Mental Health Services
Oversight & Accountability Commission

INNOVATIVE PROJECT PLAN

COMPLETE APPLICATION CHECKLIST	
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the below-listed items 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:
☐ Completed 30-day public comment period	Comment Period: January 27, 2025 – February 26, 2025
☐ BOS approval date	Approval Date:
If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled:	
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:	
Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.	

County Name:	**County of Ventura**
Date Submitted:	
Project Title:	**Collaborative Care for Youth: Integrating Collaborative and Behavioral Health Models for Comprehensive Mental Health Services**
Total Amount Requested:	**$2,874,361**

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 on-site

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

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.

Ventura County, like much of the state, and nation has a severe shortage of practicing child and adolescent Psychiatrists. A total of seventeen practitioners works in the County to serve 187,695 youth[1]. The statistics get worse once compared to the rural areas like the Santa Clara Valley to more populus cities like Ventura and Oxnard. Community Memorial Healthcare is a local system with two hospitals and 28 clinics has just one child and adolescent psychiatrist. While this issue is not new, strategies to correct the shortage are long term while relief is needed now. Demand has continued to grow since the pandemic. Adolescents continue to get sicker with suicide rates increased by 62% from 2007 -2021 and homicide rates among youth ages 10-24 increased 60% from 2014 to 2021[2]. Statistics such as these were part of the catalyst to the declaration of American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children's Hospital Association of a National Emergency in Child and Adolescent Mental Health.

Locally the need for additional mental health services was also documented in the latest community health needs assessment and discussions with local stakeholders, which highlighted an urgent need for enhanced mental health services across all age groups[3]. On a more granular level the needs assessment focus groups noted the need for increased connection to care requesting more provider consistency, continuity of care, and more local services. Additionally, community members felt that insurance coverage for services is not reliable, wait times can be lengthy, and stigma were some of the reasons listed that can cause families not to follow through on needed services or direct referrals. Researchers concluded that there is a high level of need for cultivating trust withing the community to address the barriers that prevent successful connection to Mental Health services[4]. As a result, the County is partnering with a local health care network to pilot a promising practice to solve some of these needs. The County prioritized this project due to its potential for a significant and immediate positive impact on community well-being.

[1] American Academy of Child and Adolescent Psychiatry Workforce Maps by State
[2] Centers for Disease Control and Prevention, Suicide and Homicide Rates Increase Among Young Americans | Blogs | CDC June 2023.
[3] healthmattersinvc.org/content/sites/ventura/chnas/Ventura_CHNA_2022_v4.pdf
[4] 651ecb83d2f39ddc14e08b2a_VCBH_Focus_Groups_Summary_of_Findings.pdf

The primary aim is to expand the limited access to comprehensive mental health services for children, youth, and young adults within our community by leveraging the expertise that already exists. Barriers to mental health care result in prolonged suffering and adverse health outcomes placing additional strain on the healthcare system. This project makes use of current infrastructure to address mental and behavioral health issues early and improve long-term mental health outcomes for this diverse population.

Implementing the Collaborative Care Model (CoCM) and the Behavioral Health Integration (BHI) model will offer a structured, evidence-based approach and modify it to focus on mental health care for youth in Ventura County. CoCM facilitates early identification, treatment, and management of mental health issues, while the BHI model integrates behavioral health services into primary care settings. The Innovative program being proposed will combine the two models titled, The Collaborative Care Model for Youth (CCMY). This dual approach will ensure that youth will receive comprehensive and timely support, bridging gaps in mental health services and improving overall community outcomes.

PROPOSED PROJECT

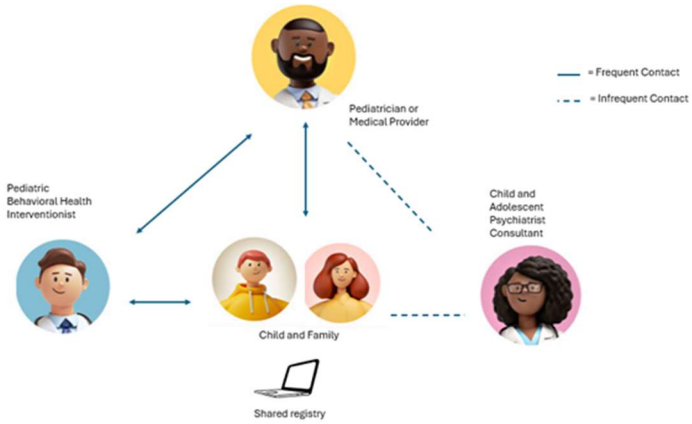
Describe the INN Project you are proposing. Include sufficient details that ensure the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A. Provide a brief narrative overview description of the proposed project.

The proposed project will pilot the Collaborative Care Model (CoCM) and Behavioral Health Integration (BHI) models simultaneously for comprehensive health care. The practice integrates care by treating both the mental and physical needs of children, adolescents and youth adults to improve patient outcomes and satisfaction at a lower cost. Ventura County will adapt this approach for a focus on youth and their families. The model leverages existing Primary Care Providers (PCP) and Child and Adolescent Psychiatrist and residents in the same health care system to provide ongoing and consistent care from known providers in an integrated setting. The approach provides consultation and support to the PCP for mild to moderate prescription treatment in partnership with a behavioral health interventionist. Thus, allowing the psychiatrist more availability to treat complex and severe cases in the system.

By implementing the CoCM in CMH primary care clinics for pediatric patients up to age 26, our Care Teams will improve the identification, treatment, and management of mental health issues at an early stage. The project will involve managing a defined group of pediatric patients tracked in a registry to ensure comprehensive care, with each patient's treatment plan personalized with measurable goals and outcomes assessed using evidence-based tools. Providers will be accountable for achieving these outcomes, ensuring effective and responsive care.

Key components of the project include managing a defined group of pediatric patients tracked in a registry to ensure comprehensive care. Each patient's treatment plan will be personalized with measurable goals and outcomes, which will be routinely assessed using evidence-based tools. Providers will be accountable for achieving these outcomes, ensuring effective and responsive care. Many pediatric patients are supported by their parents or guardians. To ensure a seamless support system, the BHI model will provide a warm handoff to these caregivers, offering families crucial support and resources for a smooth transition and enhanced overall care for the family unit.



The project will commence with hiring staff, training, and developing the Collaborative Care Model implementation, as well as building a billing system to ensure the program's sustainability beyond the grant period. The team will include a Primary Care Provider (PCP), a Child and Adolescent Psychiatrist, Psychiatry Residents, two Behavioral Health Interventionists, a Program Coordinator, a Clinical Supervisor, and other mental health professionals. This team will work towards establishing a measurement-guided care plan based on evidence-based practice guidelines. Both years one and two will focus on integrating care teams, conducting outreach and education, and fully implementing both the CoCM and BHI models. Continuing in Year 2 -3 the program will center on consolidating and evaluating the implementation of both models, refining processes, addressing emerging needs, and ensuring sustainability.

Approach CCMY Model

1. Screen for Mental Health Risk/Condition in Primary Care Pediatrics
    - Conduct comprehensive screenings to identify mental health issues in pediatric patients up to age 26.
2. Warm Handoff to Behavioral Healthcare Manager (BHM)
    - Following consent, positive screens will transition to the BHM, who will coordinate ongoing care.
3. Behavioral Healthcare Manager Responsibilities
    - Registry Management: Enter screening results into a registry for tracking and management.
    - Therapeutic Interventions: Provide brief evidence-based therapy.
    - Group Therapy Options:
        - Parenting group with Reflective Parenting (childcare provided).
        - Therapy skill groups for patients, potentially including DBT.
        - Mindfulness training for both parents and children.
        - Monthly parent psychoeducation groups (childcare provided).
4. Psychiatrist Review

- The psychiatrist will meet with the PCP to advise on psychiatric treatments and prescription charges.
- Behavioral Health Interventionist review the registry and assess patient progress.
- For patients not showing improvement, the psychiatrist will recommend additional therapy options including referrals to the County for specialty mental health services.

Year One Focus

- In the initial phase, the priority will be to hire staff and developing the Collaborative Care Model for Youth (CCMY).
- Implementation of a billing system will ensure the program's sustainability beyond the grant period.
- The team will include a Primary Care Provider (PCP), a Psychiatrist, Psychiatry Residents, two Behavioral Health Interventionists, a Program Coordinator, a Clinical Supervisor, and other mental health professionals.
- Establishment of a measurement-guided care plan based on evidence-based practice guidelines.

Years One and Two Integration

- The project will focus on integrating care teams, conducting outreach and education, and fully implementing the CCMY.
- This model will enhance the identification, treatment, and management of mental health issues at an early age, ensuring comprehensive support for young individuals and their families.

Year Three

- The BHI program will be used to work with the caregivers of the youth and children in the CCMY.
- For adults aged 18 and above, the BHI model will be employed to integrate behavioral health care into primary care settings. This model provides a holistic approach to managing mental health issues, facilitating early detection, treatment, and management, which is crucial for improving access to care and overall health outcomes for the adult population. This approach ensures a holistic, integrated response to pediatric mental health needs, fostering early intervention and comprehensive care for young patients and their families.

B. Estimate the number of individuals expected to be served annually and how you arrived at this number.

The three BHI staff will maintain a monthly caseload of 50 individuals. Staff would provide services to approximately 750 pediatric patients up to age 26 annually. The staff will maintain a caseload of 750individuals annually which may include parents, guardians, or caretakers for mental health services. For the adult population, the BHI model will enhance access to mental health services for a significant number of adults.

C. Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

The target population includes pediatric patients up to age 26 attending **Community Memorial Healthcare (CMH)** clinics who screen positive for mental health risks or conditions, as well as adults aged 18 and above. This diverse group encompasses various genders, races, ethnicities, languages, and socioeconomic backgrounds, ensuring inclusive access to comprehensive mental health care.

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?

The proposed initiative distinguishes itself from similar programs through several key aspects:

- **Target Population Focus:** While many CoCM implementations target adult populations, this project specifically focuses on individuals aged 0-26. This demographic specificity acknowledges the unique mental health needs of children, adolescents, and young adults. The BHI model addresses all age groups, ensuring that behavioral health services are accessible across the lifespan and seamlessly integrated into primary care settings for comprehensive support.
- **Community-Centric Approach:** The project is deeply rooted in a thorough community needs assessment and extensive stakeholder engagement. This ensures that both the CoCM and BHI model implementations are tailored to the specific challenges and resources within the local healthcare system, enhancing relevance and effectiveness.
- **Comprehensive Integration:** Allowing two models including CoCM and BHI, the project emphasizes the integration of mental health services into primary care settings where trusted relationships have already been built. This approach combines the CoCM's focus on early identification, treatment, and management of mental health issues with the BHI model's broader integration of behavioral health services across all age groups. This includes proactive screening, family involvement through parenting groups, and ongoing educational support for both patients and providers, ensuring seamless and coordinated care.
- **Emphasis on Learning and Improvement:** The project prioritizes continuous learning and improvement through rigorous evaluation and adaptation of both the CoCM and BHI models. This commitment allows us to refine practices, address emerging needs, and maximize the impact of mental health care delivery within the community.

Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

Efforts to Investigate Existing Models and Identified Gaps

In developing the proposal, extensive research went into existing Collaborative Care Model (CoCM) and Behavioral Health Integration (BHI) Model implementations and related literature has been pivotal. Key findings and gaps identified include:

- **Literature Review:** Studies such as those by Archer et al. (2012) and Katon et al. (2010) highlight the effectiveness of CoCM in improving outcomes for adults with depression and anxiety in primary care settings. Additionally, research by Unützer et al. (2002) and the recent work by Bower et al. (2017) underscores the benefits of integrating behavioral health services into primary care through models like BHI for a broader age range.
- **Gap Identification:** Existing research underscores the need for more tailored approaches to pediatric mental health within CoCM frameworks. Specifically, gaps include strategies for engaging families effectively, adapting evidence-based therapies for younger patients, and integrating developmental considerations into treatment protocols. While the BHI model provides valuable integration of behavioral health services across all age groups, there is limited guidance on how to specifically adapt CCMY strategies for pediatric populations.
- **Unique Contributions:** The project seeks to fill these gaps by pioneering a CoCM model explicitly designed for pediatric patients aged 0-26 and incorporating the BHI model's broad approach. This involves adapting evidence-based practices like Dialectical Behavior Therapy (DBT) and reflective parenting groups to meet the developmental and familial needs of younger patients effectively. The BHI model's comprehensive integration ensures that mental health services are accessible and coordinated across all age groups, bridging gaps identified in current research.

By addressing these gaps and leveraging local insights and resources, the project aims to not only enhance access and quality of care but also serve as a model for other communities looking to implement similar initiatives tailored to both pediatric and adult mental health needs.

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.

The program goal is to enhance access to comprehensive mental health services for patients within CMH by establishing a dedicated Collaborative Care team and integrating Behavioral Health (BHI) services into primary care settings. The initiative targets individuals aged 0-26 and adults who screen positive for mild to moderate mental health risks or conditions. The goal is to improve mental health outcomes through a seamless integration of mental health care into primary care, leveraging evidence-based practices and a measurement-guided care plan.

A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

The project aims to enhance the implementation of CoCM and BHI models, improving access and quality of mental health care, and reducing overall healthcare costs. By focusing on these goals, the program seeks to advance effective practices and contribute to better mental health outcomes for both pediatric and adult populations. The objectives of this project are threefold:

1. **To Comprehensively Study the Implementation and Efficacy of the CoCM and BHI Models:** The project aims to assess how these integrated approaches can enhance mental healthcare delivery within this healthcare system. This includes evaluating the effectiveness of CoCM in improving outcomes for individuals aged 0-26 and how the BHI model facilitates seamless integration of behavioral health services into primary care settings.

2. **To Advance the Landscape of Mental Health Care Delivery:** The goal is to improve access, quality, and coordination of mental health services by utilizing evidence-based models like CCMY and BHI. This involves enhancing the integration of mental health care into primary care practices, ensuring that services are both comprehensive and accessible across all age groups, and addressing the specific needs of pediatric and young adult populations.

3. **To Reduce Overall Healthcare Costs Associated with Untreated or Poorly Managed Mental Health Conditions:** By improving patient outcomes through the CCMY and BHI models, the proposed program aims to decrease the incidence of unnecessary hospitalizations and emergency room visits. Effective management of mental health conditions at an early stage can lead to better overall health and reduced healthcare expenditures.

With these goals as the framing for the data collection and evaluation This will not only improve individual patient outcomes but also enhance the efficiency and effectiveness of this local healthcare system.

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

The learning goals are directly related to the key elements of the CoCM and BHI models, including interdisciplinary care, care coordination, and evidence-based treatment. By focusing on these elements, the project aims to enhance the effectiveness and sustainability of both models within the CMH healthcare system. This approach ensures comprehensive mental health needs are met across all age groups and improve overall care integration and outcomes. Long-term goals will continue to lighten the load on local psychiatrists and focus their time to complex cases while cross training PCPs to feel confident in prescribing psychiatric treatment in conjunction with support. Other benefits and long-term impacts are to grow the child and

adolescent psychiatry in Ventura County by including residents in this model to work with the current child an adolescent psychiatrist.

EVALUATION OF 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 to use.

A robust Evaluation Learning Plan will be used to assess the impact of both the CCMY and BHI models. This plan includes outcome, process, and cost evaluations, with a mixed methods approach to data collection. Key metrics will measure clinical outcomes, adherence to model components, and satisfaction levels among patients and providers. The evaluation will guide continuous improvement and inform future practices.

A) Evaluation Objectives

- **Outcome Evaluation:** Assess the impact of the CCMY and BHI models on patient outcomes. This includes improvements in mental health symptoms, quality of life, and healthcare utilization. Specifically, evaluate how CCMY and BHI influence outcomes for depression, anxiety, PTSD, and other mental health conditions when implemented in primary care settings, including telehealth.
- **Process Evaluation:** Evaluate the implementation process of both CCMY and BHI models, including fidelity to their principles, barriers, and facilitators encountered, and adaptations made. This involves assessing how well the integration of behavioral health services within primary care (BHI) and the structured care approach of CCMY are operationalized.
- **Cost Evaluation:** Analyze the cost-effectiveness of implementing CCMY and BHI models compared to traditional care models. This includes evaluating healthcare savings from reduced hospitalizations and emergency visits as a result of integrating behavioral health services and coordinated approaches to care.

B) Evaluation Design

- **Quasi-Experimental Design:** Use a pre-post design with comparison groups where it is feasible to evaluate changes in outcomes over time for both CCMY and BHI models. This will help in assessing the combined and individual impacts of CCMY and BHI on patient outcomes.
- **Mixed-Methods Approach:** Combine quantitative measures (e.g., standardized mental health assessments, healthcare utilization data) with qualitative data (e.g., stakeholder interviews, focus groups) to provide a comprehensive understanding of the impact of CCMY and BHI models.

C) Data Collection Methods

- **Quantitative Data:** Collect quantitative data through electronic health records (EHRs), patient surveys, and administrative data on healthcare utilization for both CCMY and

BHI models. This includes tracking metrics related to mental health symptom improvement, service utilization, and cost-effectiveness.

- **Qualitative Data:** Conduct semi-structured interviews with key stakeholders (e.g., patients, families, and healthcare providers) to capture perspectives on the implementation of CCMY and BHI models, including insights on barriers, facilitators, and the integration process.

D) Key Metrics and Measures

- **Clinical Outcomes:** Measure changes in mental health symptoms and functioning using validated tools (e.g., PHQ-9 for depression, GAD-7 for anxiety) for both CCMY and BHI models. Assess the effectiveness of integrating behavioral health services and structured care approaches in improving patient outcomes.
- **Process Measures:** Track fidelity to CCMY and BHI components (e.g., screening rates, referrals to behavioral health services, adherence to treatment protocols) to ensure that both models are implemented as intended.
- **Patient and Provider Satisfaction:** Assess satisfaction with CCMY and BHI services through patient feedback surveys and provider satisfaction assessments. This includes evaluating the impact of integrated behavioral health services on overall satisfaction.

E) Implementation Timeline

- **Baseline Assessment:** Conduct baseline assessments of key metrics before the implementation of CCMY and BHI models.
- **Ongoing Monitoring:** Implement continuous monitoring of process measures throughout the implementation phase of both models.
- **Periodic Assessments:** Conduct periodic assessments of clinical outcomes and patient/provider satisfaction at intervals (e.g., every 6 months) post-implementation to evaluate the ongoing impact of CCMY and BHI.

F) Analysis and Reporting

- **Quantitative Analysis:** Use statistical methods (e.g., pre and post-test analysis of scales) to analyze changes in clinical outcomes and healthcare utilization for both CCMY and BHI models.
- **Qualitative Analysis:** Employ thematic analysis to identify common themes and insights from stakeholder interviews and focus groups regarding the implementation and impact of CCMY and BHI models.
- **Reporting:** Prepare regular progress reports and a final comprehensive evaluation report summarizing findings, lessons learned, and recommendations for scaling or refining CCMY and BHI models.

G) Dissemination and Utilization

- **Stakeholder Engagement:** Engage stakeholders (e.g., healthcare providers, families, community organizations) throughout the evaluation process to ensure buy-in and utilization of findings related to CCMY and BHI models.

- **Knowledge Translation:** Disseminate evaluation results through presentations, peer-reviewed publications, and local forums to share best practices and lessons learned about integrating CCMY and BHI models.

H) Continuous Improvement

- **Feedback Mechanisms:** Establish mechanisms for ongoing feedback and adaptation based on evaluation findings to improve the implementation of CCMY and BHI models continuously.
- **Quality Improvement:** Implement quality improvement processes based on evaluation data to address identified gaps and enhance the effectiveness of both CCMY and BHI models.

By following this Evaluation Learning Plan, CMH can systematically assess the impact and effectiveness of CCMY and BHI models for mental health care, contribute to the evidence base for integrated care approaches, and inform future healthcare practices and policies.

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 with the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

Community Memorial Healthcare is a trusted partner that has worked with VCBH on client care coordination, the community health needs assessment, and the population needs assessment. They operate the only other hospital in the city of Ventura. The County will utilize quarterly reports, contracts, and annual reports to track evaluation progress. CMH will contract evaluation services in alignment with the county's best practices.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing the 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.

An MHSA stakeholder planning committee was gathered and included individuals living with a serious mental illness, family members of individuals living with serious mental illness, Latinx, LGBTQ+, all geographic regions, genders, religious communities, and community-based organizations. The planning process resulted in 28 Innovation ideas that were submitted though the County website. Committee members had five days to assess the summary proposals and

vote for their top three after a brief orientation to Innovation regulation requirements. Collaborative care for youth was one of the projects from this list.

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 outlined 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 project will begin by engaging a diverse group of stakeholders—representing the populations served in Ventura County, including community members, staff, and partnering organizations—in the planning, implementation, and review phases of the evaluation.

B) Cultural Competency: The project will establish a stakeholder advisory group early on to ensure the program meets cultural competency standards that are in addition to the ongoing requirements of traditional health care systems by focusing on this new approach and meeting clients' needs.

C) Client-Driven: All service plans and treatment options would be created in partnership with the

D) Family-Driven: Families are part of the treatment team as the majority of the clients will be minors. Family members are integral to successful treatment and recovery.

E) Wellness, Recovery, and Resilience-Focused: Services will be timely and aimed at intervening while symptoms are mild to moderate. Purposefully treating children before they need specialty mental health services.

F) Integrated Service Experience for Clients and Families: One of the project's primary benefits is an integrated service experience. Clients would be treated first and if clinically appropriate, through their primary care providers' office.

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.

To ensure that the project evaluation is culturally competent and includes meaningful stakeholder participation, the program will implement a multi-faceted approach grounded in inclusivity, transparency, and cultural awareness. The project will begin by engaging a diverse group of stakeholders—representing the populations served in Ventura County, including community members, staff, and partnering organizations—in the planning, implementation,

and review phases of the evaluation. Their insights will help shape evaluation tools and metrics that are culturally sensitive and relevant. By fostering open dialogue and prioritizing culturally tailored strategies, the program will ensure the evaluation process respects the diversity of the community and generates actionable insights that reflect the true impact of the project.

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.

The Community Memorial Healthcare system is investigating and building out the billing system during this pilot to ensure that the program, if successful, will continue with federal and state funding after the grant funding concludes.

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.

Individuals with serious mental illness will be assessed to determine if the program is suitable for their needs. If the patient requires a higher level of care for their mental health needs, CMH will provide continuity of care by establishing a robust transition plan that includes linking participants to long-term community-based resources and treatment services. This will involve close collaboration with local mental health providers, case managers, and peer support networks to ensure ongoing care. Additionally, the program will maintain detailed care plans and provide participants with referrals and follow-up support to address their ongoing needs, fostering sustained stability and wellness beyond the project's duration.

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 contract agency. 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 the Community Program Planning Process and at Behavioral Health Advisory Board meetings. Updates and lessons learned would be communicated through county-to-county meetings and website postings.

Each of the VCBH innovation programs has a dedicated webpage where updates get posted regularly. In addition, an Innovation summary page also exits where reports get posted on the Wellness Everyday website.

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.

Collaborative care, Behavioral health integration child psychiatry

TIMELINE

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

The targeted start date July 1, 2025 – June 30, 2028

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

The total timeframe of the project is 36 months.

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

INTAKE PHASE (MONTHS 1-6)

Month 1:
o Create job descriptions and initiate the procurement process for hiring an Evaluator, along with recruiting for the Program Coordinator and Behavioral Health Coordinator position
o Identify key stakeholders (Psychiatry, Medical Providers, Community Partners)
o Finalize grant agreement and ensure all contractual obligations are in place, including financial arrangements and reporting requirements

Month 2:
o Hire staff (Program Coordinator, Behavioral Health Coordinator, and Evaluator)
o Research, review, and set up policies and procedures for the CCMY Model
o Develop Goals, Objectives, and Outcomes for the program
o Develop timelines, policies, procedures, and staff training plan
o Review and approve the detailed implementation plan, including objectives, key activities, roles, and responsibilities

Month 3:
o Work on the CCMY model and develop workflows, billing, and all structural components
o Attend necessary training and visit other organizations implementing this model
o Develop data collection tools and design and create surveys, interviews, or other tools needed to gather information
o Begin initial analysis of possible program participants
o Meet with Accounting and Billing Systems to identify the CCMY model of billing

Month 4:
o Meet with Health Plans to identify key strategies (e.g., Carelon, Gold Coast)

o Finalize data collection tools in alignment with key goals
o Perform analysis of current pediatric patients and identify trends and issues

Month 5:
o Confirm Evaluator
o Finalize and implement standardized tools for patient assessments and parent surveys
o Continue collecting data and preparing data analysis
o Share information with key stakeholders and strategize goals, outcomes, etc.

Month 6:
o Staff continue training and revising overall workflows, design, and communication strategies for the program
o Establish partnerships with local mental health providers, community organizations, and educational institutions
o Monitor ongoing specific requirements, stakeholder availability, and any other factors unique to the program
o Ensure that the collaborative care model adheres to all relevant healthcare regulations and standards

PHASE 1: IMPLEMENT CCMY (MONTHS 7-18)

Month 7
o Host training and learning sessions with staff (Front Office, MA, Providers, and Behavioral Health Interventionists)
o Set Scheduled Meeting Dates and Implement Workflows for staff

Month 8:
o Interview Clinical Supervisor & Behavioral Health Interventionist
o Set Milestones for program implementation
o Develop and establish Referral and Registry Systems
o Host training and learning sessions with staff (Front Office, MA, Providers, and Behavioral Health Interventionists)

Month 9:
o Provide consultation and support to primary care providers
o Develop educational materials and resources for patients and families

Month 10:
o Begin routine mental health screenings in primary care pediatrics
o Implement warm handoffs to Behavioral Healthcare Interventionists (BHI) after obtaining patient consent
o Actively engage patients in the care process and ensure their needs and preferences are addressed

Month 11:
o Providers make referrals to BHI and enter screening results into the registry
o BHI clinical staff provide brief evidence-based therapeutic interventions and referrals internally or to outside agencies or programs
o Implement opportunities for parent and child participation in parenting groups (Reflective Parenting, Mindfulness Training)

Month 12: Hire Clinical Supervisor, Behavioral Health Interventionist)
o Conduct and/or refer parents to monthly psychoeducation groups

o Set Scheduled Meeting Dates and Implement Workflows for staff
o Psychiatrists meet weekly with BHIs to review the registry
o Ongoing assessment of patients; make recommendations for additional therapy and medication changes as needed

Months 13-18:
o Continue implementation and monitoring of CCMY workflows
o Refine processes and address any implementation challenges
o Continue development and adjustment of educational materials and resources

PHASE 2: MONITOR AND EVALUATE PROGRAM OUTCOMES (MONTHS 19-36)

Months 19-24:
o Continuous review of registry
o Monthly primary care huddles for updates and informal training sessions
o Use screening methods to assess decreases in negative behavioral health symptoms
o Employ standardized assessment instruments for children and adolescents
o Analyze data on attendance, participation rates, and engagement levels of patients and families

Months 25-30:
o Collect feedback from families, caregivers, and other stakeholders
o Gather external perspectives on participant changes and program impact through surveys and feedback forms

Months 31-36:
o Conduct a comprehensive evaluation of the program
o Analyze both quantitative and qualitative data
o Prepare and disseminate findings from the program evaluation

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

Community Memorial Healthcare MHSA Innovative Grant Narrative

Personnel Costs (Year 1):

For Year 1, the total personnel cost is **$176,061.60**, representing a thoughtful allocation of resources for program leadership, coordination, and service delivery. This investment ensures the recruitment and retention of highly skilled professionals, who are critical to the program's success.

Fringe Benefits Narrative Justification

Fringe benefits are calculated at 40% of each eligible personnel's salary, encompassing essential employer contributions such as health insurance, retirement, payroll taxes, and other standard benefits. These benefits ensure staff well-being, which is crucial for maintaining productivity and morale.

Breakdown of Fringe Benefits (Year 1):

1. AVP of Care Coordination: $5,000.00
2. Director of Ambulatory Behavioral Health and Grants: $12,912.64
3. Program Manager: $39,200.00
4. Licensed Clinical Staff (TBD): No allocation in Year 1 as hiring is pending.
5. Behavioral Health Coordinator: $13,312.00

Total Fringe Benefits (Year 1): $70,424.64

Together, personnel and fringe benefits constitute the foundation of the program by ensuring dedicated leadership, collaborative care planning, and targeted service delivery for underserved populations.

Travel Narrative Justification

The travel budget is designed to support outreach between clinics, community organizations, and service sites across Ventura County. Staff are expected to travel up to 20 miles daily (round trip), three days per week, for 50 weeks annually. Using the 2024 standard mileage rate of $0.67 per mile, the total Year 1 travel cost is **$5,788.00**. These travel efforts are crucial for building and sustaining community partnerships and ensuring accessible services.

Equipment Narrative Justification

Efficient operations require well-equipped workstations for staff. The budget includes five laptops, docking stations, and peripherals, along with office furniture, monitors, and laser printers. Communication tools such as Cisco desk phones, Plantronics headsets, and iPhones are also included to ensure smooth program operations.

Total Equipment Costs (Year 1): $24,507.70

This investment supports productivity, communication, and seamless delivery of services.

Supplies Narrative Justification

To enhance program operations and client engagement, the supplies budget covers:

- **Educational Materials:** 24 units at $150/unit, totaling $3,600.00, to foster parent/guardian participation in mental health services.
- **Office Supplies:** Administrative tools ($2,000.00).
- **Printer Cartridges:** For program documentation and communication ($2,000.00).

Total Supplies (Year 1): $7,600.00

Contractual Narrative Justification

Strategic partnerships and training are vital for implementing the Collaborative Care Model (CoCM). The budget includes:

1. Psychiatrist Champion: $5,000/per year for expertise bridging primary care and mental health services.
2. CoCM Training and Site Visits: $10,000 for training sessions in Years 1–2.
3. Group Provider Contracts: $200/session for 48 sessions in Years 1.5–3 to provide therapy for underserved families.
4. Evaluator: $125,000.00 to assess program outcomes, ensure quality improvement, and develop sustainability strategies.

Total Contractual Costs (Year 1): $37,800.00

Facility Narrative Justification

The program requires 750 square feet of office space at $2.50 per square foot monthly. This space facilitates staff-client interactions and administrative tasks.

Total Facility Costs (Year 1): $22,500.00

Indirect Costs Narrative Justification

An indirect cost rate of 15% covers administrative overhead, utilities, and other necessary expenses, ensuring program sustainability.

Total Indirect Costs (Year 1): $51,702.29

Total Budget Summary (Year 1):

- **Personnel:** $176,061.60

- **Fringe Benefits:** $70,424.64
- **Travel:** $5,788.00
- **Equipment:** $24,507.00
- **Supplies:** $7,600.00
- **Contractual:** $37,800.00
- **Facility:** $22,500.00
- **Indirect Costs:** $51,702.59

Total Direct Costs (Year 1): $396,384.13

Narrative Justification for Future Budget (2025–2028)
The projected budget reflects strategic adjustments to maintain program success and address inflationary changes over three years.

1. **Personnel and Fringe Benefits:** A 3.5% cost-of-living adjustment (COLA) for Years 2–3 ensures competitive salaries and benefits retention.
2. **Travel:** Outreach expenses remain consistent across clinics and organizations.
3. **Equipment:** No new purchases are planned after Year 1.
4. **Supplies:** Consistent funding across three years supports educational materials and administrative needs.
5. **Contractual Services:** Training expenses grow over time, increasing from $51,702.29 in Year 1 to $61,600.00 in Year 2, and $80,600.00 in Year 3, with the most significant cost attributed to program evaluation.
6. **Facility Costs:** Remain steady at $2.50/sq ft.
7. **Indirect Costs:** Calculated at 15% annually to sustain overhead costs.

Cumulative Budget (2025–2028):
The program's total cost over three years is **$2,499,443.95** ensuring sustainable delivery of mental health services through the CoCM model.

County Administration Indirect: $374,917
Total Program Cost: $2,874,361

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	**FY 25/26**	**FY 26/27**	**FY 27/28**	**FY xx/xx**	**FY xx/xx**	**TOTAL**
1.	Salaries						
2.	Direct Costs						
3.	Indirect Costs						
4.	**Total Personnel Costs**						
	OPERATING COSTS*						
5.	Direct Costs						
6.	Indirect Costs	**$59,458**	**$153,695**	**$161,764**			**$374,917**
7.	**Total Operating Costs**	**$59,458**	**$153,695**	**$161,764**			**$374,917**

	NON-RECURRING COSTS (equipment, technology)						
8.							
9.							
10.	**Total non-recurring costs**						**$**
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)						
11.	Direct Costs	**$344,682**	**$890,988**	**$937,760**			**$2,173,430**
12.	Indirect Costs	**$51,702**	**$133,648**	**$140,664**			**$326,014**
13.	**Total Consultant Costs**	**$396,384**	**$1,024,636**	**$1,078,424**			**$2,499,444**
	OTHER EXPENDITURES (please explain in budget narrative)						
14.							
15.							
16.	**Total Other Expenditures**						**$**
	BUDGET TOTALS						
	Personnel (total of line 1)	**$0**	**$0**	**$0**			**$0**
	Direct Costs (add lines 2, 5, and 11 from above)	**$344,682**	**$890,988**	**$937,760**			**$2,173,430**
	Indirect Costs (add lines 3, 6, and 12 from above)	**$111,160**	**$287,343**	**$302,428**			**$700,931**
	Non-recurring costs (total of line 10)						**$**
	Other Expenditures (total of line 16)						**$**
	TOTAL INNOVATION BUDGET	**$445,842**	**$1,178,331**	**$1,240,188**			**$2,874,361**

*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 <u>for administration</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 25/26**	**FY 26/27**	**FY 27/28**	**FY xx/xx**	**FY xx/xx**	**TOTAL**
1.	Innovative MHSA Funds	$59,458	$153,695	$161,764			$374,917
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						

6.	**Total Proposed Administration**	**$59,458**	**$153,695**	**$161,764**			**$374,917**
EVALUATION:							
B.	**Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 25/26**	**FY 26/27**	**FY 27/28**	**FY xx/xx**	**FY xx/xx**	**TOTAL**
1.	Innovative MHSA Funds	**$17,000**	**$42,000**	**$66,000**			**$125,000**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	**Total Proposed Evaluation**	**$17,000**	**$42,000**	**$66,000**			**$125,000**
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 25/26**	**FY 26/27**	**FY 27/28**	**FY xx/xx**	**FY xx/xx**	**TOTAL**
1.	Innovative MHSA Funds*	**$455,842**	**$1,178,331**	**$1,240,188**			**$2,874,361**
2.	Federal Financial Participation						**$**
3.	1991 Realignment						**$**
4.	Behavioral Health Subaccount						**$**
5.	Other funding**						**$**
6.	**Total Proposed Expenditures**	**$455,842**	**$1,178,331**	**$1,240,188**			**$2,874,361**

*** 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.**