

Imperial County Behavioral Health Services



Mental Health Services Act

Innovation Project

County: Imperial County Date Submitted

INNOVATIVE PROJECT PLAN DESCRIPTION

Project Name: Holistic Outreach Prevention and Engagement (HOPE)

I. Project Overview

1) Primary Problem

Youth and Young adults ages 13-25 are among the most vulnerable and most difficult populations to engage. This underserved population, which includes homeless and LGBTQ youth, often times, have unmet mental health needs and face many challenges such as homelessness, unemployment, substance abuse, unplanned pregnancy and involvement with the legal system. Socio-economic stressors also have a negative impact in this population's mental health wellness and are a significant contributor to psychiatric emergencies. Some of the existing socio-economic stressors in Imperial County include: high poverty rates, low income employment, lack of transportation and low educational levels. Below is a table, based on 2019 data, that shows the Imperial County rates compared to the California rate:

Table 1: Imperial County's Socio-Economic Stressors

Population: 181,215	Imperial County	California
Per Capita Income	\$18,800	\$39,393
Median Household Income	\$48,472	\$80,440
Living below the Poverty line	25%	12%
Public transportation	1%	5%
No Degree/HS	28%	16%
High School Diploma	23%	21%
Some College	30%	28%
Bachelor's Degree	14%	22%
Post Grad	5%	13%

The challenges of navigating adolescence and transition to adulthood are often compounded by unmet mental health needs, which may lead to a psychiatric emergency. These psychiatric emergencies that may result in an involuntary hold (5150), or hospitalization, both of which are unfavorable outcomes.

In FY 18-19, Imperial County Behavioral Health Services (ICBHS) hospitalized 102 individuals, 30 (26%) of whom were youth and young adults between the ages of 13-25. The average length of hospitalization for this population was 10 days.

- 17 were actively receiving mental health services with ICBHS
- 13 were not receiving mental health services with ICBHS.
- 3 of the clients that were actively receiving services with ICBHS had recurrent hospitalizations.

In FY 19-20, ICBHS hospitalized 120 individuals, 21 (18%) of whom were youth and young adults between the ages of 13-25. The average length of hospitalization for this population was 14 days, which is an increase of 29% from FY 18-19.

- 10 were actively receiving mental health services with ICBHS
- 11 were not receiving mental health services with ICBHS.
- 6 of the clients that were actively receiving services with ICBHS had recurrent hospitalizations

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Even though the amount of youth and young adults hospitalized decreased in FY 19-20, it appears that their mental health conditions became more acute, as evidenced by longer hospital stays. Additionally, In FY 18-19 the majority of youth and young adults hospitalized were active clients; however, the majority of hospitalizations for FY 19-20 involved inactive clients, which underscores the need to further our efforts in engaging this population.

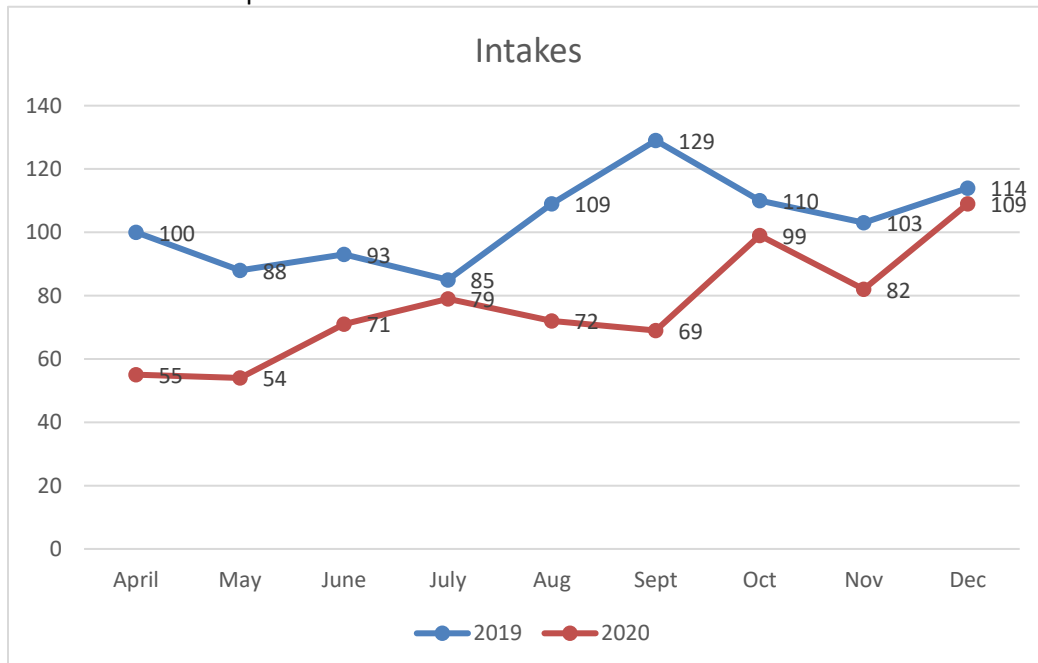
In FY 18-19, ICBHS had a total of 1049 crisis admissions (5150s) to our Mental Health Triage Unit (MHTU), 334 (32%) of these admissions were youth and young adults ages 13-25.

In FY 19-20, ICBHS had a total of 996 crisis admissions (5150s) to our MHTU, 257 (26%) of these admissions were youth and young adults ages 13-25.

Even though our data shows a decrease in crisis admissions, youth and young adults in Imperial County continue to experience mental health symptoms, which at times result in psychiatric emergencies that require interventions from our mental health staff in the outpatient clinics or community partners such as school staff or law enforcement agencies. Chief Gonzalo Gerardo from the Calexico Police department reported that the volume of calls received related to depression, anxiety and passive suicidal ideation have increased since the beginning of the COVID-19 pandemic. School staff have reported that students have expressed feeling isolated, depressed, and have become withdrawn, which has impacted their academic performance. However, our data shows a significant decrease in access to mental health services for this underserved and vulnerable population.

During the months of April through December 2019, ICBHS conducted 931 intake assessments for youth and young adults. Since the onset of the COVID-19 pandemic, referrals to ICBHS decreased significantly during the same months in 2020 totaling 690, a 26% decrease. As a result of school closures and stay-at-home orders, it became difficult for teachers, physical health care providers, and community partners to identify and refer youth and young adults who may be experiencing symptoms of a mental health condition. This has resulted in low accessibility of services and possible untreated mental illness for this vulnerable population.

Graph 1. Intake Assessments for FY 18-19 and FY 19-20



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Historically, ICBHS’s no show rates have been high for this population, averaging a 30% no show rate for the past three fiscal years for the following appointments: Initial Intake Assessment; Initial Psychiatric Assessment; Initial Nursing Assessment; and Psychotherapy appointments. The lack of consistent treatment contributes to the deterioration of their mental health, which affects their overall functioning at home, school, community, and employment, and may result in psychiatric emergencies, including crisis interventions, involuntary holds (5150), and hospitalizations. The response to these psychiatric emergencies often times involve encounters with law enforcement, which contributes to the criminalization and stigmatization of individuals with mental illness. These encounters can be traumatic to the individual, which further affects their willingness to engage in mental health services.

Table 2. ICBHS Average No Show Rate for FY 17-18 to FY 19-20

No Show Rate	FY 17/18	FY 18/19	FY 19/20	AVG
Intake	33%	33%	33%	33%
Initial Nursing Assessment (INA)	23%	25%	28%	25%
Initial Psychiatric Assessment (IPA)	31%	34%	27%	31%
Psychotherapy	29%	32%	31%	31%
AVERAGE	29%	31%	30%	30%

In an effort to minimize negative encounters with law enforcement agencies and prevent 5150 admissions, ICBHS and local Law Enforcement Agencies (LEA) implemented the Crisis Co-Response Team (CCRT) Pilot Project in November 2020. The CCRT pilot program began with LEA from the south-end of Imperial County (Calexico PD, El Centro PD and Imperial PD, including the Sheriff Department serving the south-end). Starting March 2021, the CCRT was expanded to include the north-end of Imperial County (Brawley PD, Westmorland PD, Calipatria PD, and Imperial County Sheriff Department serving the north-end). The CCRT is in operation Wednesday to Saturday from 12:00pm to 10:00pm.

The CCRT team consists of ICBHS and LEA staff responding to calls related to a psychiatric emergency. ICBHS provides crisis intervention services to adults, children and youth in the community. Staff work closely with law enforcement, conducting clinical consultations, referrals and case management services for individuals and families in an effort to avoid unnecessary placement of individuals in involuntary holds and hospitalization. This is accomplished by providing services such as a safety/risk assessment, crisis interventions, brief counseling, family collaboration, and referrals to community resources including ICBHS outpatient mental health and substance use disorder programs.

Since its implementation in November 2020, the CCRT has received 50 calls, 6 (12%) of which were for youth and young adults ages 13-25:

- 4 (67%) calls for youth and young adults met criteria for an involuntary hold (5150); however, the individuals did not require admission to our Triage unit after receiving mental health interventions.
- 2 (33%) calls for youth and young adults did not meet criteria for 5150 hold. These individuals were already active clients of ICBHS and were receiving mental health services; however, they had a history of previous crisis admissions and poor treatment compliance.

The CCRT is designed to resolve immediate concerns, ensure safety, and engage individuals into outpatient treatment services, when indicated, to prevent subsequent crises. However, enrollment of individuals not active

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in services or compliance of active clients with follow-up treatment too often does not occur following the resolution of a crisis. ICBHS makes significant efforts to engage individuals who have experienced a psychiatric emergency by guiding them through the process of making appointments and/or linking them to their treatment team for follow-up care. Despite these intensive efforts, for this particular population of youth and young adults this approach has not been effective and a new innovative approach that will reduce stigma and motivate participation is needed.

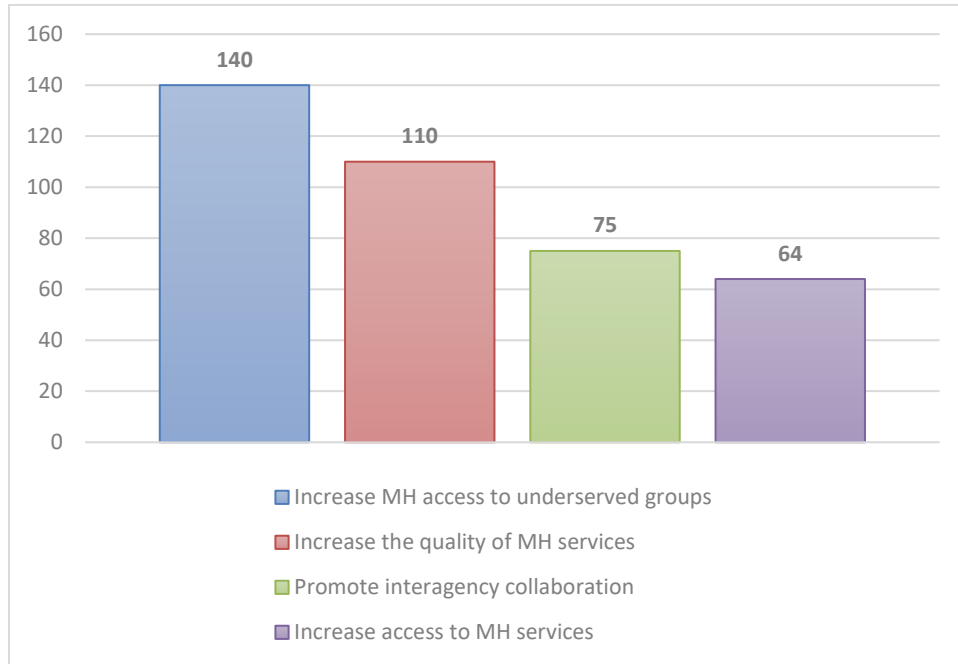
Development of Innovation Project

From February 2021 to March 2021, ICBHS conducted an extensive Community Program Planning Process (CPPP) for the new Innovation Project. However, due to the COVID-19 pandemic, all CPPP were conducted via Zoom. There were 16 community Zoom forums, 8 were conducted in Spanish and 8 were conducted in English. The Spanish Zoom forums were held on Wednesdays at 11:00 am and at 6:00 pm. The English forums were held on Thursdays also at 11:00 am and at 6:00 pm. To inform the community of the Zoom CPPP, ads were created in English and Spanish were advertised in three local newspapers, Imperial Valley Press, Adelante and Desert Review, as well as being posted at Imperial County's Behavioral Health Services Facebook page. The newspaper and Facebook ads provided information on Innovation, the time, date, and phone and an email address where feedback could be provided. It also included a link to a survey, asking the community what areas they thought the proposed Innovation project should address and what the target population should be. Additionally, during the Zoom CPPP, a PowerPoint presentation was developed and presented in English and Spanish during the Zoom meetings. The presentations included information on the guidelines and essential purpose of the Innovation Project, available funding, time limits and a link to a Survey Monkey. During these meetings stakeholder and community members were asked to identify if they were interested in participating in the development process of the Innovation Project.

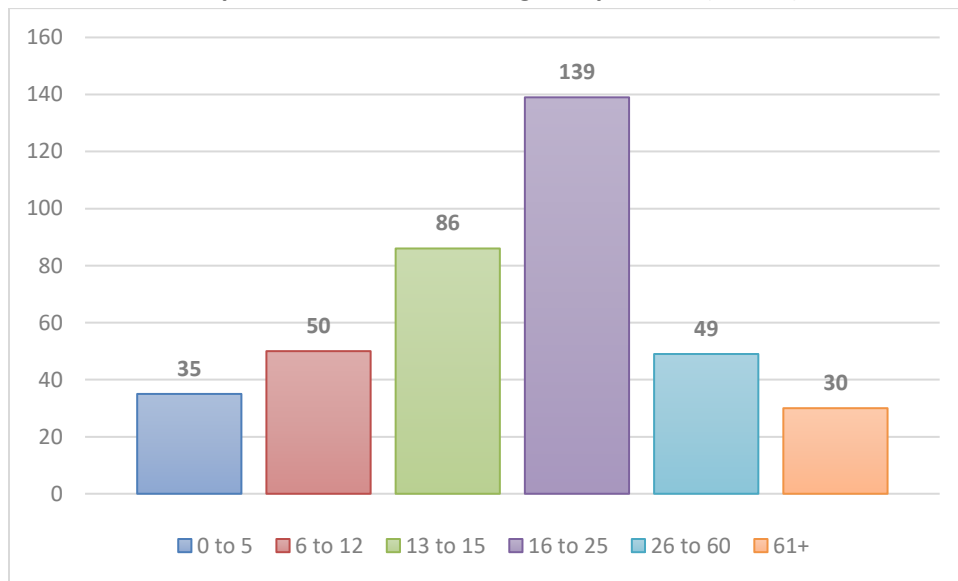
Community input and demographic information was collected from those attending the Zoom meetings via the Survey Monkey or by emailing the paper surveys to ICBHS. A total of 389 surveys were submitted by stakeholders and community members. Information was also collected from key informants representing law enforcement, education, Department of Social Services, Department of Probation, members of the Mental Health Advisory Board and the local college. Based on feedback collected from these surveys, respondents indicated their interest in the essential purpose of the Innovation Project is to focus on 1) *increase mental health access to underserved groups* with 140 respondents and 2) *increase the quality of mental health services* with 110 respondents. When providing feedback on the recommended ages that would benefit from the essential purpose of the Innovation Project, 225 respondents indicated youth and young adults ages 13 to 25 would be the target group. Finally, a total of 159 respondents, representing the majority, indicated they wanted the Innovation Project to include **Wellness** services as the scope/strategy to *increase mental health access to underserved groups and to increase the quality of mental health services*.

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Graph 2: Recommended Essential Purpose (N=389)

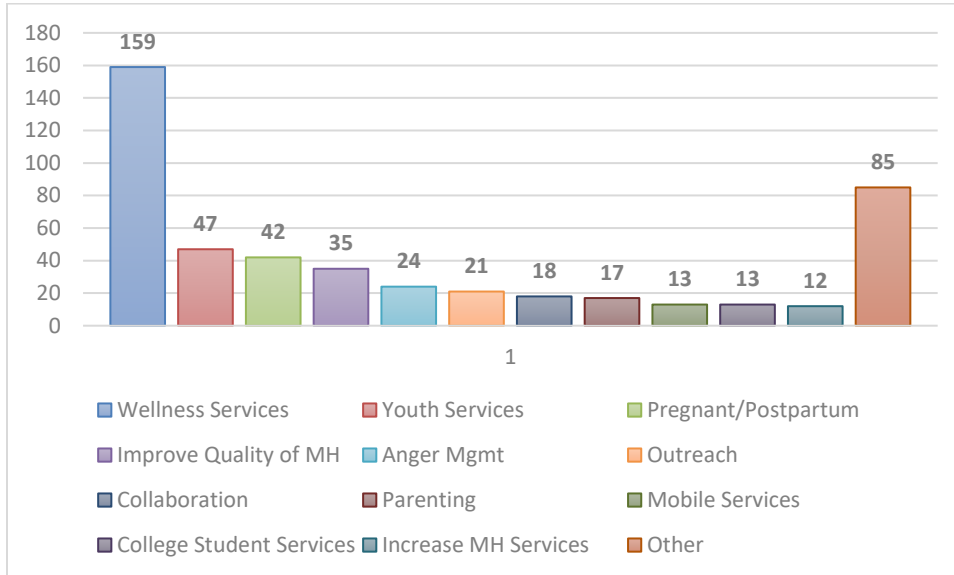


Graph 3: Recommended Target Population (N=389)



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Graph 4: Recommended Practice or Approach (N=389)



After tallying all the surveys and obtaining information from key informants, a PowerPoint presentation was prepared and presented on April 15, 2021 during the Innovation Planning Meeting. The meeting was coordinated and all community members and stakeholders interested in attending were invited. During the Innovation Planning Meeting, community members and stakeholders provided ideas and submitted proposals on innovative projects. Based on the submitted proposals, the concept of developing a holistic wellness program was created. Additionally, the concept focused on engagement to increase access to mental health services and improve the quality existing mental health services for youth and young adults, in an effort to decrease and prevent psychiatric emergencies.

2) The Proposed Project

ICBHS is proposing an innovative project utilizing a holistic approach as a strategy to engage youth and young adults who have no prior history receiving mental health services, and to enhance the support for individuals who are currently receiving outpatient services in order to improve retention rates and prevent recurrent psychiatric emergencies. ICBHS is proposing to implement the Holistic Outreach Prevention & Engagement (HOPE) Program with the intent to engage individuals utilizing an outreach and engagement approach incorporating wellness activities that promote a balanced life and build resilience. Participating in these activities will help reduce stigma among this age group and will lead to a pathway of wellbeing.

Imperial County's Innovation Project will be **adapting the existing mental health approach** to increase access to mental health services and improve the quality of mental health services for youth and young adults in Imperial County. This program involves implementation of a program that will focus on incorporating a wellness component on engagement and treatment services for youth and young adults (ages 13-25) who have experienced a psychiatric emergency. This will include providing services to individuals that are not active in services and have experience a psychiatric emergency that is handled through the MHTU or CCRT or active clients who are being served at the outpatient clinics. The HOPE program will be an adaptation to the existing mental health approach that will provide holistic specialized services focused on wellness activities including mindfulness, fitness, and music/art bringing a balance of emotional, physical, spiritual and mental health.

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An integral part of the HOPE program will be the hiring of transitional age youth (TAY) as peer support specialists. According to Substance Abuse Mental Health Services Administration (SAMHSA), peer support specialists provide non-clinical, strength-based support, which can be instrumental in the engagement process. SAMHSA indicates that through shared understanding, respect, and mutual empowerment, peer support specialists help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Youth and young adults are more likely to find comfort connecting to peers than professionals who do not have lived experience. Peer support specialist will provide support in a non-judgmental manner, which will help reduce stigma and make youth and young adults feel more comfortable with receiving mental health services. The peer support specialist in the HOPE program will instill hope by demonstrating the recovery is possible and encourage youth to strive towards meeting their wellness goals. Peer specialists will assist HOPE participants in navigating the mental health system, and follow-up to ensure that their needs are being met.

The HOPE program will complement existing practices as follows:

Crisis Co-Response Team (CCRT)

ICBHS has recently implemented a CCRT model involving a mental health practitioner joining law enforcement in responding to psychiatric emergencies/5150 evaluations. The purpose of the CCRT is to resolve immediate concerns, ensure safety, and engage individuals into outpatient treatment services. However, since the implementation of this program, it has been noted that the enrollment and compliance of youth and young adults following a psychiatric emergency too often does not occur. Despite these individuals receiving intensive outreach and engagement services, this approach has not proven to be successful for this age group, as they may not feel comfortable or are not as to traditional treatment; therefore, they do not access services or stay engaged. These individuals may require ancillary supports and services that are client centered, strength-based, and tailored to their individual needs. The adaptation will consist of the HOPE program providing specialized services focused on wellness activities utilizing a holistic approach including mindfulness, fitness, and music/art bringing a balance of emotional, physical, spiritual and mental health. When the CCRT intervenes in calls that involve youth or young adults, they will immediately refer the case to the HOPE program. A peer specialist trained on the needs of vulnerable populations and/or a Mental Health Rehabilitation Technician (MHRT) will respond to the referral using a holistic approach.

Mental Health Triage Unit (MHTU)

The MHTU is an outpatient clinic that provides assessments, interventions and stabilization for individuals experiencing a psychiatric emergency, and coordinates care for individuals placed on an involuntary hold. At the MHTU clients are assessed by a licensed clinician or doctor to determine an appropriate level of care, which may include hospitalization or stabilization. Once a client is stabilized and discharged from the MHTU, they are linked to their treatment team for follow-up care. When youth or young adults receive services at MHTU due to a psychiatric emergency, the MHTU staff will immediately notify the HOPE program to develop a transition plan. The MHTU and HOPE program will coordinate to ensure that there is a warm hand-off between the MHTU and the HOPE MHRT or peer support specialist.

Outpatient Clinics

ICBHS has existing systems in place for resolving psychiatric emergencies at the outpatient clinics and out in the community. At the outpatient clinics mental health staff are trained in de-escalating crisis episodes experienced by clients and may refer to additional services and supports as needed. Mental health staff at the outpatient clinics will make a referral to the HOPE program whenever they provide crisis interventions to youth and young adults and feel engagement in services provided by the HOPE program is appropriate.

Referrals to the HOPE program will be generated through the CCRT, Mental Health Triage Unit (MHTU), and outpatient clinics. Upon admission to the HOPE program, a MHRT who will serve as the wellness coordinator will assess the client's strengths and needs. The wellness coordinator and the youth or young adult will work collaboratively to determine which wellness activities individual wishes to participate in. The youth or young

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adult, the wellness coordinator and a peer support specialist will work together to develop individualized wellness plan, which will include goals that are strength-based and client driven.

3) What Has Been Done Elsewhere to Address Your Primary Problem

Extensive research was done to identify existing practices utilizing crisis response teams and wellness programs in the mental health setting. This included review of other counties' approved Innovation Projects and review of research studies in scholarly journals. It was identified that there are existing practices utilizing crisis call centers, crisis response teams and wellness programs in the California mental health system; however, there were none that incorporates wellness activities utilizing a holistic approach as the component to engage new or active clients in treatment in efforts to reduce recurrent psychiatric emergencies.

Several Innovation projects have been approved by the MHSOAC that focus on wellness or crisis response teams. There is significant evidence that supports the establishment of crisis co-response teams to address psychiatric emergencies. According to the National Alliance on Mental Illness (NAMI), the lack of mental health crisis services across the U.S. has resulted in law enforcement officers serving as first responders to most mental health crisis. The first Crisis Intervention Team (CIT) program was established in 1988, and has become a globally recognized model for safely and effectively assisting people experiencing a mental health crisis. Many counties across California have implemented different versions of responding to crises with law enforcement in efforts to provide a better response to individuals experiencing a psychiatric emergency; however, none of which have incorporated a holistic approach to engage, improve retention rates and decrease psychiatric emergencies for youth and young adults. ICBHS is currently implementing a pilot project with law enforcement, the Crisis Co-Response Team (CCRT), which has provided positive results. By co-responding with law enforcement, ICBHS staff has the option of providing intervention and preventing involuntary hold and hospitalization when deemed necessary. Incorporating the HOPE program in the continuum of care, provides an innovative engagement and innovative approach to client engagement the CCRT will have the option to provide a warm hand off to the HOPE program, it increases the possibility of individuals receiving timely and appropriate engagement into a team that focuses on a holistic approach to addressing mental health needs, increasing the possibility of having better access to services and non-traditional supportive services.

There have also been several wellness programs that have been implemented in a mental health setting. There has been a lot of research on the benefits of wellness to one's overall mental health. Research shows that specific approaches utilizing a wellness component have been tried in the treatment of trauma and anxiety, depression with positive outcomes. Based on our research most of these approaches have been primarily used as an adaptation to a treatment or therapy model; however, none of them were used as an engagement tool to reduce stigma and motivate individuals to participate in recommended treatment to reduce or prevent psychiatric emergencies. The following is research supporting the benefits of wellness approaches in mental health:

Mind:

- Transcendental meditation may help ease trauma symptoms, stress.
<http://www.medicalnewstoday.com/articles/313331.php>
- Singleton O, Hölzel BK, Vangel M, Brach N, Carmody J, Lazar SW. Change in brainstem gray matter concentration following a mindfulness-based intervention is correlated with improvement in psychological well-being. *Frontiers in human neuroscience* [Internet]. 2014; 8.

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Body:

- The Mental Health Foundation – Feeding Minds: The Impact of Nutrition on Mental Health: <https://globalwellnessinstitute.org/wp-content/uploads/2018/04/Feeding-Minds.pdf>
- The influence of nutrition on mental health: The Links Between Diet and Behavior. Report of an inquiry held by the Associate Parliamentary Food and Health Forum,UK: <https://globalwellnessinstitute.org/wp-content/uploads/2018/04/FHF.pdf>
- Mayo Clinic: Depression and anxiety: Exercise eases symptoms. <http://www.mayoclinic.org/diseases-conditions/depression/in-depth/depression-and-exercise/art-20046495>
- Kirsten Weir. The exercise effect. December 2011. Monitor on Psychology, American Psychological Association. Vol 42, No. 11. <http://www.apa.org/monitor/2011/12/exercise.aspx>
- Exercise and Depression: Endorphins, Reducing Stress, and More. WebMD: <http://www.webmd.com/depression/guide/exercise-depression#1>
- Yoga for anxiety and depression. Harvard Medical School. <http://www.health.harvard.edu/mind-and-mood/yoga-for-anxiety-and-depression>
<http://www.health.harvard.edu/staying-healthy/yoga-benefits-beyond-the-mat>
http://www.health.harvard.edu/press_releases/yoga-can-blunt-harmful-effects-of-stress
- People with major depressive disorder with inadequate response to antidepressant treatment showed significant improvement with the introduction of a yoga breathing technique. <http://www.psychiatrist.com/jcp/article/Pages/2016/aheadofprint/16m10819.aspx>

Soul:

- Bräuninger, I. (2012). The efficacy of dance movement therapy group on improvement of quality of life: A randomized controlled trial. In: Arts in Psychotherapy, Vol. 39 Issue 5.
- Jeong, Y.J., Hong, S.C., Lee, M.S., Park, M.C., Kim, Y.K., Suh, C.M. (2005). Dance movement therapy improves emotional responses and modulates neurohormones in adolescents with mild depression. International Journal of Neuroscience, Vol. 115 (12).

In preparation of this innovation plan, a review of the following Innovation Projects was done to see what other counties have proposed related to utilization of wellness as an approach to respond to psychiatric emergencies and to engage youth and young adults in mental health services. While all of these projects focused on addressing psychiatric emergencies and some used wellness as a component of their approach, none used a holistic approach as an engagement strategy for youth and young adults ages 13-25 who have experienced a psychiatric emergency.

Table 3: Innovation Projects

County	Innovation Project	Description
Mendocino	Round Valley Crisis Response Services	Culturally response crisis one-stop response system.
San Diego	Urban Beats	Artistic expression, social media workshops and one to one coaching to address the needs of the previously unaddressed needs of TAY
Alameda	Community Assessment and Transport Team (CATT)	Mobile crisis response system to reduce 5150s holds.

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Shasta	CARE Center	After-hours services, including family and client psycho-education, peer support, pre-crisis, case management, linkage to supported housing and other community resources.
Ventura	Conocimiento: Addressing ACEs through CORE Competencies	Community building activities which are known to benefit youth with ACEs: community meals, skills building activities.
Fresno	Handle with Care+	A rapid-response team to immediately provide support to children and families following a traumatic event.
Glenn	Crisis Response and Community Connections	MDT to reduce emergency department admissions, help stabilize a person earlier and link client to outpatient and follow-up services sooner.
Mendocino	Health Living Community	Reduce utilization of high-level services by providing Wellness Center style in residential setting.
San Luis Obispo	Holistic Adolescent Health	Incorporate mindfulness skills training and voluntary one on one health coaching to students aged 13-18.

The research supports the utilization of crisis response teams and wellness programs in addressing mental health needs. In Imperial County the youth and young adults ages 13 to 25, have been identified as a group of individuals that are hard to engage in treatment despite intensive outreach and engagement efforts following a psychiatric emergency. Historically, this target population has a high no show rate to Initial Intake Assessments for new clients and follow-up appointments for active clients. This Innovation Project proposes a non-traditional approach that has not been tried before based on our research.

4) Innovative Component

Imperial County’s Innovation Project will be ***adapting an existing mental health approach***. In Imperial County a psychiatric emergency can be presented in different settings such as the community, the outpatient clinics or the MHTU. ICBHS’ current approach in handling a psychiatric emergency for new or active clients is to assess and determine the appropriate level of care the individual needs. Once the client is stabilized they are provided with follow-up mental health care in a timely manner. This includes an initial appointment for new clients or follow-up care by the assigned treatment team.

Providing follow-up mental health services after a psychiatric emergency is not innovative; however, Imperial County’s Innovation Project, the HOPE program, proposes adapting how follow-up care is provided after a psychiatric emergency by utilizing a holistic approach as an engagement strategy in an effort to increase access to mental health services and improve the quality of care for underserved populations ages 13 to 25. It is expected that this strategy will decrease stigma related to mental illness, increase attendance and decrease psychiatric emergencies. The HOPE program will receive referrals from the CCRT program, the Children and Youth and Young Adults outpatient clinics and the MHTU. The innovation lies on how the follow-up care after a psychiatric emergency will include exploration of the client’s interests and enrollment in wellness activities. Clients will be encouraged to participate in activities that may include exercise, health or art in addition to traditional mental health services. Incorporating the wellness component to the client’s treatment will lead to having a sense of balance and general well-being, and improve overall outcomes for this underserved and vulnerable population.

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5) Learning Goals/ Project Aims

1. Will the HOPE program reduce the utilization of psychiatric emergency services such as hospitalizations, crisis admissions/assistance, and other crisis related interventions?
2. Will the implementation of the HOPE program reduce the stigma associated with accessing mental health services?
3. Will the inclusion of wellness activities during the engagement process increase access to mental health services for adolescents and young adults?
4. Will the inclusion of wellness activities keep active clients engaged in treatment by increasing the number of new admissions and decreasing no show rates?

a) *How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?*

The HOPE innovation project intends to use a non-traditional approach to improve engagement of youth and young adults ages 13 to 25 in mental health services and improve quality of care for this target population. By utilizing an array of holistic wellness activities that will include the mind, body, and soul that promote a balanced life and build resilience.

Evaluation or Learning Plan

A mixed methods outcome evaluation strategy will be used, as follows:

- Data will be collected on youth and young adults who participated in the HOPE program subsequent to a psychiatric emergency. This data will include client's participation in outpatient mental health services; subsequent crisis episodes, and psychiatric hospitalizations based on service contact records.
- Emotional wellness and mental health functioning will be based on standardized measures including the Basis-24 and YOQ.

Relationship between level of participation in wellness activities and improvement in emotional wellness, mental health functioning, participation in outpatient services, and subsequent crisis episodes or psychiatric hospitalization will be the focus of analysis. It is expected that a positive correlation will exist between participation in the HOPE program and emotional wellness, enrollment in outpatient services, and mental health functioning, and an inverse relationship with crisis episodes and psychiatric hospitalization.

The quantitative evaluation will be complimented by semi-structured interviews with a sample of HOPE program participants focused on their experiences with and impressions of the wellness activities in advancing their goals, promoting wellness, and preventing significant distress/psychiatric emergencies.

6) Target participants

The target population for Imperial County's Innovation Project will be youth and young adults youth ages 13 to 25 years old residing in Imperial County who have experienced a psychiatric emergency. It is estimated that there are approximately 28,000 individuals in Imperial County in need of mental health services who are not accessing available services. This project intends to target youth and young adults through the HOPE program. The innovation's target group has a no show rate around 30% to appointments in the Youth and Young Adults clinical division. The intent of this project is to engage individuals in treatment to improve attendance and retention rates. Referrals to the HOPE program will be initiated at the CCRT, MHTU and Children and Youth and Young Adults Outpatient clinics.

The information to be collected as part of this project will include the following:

- Total number of referrals generated from CCRT, MHTU, Outpatient clinics

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- Number of participants in the HOPE program
- Demographic data on the participants
- Pre and Post performance outcome measurement tools
- Data on number of hospitalization and psychiatric emergencies
- Data regarding retention rates and show rates to appointments
- Admission rates for the youth and young adults

ICBHS currently has established methods that will provide some of the required data. The ICBHS Quality Management unit generates reports that capture the appointment attendance rate on a quarterly basis. Demographical information on clients will be generated from the department's AVATAR - Electronic Health Record (EHR). Information related to staff perception of benefits will be collected through a set of semi-structure interviews.

7) Contracting

The HOPE program will also contract for some of the wellness activities. The wellness activities will be targeted specifically to the youth and young adults. Some of the wellness activities will include dance (Hip-Hop), mindfulness/meditation, fitness such as High Intensity Interval Training (HIIT) or yoga, art/photography and music. The evaluation of the Innovation Project will be contracted to Dr. Todd Sosna, Ph.D., Management Consulting (TSMC). ICBHS has previously partnered with TSMC for various projects and his consulting firm has proven to be reliable with vast knowledge on evaluation of mental health practices. TSMC will be evaluating the Innovation Project to determine if a youth and young adult wellness program has made an impact in decreasing crisis episodes, increasing the retention rate and increasing access to mental health services to underserved youth and young adult populations.

All of the contracts that will be implemented in the Innovation Project will be reviewed by Imperial County's County Counsel. Additionally, ICBHS has a Contracts and Fiscal Unit that will assist in managing the contract between ICBHS and the providers to ensure quality as well as regulatory compliance.

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*

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(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 non-supplantation 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."*
- d) 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.*
- e) 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

On February 22, 2021, the Community Program Planning Process was initiated by Behavioral Health Manager, Maria Wyatt. The planning process included developing in English and Spanish the following: Newspaper advertisement, Survey Monkey to collect community input and Demographic data, and an Innovation Project PowerPoint presentation. Copies of the survey in English and Spanish were distributed in different locations regularly attended by community members. Also, several Zoom CPPP forums were scheduled throughout the month of March 2021. Announcements for the forums were advertised in the local newspapers: Imperial Valley Press, Adelante and Desert Review, as well as in the ICBHS radio show, "Let's Talk About It". On March 3, 2021 ICBHS held its first Zoom CPPP forums. The forums were attended by members who were representative of the cultural, ethnic and racial diversity of our consumers and community. They represented the unserved and/or underserved populations of our consumers and their families. They were also attended by local stakeholders, including families of children, youth with serious emotional disturbance and adults and seniors with severe mental illness. Efforts were made to reach individuals of all age groups. Interviews were also conducted with key informants including representatives from Law Enforcement Agencies, education, Department of Social Services, Department of Probation and the local community college.

During the forums, community members and stakeholders were provided with information on the Innovation requirements and the opportunity to discuss and submit innovative concepts for possible consideration as the focus of the Innovation Project. During the Zoom Community Program Planning Process, data was collected from the stakeholders and community members via the Survey Monkey link provided during the forum and during meeting with key informants. Ideas for the development of this Innovation Project were also solicited from ICBHS staff members through discussion in unit meetings, as well as from Mental Health Board Members.

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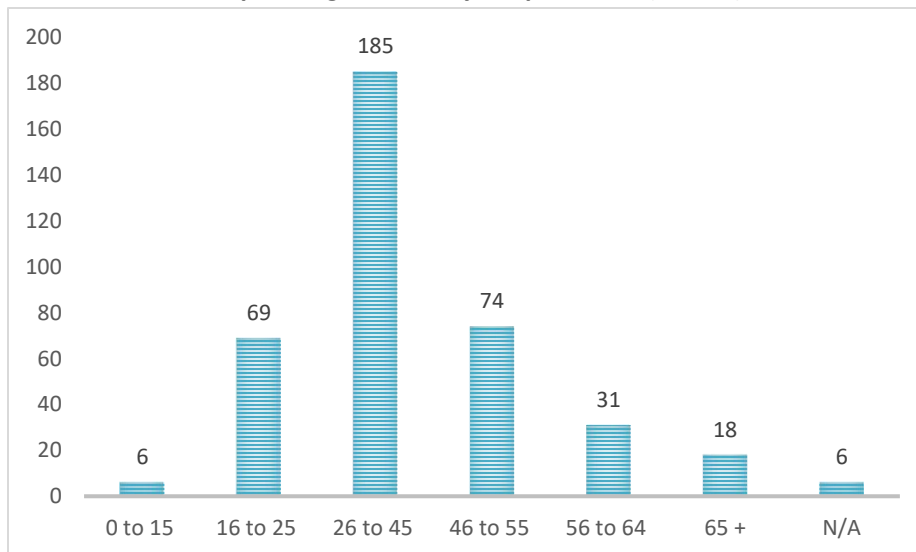
Ideas and feedback were also directly provided via email to the Innovation Planning members by community/stakeholders not attending the Zoom forums. The following is a summary of the number of Zoom CPPP Forums, held in Imperial County:

Table 4

Zoom Community Forums	
Date	Location
3/3/21	ICBHS Staff Meeting
3/3/21	2 in Spanish
3/4/21	2 in English
3/10/21	2 in Spanish
3/11/21	2 in English
3/16/21	Imperial County Mental Health Advisory Board
3/17/21	2 in Spanish
3/18/21	2 in English
3/24/21	2 in Spanish
3/25/21	2 in English
Total	18 Community Forums

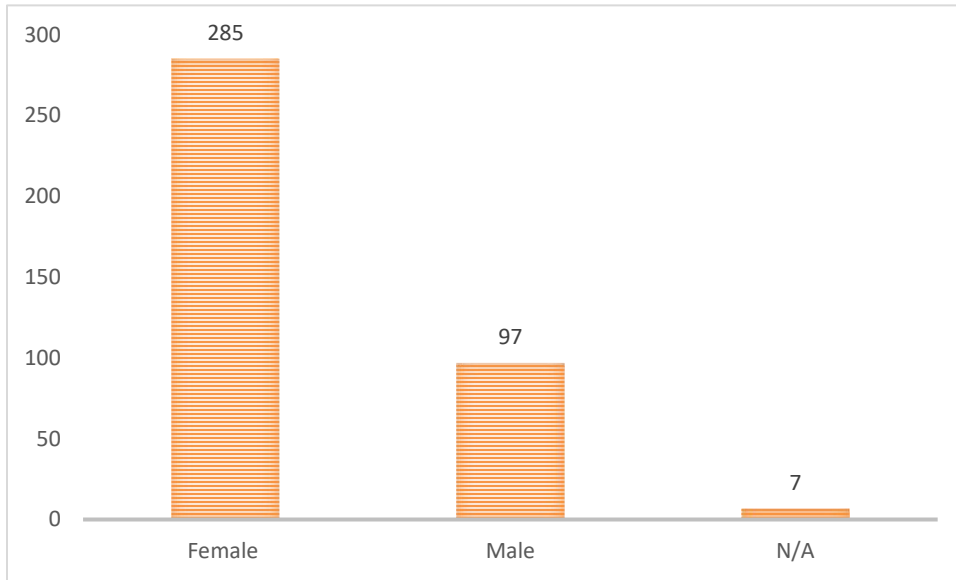
A total of 389 Community Input surveys were completed and submitted from February to March 2021. The following is a summary of the demographic data collected from the survey respondents on a voluntary basis:

Graph 5: Age of Survey Respondents (N=389)

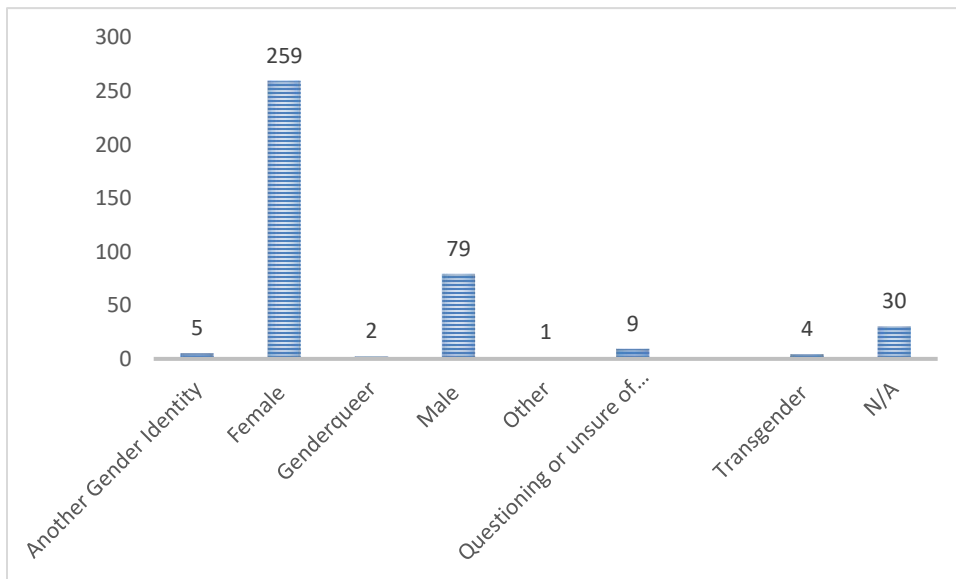


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Graph 6: Gender of Survey Respondents (N=389)

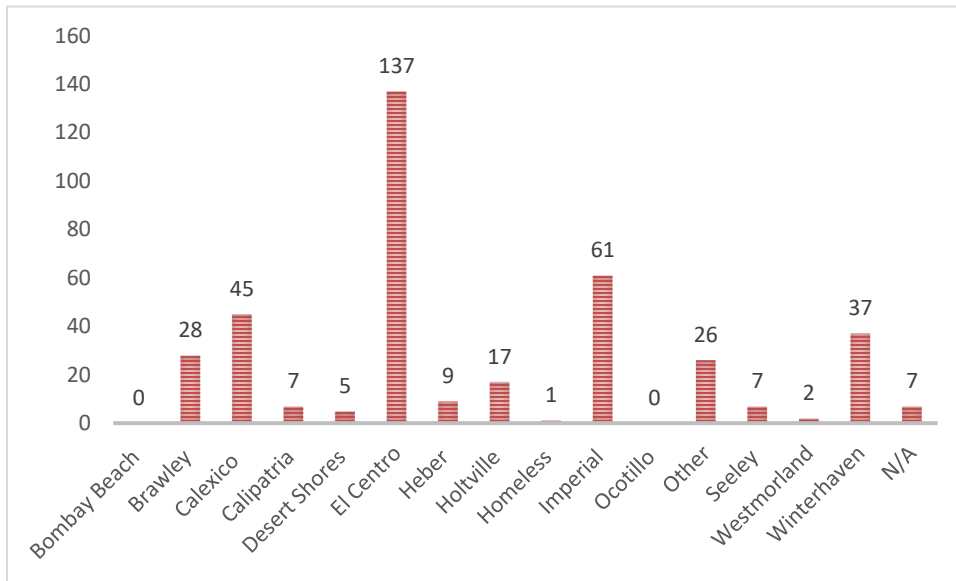


Graph 7: Current Gender Identity of Survey Respondents (N=389)

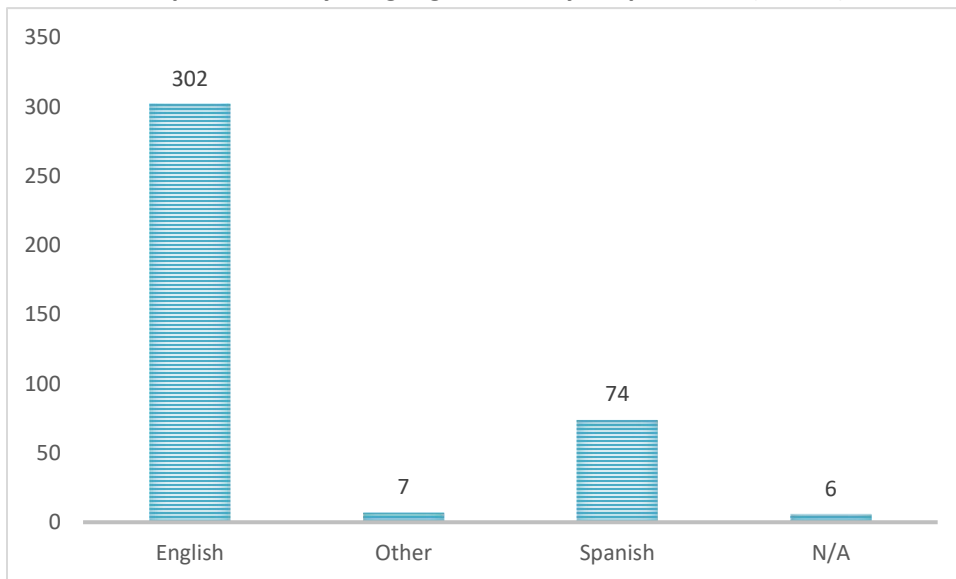


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Graph 8: Residency of Survey Respondents (N=389)

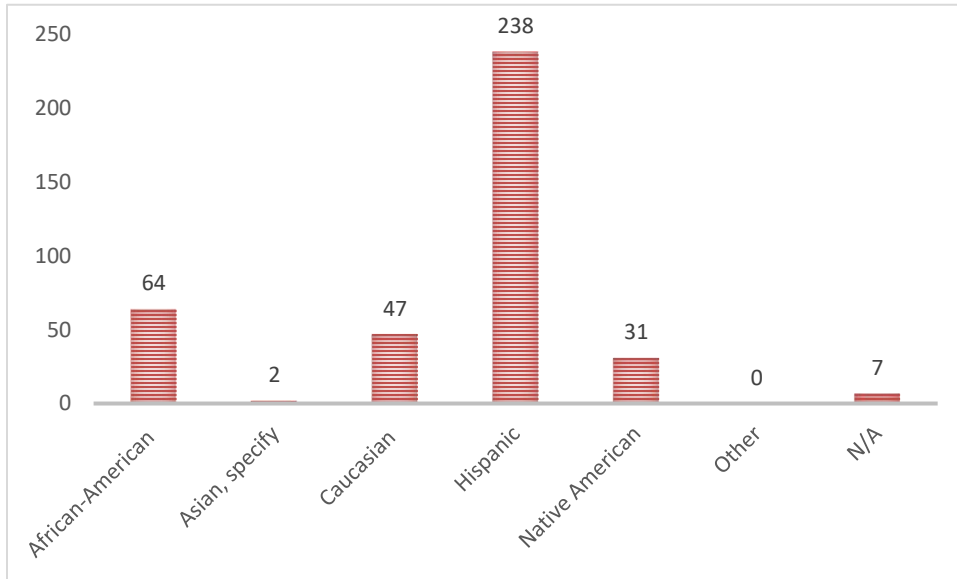


Graph 9: Primary Language of Survey Respondents (N=389)



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Graph 10: Ethnicity of Survey Respondents (N=389)



On April 15th, 2021 an Innovation Planning meeting was held via Zoom with community members and stakeholders to go over the survey results. Some of the attendees included representatives from the following agencies: NAMI, IVC, LGBT Resource Center, San Diego State University – Calexico campus, Brawley Elementary School District, TREES, Area Agency on Aging, El Centro Elementary School District, Central Union High School, Fitness Oasis, Calexico Unified School District and community members. Attendees to the meeting were encouraged to provide innovative ideas on a new project on increasing access to mental health services and to improve the quality of mental health services for youth and young adults ages 13 to 25 by implementing a wellness strategy. Based on the feedback, ICBHS started working a new Innovation project, developing a program to service the youth/young adults who have experienced a psychiatric emergency. ICBHS will be providing follow-up care by providing a wellness program utilizing a holistic approach.

From **May 1, 2020 through May 31, 2021**, the proposed MHSa Innovation Project was posted for a 30 day stakeholder review on the ICBHS website: <http://www.co.imperial.ca.us/behavioralhealth/>. Stakeholder and the community in general had the opportunity to provide feedback by emailing their comments to: MHSa@co.imperial.ca.us

On **June 1, 2021** a Zoom Public Hearing was held at 202 N. 8th Street, El Centro during the monthly Mental Health Advisory Board. This gave the community members to provide feedback on the proposed Innovation Project.

On **(date pending)**, ICBHS Innovation Project was scheduled on the Board of Supervisor's agenda and was approved by members of the Board of Supervisors.

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3. Primary Purpose

The Innovation Community Planning Process included obtaining information and feedback from community stakeholder and key informants. Based on the feedback received from community members and stakeholders, one common theme emerged: *Increase mental health access and improve the quality of care for underserved groups* and as the primary purpose of developing a new Innovation Project. The following is the data collected from survey respondents indicating the MHSAs Innovative Project Category:

Table 5: MHSAs Innovative Project Category

Project Category	Number Collected
Increase MH access to underserved groups	140
Increase the quality of MH services, including better outcomes	110
Promote Interagency collaboration	75
Increase access to MH services	64

4. MHSAs Innovative Project Category

ICBHS is proposing an innovative project utilizing a holistic approach as a strategy to engage youth and young adults who have no prior history receiving mental health services, and to enhance the support for individuals who are currently receiving outpatient services in order to improve retention rates and prevent recurrent psychiatric emergencies. ICBHS is proposing to implement the Holistic Outreach Prevention & Engagement (HOPE) Program with the intent to engage individuals utilizing an outreach and engagement approach incorporating wellness activities that promote a balanced life and build resilience. Participating in these activities will help reduce stigma among this age group and will lead to a pathway of wellbeing.

Imperial County’s Innovation Project will be ***adapting the existing mental health approach*** to increase access to mental health services and improve the quality of mental health services for youth and young adults in Imperial County. This program involves implementation of a program that will focus on incorporating a wellness component on engagement and treatment services for youth and young adults (ages 13-25) who have experienced a psychiatric emergency. This will include providing services to individuals that are not active in services and have experience a psychiatric emergency that is handled through the MHTU or CCRT or active clients who are being served at the outpatient clinics. The HOPE program will be an adaptation to the existing mental health approach that will provide holistic specialized services focused on wellness activities including mindfulness, fitness, and music/art bringing a balance of emotional, physical, spiritual and mental health.

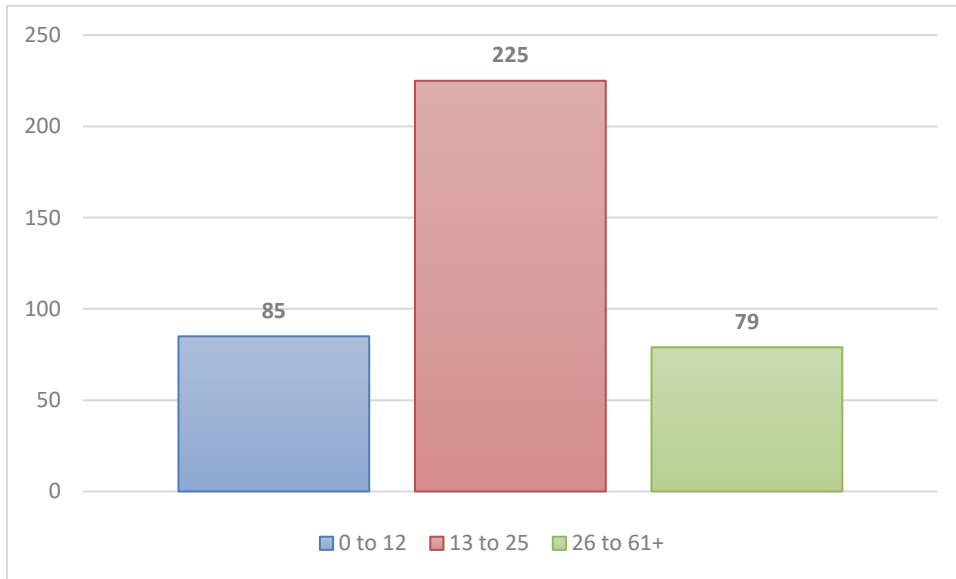
An integral part of the HOPE program will be the hiring of transitional age youth (TAY) as peer support specialists. According to Substance Abuse Mental Health Services Administration (SAMHSA), peer support specialists provide non-clinical, strength-based support, which can be instrumental in the engagement process. SAMHSA indicates that through shared understanding, respect, and mutual empowerment, peer support specialists help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Youth and young adults are more likely to find comfort connecting to peers than professionals who do not have lived experience. Peer support specialist will provide support in a non-judgmental manner, which will help reduce stigma and make youth and young adults feel more comfortable with receiving mental health services. The peer support specialist in the HOPE program will instill hope by demonstrating the recovery is possible and encourage youth to strive towards meeting their wellness goals. Peer specialists will assist HOPE participants in navigating the mental health system, and follow-up to ensure that their needs are being met.

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5. Population

Based on the feedback received from stakeholders, key informants and community members during a the Zoom CPPP forums, Imperial County’s Innovation Project will provide direct services to mental health youth and young adults, ages 13 to 25. The following is the data collected from survey respondents indicating the age groups to be impacted by the Innovation Project:

Graph 11: Age Groups to be Impacted by Innovation Project



Based on ICBHS current caseload of 1412 unduplicated clients, it is estimated the Innovation Project will serve 1000 youth and young adults during the course of its’ 3-year implementation of the Innovation Project.

6. MHSa General Standards

Community Collaboration

During the COVID-19 pandemic, ICBHS has continued to take steps in engaging stakeholders in the Community Program Planning Processes and will continue to involve community members throughout the implementation of the Innovation Project. Stakeholders will also have the opportunity to participate and provide feedback and recommendations at the quarterly MHSa Steering Committee Meetings. Other efforts to keep the community informed of the Innovation Project and its progress will be through the MHSa - ICBHS’ Outreach and Engagement program where the Innovation Project will be included in presentations to the community. The Innovation Project will also be presented in the weekly radio shows “Let’s Talk About” (English) and “Exprésate” (Spanish).

Cultural Competence

ICBHS has a well-established Cultural Competency Plan that ensures staff receives extensive training on different aspects of cultural competence. Staff assigned to this project will receive needed trainings to ensure they understand and effectively address the needs and values of the racial/ethnic, cultural, and linguistic

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needs of community members they serve. As of 2020, 181,215 of Imperial County's population was Hispanic-Latino. Currently 85% of ICBHS staff who provide direct services to clients is bilingual in English and Spanish. Staff assigned to this project will be representative of the population served.

Client Driven:

The Innovation Project has been guided and developed based on feedback from stakeholders who presented their ideas and concerns through their participation in Zoom forums. Stakeholders voiced their desire to focus this innovation project to *increase mental health access and improve the quality of care for underserved groups* of Imperial County targeting youth and young adults. ICBHS will ensure they will continue to be an integral part of the implementation, evaluation and decision-making process, related to this project by continuously engaging them at all levels. The objective of the Innovation project is on developing a new approach to *increasing mental health access and improving the quality of care for youth and young adults*. Clients/parents/legal guardians/care givers will have an active role and decision making in the implementation process on the Innovation Project.

Family Driven:

Family members will be considered vital to the success of the Innovation Project. Family members will also be invited and included in the MHSAs Steering Committee meetings where they will be able to convey their feedback on whether the new Innovation Project has increased mental health access to their family members.

Wellness, Recovery, and Resilience Focused:

One key element of the planning and implementation process is the active involvement of stakeholders at all levels. Stakeholders involved include families of children, adults and seniors with severe mental illness. Members are representative of the cultural, ethnic and racial diversity of our consumers and community. Members also represent the unserved and/or underserved populations of our consumers and their families. Their involvement in this process promotes empowerment, respect, self-responsibility and self-determination, which are essential elements to their wellness, recovery and resilience. *By increasing mental health access and improving quality of care for the youth and young adults*, the wellness, recovery and resilience principles will be embedded in all services and will produce long term benefits for all residents in our community.

7. Continuity of Care for Individuals with Serious Mental Illness

Yes, individuals with serious mental illness (SMI) will receive services from Imperial County's Innovation Project. The Innovation Project will provide services to residents of Imperial County ages 13 to 25, who some might have a serious mental illness (SMI). Services will be provided without discrimination to their gender, sexual orientation or ethnicity. The primary purpose of developing a new Innovation Project is to *increase mental health access to youth and young adults* in need of services and *increase the quality of mental health services*. Individuals with SMI are often difficult to engage. One strategy the Innovation Project will implement is the utilization of wellness services/activities as a bridge to *increase mental health access to services youth and young adults* in need and improve the quality of care, in particular difficult to engage populations.

8. INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement

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

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Based on the US Census, as of Date Imperial County has a population of 181,215 of which 85% of the population is Hispanic, 10% is Caucasian and the remaining 5% is comprised of Blacks/African American, Asian American, and Native Americans. ICBHS staff is representative of Imperial County's demographic population and most of the staff are individuals who are residents of this area. ICBHS provides ongoing training to all staff on cultural competency to address the needs and values of Imperial County's population.

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

ICBHS will ensure there is meaningful stakeholder participation in the evaluation of the Innovation Project. ICBHS staff will provide evaluation results and implementation status to stakeholders on the Innovation Project during the quarterly MHSA Steering Committee meetings. During the MHSA meetings stakeholders will have the opportunity to ask questions, provide feedback and recommendations based on the evaluation results. Presentation on the progress of the project will also be provided to community partners.

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

Based on the evaluation of the Innovation Project, ICBHS and stakeholders will make the determination to continue the project without Innovation funds. Should the determination be to continue providing services after the completion of the Innovation Project, various funding sources can be utilized by integrating this practice in current programs, including MHSA-Community Services and Supports (CSS) and MHSA-Prevention and Early Intervention (PEI). Realignment funds will also be used if needed for the project to be self-sustaining.

10. Communication and Dissemination Plan

ICBHS will ensure stakeholders are involved in the communication efforts by disseminating information utilizing sources such as social media and meetings where stakeholders can have a voice. During the quarterly MHSA Steering Committee, data and evaluation results will be disseminated to stakeholders in Imperial County. Stakeholders who regularly attend these meetings include ICBHS beneficiaries as well as members of the community, nonprofit agencies and local government agencies such as Probation, Sheriff, Social Services, Education, County CEO, Area Agency on Aging, and San Diego Regional Center. Additionally, utilizing local magazine and newspaper articles and broadcasting on radio show (all in English and in Spanish) on the Innovation Project will maintain Imperial County residents informed on the implementation process. During the radio show broadcasts, community members are encouraged to contact ICBHS for any questions and comments.

a) *Keywords/phrases*

- Holistic
- Psychiatric Emergencies
- Peer Specialist
- Wellness Coordinator
- Outreach, Prevention and Engagement

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11. Timeline

a) *Specify the total timeframe (duration) of the INN Project:*

HOPE Project: 3 Years 0 Months

b) *Specify the expected start date and end date of your INN Project:*

HOPE Project: Start Date: (FY 2021-2022) End Date: (FY 2023-2024)

FY 2021-2022

- Develop and execute contracts with providers to perform wellness activities
- Submit a request to Board of Supervisors to fund new positions for the proposed project.
- Recruiting and Training Staff
- Work with evaluation consultant to develop protocols on the methodology to collect necessary data
- Development of policies and procedures
- Program implementation
- Present project outcomes to the MHSA Steering Committee and Mental Health Board
- Submission of annual innovative project report to the MHSOAC

FY 2022-2023

- Continue implementation of project
- Continue training of staff
- Continue working with evaluation consultant on data collection and outcomes
- Present project outcomes to the MHSA Steering Committee and Mental Health Board
- Submission of annual innovative project report to the MHSOAC

FY 2023-2024

- Continue implementation of project
- Continue training of staff
- Continue working with evaluation consultant on data collection and outcomes
- Develop a plan for sustainability and transition the innovation project to another MHSA components
- Present project outcomes to the MHSA Steering Committee and Mental Health Board
- Submit final innovative project report findings to MHSOAC

12. INN Project Budget and Source of Expenditures - Identify how the MHSA funds are being utilized:

Budget Narrative

Imperial County's proposed Innovation Project: Holistic, Outreach, Prevention and Engagement HOPE is planning on utilizing funds in the amount of \$1,578,341.90 that are subject/potential to reversion if not approved on or before June 30th, 2021. The total amount of the proposed budget totals to \$2,829,494.

Personnel Cost - ICBHS is budgeting **\$1,541,373** to personnel cost for the span of the proposed project.

- *Program Supervisor* will oversee the daily functions and activities of the proposed project and ensure data is collected for the purpose of evaluating the effectiveness of the proposed project.
- *Office Assistant* will provide clerical support to the staff and assist the individuals in the project and the community by providing information on the proposed project and on other mental health and community resources.

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- *Mental Health Rehabilitation Technicians* are paraprofessionals who will assess the youth/young adults in the proposed project for additional mental health services and supportive services and provide interventions.
- *Mental Health Workers* will assist in providing transportation to the youth/young adults to the proposed wellness center. They will also assist transport client to other appointments, if needed.
- *Community Service Workers* will be peers with lived experiences that can provide supports to the youth and young adults. They will also participate in the wellness activities.
- *Director/Deputy Director* will oversee the overall function and the effectiveness of the proposed project to make appropriate decision making.
- *Administrative Secretary* will provide clerical support to the Director/Deputy Director on proposed project activities.

Operating Cost - \$685,807 is being allocated of the total budget to operating cost of the proposed project.

- *Program Expenditures* include expenses incurred by the staff to operate the proposed project. Expenses consist of but not limited to communication, household, office supplies, rent and utilities.
- *Administrative Cost (15%)* will be expensed to cover the expense of supporting the program. Expenses consist of but not limited to payroll, compliance and contract unit.

Non-Recurring Cost - The budget includes **\$52,314** of non-recurring cost that consist of purchasing 2 vehicles.

- The vehicles (vans) will assist the youth/young adults in transporting them to the proposed wellness center and to other appointments, if needed.

Consultant/Contract Cost - A total budget of **\$550,000** is being allocating to consultations and contracts.

- **Evaluation** of the proposed project will be contracted out to Dr. Todd Sosna's management consulting firm (TSMC). TSMC will if the proposed project was effective in meeting the learning goals. TSMC will work with ICBHS' IT department to extrapolate data and will develop evaluation reports on a yearly basis. TSMC will also make recommendations on the provision of service and if need make changes to the proposed project.
- **Wellness Contracts** will be developed for the provision of wellness services. All wellness activities will be contracted out to include but no limited to a certified fitness instructor, art teacher, nutritionist, etc.

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Budget by Fiscal Year and Specific Budget Category

REVENUE		2021-2022	2022-2023	2023-2024	TOTAL
(Revenue by Allocation Fiscal Year)					
	INN Re-allocated Funds <i>(Potential for Reversion)</i>	\$ 858,407	\$ 442,431	\$ -	\$ 1,300,838
	FY 2015-2016 <i>(Contingent MHSARER- Potential for Reversion)</i>	\$ -	\$ 277,504	\$ -	\$ 277,504
	FY 2016-2017 <i>(Contingent MHSARER)</i>	\$ -	\$ 293,322	\$ 158,859	\$ 452,181
	FY 2017-2018 ""	\$ -	\$ -	\$ 487,992	\$ 487,992
	FY 2018-2019 ""	\$ -	\$ -	\$ 374,804	\$ 374,804
	Total Revenue	\$ 858,407	\$ 1,013,257	\$ 1,021,655	\$ 2,893,319
PERSONNEL COSTS		2021-2022	2022-2023	2023-2024	TOTAL
(Salaries, wages, benefits)					
1.	Salaries (Program Supervisor, Office Asstnt.)	\$ 87,657	\$ 90,234	\$ 95,920	\$ 273,811
2.	Direct Salaries (MHRT, MHW, CSW)	\$ 386,832	\$ 406,304	\$ 426,677	\$ 1,219,813
3.	Indirect Salaries (Director, Admin. Sec)	\$ 15,402	\$ 16,173	\$ 16,173	\$ 47,749
4.	Total Personnel Costs	\$ 489,891	\$ 512,712	\$ 538,771	\$ 1,541,373
OPERATING COSTS		2021-2022	2022-2023	2023-2024	TOTAL
5.	Direct Costs	\$ 97,893	\$ 105,724	\$ 113,125	\$ 316,743
6.	Indirect Costs	\$ 111,966	\$ 132,164	\$ 133,259	\$ 377,389
7.	Total Operating Costs	\$ 209,859	\$ 237,888	\$ 246,385	\$ 694,132
NON-RECURRING COSTS		2021-2022	2022-2023	2023-2024	TOTAL
(Equipment, Technology)					
8.	Direct Costs (Vehicle)	\$ 26,157	\$ 26,157	\$ -	\$ 52,314
9.	Indirect Costs	\$ -	\$ -	\$ -	\$ -
10.	Total Non-Recurring Costs	\$ 26,157	\$ 26,157	\$ -	\$ 52,314
CONSULTANT/CONTRACT COSTS		2021-2022	2022-2023	2023-2024	TOTAL
(Clinical, training, facilitator, evaluation)					
11.	Direct Costs <i>(Wellness Contracts)</i>	\$ 110,000	\$ 220,000	\$ 220,000	\$ 550,000
12.	Indirect Costs <i>(Project Evaluation Contract)</i>	\$ 22,500	\$ 16,500	\$ 16,500	\$ 55,500
13.	Total Consultant Costs	\$ 132,500	\$ 236,500	\$ 236,500	\$ 605,500
OTHER EXPENDITURES		2021-2022	2022-2023	2023-2024	TOTAL
(Please explain in budget narrative)					
14.	Direct Costs	\$ -	\$ -	\$ -	\$ -
15.	Indirect Costs	\$ -	\$ -	\$ -	\$ -
16.	Total Other Expenditures	\$ -	\$ -	\$ -	\$ -
BUDGET TOTALS					
PERSONNEL COST (Line 1)		\$ 87,656.84	\$ 90,234.17	\$ 95,920.50	\$ 273,811.50
DIRECT COST (Add 2, 5, 8 & 11)		\$ 594,724.90	\$ 732,028.72	\$ 759,802.14	\$ 2,086,555.76
INDIRECT COST (Add 3, 6 & 12)		\$ 149,868.21	\$ 164,837.19	\$ 165,932.60	\$ 480,638.01
NON-RECURRING COST (Line 10)		\$ 26,156.95	\$ 26,157.00	\$ -	\$ 52,313.95
OTHER EXPENDITURES (Line 16)		\$ -	\$ -	\$ -	\$ -
TOTAL INNOVATION BUDGET		\$ 858,407	\$1,013,257	\$1,021,655	\$ 2,893,319

Budget Context (If MHSARER funds are being leveraged with other funding sources)

ICBHS will be utilizing only approved allocated MHSARER Innovation funds and interest monies accrued within the proposed project's duration. ICBHS does not anticipate in using any other funding source should proposed project be approved.