**	**$150,853**	**$155,379**			**$452,691**
2.	Direct Costs						
3.	Indirect Costs						
4.	**Total Personnel Costs**	**$146,459**	**$150,853**	**$155,379**			**$452,691**
	OPERATING COSTS*						
5.	Direct Costs						
6.	Indirect Costs						
7.	**Total Operating Costs**						**$**
	NON-RECURRING COSTS (equipment, technology)						
8.							
9.							
10.	**Total non-recurring costs**						**$**
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)						
11.	Direct Costs	**$1,152,106**	**$72,000**	**$72,000**			**$1,296,106**
12.	Indirect Costs						
13.	**Total Consultant Costs**	**$1,152,106**	**$72,000**	**$72,000**			**$1,296,106**
	OTHER EXPENDITURES (please explain in budget narrative)						
14.	**Indirect Expense**	**$194,785**	**$33,428**	**$34,107**			**$262,320**
15.							
16.	**Total Other Expenditures**	**$194,785**	**$33,428**	**$34,107**			**$262,320**
	BUDGET TOTALS	**$1,493,350**	**$256,281**	**$261,486**			**$2,011,117**
	Personnel (total of line 1)	**$146,459**	**$150,853**	**$155,379**			**$452,691**
	Direct Costs (add lines 2, 5, and 11 from above)	**$1,152,106**	**$72,000**	**$72,000**			**$1,296,106**
	Indirect Costs (add lines 3, 6, and 12 from above)						**$**
	Non-recurring costs (total of line 10)						**$**
	Other Expenditures (total of line 16)	**$194,785**	**$33,428**	**$34,107**			**$262,320**
	TOTAL INNOVATION BUDGET	**$1,493,350**	**$256,281**	**$261,486**			**$2,011,117**

*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.

BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
A.	**Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY & the following funding sources:**	**FY 20-21**	**FY 21-22**	**FY 22-23**	**FY xx/xx**	**FY xx/xx**	**TOTAL**
1.	Innovative MHSA Funds	**$1,493,350**	**$256,281**	**$261,486**			**$2,011,117**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	**Total Proposed Administration**	**$1,493,350**	**$256,281**	**$261,486**			**$2,011,117**
EVALUATION:							
B.	**Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:**	**FY 20-21**	**FY 21-22**	**FY 22-23**	**FY xx/xx**	**FY xx/xx**	**TOTAL**
1.	Innovative MHSA Funds						
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	**Total Proposed Evaluation**						**$**
TOTALS:							
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 20-21**	**FY 21-22**	**FY 22-23**	**FY xx/xx**	**FY xx/xx**	**TOTAL**
1.	Innovative MHSA Funds*	**$1,493,350**	**$256,281**	**$261,486**			**$2,011,117**
2.	Federal Financial Participation						**$**
3.	1991 Realignment						**$**
4.	Behavioral Health Subaccount						**$**
5.	Other funding**						**$**
6.	**Total Proposed Expenditures**						**$**
		$1,493,350	**$256,281**	**$261,486**			**$2,011,117**

*** INN MHSA funds reflected in total of line C1 should equal the INN amount County is requesting**
**** If "other funding" is included, please explain within budget narrative.**

References

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SAMHSA Website: https://www.integration.samhsa.gov/operations-administration/hie

Appendices
Survey Examples

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

TREATMENT PERCEPTION SURVEY (YOUTH & FAMILY)

Administrative Use Only	
Client ID:	
Point of Administration:	○ Annual ○ Discharge
Declined Survey	○ Yes ○ No
Completion Method:	○ Self-Report ○ Staff-Assisted
Completed By:	○ Youth ○ Parent/Caregiver
Date of Administration (MM/DD/YYYY):	

INSTRUCTIONS:

1. Please answer these questions about your experience at this program.
2. If the question is about something you have not experienced, fill in the circle for **"Not Applicable."**
3. Please use a *pen*, fill in the circle completely, and choose only one answer for each question.

● Correct ⊘ ⊗ ● Incorrect	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. The location of services was convenient for me.	○	○	○	○	○	○
2. Services were available at times that were convenient for me.	○	○	○	○	○	○
3. I had a good experience enrolling in treatment.	○	○	○	○	○	○
4. My counselor and I worked on treatment goals together.	○	○	○	○	○	○
5. I received services that were right for me.	○	○	○	○	○	○
6. Staff treated me with respect.	○	○	○	○	○	○
7. I feel my counselor took the time to listen to what I had to say.	○	○	○	○	○	○
8. I developed a positive, trusting relationship with my counselor.	○	○	○	○	○	○
9. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.).	○	○	○	○	○	○
10. I feel my counselor was sincerely interested in me and understood me.	○	○	○	○	○	○
11. I liked my counselor.	○	○	○	○	○	○
12. My counselor is capable of helping me.	○	○	○	○	○	○
13. Staff here make sure that my health and emotional health needs are being met (physical exams, depressed mood, etc.)	○	○	○	○	○	○
14. Staff here helped me with other issues and concerns I had related to legal/probation, family and educational systems.	○	○	○	○	○	○
15. My counselor provided necessary services for my family.	○	○	○	○	○	○
16. As a result of the services I received, I am better able to do things I want to do.	○	○	○	○	○	○
17. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
18. I would recommend the services to a friend who is in need of similar help.	○	○	○	○	○	○
Let us know your comments. What was more helpful about this program? What would you change about this program?						

MHSOAC
Mental Health Services
Oversight & Accountability Commission

VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

TREATMENT PERCEPTION SURVEY (ADULT)

Administrative Use Only	
Client ID:	
Point of Administration:	◯ Annual ◯ Discharge
Completion Method:	◯ Self-Report ◯ Staff-Assisted
Date of Administration (MM/DD/YYYY):	

INSTRUCTIONS:

1. Please answer these questions about your experience at this program.
2. If the question is about something you have not experienced, fill in the circle for **"Not Applicable."**
3. Please use a *pen*, fill in the circle completely, and choose only one answer for each question.

● Correct ⊘ ⊗ ● Incorrect	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. The location was convenient (public transportation, distance, parking, etc.).	◯	◯	◯	◯	◯	◯
2. Services were available when I needed them.	◯	◯	◯	◯	◯	◯
3. I chose the treatment goals with my provider's help.	◯	◯	◯	◯	◯	◯
4. Staff gave me enough time in my treatment sessions.	◯	◯	◯	◯	◯	◯
5. Staff treated me with respect.	◯	◯	◯	◯	◯	◯
6. Staff spoke to me in a way I understood.	◯	◯	◯	◯	◯	◯
7. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.).	◯	◯	◯	◯	◯	◯
8. Staff here work with my physical health care providers to support my wellness.	◯	◯	◯	◯	◯	◯
9. Staff here work with my substance abuse treatment providers to support my wellness.	◯	◯	◯	◯	◯	◯
10. As a direct result of the services I am receiving, I am better able to do things that I want to do.	◯	◯	◯	◯	◯	◯
11. I felt welcomed here.	◯	◯	◯	◯	◯	◯
12. Overall, I am satisfied with the services I received.	◯	◯	◯	◯	◯	◯
13. I was able to get all of the help/services that I needed.	◯	◯	◯	◯	◯	◯
14. I would recommend this agency to a friend or family member.	◯	◯	◯	◯	◯	◯

Comments:

Thank you for taking the time to answer these questions!

IPEC Competency Self-Assessment Tool
VERSION 3 (July 2015)

INSTRUCTIONS: Based on your education or experience in the health care environment, select/circle the number that corresponds with your level of agreement or disagreement on each item.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. I am able to choose communication tools and techniques that facilitate effective team interactions.	1	2	3	4	5
2. I am able to place the interests of patients at the center of interprofessional health care delivery.	1	2	3	4	5
3. I am able to engage other health professionals in shared problem-solving appropriate to the specific care situation.	1	2	3	4	5
4. I am able to respect the privacy of patients while maintaining confidentiality in the delivery of team-based care.	1	2	3	4	5
5. I am able to inform care decisions by integrating the knowledge and experience of other professions appropriate to the clinical situation.	1	2	3	4	5
6. I am able to embrace the diversity that characterizes the health care team.	1	2	3	4	5
7. I am able to apply leadership practices that support effective collaborative practice.	1	2	3	4	5
8. I am able to respect the cultures and values of other health professions.	1	2	3	4	5
9. I am able to engage other health professionals to constructively manage disagreements about patient care.	1	2	3	4	5
10. I am able to develop a trusting relationship with other team members.	1	2	3	4	5
11. I am able to use strategies that improve the effectiveness of interprofessional teamwork and team-based care.	1	2	3	4	5
12. I am able to demonstrate high standards of ethical conduct in my contributions to team-based care.	1	2	3	4	5
13. I am able to use available evidence to inform effective teamwork and team-based practices.	1	2	3	4	5
14. I am able to act with honesty and integrity in relationships with other team members.	1	2	3	4	5
15. I am able to understand the responsibilities and expertise of other health professions.	1	2	3	4	5

16. I am able to maintain competence in my own profession appropriate to my level of training.	1	2	3	4	5