INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

County: Butte County Date Submitted
Project Name: Physician Committed

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

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

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

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

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

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

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

I. Project Overview

1) Primary Problem

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

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

While early screening and detection for physical health issues in adolescents is common in medical practices, the early screening and detection for behavioral health is not common. Research shows that early detection is key to helping people receive the support they need and keep the issue from becoming more severe. It is also important that the screening is provided in a non-invasive and non-threatening way. Research also demonstrates that mental health and substance issues are often underlying issues with other health concerns. If doctors are able to detect these issues earlier, they may prevent other health issues from occurring/progressing as well. This project will help to transform the process, protocol and ultimate outcome for early screening and detection of behavioral health issues among adolescents involved in the project.

Butte County spans 1,677 square miles and encompasses many rural communities. Butte County incorporates the highest population north of Sacramento, but is just barely above the population threshold to be considered a medium-sized county. While Butte County is mostly rural, a large urban population continues to expand. In order to better understand Butte County and it's defining characteristics, it is important to note that:

- Butte County has the highest ACES (Adverse Childhood Experiences) Score in the entire State, signifying higher rates of childhood trauma. [1]
- Butte County has 1.4 times the rate of poverty in California and 1.5 times the rate for the United States.[2]
- The Butte County unemployment rate is 6.8% compared to the state rate of 5.0%[2]
- 36.5% of Butte County's population are Medi-Cal Beneficiaries. California's rate is 33.4%[2]
- In November 2017, USA Today reported in a national study that Chico, the primary metropolitan area of Butte County, is the top city in California for the highest levels of binge and heavy drinking in adults.[3]

These data points are just the beginning of the story that unfolds for Butte County residents and their mental health needs and substance abuse challenges.

Recognizing that adolescent mental health and substance issues often go undetected, are common, are risky and often a marker for other health issues, this project poses a unique opportunity to engage the medical community in the solution. This is critical because:

- 13% of youth aged 8-15 live with mental illness. This figure jumps to 21% in youth ages 13-18.
- One half of all lifetime cases of mental illness begin by age 14.

[1] http://www.centerforyouthwellness.org/blog/BFRSS
[2] https://censusreporter.org/profiles/05000US06007-butte-county-ca/
[3] https://www.usatoday.com/story/money/2017/11/21/alcohol-abuse-drunkest-city-every-state/884359001/

- Homicide and suicide are the leading cause of death for ages 15-24.
- 29% of Butte County 7th graders, 32% of 9th graders and 33% of 11th graders report feeling so sad and hopeless almost every day that they stopped doing some usual activities.
- 22% of Butte County 9th graders, 17% of 11th graders, and 37% of non-traditional high school students have seriously considered attempting suicide within the past 12 months.
- 1 in 3 children starts drinking by the end of the 8th grade and half of them report having been drunk.
- 21% of Butte County 11th graders and 11% of 9th graders report binge drinking (5 or more drinks in a row) during the past 30 days.

Sources for these data include *National Institute on Alcohol Abuse & Alcoholism (NIAAA), National Institute of Health (NIH), American Academy of Pediatrics and the California Healthy Kids Survey Results for Butte County.*

Through collaborative relationships between Butte County Behavioral Health, Butte-Glenn Medical Society, Butte County Office of Education and local primary care physicians, we have the opportunity to expand the capability of our Behavioral Health services to identify and intervene with youth who have significant risk factors for mental health and substance use issues.

Primary care physicians have the potential to play an important role in promoting the social-emotional health of adolescents. Primary care physicians have unique access to children and their families from an early age through adolescence. They are situated to foster effective, nurturing relationships built on knowledge and trust. The opportunity to expand the role of the primary care physician to include behavioral health screening will provide transformation to primary care practice, requiring new knowledge and skills, collaborative relationships and an increased level of comfort and capacity to address mental health and substance use issues in adolescents. This transformation will contribute to not only an increase in capacity, skill and knowledge, but a reduction in the stigma within the healthcare system that is often associated with these issues.

Primary care physicians' role in behavioral health care differs substantively from that of mental health specialists. Many physicians may be unfamiliar with behavioral health problems as they present in primary care. Children and families who seek care from a mental health specialist do so because they have recognized a mental health need, or because some crisis has compelled them to seek specialty mental health care. Children and families seeking care from a primary care office often have not framed the visit as related to "mental health". They may be seeking routine health care, acute care for a physical complaint, help with a challenging behavior, or simply reassurance about a new or existing medical condition that is causing concern. Ideally, primary care physicians would elicit psychosocial and mental health concerns in each of these situations.

Introducing behavioral health screenings in healthcare settings will require training, support, collaborative relationships and practice. It is our goal that as practitioners receive additional training and practice, and have the support they need to build the capacity of their staff, the enhancements to their healthcare screening process and protocol will feel seamless. As they practice and experience the dialogue associated with the behavioral health screening, they will feel more comfortable and less apprehensive about this approach; ultimately reducing the stigma and increasing the conversation about these critical issues.

In addition, Butte County Behavioral Health (BCBH) has a unique opportunity to collaborate with local school districts to incorporate behavioral health screenings as part of the required annual athlete physicals. This low cost/no cost sports physical has traditionally only included physical health markers and risks. High school sports include a very diverse population of adolescents. This low cost/no cost affordability ensures that every athlete

has the behavioral health screening, regardless of socio-economic levels or insurance. The addition of the Physician Committed behavioral health screening questions and referral mechanism (when appropriate) will provide the opportunity for physicians to expand their reach and identify behavioral health symptoms and issues early and often.

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

The Butte-Glenn Medical Society (BGMS) initiated this project through a partnership with BCBH. BGMS has a strong commitment to addressing our communities' health issues and increasing the capacity of local physicians to provide more comprehensive assessments that include behavioral health screening. In 2015, BGMS approached the BCBH Prevention Unit with the opportunity to partner on an initiative that would engage the medical community in an adolescent screening and referral for behavioral health issues. This would be provided through the pediatric, acute, and primary care practitioners. As a result, a group of Butte County service providers and agency partners came together with the goal of educating primary care physicians about the integration of behavioral health screening into their physical health screening process. The group worked to establish a framework that would inform, educate and standardize the integration efforts. Members of that group included:

- Butte County Behavioral Health
- Butte-Glenn Medical Society
- Chico Unified School District
- Pleasant Valley High School/Chico High School
- Butte County Office of Education
- Local Physicians
- Butte County Public Health

After research and review of existing resources to enhance our efforts, we determined that the use of reputable and tested algorithms and screening questions was ideal. Our research led us to the adoption of the Alcohol Screening and Brief Intervention for Youth (National Institute on Alcohol Abuse and Alcoholism) for the alcohol portion of the screening and the Brief Mental Health Update (American Academy of Pediatrics, David S. Rosen MD, MPH) for the mental health portion of the screening process. Although the screening questions are not "innovative", the innovation lies in the partnership with the medical practitioners on the implementation of the behavioral health screening protocol within the physical health screening process. Realizing that this is a new approach and process for Butte County medical providers, BGMS partnered with BCBH Prevention Unit to pilot a training for local physicians to test the prototype in the physical health setting.

Based on the two year planning and testing process, combined with physician feedback, it was determined that this was an initiative that showed great promise and potential for expansion and replication. During the test phase, physicians volunteered their time to become trained and informed on the screening tool. Adolescents were screened, referred and provided mental health and substance use intervention services that may have otherwise gone undetected and unserved.

Outcomes of the testing phase:

- Number of physicians, nurses and medical staff trained on the Physician Committed model and screening process/protocol = 67

- Number of youth screened in 2016 was approximately 500. 18 referrals for further screening/assessment were made.
- Number of youth screened in 2017 was approximately 500. 30 referrals for further screening/assessment were made. One youth was identified as being in crisis and was referred to crisis services.

In the fall of 2016, BCBH initiated a Community Planning Process for the Innovation component. There were four community meetings held; one in each of the most populated towns in Butte County (Chico, Oroville, Paradise, and Gridley). The meetings included a presentation from the MHSA Coordinator that described the MHSA and detailed the Innovation component and its requirements. Physician Committed was presented as one of four innovative projects to be considered for further development. Community feedback was gathered via survey and verbal response. The outcome of these meetings confirmed the desire of the community for Physician Committed to move forward in the Innovation process to implement these services county-wide.

On November 1st, 2017, a 30-day public comment period began for the Innovation component. BCBH chose to initiate another round of community meetings to be held to refresh the community on Physician Committed and educate the community on another potential project. During this time period, there were six community meetings (two in Chico and Oroville, one in Paradise and Gridley) that included a presentation to inform the community on the MHSA and described the Innovation component and its requirements. In addition, a survey was developed to gain meaningful insight from community members. The survey was designed to also briefly inform the participants that were not able to attend community meetings, although that was strongly recommended. The Innovation presentation was also demonstrated to the Behavioral Health Board, BCBH Quality Improvement Committee, and the BCBH Cultural Competency Committee. Overall, there were 105 survey responses. The results from the 30-day period garnered insightful feedback for each proposed project, along with recommendations from the participants for new Innovation projects. The Innovation Survey Response Report will be included in the submittal of this template.

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

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

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

a) **Describe the methods you have used to identify and review relevant published literature regarding existing practices or approaches. What have you found? Are there existing evidence-based models relevant to the problem you wish to address? If so, what limitations to those models apply to your circumstances?**

Research via CSU Chico Library database led to one literature review describing a similar approach to incorporating behavioral health screenings in pediatric primary care settings. The study was limited to computerized screening systems, and concluded more work could be done on physician training to ensure patient follow up. Current use in primary care places little emphasis on steps that make behavioral health

screenings possible. Current literature suggests new research on incorporating behavioral health screenings in pediatric primary care should provide steps and details about how screening is framed to patients, along with comprehensive physician training. For adults, behavioral health screenings are incorporated into many practitioner clinics and hospitals. While there are studies and tools available for the screening of substance use and mental health issues for adolescents in behavioral health settings, these practices do not incorporate the screenings into the primary and pediatric care settings.

b) **Describe the methods you have used to identify and review existing, related practices in other counties, states or countries. What have you found? If there are existing practices addressing similar problems, have they been evaluated? What limitations to those examples apply to your circumstances?**

While there are many different assessment tools and articles relating to mental health screening in primary care, much of what exists speaks more to adult primary care. The assessment tools are often related to diagnostic formulation, or different assessment of different domains in the patient's life (e.g., family history, past psychiatric history, etc.). Here, in rural California, Butte County seeks to strengthen our relationship with our medical society and physicians to implement simple tools and training that assists the physician in determining whether or not to refer a youth for behavioral health assessment and potential services, if needed.

The annual adolescent sports physical was identified as an existing tool being used to screen for health issues with high school students who are interested in playing high school athletics. Although this existing tool provides the opportunity for physicians to screen hundreds of local high school students on an annual basis, it was limited to physical health domains and did not include behavioral health areas. The implementation of Physician's Committed would fill that perceived gap in care, working towards assessing the overall health of the entire person and not limiting the assessment to physical ailments.

3) The Proposed Project

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

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

a) **Provide a brief narrative overview description of the proposed project.**

The Physician Committed Program is a project designed to transform the health care setting that traditionally focuses on physical health into a comprehensive health care setting that includes mental and emotional health. This transformation will be achieved through a collaborative effort which will provide the support and tools to increase the capacity of local physicians to provide comprehensive assessments that include issues relating to mental health and substance use. This project will standardize the process and protocol used for screening adolescents for mental health and substance use issues, also referred to as behavioral health issues. This will be accomplished by providing the medical professionals training and support on the adoption of the Alcohol Screening and Brief Intervention for Youth tool (National Institute on Alcohol Abuse and Alcoholism) and the Brief Mental Health Update (American Academy of Pediatrics, David S. Rosen MD, MPH). . These screening tools can assess for risk early on, are empirically based, are fast and versatile and can be easily and efficiently incorporated into medical screening protocols and practices.

As a result of the Physician Committed Program, adolescents who are being seen by their pediatrician/family primary care doctor for annual exams, sports physicals, immunizations or other standard visits will also be screened for behavioral health issues. This will identify these issues early on and often, reducing the incidence of undiagnosed/unidentified issues and increase access for services. This project will help transform the traditional health screening process, increase the capacity of the medical providers and ensure easier access to intervention, support and/or treatment. Ultimately, this will help reduce the number of undetected adolescent behavioral health issues and reduce the need for more intensive supportive services by catching the issues earlier.

Although this project will initially be implemented in Butte County, replication and expansion to the surrounding small counties is desirable. The partnership with Glenn County medical providers is already established through the Butte Glenn Medical Society. This will allow for bi-county implementation, reflection and feedback.

Training and Education

In an effort to increase the capacity and comfort of physicians, a comprehensive training plan will be developed and implemented. The training plan will include training seminars, technical assistance and support, training videos, toolkits and supportive material designed to assist and support implementation. The training and the tools will also help to standardize the process and increase fidelity with the protocol. Behavioral Health staff and physicians have developed and implemented a pilot training that was tested with the Enloe Hospital Pediatric Group and local pediatricians. There is more detail about the pilot phase and it's outcomes on page 4.

Mental Health Screening Protocol

Step 1: Ask the three mental health screening questions along with the follow up probes and questions when appropriate. Research indicates the three screening questions are powerful predictors of mental and emotional health issues in youth. Those three questions are:

a. Tell me, in general, how you think things have been going for you lately?
b. Many of my other patients your age often talk about "stress"; what are the things that are most stressful for you these days? How do you manage stress?
c. What changes, if any, have you noticed in your sleep lately (more, less, about the same as usual)?

Step 2: Assess Risk. The questions are designed to be non-threatening yet early predictors of other issues. If the patient response heightens concerns, further probing and enhanced education is provided. If the patient responses do not heighten concern, the physician will reinforce their healthy patterns with praise and encouragement, elicit and affirm reasons to continue with their choices.

Step 3: Advise and Assist. If the patients' response does pose concern, physicians discuss with the adolescent the early warning signs and symptoms associated with mental health issues and concerns. The physician will discuss the benefit of additional support and create a plan for a warm hand off to the intervention specialist for follow up. The intervention specialist will be dedicated to this initiative to increase the likelihood that the hand off will be fast and successful.

Step 4: At Follow Up, Continue Support. It may be uncommon for patients to return for mental health specific follow up. Still, when patients return for any reason, there is an opportunity to strengthen the effects of the previous screening visit. This is the ideal opportunity to revisit the initial screening questions and associated problems, review the patients' progress and assess whether they continued with the intervention services offered.

Substance Use Screening Protocol

Step 1: Ask the two substance use screening questions outlined in the Physician Committed Toolkit, along with the follow up probes and questions when appropriate. Research indicates that the two age-specific screening questions (about friends' and patient's drinking) are powerful predictors of current and future alcohol problems in youth. The two initial questions for adolescents ages 14-18 are:

a. In the past year, how many days have you had more than a few sips of beer, wine, or any drink containing alcohol?
b. If your friends drink, how many drinks do they usually drink on an occasion?

Step 2: Assess Risk. The first question is important in assessing the level of risk. The second question related to binge drinking by friends heightens concerns and elicits further probing and enhanced education. If the patient does not drink and does not have friends who drink, the physician will reinforce their healthy choices with praise and encouragement, elicit and affirm reasons to stay alcohol free, and educate of the harmful effects of substance use.

Step 3: Advise and Assist. If the patient does drink, physicians refer to a chart outlined in the Physician Committed Toolkit that helps to determine the appropriate treatment/protocol for the level of risk (by age) and collaborate on a personal goal and action plan for the patient. The physician will also plan for a warm hand off to the intervention specialist for follow up. The intervention specialist will be dedicated to this initiative to increase the likelihood that the hand off will be fast and successful.

Step 4: At Follow Up, Continue Support. It may be uncommon for patients to return for an alcohol-specific follow up. Still, when patients return for any reason, there is an opportunity to strengthen the effects of the

previous screening visit. This is the ideal opportunity to ask about current alcohol use and associated problems, review the patients' goals and assess whether they were able to meet and sustain them.

Referral Process

The intervention specialists will be dedicated to this project to support the referral process and ensure a "warm hand off" when/if additional support services are needed. The intervention specialist will establish working relationships and protocol with the physicians, nurses, physician assistants and be readily available to follow up with adolescents when needed. If it is determined that a young person may need intervention support, the physician (or their staff) will contact the intervention specialist. If there is an immediate need for crisis intervention, the physician will contact Butte County Behavioral Health Crisis Services for immediate response. If the situation is not a crisis, the intervention specialist will make contact with the adolescent within two business days. The adolescent will be invited to meet with the intervention specialist for three follow up sessions. At the end of those sessions, the adolescent and the intervention specialist will determine the next steps. This could include intervention closure, the need for additional sessions, or a transition to a longer term treatment assessment/plan.

Brief Intervention

The follow up intervention consists of three session intended to provide a forum for a young person to talk about their issues, give accurate history and information, identify related issues, empower the young person to set goals and make informed choices, assist the young person in accessing other services. The brief intervention sessions will infuse Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI) approaches. CBT is based on Social Learning Theory principals. It is a technique used to change perceptions, thoughts and feelings about behavior and the role social environments have in influencing these behaviors. MI is "a person-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence" (Miller and Rollnick – developers of MI).

Physician Reflection

A post training survey has been developed and was administered to all attending doctors 30 days after the pilot training to assess level of implementation, comfort, efficiency and referrals made as a result of the substance use and mental health screenings. This survey will help guide areas of additional training, provide information on the amount of time needed for the additional screening questions, and track the type of issues being identified along with the follow up care plan. In addition, Physicians will be asked to provide input on the nature of the collaboration between BCBH, school districts, and their private practice. This will provide measurement on the primary category of this project; Promote interagency collaboration related to mental health services, supports, or outcomes.

Consumer Reflection

An adolescent/consumer post intervention survey has been developed and piloted. The survey is administered on the last session with the intervention specialist. The survey measures adolescents' level of trust with the staff member, their knowledge and understanding of the issues addressed, their commitment to modifying harmful behaviors and/or situations, their confidence in the process/support received helping them in future situations, their confidence in coping skills as a result of intervention, their commitment to not use substances, and their comfort level/commitment to seek supportive services in the future if needed. In addition, the survey will measure the reduction in mental health symptoms including depression, anxiety, and stress.

Collaboration & Shared Learning

The interagency collaboration between our behavioral health system, the Butte Glenn Medical Society, the school districts and the primary care system will be an integral part of this program. Most adolescents visit a primary care practitioner every year and many are willing to discuss issues when they are assured of confidentiality. As trusted health care providers, they are in a prime position to identify issues in patients early – and to intervene. When/if adolescents screen positive for behavioral health issues, they are often good markers for other health issues. In addition to the administration of the screening tools through the primary care settings, this initiative will also promote interagency collaboration between the school district and the high school administration through the implementation of the screening process at all high school athlete annual physicals. This project will standardize the process and protocol used for screening adolescents for behavioral health issues.

There will be mutually agreed upon memorandums of understanding between BCBH and the school districts to ensure confidentiality for the adolescent and the outcomes of their screening. BCBH will follow California state protocol for minors to consent to ongoing treatment. "A minor who is 12 years of age or older may consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if both of the following requirements are satisfied: (1)The minor, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient services or residential shelter services. (2) The minor (A) would present a danger of serious physical or mental harm to self or to others without the mental health treatment or counseling or residential shelter services, or (B) is the alleged victim of incest or child abuse." (Cal. Family Code § 6924)

Because all partner agencies are already meeting on a monthly basis and are invested in the success of this initiative, they are committed to the continuous refinement and shared learning that will come with this innovative project. The feedback from the physicians and their assistants, the feedback from the adolescent reflection surveys and the feedback from the intervention specialists will help guide modifications and adaptations.

To measure the success of the collaboration, participating staff will be asked to provide input on the nature of the collaboration between BCBH, BGMS, school districts, and the primary care providers. This will provide measurement on the primary category of this project; Promote interagency collaboration related to mental health services, supports, or outcomes. The overall evaluation will also include the number of physicians trained and the number of physicians actively using the screening tool as an indicator for the collaboration.

This initiative will not be exclusive to Butte County. The physician training and tools will be made available regionally – with the expectation that other counties will absorb the intervention component if they decide to implement this model.

b) **Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).**

Physician Committed introduces a promising community-driven practice approach that has been successful in non-mental health contexts or settings. The community-driven practice that Physician Committed is modeling in the mental health setting is the use of a preventative screening for physical health.

Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply to mental health a practice from outside of mental health, briefly describe how the practice has been applied previously.

As stated earlier, "Early screening and detection for physical health issues in adolescents is common in medical practices. However, the early screening and detection for behavioral health issues is not common. Research shows that early detection is key to helping people receive the support they need and from keeping the issue from becoming more severe." The community-driven practice that Physician Committed is modeling in the mental health setting is the use of a preventative screening for physical health. The annual adolescent sports physical was identified as an existing tool being used to screen for health issues with high school students who are interested in playing high school athletics. Although this existing tool provides the opportunity for physicians to screen hundreds of local high school students on an annual basis, it was limited to physical health domains and did not include behavioral health areas. The implementation of Physician's Committed would fill that perceived gap in care, working towards assessing the overall health of the entire person and not limiting the assessment to physical ailments.

4) Innovative Component

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

a) **If you are adapting an existing mental health model or approach, describe how your approach adds to or modifies specific aspects of that existing approach and why you believe these to be important aspects to examine.**

b) **If you are applying an approach or practice from outside of mental health or that is entirely new, what key aspects of that approach or practice do you regard as innovative in mental health, and why?**

This project supports innovative design by delineating the concepts of increasing the quality of services through physician training and information, and subsequent follow-up to increase access to services. It is a unique and innovative method to directly interact with the primary care providers; to provide them the support and framework for the adoption of the Alcohol Screening and Brief Intervention for Youth (National Institute on Alcohol Abuse and Alcoholism) for the alcohol portion of the screening and the Brief Mental Health Update (American Academy of Pediatrics, David S. Rosen MD, MPH) for the mental health portion of the screening process. Although the screening questions are not "innovative", the innovation lies in the partnership with the medical practitioners on the implementation of the behavioral health screening protocol within the physical health screening process.

5) Learning Goals / Project Aims

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices. There is no maximum number of learning goals required, but we suggest at least two. Goals might revolve around understanding processes, testing hypotheses, or achieving specific outcomes.

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?**

Given that this project is designed to increase the capacity and comfort level of the physicians to integrate adolescent behavioral health screening and referrals through interagency collaboration, the questions to be studied are**:**

- Can behavioral health screenings be effectively and efficiently integrated into the comprehensive adolescent health physical?
- Does this project provide the physician/primary care provider with more confidence and capacity in regards to screening for behavioral health issues?
- With comprehensive training and the implementation of a standardized tool, will physicians' comfort levels with discussing behavioral health with adolescents increase?
- Do adolescents feel more capable for managing early symptoms of behavioral health issues?

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

Learning goal #1: Through comprehensive training and the implementation of a standardized tool, physicians will experience increased comfort level screening adolescents for behavioral health issues. This will be measured through the pre/post training surveys, 30-day follow up surveys and feedback received.

Learning goal #2: Through comprehensive training, increased skill and capacity, physicians will effectively incorporate behavioral health screening into comprehensive health screenings. This will be measured through the pre/post training surveys, 30-day follow up surveys and feedback received.

Learning goal #3: Using the success of the test phase of Physician Committed as a project model, will this project be successful on a County-wide scale?

I. Project Overview (continued)

6) Evaluation or Learning Plan

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

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

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

a) Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?

The target population for training and capacity building will involve a group of 30-45 physicians and physician assistants. BGMS will be instrumental in identifying and securing the participation of the physicians.

The target population for screening, referral and intervention is high school age adolescents in Butte County. Currently there are 30 public high schools in Butte County, serving approximately 10,200 students[4]. Access with the adolescents will occur through regular doctors' visits, immunization appointments, annual physicals and other regular occurring adolescent health visits. The pilot phase (referenced on page 4) indicated that there were 500 screenings annually. Although the total number served is yet to be determined, it is estimated that a minimum of 500 adolescent screenings will be conducted in the first year, with a significant increase in each year as the project becomes more widespread.

b) What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and/or effective dissemination. Please provide examples.

The data to be collected include:

- Total number of screenings completed by primary care physicians
- Total number of physicians trained
- Total number of adolescents that identified as high-risk
- Total number of adolescents referred to mental health services
- Number and type of agencies/offices that implemented *Physician Committed*
- Total number of youth who are connected to behavioral health services
- Demographic breakdown of youth who are connected to behavioral health services
- Total services provided and service breakdown for youth who receive behavioral health services
- CANS outcomes data for youth who receive behavioral health services

Specific outcomes include:

Project Outcome Question	Project Measurement
Will physicians experience increased comfort level screening adolescents for behavioral health issues?	This will be measured through the pre/post training surveys, 30-day follow up surveys and qualitative feedback received.
Can behavioral health screenings be effectively and efficiently integrated into the comprehensive adolescent health physical?	This will be measured through the pre/post training surveys, 30-day follow up surveys and qualitative feedback received.
Will adolescents feel more capable of managing early symptoms as a result of the intervention received (motivational interviewing and cognitive behavioral therapy techniques)?	This will be measured through the post intervention survey completed by the adolescent on the last session.
Does early identification and intervention prevent the need for more intensive treatment?	Intervention Specialist and client feedback
Will adolescents coping skills increase as a result of the intervention received?	This will be measured through the post intervention survey completed by the adolescent on the last session.
Will adolescents' mental health symptoms, such as depression, anxiety, and stress be reduced?	This will be measured through: • The post intervention survey completed by the adolescent on the last session.

[4] https://www.publicschoolreview.com/california/butte-county/high

	• by outcomes reported in clinical documentation for clients who are admitted to BCBH
Was the interagency collaboration between BCBH, BGMS, pediatric offices, and local school districts a success?	This will be measured through: • feedback from the staff who participated in the collaboration • by the number of physicians trained • the number of physicians actively using the screening tool

c) What is the method for collecting data (e.g. interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients, analysis of encounter or assessment data)?

Physician and physician assistant data will be collected and measured through the pre/post training surveys, 30-day follow up surveys and feedback received. If intervention services are received as a result of the referral, client outcomes will be collected and measured through the post intervention survey completed by the adolescent on the last session.

d) How is the method administered (e.g., during an encounter, for an intervention group and a comparison group, for the same individuals pre and post intervention)?

Physician pre/post training surveys and 30-day follow up surveys will be administered through an online survey software. Adolescent post intervention survey will be administered through paper survey or online survey software. For all youth who receive mental health services, all data will be pulled from BCBH electronic health record, Avatar.

e) What is the *preliminary* plan for how the data will be entered and analyzed?

The Systems Performance Research and Evaluations team for Butte County of Behavioral Health (BCBH) extracts, runs and analyzes all clinical and service-related data reports for the department. This team is led by Dr. Sésha Zinn, PsyD, a Licensed Clinical Psychologist. The majority of clinical data is captured in the Electronic Health Record, Avatar. Avatar is a federally-approved software system in which clinical staff enters client clinical documentation and demographic information. The Systems Performance, Research and Evaluation team will take the lead on all Innovations evaluations and will be responsible for dissemination and presentation of the Innovation data and outcomes to stakeholders including consumers, staff and leadership at minimum on a quarterly basis.

7) Contracting

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

N/A

II. Additional Information for Regulatory Requirements

1) Certifications

Innovative Project proposals submitted for approval by the MHSOAC must include documented evidence of County

Board of Supervisors review and approval as well as certain certifications. Additionally, we ask that you explain how you have obtained or waived the necessity for human subjects review, such as by your County Institutional Review Board.

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

   Of particular concern to the Commission is evidence that the County has satisfied any fiscal accountability reporting requirements to DHCS and the MHSOAC, such as submission of required Annual Revenue and Expenditure Reports or an explanation as to when any outstanding ARERs will be completed and filed.
d) Documentation that the source of INN funds is 5% of the County's PEI allocation and 5% of the CSS allocation.

2) Community Program Planning

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

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

Butte-Glenn Medical Society (BGMS) introduced the idea of the Physician Committed project to BCBH in 2015. The idea was born through the strong desire of BGMS to gain knowledge and skills on behavioral health in adolescents. In the fall of 2016, BCBH initiated a Community Planning Process for the Innovation component. There were four community meetings held; one in each of the most populated towns in Butte County (Chico, Oroville, Paradise, and Gridley). These meetings were promoted via email distribution lists that encompass consumers, family members, and community partners/providers. The meetings included a presentation from the MHSA Coordinator that described the MHSA and detailed the Innovation component and its requirements. Physician Committed was presented as one of four innovative projects to be considered for further development. Community feedback was gathered via survey and verbal response. The outcome of these meetings confirmed the desire of the community for Physician Committed to move forward in the Innovation process to implement these services county-wide.

On November 1st, 2017, a 30-day public comment period began for the Innovation component. BCBH chose to initiate another round of community meetings to be held to refresh the community on Physician Committed and educate the community on another potential project. During this time period, there were six community meetings (two in Chico and Oroville, one in Paradise and Gridley) that included a presentation to inform the community on

the MHSA and described the Innovation component and its requirements. Meetings were promoted at each service site, on Butte County's MHSA website and via community email distribution lists. In addition to community meetings, stakeholder meetings which include various advisory groups (i.e., Behavioral Health Board, BCBH Quality Improvement Committee, BCBH Cultural Competency Committee) were shown the Innovation presentation. The Innovation presentation provides a brief overview of MHSA and the characteristics and requirements of Innovation projects. The presentation describes the Physician Committed project and the goals and potential outcomes involved in completion of the project. All community and stakeholder meetings concluded with the opportunity for verbal and/or written feedback. In addition, a survey was developed to gain meaningful insight from community members. The survey was designed to also briefly inform the participants of the proposed Innovations projects that were not able to attend community meetings, although that was strongly recommended. Overall, there were 105 survey responses. The results from the 30-day period garnered insightful feedback for each proposed project, along with recommendations from the participants for new Innovation projects. The Innovation Survey Response Report will be included in the submittal of this template.

3) Primary Purpose

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

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

Physician Committed aims to promote interagency collaboration related to mental health services, supports, or outcomes

II. Additional Information for Regulatory Requirements (continued)

4) MHSA Innovative Project Category

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

a) Introduces a new mental health practice or approach.
b) Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.
c) Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

Physician Committed introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

5) Population (if applicable)

a) If your project includes direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number?
b) Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate. In some circumstances, demographic

information for individuals served is a reporting requirement for the Annual Innovative Project Report and Final Innovative Project Report.

c) Does the project plan to serve a focal population, e.g., providing specialized services for a target group, or having eligibility criteria that must be met? If so, please explain.

Although the total number served is yet to be determined, it is estimated that a minimum of 500 adolescent screenings will be conducted each year. Butte County has a population of a little over 200K and is comprised of 15 school districts. There are approximately 10,200[5] high school students in Butte County, not including private school enrollment. With Phase One of this initiative starting within the Chico Unified School District, efforts will focus on the number of adolescents who are screened through regular physical health appointments and through annual sport physicals. In addition, this project will specifically target adolescents that are eligible to receive Low-Cost, No-Cost People Services[6], to access the population that struggles with poverty. The poverty rate in Butte County (22%) is 1.5 times the rate of California, indicating the increased need for services in this population. And although the program is targeted to low income, it stands to reason that more affluent students who do not want to involve parental notifications may use no-cost resources to assist with mental health or drug issues.

It is our hope that eventually all adolescents will receive the behavioral health screening regardless of insurance or Medi-Cal criteria. This will occur as all health providers implement Physician Committed into their regular health screening protocol. This would include hospitals, health clinics, pediatricians, etc. In addition, the screening protocol will be included in the annual low cost/no cost athlete physicals.

6) MHSA General Standards

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

a) Community Collaboration

b) This project involves a partnership between the Butte Glenn Medical Society, Butte County Behavioral Health, Butte County Office of Education and local medical practitioners. Physician Committed seeks to train all Butte County pediatricians, primary care physicians, acute care and emergency physicians, nurse practitioners and physicians' assistants in an approach to screening that will include behavioral health indicators. **Cultural Competency**

The Cultural Competency Committee reviewed and supported this Innovation concept. Butte County Department of Behavioral Health values the rich diversity our organization and aspires always to demonstrate respect for the uniqueness of each individual's beliefs, values, traditions, and behaviors. We encourage each contribution to the establishment of an open, inclusive environment that supports and empowers our employees. Our commitment to diversity includes both the development of a diverse workforce and the delivery of culturally competent care to our clients. The first step to providing culturally competent care is to embrace our own diversity – to celebrate, enhance, and learn from it. Our diversity is also our strength.

c) Client-Driven

This project engages the client in the screening process through a series of non-threatening questions – and encourages the adolescent to develop meaningful steps to improve their wellness. If further screening and

[5] https://www.publicschoolreview.com/california/butte-county/high

[6] http://www.helpcentral.org/low-cost-no-cost-guide/

early intervention is necessary, the client is engaged in developing strategies for decreasing symptoms and indicators for behavioral health issues.

d) Family-Driven

This project focuses primarily on adolescents and will not include screening for older populations. Resources and information will be provided to parents/guardians who would like to learn more about the early indicators of behavioral health issues. Parents who express a need for their children to be screened will receive assistance through this project.

e) Wellness, Recovery, and Resilience-Focused

This project is built on increasing resilience in young people and providing strategies for increasing overall levels of wellness. It aims to help adolescents feel more self-empowered and capable of identifying and managing stress, seeking support, and reducing substance use.

f) Integrated Service Experience for Clients and Families

The Physician Committed Program is designed to transform the healthcare setting that traditionally focuses on physical health into an integrated and comprehensive healthcare service experience focusing on physical, mental and emotional health. This integrated service is designed to identify issues early and provide appropriate care to mitigate more intensive services in the future. With client focused/client centered intervention techniques such as motivational interviewing and cognitive behavioral therapy, the adolescent is intimately involved in the development of his/her goals and plan.

II. Additional Information for Regulatory Requirements (continued)

7) Continuity of Care for Individuals with Serious Mental Illness

Will individuals with serious mental illness receive services from the proposed project?
If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.

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

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

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

"Butte County Behavioral Health values the rich diversity our organization and aspires always to demonstrate respect for the uniqueness of each individual's beliefs, values, traditions, and behaviors. We encourage each contribution to the establishment of an open, inclusive environment that supports and empowers our employees. Our commitment to diversity includes both the development of a diverse workforce and the delivery of culturally competent care to our clients. The first step to providing culturally competent care is to embrace our own diversity – to celebrate, enhance, and learn from it. Our diversity is also our strength."—BCBH Commitment to Cultural Competence.

To ensure that the evaluation is culturally competent:

- All materials, surveys, evaluations and findings will be approved by the BCBH Cultural Competency Committee.

- All evaluation tools (materials, surveys) will be translated into Butte County's only threshold language, Spanish. In addition, it is the common practice of the department to translate materials in Hmong, which is not a threshold language, as native Hmong speakers are predominant in Butte County.

b) Explain how you plan to ensure **meaningful stakeholder participation** in the evaluation.
Note that the mere involvement of participants and/or stakeholders as participants (e.g. participants of the interview, focus group, or survey component of an evaluation) is not sufficient. Participants and/or stakeholders must contribute in some meaningful way to project evaluation, such as evaluation planning, implementation and analysis. Examples of stakeholder involvement include hiring peer/client evaluation support staff, or convening an evaluation advisory group composed of diverse community members that weighs in at different stages of the evaluation.
In addition to a robust Community Planning Process, BCBH plans to convene an evaluation work group composed of diverse community members and department staff that review the evaluation data and provide feedback on a quarterly basis.

II. Additional Information for Regulatory Requirements (continued)

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

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

Sustainability of Physician Committed has been planned for in the development of the initiative. The volunteer training team of local doctors, nurses and coalition members, the training tools (such as the toolkit, training video, etc.) and the stakeholder group of volunteers are dedicated to the long term sustainability of this project and will ensure it continues beyond the life of the funding. BCBH is committed to continuing the funding for the Behavioral Health Intervention Specialist (BHIS) upon the completion of the Innovation project, as the role of the BHIS is to provide the brief intervention based upon the Physician's request,

10) Communication and Dissemination Plan

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

a) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties?
BCBH communicates information to stakeholders at each service site via community communication boards in the lobby, on Butte County's website, and via community email distribution lists.

b) How will program participants or other stakeholders be involved in communication efforts?
We schedule community meetings on an annual basis to update the stakeholders on the Innovations projects. At these meetings we will present preliminary data and lessons learned. Community meetings include invitations to various committees (e.g., Cultural Competency Committee, Behavioral Health Board, MHSA Advisory Committee, Care Enough to Act). These meetings are promoted through multiple media

outlets. Invitations are also sent via email distribution lists that encompass consumers, family members, and community partners/providers.

c) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

11) Timeline

a) Specify the total timeframe (duration) of the INN Project: **3** Years

b) Specify the expected start date and end date of your INN Project: **July 1st, 2018** Start Date **June 30th, 2021** End Date

Note: Please allow processing time for approval following official submission of the INN Project Description.

c) Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for

i. Development and refinement of the new or changed approach; **July 1st, 2018 – June 30th, 2020**

ii. Evaluation of the INN Project; **July 1st, 2020 – December 31st, 2020**

iii. Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project; **January 1st, 2021 – May 30th , 2021**

iv. Communication of results and lessons learned. **June, 2021**

II. Additional Information for Regulatory Requirements (continued)

12) 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)

A. Budget Narrative:

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

Direct services expenses are those which have a clear, direct and documented relationship to direct services provided to beneficiaries. OMB Circular A-87 defines a direct expense as an expense that can be identified specifically with a particular final cost objective.

With this –Physician Committed costs are categorized as direct, since they are "screening adolescents for behavioral health issues/increasing access to behavioral health care." Usually direct services are Medi-Cal billable services, however applying this concept to an innovative program – it seems to be that this one would be "direct" since it is serving "beneficiaries."

Program Costs
2 FTE Regular Help Behavioral Health Education Specialists To facilitate a warm hand-off between Physician and referral to behavioral health services.
Extra Help Behavioral Health Education Specialist To provide support to the behavioral health education specialist. May be a peer.
Training costs To train Physicians and Medical Providers on the screening tools and process
Production of toolkits, screening tools, flyers/posters, etc. To provide tools to the Physicians and Medical Providers
Production of staff/patient orientation video (one-time) To supplement the training tools
Program Supplies
Computer Packages (one-time)
Travel/mileage To train Physicians throughout Butte County
Food for trainings
Indirect To provide resources for the cost reporting and program evaluation

B. New Innovative Project Budget By FISCAL YEAR (FY)*

EXPENDITURES							
PERSONNEL COSTs (salaries, wages, benefits)		**FY 2017/18**	**FY 2018/19**	**FY 2019/20**	**FY 2020/21**		**Total**
1.	Salaries	$91,252	$177,366	$186,198	$102,133		**$556,918**
2.	Direct Costs						
3.	Indirect Costs						
4.	Total Personnel Costs	**$91,252**	**$177,366**	**$186,198**	**$102,133**		**$556,918**
OPERATING COSTs		**FY 2017/18**	**FY 2018/19**	**FY 2019/20**	**FY 2020/21**		
5.	Direct Costs	$8,100	$16,200	$16,200	$8,100		**$48,600**
6.	Indirect Costs						
7.	Total Operating Costs	**$8,100**	**$16,200**	**$16,200**	**$8,100**		**$48,600**
NON RECURRING COSTS (equipment, technology)		**FY 2017/18**	**FY 2018/19**	**FY 2019/20**	**FY 2020/21**		**Total**
8.	Desk Packages	$ 7,500					**$7,500**
9.	Orientation Video Contract	$ 20,000					**$20,000**
10.	Total Non-recurring costs	**$27,500**	**$0**	**$0**	**$0**		**$27,500**
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		**FY 2017/18**	**FY 2018/19**	**FY 2019/20**	**FY 2020/21**		**Total**
11.	Direct Costs	$13,000	$26,000	$26,000	$13,000		**$78,000**
12.	Indirect Costs						
13.	Total Consultant Costs	**$13,000**	**$26,000**	**$26,000**	**$13,000**		**$78,000**
OTHER EXPENDITURES (please explain in budget narrative)		**FY 2017/18**	**FY 2018/19**	**FY 2019/20**	**FY 2020/21**		**Total**
14.	Administration	$11,188	$17,563	$18,272	$9,859		**$56,882**
15.							
16.	Total Other expenditures	**$11,188**	**$17,563**	**$18,272**	**$9,859**		**$56,882**

BUDGET TOTALS						
Personnel (line 1)	**$91,252**	**$177,366**	**$186,198**	**$102,133**		**$556,918**
Direct Costs (add lines 2, 5 and 11 from above)	**$21,100**	**$42,200**	**$42,200**	**$21,100**		**$126,600**
Indirect Costs (add lines 3, 6 and 12 from above)						
Non-recurring costs (line 10)	**$27,500**	**$0**	**$0**	**$0**		**$27,500**
Other Expenditures (line 16)	**$11,188**	**$17,563**	**$18,272**	**$9,859**		**$56,882**
TOTAL INNOVATION BUDGET	**$151,040**	**$237,099**	**$246,670**	**$133,092**		**$767,900**

C. *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 2017/18**	**FY 2018/19**	**FY 2019/20**	**FY 2020/21**		**Total**
1.	Innovative MHSA Funds	$11,188	$17,563	$18,272	$9,859		$**56,882**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Administration**	**$11,188**	**$17,563**	**$18,272**	**$9,859**		**$56,882**
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 2017/18**	**FY 2018/19**	**FY 2019/20**	**FY 2020/21**		**Total**
1.	Innovative MHSA Funds	$10,270	$19,851	**$**20,958	$12,946		**$64,025**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Evaluation**	**$10,270**	**$19,851**	**$20,958**	**$12,946**		**$64,025**
TOTAL:							
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 2017/18**	**FY 2018/19**	**FY 2019/20**	**FY 2020/21**		**Total**
1.	Innovative MHSA Funds	**$151,040**	**$237,099**	**$246,670**	**$133,092**		**$767,900**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Expenditures**	**$151,040**	**$237,099**	**$246,670**	**$133,092**		**$767,900**

*If “Other funding” is included, please explain.