EXHIBIT A

INNOVATION WORK PLAN COUNTY CERTIFICATION

County Name: Placer

County Mental Health Director	Project Lead
Name: Maureen Bauman	Name: Richard Knecht
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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 3410, Non-Supplant.

This Work Plan has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft Work Plan was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate. Any Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed Work Plan is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

All documents in the attached Work Plan are true and correct.

Maurent Baum	9/8/10	Mental Health Director
Signature (Local Mental Health Director)	Date	Title
		•

EXHIBIT B

INNOVATION WORK PLAN Description of Community Program Planning and Local Review Processes

County Name: Placer

Work Plan Name: Innovative Community Collaborative Grants Program

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

1. Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input.

In March of 2009, Placer's MHSA planning group, the Campaign for Community Wellness Steering Committee (Campaign), comprised of over 35 consumers, Community Based Organization partners, and other interested community members, began to learn about and design an Innovation Plan. As part of this planning process, Steering Committee members, at several meetings, were given an overview on the Innovation Guidelines and MHSA priorities for Innovation.

Included in the Campaign for Community Wellness roster is the following representative: Adult consumers, family members, transition aged youth, community-based organizations from a wide-range of service areas (faith-based, health care, Latino, Native American, Asian-Americans, veterans, County mental health and education). A unique aspect of Placer's planning process included consideration of the work the Campaign and a second local collaborative were doing with consultant John Ott, around community capacity building--a model to improve mental health outcomes via a community-based strategy of recognizing the power of communities in keeping people well.

Along with incorporating this Community Capacity model into its planning, the Campaign decided to use the input from previous outreach efforts conducted during earlier MHSA Plan developments, in order to efficiently and effectively develop this Innovation Plan. Campaign Steering Committee members reviewed the input collected during the development of the following plans: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), and the Workforce Education and Training (WET) components of the Mental Health Services Act (MHSA). A high level summary of this input was reviewed by the Campaign for Community Wellness Steering Committee and after much discussion, over several months, the group decided that an innovative and highly flexible "community collaboration grants program", structured within a community capacity, peer-based/resiliency model, would yield the biggest contributions to learning and changing the Placer mental health landscape.

2. Identify the stakeholder entities involved in the Community Program Planning Process.

The Campaign Steering Committee provided the main input into the development of Placer's Innovation Plan. A Core Team comprised of System of Care provided management and administrative support to the planning process. An outside consulting firm, Streamline Consulting Group, provided the neutral facilitation for all of the planning meetings. Below is a summary of the specific representation on the committee that meets monthly, for 3-hours, approximately 10 months per year.

The Steering Committee included representation from the following groups:

Family, Consumer, and Youth Voice

- Family Voice
 - Client/Family Voice
 - NAMI of Placer County
- Consumer Voice
 - Family Advocates
 - Placer County Adult System of Care
- Youth Voice
 - Youth Advocate, Placer County Children System of Care

Latino Voice

- North Tahoe Family Resource
- Latino Leadership Council

Asian-Pacific Island Voice

Native American Voice

Native Network—Sierra Native Alliance

Community Partners

- Transitional Age Youth Whole Person Learning
- Older Adults Area 4 on Aging
- Tahoe Communities Community Collaborative of Tahoe Truckee, Sierra Family Services, North Tahoe Family Resource Center
- Disabled Community Placer Independent Resource Services
- Substance Abuse Sierra Council on Alcoholism and Drug Dependence
- Developmental Disability Alta Regional
- Out-client and after hours services Sierra Family Services
- Faith-based/homeless community
- Veterans Services
- Direct Service county staff

Education

Placer County Office of Education

Health

Sutter Roseville Medical Center

Children

- KidsFirst
- Placer County First 5

Housing

- Advocates for Mentally III Housing
- Roseville Housing Authority

Law Enforcement

• County Law Enforcement - Juvenile Probation

The Steering Committee reviewed input collected in the development of previous MHSA Plans. Combined, this data included information from hundreds of people. A summary of the community input from the 3 previous MHSA Plans was reviewed as part of the Innovation Planning conducted by the Campaign Steering Committee. In the 3 MHSA plans, the input from the community was collected via surveys, community meetings, and focus groups. Included in this set of data was input from a wide set of community perspectives including consumers, family members, Tahoe residents, Latinos, Native Americans, youth, gay/lesbian, clergy, Non Profit leaders, and Asian-American to name a few. Additionally, the Steering Committee reviewed the current funding situation, including the various reductions, for mental health services at the State and County level. This comprehensive community information and reduction in dollars for mental health services set the context for the conversations and eventual development of this Innovative Community Collaboration Grants Program.

3. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

The draft of Placer's Innovation Community Collaboration Grants Program was posted on the County website and the Campaign for Community Wellness website for over 30 days starting Friday May 14th and ending Friday, June 25, 2010. Subsequently, a public hearing was conducted by the local Mental Health, Alcohol and Drug Board on Monday, June 28th at 6pm in Auburn. There were no comments about the Innovation Plan submitted at the Public Hearing.

Comments Received by email:

Name	Comment
Emilio Vaca North Tahoe Family Resource Center	I just want to include that there should be a process that outlines if it's an LOI or RFP and there should be information included as to the way the county plans to make sure these funds get out to the community. Second comment is there should be a community rep sitting on the LOI or RFP panel. Lastly, I would add that there should be an area that highlights the importance of identifying the core values of the CCW, which are community and transparency and accountability.

Alison Schwedner Community Collaborative of Tahoe Truckee	Page 6: Program Structure Development Language stating, "this will involve solidifying the holder of the two mini-grants programs in South Placer and Lake Tahoe as well as the development of the application process" is vague and unclear. Does this mean it will go to RFP or it is possible to have the funds sole sourced to the local community foundations that has grant making procedures already in place? Especially in Tahoe, the Truckee Tahoe Community Foundation is the only
	foundation that grants specifically health and
	human service programs in the Tahoe
	Truckee region.

Response to Public Comments:

Clarification: The County expects to have two Requests for Proposal processes for the Innovation Grants. One, to be conducted by an identified Community Organization or Foundation and the second conducted by the County. In any Request for Proposal process there will be community representatives on the panel with no conflict of interest.

The current vision of the Campaign for Community Wellness (CCW):

- All people, with severe mental illness, have access to high quality services to live independent, quality lives;
- Consumers, family members of consumers, Latino's, Native Americans and youth are an integral part of improving services;
- People with mental illness feel included and empowered;
- The community understands mental illness and views it as their responsibility.

The CCW is in the process of revising its vision and goals. We hope to include additional language and expectations in this process.

The County will work within the existing rules for distribution of funds to determine if there needs to be a Request for Proposal to award the Mini Grant process to a Community Organization or Foundation.

EXHIBIT C

Innovation Work Plan Narrative

Date: Sept 2, 2010
County: Placer County

Work Plan #: 1

Work Plan Name: Innovative Community Collaboration Grants Program

Purpose of Proposed Innovation Project (indicate all that apply)

- O INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- √ PROMOTE INTERAGENCY COLLABORATION
- ⇒PROMOTE COLLOABORATION WITH THE COMMUNITY (Preferred)
- INCREASE ACCES TO SERVICES

Briefly explain the reason for selecting the above purpose.

Purpose of the Innovative Community Collaborative Grants Program

The CCW Steering Committee decided to select the option to "promote interagency collaboration," as the innovative purposes for Placer's Innovation Plan because it felt it would create the best community-driven engagement and results. However, Placer would like to clarify that the preferred description for their learning will be to: Promote Collaboration with the Community as its key purpose, not promote only interagency collaboration. Testing a model of collaboration and supports <u>outside</u> of the traditional framework of agencies is what the group really wanted to explore.

The mechanism for meeting this purpose, as well as additional criteria developed by the CCW Steering Committee, is an Innovative Community Grants Program. The idea is that by using the leverage of a grant program to bring non-traditional partners to the table, a new set of relationships and networks may be formed that could ultimately result in better services for those with mental health needs.

Three funding methods are being planned to implement this model. Below is a start to how the grant program might look:

- 1) South Placer Mini-Grants Program: to be housed at a local community-based organization to be determined: \$5,000 to \$10,000 grant amounts, simple application process.
- **2) Lake Tahoe Mini-Grant Program**: same as above with the exception that the funds will be held and distributed through a Tahoe based organization.

3) Community Grants Program: to be housed under the County, \$50,000 to \$100, 000 grants, simple application process and community review committee.

Applicants to all three of the grant programs listed above, will be chosen based on their demonstration of ability to meet the following criteria:

- 1) Explain how you will help build collaboration between community, County and others:
- Explain how you will build community capacity with your idea or approach/program;
- Explain how you will build individual empowerment, resiliency and selfdetermination for underserved Placer residents, with your idea/approach/program;
- 4) Explain the peer based model/client driven approach you will use;
- 5) Explain how your project will contribute to learning. For example, a new approach to mental health, a change to an existing mental health practice or an introduction to a new community-driven practice in a non-traditional setting;
- 6) Describe how your approach can be replicated;
- 7) Describe how your approach/program will include one or more of the following principles: community collaboration and cultural competence.

<u>Suggested Criteria for Applicants</u>: (not required)

- 1) Explain ways you plan to leverage other resources, programs, and partners to expand your program;
- 2) Explain how you plan to incorporate non-traditional approaches and settings for mental health strongly encouraged.

An additional outcome of the Innovative Community Collaboration Grants Program will be an increased awareness of mental health issues in the community. Reaching out to the community about this new grants program will help expand awareness of the role everyone plays in keeping residents well. Our hope is to help non-traditional groups better understand their potential role in mental health prevention through the outreach efforts of the community grants program. We have yet to determine who these groups will be but some examples of non-traditional, natural networks that exist in Placer include: faith-based, Latino, Native, youth, family members, consumers, education, recreation, senior centers, and more. As we will want to reach a diverse group of potential collaborative partners, a outreach plan will need to be developed that is successful in reaching a wide range of community members.

Technical support will be available throughout the grant application process to support those new to the grant writing process to encourage maximum community participation.

As a result of the outreach and the implementation of Placer's Innovative Collaborative Community Grants Program, access to underserved groups will increase, services will be improved, and greater outcomes achieved. The grants program will fund non-

traditional providers and increase awareness and access will increase due to heightened awareness of mental health issues. Lastly, Placer hopes to see a strengthening of community capacity approaches that in turn, keep more community members well and lower the need for deep-end services.

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

The Issue

The issue facing most counties in California is the unpredictability of funding for core mental health services. The current model of funding programs and then cutting them when money runs out is inefficient and ineffective. Based on this unstable funding model, Placer recognizes it will not be able to consistently serve everyone with the current service delivery model. There simply are not enough on-going resources to serve everyone's needs. Another issue is that traditional agency-based services are not meeting the needs of everyone. Many are seeking supports for mental health issues in non-traditional, community-based settings.

A Solution

Placer's Innovative Community Collaboration Grants program provides a new way of approaching the delivery and resource allocation for mental health by recognizing the contribution community makes in keeping people well. The accepted national standard for the prevalence of mental health issues is that approximately 6% of the population has some type of diagnosable, serious mental illness¹. Placer has a population of 342,000 and therefore conceivably approximately 20,000 people are in need of deeper end mental health services. On average, the Placer System of Care serves about 7,000 people per year, meaning, as many as 13,000 people are either not getting their needs met or are getting them met in some other ways. Clearly, thousands of people in Placer County are getting their needs met through their natural networks of family, friends, faith groups, private insurance, community groups, and are not presenting at the County for services. The goal is to build the capacity these natural networks can provide via this Community Collaboration Grants Program.

The Innovative Grants Program aims to support the groups and natural networks in the community that are currently providing assistance in keeping people well and out of deep-end services. Many of these groups may not recognize the role they are playing in providing support to individuals dealing with mental health issues, so part of the

¹ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS): August 2009.

grants program will be to educate the community on their role in supporting mental wellness.

The aim of the grants program is to test a community collaboration model in the mental health service sector that puts resources into the community to support natural networks which, as the recovery model states, is key to long-term wellness. The change we expect to see is a model of providing mental health support through community, that is sustainable and durable throughout the erratic budget conditions and is less stigmatizing and more accessible. This will result in a more consistent and prevention-based approach for consumers and could have a very positive impact for hundreds, if not thousands, of people in Placer County.

<u>Placer's Innovative Community Collaboration Grants Program supports and is consistent with the General Standards identified in the MHSA Title 9, CCR, section 3320, including:</u>

Community collaboration: Placer's Innovative Plan was developed through a collaborative process that included 35 diverse stakeholders. By providing mental health services in non-traditional, community-based settings, Placer County will increase collaboration around mental health needs.

Cultural competence: Outreach efforts for the Innovative Community Grants program will focus on reaching traditionally unserved and underserved populations in Placer, specifically the Latino, Native American, older adult, and transition aged youth populations as well as more natural support groups for adults with mental illness.

Client and family driven: A key criteria for the Innovative Community Grants program is that applicants demonstrate how they will use a *peer-based approach*. Preference will be given to groups that show they are working with those with lived experience to determine the needs and approaches and hiring staff from the consumer/family population as appropriate.

Wellness, recovery, resiliency focused: Two other key criteria for the Innovative Community Grants program are community capacity building and empowerment/resiliency models. Preference will be given to groups who demonstrate approaches that build on the recovery model and the building of natural networks for unserved and underserved groups.

Integrated services experience for clients and families: Because the Innovative Community Grants program is community-based, it will naturally be an integrated experience for clients and families. On-going coordination will happen between the new innovative programs and the County creating natural links that will benefit clients and family members.

Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

Placer's Innovative Community Grants program will contribute to learning by testing a community collaboration model that puts resources into community-based supports to help build and sustain natural networks that currently work to keep people well. The hope is, that by using the mechanism of grant funding, natural support networks that are already working to keep people well, will be supported, both financially and through the development of new relationships (with the County and each other) through the collaborative model. Not only will the Innovative Community Grants program introduce a new collaboration model that will put resources into the community for mental health prevention work, it will increase awareness of mental illness and the role community plays in supporting it's members.

If this new collaborative model of putting resources into the community to support natural networks is successful, the new approach for the County mental health provision would be, potentially, transferring additional funds to the community to support natural networks rather than staying County-based services models. Not only would this be more cost effective for the County, it could potentially end up being a better service delivery model for some consumers, especially if peer-models are being used.

Along with building a new collaboration model to support community capacity building and awareness for mental health issues, the criteria developed for the grants program will allow for learning around peer support and resiliency models.

One of the required criteria for grant applicants will be the use of peer support and resiliency models. These strategies have been tested to some degree by Placer County's System of Care, but this will be the first time that a larger effort is being tested that asks the community to come forward with their own culturally competent and community ready peer-support/resiliency models.

Because the peer-support model bases program development on input from experienced consumers, the result is often very aligned with the needs of that particular population. A natural next step for many peer-support programs is to hire people from the desired service population. The result is often a better outcome for both the peer providing the service as well as the peer getting the service.

Based on the identified challenges of inconsistent funding, shrinking core services and increased need, Placer County has formed three hypotheses:

Hypothesis 1: Potentially 13,000 people in Placer County are getting their mental health needs met without County services. The best use of resources is to support these natural networks that are keeping people well and out of deep-end services.

Hypothesis 2: Communities know best what they need to keep their community members well. Given a small amount of education and resources, communities can develop very effective and long-term solutions to fit the specific mental health needs of their own population.

Hypothesis 3: Peer support and resiliency models are the most effective way to serve consumers on the road to recovery or before the need for deep-end services arise. These models meet consumers where they are and in a way that empowers them to take charge of their own wellness and create their own natural networks of support.

The contribution to learning from the Innovative Community Grants program is what we can learn during the course of confirming these hypotheses through a collaborative grant making program that support and sustains non-traditional natural networks in the community that are already working to keep people well. **Specifically, the Innovative Community Grants program will hopefully answer the following questions:**

- 1) What are the most effective types of ideas/programs/approaches for building community capacity?
- 2) What type of communities benefit most from a community capacity building/peer support/resiliency model? (size, location, etc)
- 3) How does a new community collaboration model change the "mental health business" of Placer County?
- 4) Is this a cost effective way to provide community-based supports?
- 5) What impact did this program have on core mental health services?
- 6) Did the level of mental health awareness change for new layers of the community?

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication.

The proposed project timeline that spans a timeframe of three years and four months, for the Innovative Community Collaboration Grants Program, is as follows: (new table)

	Program Planning	Implementation	Evaluation
Approximate Timeframe Total: 3 years + 4 months	Mar 2010-Dec 2010	Jan 2011-March 2013	On-going Project ends: June 30, 2013
-Program Phase -Learning	-Identify partners -Design collaborative model -Define grants program	-Strengthen networks -Education -Allocate funds -Collaborate -Support program planning and/or implementation -On-going evaluation/assessment	-Measure/evaluate program learning and transfer to mental health system -Report on finding to partners/collaboration
Approximate Funding Allocations	10%	80%	10%

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

Along with on-going evaluation and assessments, a final evaluation will be conducted in the final two months of the project, which will answer the question for learning, assess the feasibility of replication, and if the project is successful, identify possible long-term changes in practices across the mental health system. Additionally, on-going evaluation and assessment through the program planning and implementation.

The final evaluation report will be shared with stakeholders at the Campaign for Community Wellness meeting. This group includes participation from a wide range of mental health stakeholders including consumers, family members, partners, and diverse community members.

The Innovative Community Grants program will define success by the following performance indicators:

Performance Indicator 1: The increase in capacity of community groups to provide mental health support services to their members.

Providing resources for community-based groups to offer wellness-based support should produce the following outcomes:

- Increase awareness of mental health issues and the role of community in providing prevention and early identification services;
- Increase community-based services that build natural networks and community for un and underserved populations;
- Increase the number of individuals receiving mental health prevention support services in the community.

Measurement 1: The Program will track the number of individuals being served in each grant-funded program including: pre & post surveys, type and number of referrals made, demographic information.

Measure 2: Program staff will implement annual reviews with each program to assess the organization's impact surrounding serving mental health needs.

Performance Indicator 2: An improvement in outcomes for un/underserved populations due to peer based, resiliency building service approaches.

All grantees of the Innovative Community Grants program will define how they will use community capacity building, peer based, and resiliency focused models in their service delivery. The expected outcomes are as follows:

- Improved services for target populations based on being served by peers;
- Increased empowerment by those providing the service (the peers);
- Overall increase in community-based support via all 3 approaches.

Measure 1: All programs will track number of participants and assess their mental health status or wellness index at the beginning and end of the program.

Measure 2: Program staff will review the program to determine its overall impact in building community wellness capacity and mental health resiliency in those it serves. Existing county MHSA staff will conduct this assessment and review.

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

To maximize MHSA funding, the Innovative Collaborative Grants Program will work with many community partners to market the grants program. Additionally, one of the suggested criteria for all applicants is to describe how they plan to leverage resources, in-kind contributions and other programs in their own program. Each of the mini-grants is relatively small (\$5K to \$10K), we expect many programs will use leveraging strategies to extend the reach of their initiative.

Placer County has many CBO and related organizations. This network of supportive charitable and philanthropic organizations is deeply committed to working with the

county to enhance, improve, and expand the community's capacity to prevent and treat mental illness.

The Placer model is based on the assumption that these organizations and individuals will identify and present additional sources of revenue and support for the services that will be funded by the Innovation Grants. The intent of the mini grants in particular is to "seed" community capacity, which we expect, will mean using the funds for planning work.

EXHIBIT D

County Name: Placer Annual Number of Clients to Be Service (if applicable): TBD

Work Plan Name: Innovative

Community Collaborative Grants Program

Population to Be Served (if applicable):

The Innovative Community Grants program will focus on serving the following populations:

- Un Served and underserved
- Those at risk of mental illness
- Those experiencing mental illness or its outcomes
- Families of those with mental illness
- Those with co-occurring issues (having both mental and substance abuse issues)

Project Description (suggested length—one half page): Provide a concise overall description of the proposed Innovation:

The Innovative Community Collaborative Grants Program is a collaborative approach to support the non-traditional, natural networks in the community that support mental health in Placer County.

The Innovative Community Collaborative Grants Program aims to support the groups and natural networks in the community that are currently providing assistance towards keeping people well and out of deep-end services, or who may bring forward additional, as yet unavailable supports and resources. Many of these groups may not recognize the role they are playing in providing support to individuals dealing with mental health issues, so part of the grants program will be to educate the community on their role in supporting mental wellness.

Additionally, the goal of the Innovative Community Collaborative Grants Program is to test a new resource allocation model in the mental health service program that puts funding into the community to support natural networks, which is important to long-term wellness. It is the community's belief that true and lasting stigma reduction only occurs as persons with illness identify with support networks other than as ill persons. This grant program will bring those types of grass root organization and capacity building efforts to the forefront of this effort. The change we expect to see is a model of providing mental health support through community that is sustainable and durable throughout the erratic budget conditions. This will result in a more consistent and prevention-based approach for consumers and could have a very positive impact for hundreds, if not thousands, of people in Placer County.

EXHIBIT E

Mental Health Services Act Innovation Funding Request

County: Placer Date: 9.8.10

Innovation Work Plans		FY 09/10 Required	Estimated Funds by Age Group (if applicable)					
	No. Name		MHSA Funding	Youth,	Age	Adult	Older Adult	
1		Collaborative	Grants Program	1,340,261		VALIFA		
20								
21								
22								
23								
24								
25								
26	Subto	otal: Work Plans		\$1,340,261	\$0	\$0	\$0	\$0
27	Admir	nistration	15%	201,039				
28	Plus (Optional 10% Oper	ating Reserve					
²⁹ Innovation		\$1,541,300						

EXHIBIT F

Innovation Projected Revenues and Expenditures

County:	Placer	Fiscal Year:	2009/10
Work Plan #:	1		
Work Plan Name:	Innovative (
New Work Plan	\boxtimes		
Expansion			
Months of Operation:	03/10-06/13	(3 years and 4 month	program)
	MM/YY -		
	MM/YY		

		County Mental Health Department	Other Governmen tal Agencies	Community Mental Health Contract Providers	Total
Α.	Expenditures				
	Personnel Expenditures				\$0
	2. Operating Expenditures			\$1,340,261	\$1,340,261
	3. Non-recurring expenditures				
	4. Training Consultant Contracts				\$0
	5. Work Plan Management				\$0
	Expenditures		\$0	\$1,340,261	\$1,340,261
В.	Revenues				
	1. Existing Revenues				\$0
	2. Additional Revenues				
	a. (insert source of revenue)				\$0
	b. (insert source of revenue)				\$0
	c. (insert source of revenue)				\$0
	3. Total New Revenue	\$0	\$0	\$0	\$0
	4. Total Revenues	\$0	\$0	\$1,340,261	\$1,340,261
C.	Total Funding Requirements		\$0	\$1,340,261	\$1,340,261

Prepared by:	Maureen Bauman	Date:	9.8.10
Telephone Number:	530.889.7256		

Budget Notes

- 1) The above listed \$1,340,261 reflects approximate dollars going to contractors in the grants program.
- 2) Management, technical support, staffing and other expenses associated with the collaborative grants program may be included in some of the reflected program allocation.
- 3) Estimated Program Budget (3 years and 4 months)

		Year 1 July 1, 2010-June 30, 2011 (fiscal timeframe)	Year 2 July 1, 2011- June 30, 2012 (fiscal timeframe)	Year 3 July 1, 2012 –June 30, 2013 (fiscal timeframe)	TOTALS
Implementation (80%)	(10%) -Identify partners -Design collaborative model	2010			
Evaluation/Assessment (10%) -Measure/evaluate program learning and transfer to mental health system -On-going Evaluation months \$134,026	Implementation (80%) -Strengthen networks -Education -Allocate funds (2 cycles) -Collaborate -Support program planning and/or implementation (technical support) -On-going	2011 (6 months)	June 30, 2012 (12 months)	June 30, 2013 (12 months)	
partners/collaboration	Evaluation/Assessment (10%) -Measure/evaluate program learning and transfer to mental health system -Report on finding to partners/collaboration -Program support	2240.407	£400.000	-Final report last 2-3 months \$134,026	\$134,026