

# County of San Luis Obispo Mental Health Services Act

DRAFT PROPOSAL: MHSA INNOVATION PLAN FY 2024-2027



**INNOVATION PLAN FY 2024-2027**  
**County of San Luis Obispo**  
**Behavioral Health Department**



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BEHAVIORAL HEALTH DEPARTMENT  
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## County of San Luis Obispo Innovation Plan

### Executive Summary

The County of San Luis Obispo’s Behavioral Health Department (SLOBHD) is excited to put forth this plan to utilize Mental Health Services Act (MHSA) Innovation (INN) component funds to test new methods to serve and engage the community mental health field. The goal of this proposed Innovation project is to build capacity within the community by learning new and adapted models for promoting positive mental health and reducing the negative impact of mental illness and stigma.

SLOBHD works collaboratively with local community advisors, including consumers and family members, to develop the County’s INN Plan. These novel mental health approaches will contribute to informing the County and its stakeholders as to improved methods for addressing mental health disparities.

The County of San Luis Obispo’s INN Plan for FY 2024-2027 consists of one project that will be conducted over three years. In this document, the Medi-Cal Maximization Training Initiative (MMTI) project will be presented. The project will be funded through the encumbered funding allocation by California State’s MHSA INN component reserved specifically for these projects. MHSA restricts this source to be used for any other program or MHSA component. The table below depicts the projected expenditures for the project and its administration from FY 24-25 through FY 26-27.

<b>INN Project Budget</b>	<b>FY 24-25</b>	<b>FY 25-26</b>	<b>FY 26-27</b>	<b>Total</b>
<b>Project MMTI</b>	\$100,000	\$250,000	\$250,000	\$600,000

MHSA funds will be used to implement the following project, with planning expected to begin in June, 2025 after all required solicitation and procurement processes have been completed. The project was selected based on MHSA’s required outcomes, general standards, priorities, and the feedback from the Behavioral Health Services Oversight & Accountability Commission (BHSOAC). Innovation represents a significant opportunity to engage new systems and gain knowledge around many difficult mental health system issues.

## **Project Summary Medi-Cal Maximization Training Initiative (MMTI)**

San Luis Obispo County Behavioral Health and many local providers lack the infrastructure and knowledge to fully engage and maximize Medi-Cal reimbursable services. With the passing of Proposition 1 in 2024, a variety of programs currently funded by MHSA will be forced to adjust their business model to add billing components to their services. Additionally, current programs offering services that may be billable lack the knowledge and procedural wherewithal to identify opportunities for revenue and to ensure reimbursement. Most small-mid-sized mental health providers are not equipped to add the necessary pieces that would decrease their reliance on MHSA funding. The San Luis Obispo County Behavioral Health Department (SLOBHD) and community partners would greatly benefit of subject matter expertise that will assist in maximizing billing for Full-Service Partnerships, school-based programs, peer support services, and other eligible mental health services. The aim on this INN project is to examine the fiscal impact of enhanced support and consultation during the BHS transition to sustain valuable mental health programs that are at risk of being decommissioned. Additionally, the plan will prepare SLOBHD for the shift of FSP programs into full fidelity evidence-based practice models, sustain current counseling services that MHSA provides to most SLO County school districts, and identify other unrealized revenue opportunities.

This INN project entitled the Medi-Cal Maximization & Training Initiative (MMTI) will examine the fiscal impact of successful models of billing and integrate them into our current systems. MMTI aims to assess the current capacities of community partners and the SLOBHD to either shift to a billable revenue model or maximize revenue for the existing model. This will include analyzing services currently being provided, determining the percentage of beneficiaries who are Medi-Cal recipients, executing a review of Medi-Cal billable services, and analysis and projection of rates to estimate potential revenue capacity. The project will also aim to implement private insurance billing where it is applicable. Additionally, the project will work with SLOBHD's unique school-based services program to assist with best practices and protocol for County provided school counselors to optimize Medi-Cal, seek private insurance reimbursements, and explore all other funding opportunities. Finally, the project will offer 2 years of guidance during the MHSA to BHS transition to ensure administrative process will lead to the highest rates of return for reimbursements through proper documentation and minimizing denials.

MMTI will involve two components. Component one will be a partnership with a subject matter expert (SME) in Medi-Cal billing, the Behavioral Health Transformation (BHT), Cal-AIM, and the behavioral health systems of care. The SME will act as a guide, offering learning collaboratives with all SLOBHD divisions and interested community partners/providers, individualized training and guidance, and auditing of current billing systems and best practices. Their objective will be to educate staff on administrative process, identify opportunities to enhance Medi-Cal revenue, and provide ongoing technical assistance throughout the initial rollout of BHS. Their primary focuses will include the transition of FSP to the ACT/FACT model as well as other mandatory EBP's, and to support the implementation of a billing system for SLO County's highly regarded school-based program that provides student support counseling in most of the county's middle and high schools. They will also work with the SLOBHD billing department to implement loss control techniques that will minimize denials and lost claims through consistent follow-up and

individual staff training. Lastly, the SME will assist and advice in discovering unrealized opportunities to enhance Medi-Cal and funding opportunities.

The second component is internal administrative and monitoring of the results of the consultations, technical assistance, and trainings. SLOBHD will hire a new, or re-purpose an existing, administrative position that will act as the MMTI Coordinator to act as the communications proxy for the SME for all providers and County teams involved in the project. They will assist with scheduling learning collaboratives and trainings with community partners and SLOBHD divisions. They will collect, track, analyze, and report data based on the progress of productivity from the start to the end of the project and develop the final evaluation report based on those results.

### **List of key dates for the MHSA INN project approval process:**

MHSA Innovation project proposals are navigated through a series of community planning, feedback, and formal approval processes. The following is the development, approval, and launch timeline:

- January 29<sup>th</sup>, 2025: The INN workplan will be presented to the MHSA Advisory Committee on to solicit feedback, suggestions, and support.
- MMTI will undergo a 30-day public review period from January 29<sup>th</sup> to February 28<sup>th</sup> and will be disseminated via the SLO County Behavioral Health website and social media.
- February 2025: The INN workplan will be presented to the SLO County Behavioral Health Board to obtain support and approval to submit to the Board of Supervisors.
- March-April 2025: Approval from the Behavioral Health Services Oversight and Accountability Commission and the SLO County Board of Supervisors.
- April-June 2025: Onboard MMTI Coordinator and RFP for consulting services.
- July 2025: Contract with selected provider.
- August 2025: Plan and coordinate learning collaboratives.
- Sept-Oct 2025: Execute 1<sup>st</sup> learning collaborative training.

# Innovation Proposal Application



County Name: San Luis Obispo

Date submitted:

Project Title: Medi-Cal Maximization & Training Initiative (MMTI)

Total amount requested: \$600,000

Duration of project: 3-years

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

**Innovation Project Defined:** As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as a project that “the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports”. As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

## Section 1: Innovations Regulations Requirement Categories

### GENERAL REQUIREMENT:

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

- Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system

- Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

**PRIMARY PURPOSE:**

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

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

## Section 2: Project Overview

**PRIMARY PROBLEM**

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

*San Luis Obispo County Behavioral Health and many local providers lack the infrastructure and knowledge to maximize Medi-Cal reimbursable services. With the passing of Proposition 1 in 2024, a variety of programs currently funded by MHSA will be forced to adjust their business model to add billing components to their services. Additionally, current programs offering services that may be billable lack the knowledge and procedural wherewithal to identify opportunities for revenue and to ensure reimbursement. Most small-mid-sized mental health providers are not equipped to add the necessary pieces that would decrease their reliance on MHSA funding. The San Luis Obispo County Behavioral Health Department (SLOBHD) and community partners would greatly benefit from subject matter expertise that will assist in maximizing billing for programs such as Full-Service Partnerships, school-based counseling and early intervention programs, peer support services, and other eligible mental health services. The aim on this INN project is to examine the fiscal impact of enhanced support and consultation during the BHSA transition to sustain valuable mental health programs that are at risk of being decommissioned. Additionally, the plan will prepare SLOBHD for the shift of FSP programs into full fidelity evidence-based practice models, sustain current counseling services that MHSA provides to most SLO County school districts, and identify other unrealized revenue opportunities.*

## **PROPOSED PROJECT**

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

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

*This INN project entitled the Medi-Cal Maximization & Training Initiative (MMTI) will examine the fiscal impact of successful models of billing and integrate them into our current systems. MMTI aims to assess the current capacities of community partners and the SLOBHD to either shift to a billable revenue model or maximize revenue for the existing model. This will include analyzing services currently being provided, determining the percentage of beneficiaries who are Medi-Cal recipients, executing a review of Medi-Cal billable services, and analysis and projection of rates to estimate potential revenue capacity. The project will also aim to implement private insurance billing where it is applicable. Additionally, the project will work with SLOBHD's unique school-based services program to assist with best practices and protocol for County provided school counselors to optimize Medi-Cal, seek private insurance reimbursements, and explore all other funding opportunities. Finally, the project will offer 2 years of guidance during the MHSA to BHSA transition to ensure administrative process will lead to the highest rates of return for reimbursements through proper documentation and minimizing denials.*

*MMTI will involve two components. Component one will be a partnership with a subject matter expert (SME) in Medi-Cal billing, the Behavioral Health Transformation (BHT), Cal-AIM, and the behavioral health systems of care. The SME will act as a guide, offering learning collaboratives with all SLOBHD divisions and interested community partners/providers, individualized training and guidance, and auditing of current billing systems and best practices. Their objective will be to educate staff on administrative process, identify opportunities to enhance Medi-Cal revenue, and provide ongoing technical assistance throughout the initial rollout of BHSA. Their primary focuses will include the transition of FSP to the ACT/FACT model as well as other mandatory EBP's, and to support the implementation of a billing system for SLO County's highly regarded school-based program that provides student support counseling in most of the county's middle and high schools. They will also work with the SLOBHD billing department to implement loss control techniques that will minimize denials and lost claims through consistent follow-up and individual staff training. Lastly, the SME will assist and advice in discovering unrealized opportunities to enhance Medi-Cal and funding opportunities.*

*The second component is internal administrative and monitoring of the results of the consultations, technical assistance, and trainings. SLOBHD will hire a new, or re-purpose an existing, administrative position that will act as the MMTI Coordinator to act as the communications proxy for the SME for all providers and County teams involved in the project. They will assist with scheduling learning collaboratives and trainings with community partners and SLOBHD divisions. They will collect, track, analyze, and report data based on the progress of productivity from the start to the end of the project and develop the final evaluation report based on those results.*



- B)** Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

*This project introduces a new approach to funding programs that have relied on MHSA dollars including prevention programs by supporting, educating, and providing centralized technical assistance to providers and SLOBHD with the goal of expanding billable revenue streams to ensure sustainability.*

- C)** Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

*SLOBHD has engaged in various internal audits of our current revenue opportunities and productivity limitations. Results of these exercises consistently reveal opportunities to replace volatile and limited funding sources with Medi-Cal reimbursements. The proposed approach will directly address these issues as well as exploring models of service that can be adjusted to fit billable service eligibility. The project will also support local providers in building infrastructure that will create programs that have sturdy foundations of billable environments.*

*Other resources available, such as guidance provided by DHCS, are limited in regard to the advanced need that exists in San Luis Obispo County. The unique aspects of having and in-house SME available will greatly impact the efficiency of the transition efforts and promote long-term sustainability of best practices.*

- D)** Estimate the number of individuals expected to be served annually and how you arrived at this number.

*MMTI will provide direct support in sustaining full-service partnership programs, school-based services, and other direct service programs that serve an estimated 2,000 individuals either experiencing or at high risk of developing mental illness. In addition, the project will aim to develop fiscally sustainable models for services that may touch all members in the community, including an estimated 70,000 individuals receiving Medi-Cal benefits in San Luis Obispo County.*

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

*The targeted populations for this project include middle-high school students at risk of developing mental illness, adults and youth experiencing severe mental illness, and a wide variety of communities with diverse demographics that may lose access to supportive programs if systems of billing continue to be insufficient for sustainability. Additionally, MMTI will assist in developing and optimizing Peer Based Programming that are at high risk of losing funding but could be sustained through other forms of funding such as Medi-Cal.*

## RESEARCH ON INN COMPONENT

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

*MMTI will be tailored to the specific needs of SLO County Behavioral Health and our partners. Although similar in structure to other projects and programs currently assisting other counties with their Medi-Cal obstacles, this project differentiates itself by being specific to our processes and systems. Each county is at a certain point in their progress towards Medi-Cal maximization, and within that point there are variables and nuance that pertain only to that individual county. This project will be geared towards the precise training needs and systemic modifications required to move into a fiscally sustainable model for our programs and services.*

*In addition, SLOBHD facilitates the Middle-School Comprehensive program which is a uniquely designed and integrated variety of services embedded within school districts; these services will not be eligible for BHSA funding. The segment of this project will focus on school-based services seeking to create a Medi-Cal and private insurance billable model to provide counseling services with a direct partnerships between the SLOBHD and local school districts.*

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

*Accessing and optimizing Medi-Cal billable revenue and establishing systems for private insurance billing involves significant changes to fiscal practices, operational protocol, and infrastructure for both BHD's and community providers. In addition, the transition into new billing models requires a heavy administrative lift and highly responsive technical assistance. SLO County has discussed the project with Orange County as a potential collaboration with their approved Multi-County project, PIVOT, and has reviewed aspects of Nevada County's recently approved project to assist in molding this concept to our specific needs. SLO County has unique challenges that differ from their models and seeks to develop a more unique project regarding the fiscal impact brought by BHSA and the Behavioral Health Transformation. SLO County plans to continue collaboration with Orange and Nevada County to share ideas and results throughout the project.*

## LEARNING GOALS/PROJECT AIMS

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

- 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?

*SLO County BHD has prioritized this initiative due to reforms across the entire BH system that will reduce financial flexibility and lead to program reductions. Through this INN project, SLOBHD will gain a better understanding of the potential revenue capacity that leads to more informed decision-making throughout the Behavioral Health Transformation.*

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

*Maximizing billable revenue will reduce reliance on MHSA/BHSA dollars along with other grants and volatile revenue streams. Through this project, the County BH system will be provided guidance to adjust service models and implement best practice protocols for both the BHD and the local provider network leading to increased sustainability and improved self-reliance.*

### **EVALUATION OR LEARNING PLAN**

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

*Goal 1: Medi-Cal Maximization.*

*Measurement: Identify all billable services with the assistance of the consultant and track progress via revenue generated.*

*Goal 2: Productivity Enhancement.*

*Measurement: Identify programs and services that have the highest opportunity to enhance productivity and measure differences in output before and after the project.*

*Goal 3: CBO Partner Medi-Cal Training and System Development.*

*Measurement: Implement standardized trainings for community partners and advise on billing infrastructure to enhance billing through the Behavioral Health Department.*

## **Section 3: Additional Information for Regulatory Requirements**

### **CONTRACTING**

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

*The administrative component of this proposal will be a County employed MMTI Coordinator that will assist with soliciting and partnering with a contractor that contains the specific knowledge of*

Medi-Cal billing, the Behavioral Health Transformation (BHT), Cal-AIM, and the behavioral health systems of care. The coordinator will manage the scope of work and oversee the activities of the consultant to ensure the goals of the project and an astute and evidence-based evaluation of the results.

### **COMMUNITY PROGRAM PLANNING**

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

*The proposal for MMTI will be presented to SLO County's Mental Health Advisory Committee (MAC) which is made up of community members from diverse populations and backgrounds, consumers and family, providers and partners, local MH experts, and is open to all County stakeholders. The MAC will be asked for direct feedback during the meeting and then to vote to advance the project into a 30-day public review which, upon approval, will begin in the proceeding days of the meeting. The 30-day public review will be disseminated for comment via SLOBHD social media, the County website, and other mental health related committees and subcommittees. In addition, at the MAC and during the 30-day public review, local providers will have the opportunity to submit contact information to participate in the learning collaboratives provided by the project.*

### **MHSA GENERAL STANDARDS**

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

#### **A) Community Collaboration**

*The services and benefits of this project will be available for community partners and providers as part of the learning collaboratives. The development of the plan will be assisted by the MHSA Advisory Committee (MAC).*

#### **B) Cultural Competency**

*The programs and services that this project aims to contribute to the creation of sustainable fiscal models will serve members of underserved and difficult to reach communities. The project will promote inclusivity of all demographic groups in that a wide variety of providers will have access to this expertise. Partners and providers that are committed to providing services to diverse populations will have the opportunity to learn and to create self-sustainable models to continue these services for when MHSA funding is reduced. In addition, SLOBHD's school-based services are at high-risk of being decommissioned with the implementation of BHS. School-*

*based services involve bi-cultural and/or bi-lingual support for many school districts in SLO County.*

C) Client-Driven

*The project prioritizes sustainability of programs serving all SLOBHD clients. In addition, the project offers providers guidance in transitioning to billable models that can help programs serving thousands of clients avoid being decommissioned with the implementation of Prop 1.*

D) Family-Driven

*Both clients and their families receiving mental health services or are at high-risk of needing services will benefit from the results due to the core of this project being aimed at building sustainable fiscal models for mental health programs and services.*

E) Wellness, Recovery, and Resilience-Focused

*The focus of this project is to fiscally preserve and potentially allow for enhancement and growth to services that are geared towards mental illness prevention, recovery, and resilience.*

F) Integrated Service Experience for Clients and Families

*The learning collaboratives and opportunities to receive technical assistance throughout the project will allow community-based organizations to work together and with the County on building systems that can be integrated if all institute similar best practices. This will improve coordination, communications, and collaboration between a variety of programs and services.*

**CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION**

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

**INNOVATION PROJECT SUSTAINABILITY, PROPOSITION 1 ALIGNMENT, AND CONTINUITY OF CARE**

Briefly describe how the County will decide whether it will continue with the INN project in its entirety or keep particular elements of the INN project without the use of MHSA funding components for sustainability.

Describe how this project aligns itself with Proposition 1 (Senate Bill 326):

- Does it provide housing interventions for persons who are chronically homeless or experiencing homelessness or are at risk of homelessness?

*The fundamental goal of the MMTI project is to create capacity and sustainability for services that include youth and adults that have either experienced homelessness or are at risk of becoming*

*unhoused. The implementation of best practices to ensure sustainable revenue streams that lack the volatility of funding sources such as MHSA ensure that programs designed to provide housing interventions and treatment can operate at optimal capacity. The project is designed to identify all available funding streams that provide reimbursements for activities involved with housing-based programs and services to ensure all avenues of funding are exhausted before leveraging BHSA Housing dollars per regulation.*

- Does it support early intervention programs or approaches in order to prevent mental illnesses and substance abuse disorders from becoming severe and disabling?

*MMTI will be available to local providers currently facilitating early intervention programs to support their strategies and become self-sufficient as a variety of their services may not be eligible for BHSA funding such as school-based student support services programs.*

- Does it support Full-Service Partnership efforts and services for individuals living with serious mental illness?

*MMTI's primary goal is to explore opportunities for billing in FSP programs to the fullest extent and assist in developing administrative best practices for FSP teams that will be new to the mandated EBP models of care in SLO County. The indirect but intended results will be to create a process that will lower the administrative burden for treatment teams to focus more on client care.*

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

*Yes. Although individuals with SMI will not be receiving direct services from this project, the goal is to enhance services through streamlined and optimal processes to secure and sustain funding, and in turn, improve service capacity.*

## **COMMUNICATION AND DISSEMINATION PLAN**

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

- A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

*SLO County's MMTI plan will be presented to the MHSA Advisory Committee and posted on the Behavioral Health Department MHSA/BHSA website. Once approved by the Board of Supervisors, evaluation updates are posted annually for SLO County INN projects both on the MHSA INN website and on the Annual Update.*

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

SLOBHD BHSA, MHSA, Medi-Cal Maximization, program sustainability, Behavioral Health Transformation (BHT).

### **TIMELINE**

- A) Specify the expected start date and end date of your INN Project
- B) Specify the total timeframe (duration) of the INN Project
- C) Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

#### *January 2025: Community Planning Process*

- *Present plan, obtain advisory body feedback, and vote for approval at the MHSA Advisory Committee Meeting.*
- *Begin 30-day Public Comment period.*

#### *February 2025: Behavioral Health Board*

- *Request approval by SLO County Behavioral Health Board.*
- *30-day Public Comment ends.*

#### *March 2025: Formal Approvals.*

- *BHSOAC Commission.*
- *SLO County Board of Supervisors Approval of Workplan.*

#### *April-May 2025:*

- *Request for Proposal to contract with consultant.*
- *Recruit/onboard Administrative Services Officer.*

#### *Project Launch: May-June 2025*

- *Negotiate and execute contract with selected contractor.*

#### *July -December 2025: Learning collaboratives with SLOBHD Departments and providers.*

#### *January – December 2026:*

- *1-on-1 trainings with SLOBHD and participating partners.*
- *Evaluation of productivity progress.*

*Technical assistance and training will be available until March 2027.*

*Final evaluation March-June 2027.*

## Section 4: INN Project Budget and Source of Expenditures

### INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSa funds are being utilized:

- A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
- B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
- C) BUDGET CONTEXT (if MHSa funds are being leveraged with other funding sources)

#### BUDGET NARRATIVE

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

*SLOBHD anticipates the project launch by June FY 24-25. The initial costs will start with the 1.0 FTE administrative position to assist with solicitation and contracting of the consulting services. The estimated cost of the 1.0 FTE MMTI Coordinator is \$120k/year. The term for the coordinator will be up to three years and includes start-up operations support and the final evaluation at the end of the project. The initial year’s cost of the MMTI Coordinator is budgeted for \$48k as the position will be hired in Q4 of FY 24-25.*

*SLOBHD will partner with a selected provider and execute a contract by the end of FY 24-25. SLOBHD has budgeted \$42k in FY 24-25 to secure consulting services for FY 25-26 and into 26-27. At an estimated cost of \$200/hour, SLOBHD intends to contract for up to 15 hours/week for two years equating to \$312,000 for the duration of the project.*

*Due to the late launch in FY 24-25, SLOBHD anticipates surplus funds from FY 24-25 and 25-26 to be spent down in FY 26-27 to avoid expending funds from BHSa allocations in the initial year of implementation.*



**BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY\***

**EXPENDITURES**

	<b>PERSONNEL COSTS (salaries, wages, benefits)</b>			<b>FY 24/25</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>TOTAL</b>
1.	Salaries			\$48,000	\$120,000	\$120,000	\$288,000
2.	Direct Costs						
3.	Indirect Costs						
4.	<b>Total Personnel Costs</b>			\$48,000	\$120,000	\$120,000	\$ 288,000
	<b>OPERATING COSTS*</b>						
5.	Direct Costs						
6.	Indirect Costs						
7.	<b>Total Operating Costs</b>						\$
	<b>NON-RECURRING COSTS (equipment, technology)</b>						
8.							
9.							
10.	<b>Total non-recurring costs</b>						\$
	<b>CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)</b>						
11.	Direct Costs			\$42,000	\$135,000	\$135,000	\$312,000
12.	Indirect Costs						
13.	<b>Total Consultant Costs</b>			\$42,000	\$135,000	\$135,000	\$312,000
	<b>OTHER EXPENDITURES (please explain in budget narrative)</b>						
14.							
15.							
16.	<b>Total Other Expenditures</b>						\$
	<b>BUDGET TOTALS</b>						
	<b>Personnel (total of line 1)</b>			\$90,000	\$255,000	\$255,000	\$600,000
	<b>Direct Costs (add lines 2, 5, and 11 from above)</b>						\$
	<b>Indirect Costs (add lines 3, 6, and 12 from above)</b>						\$
	<b>Non-recurring costs (total of line 10)</b>						\$
	<b>Other Expenditures (total of line 16)</b>						\$
	<b>TOTAL INNOVATION BUDGET</b>			\$90,000	\$255,000	\$255,000	\$600,000

**BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)**

**ADMINISTRATION:**

				FY 24-25	FY 25-26	FY 26-27	TOTAL
<b>A.</b>	<b>Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY &amp; the following funding sources:</b>						
1.	Innovative MHSAs Funds			\$48,000	\$120,000	\$120,000	\$288,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
<b>6.</b>	<b>Total Proposed Administration</b>			<b>\$48,000</b>	<b>\$120,000</b>	<b>\$120,000</b>	<b>\$288,000</b>

**EVALUATION:**

				FY xx/xx	FY xx/xx	FY xx/xx	TOTAL
<b>B.</b>	<b>Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY &amp; the following funding sources:</b>						
1.	Innovative MHSAs Funds			\$42,000	\$135,000	\$135,000	\$312,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
<b>6.</b>	<b>Total Proposed Evaluation</b>			<b>\$42,000</b>	<b>\$135,000</b>	<b>\$135,000</b>	<b>\$312,000</b>

**TOTALS:**

				FY 24-25	FY 25-26	FY 26-27	TOTAL
<b>C.</b>	<b>Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY &amp; the following funding sources:</b>						
1.	Innovative MHSAs Funds*			\$90,000	\$255,000	\$255,000	\$600,000
2.	Federal Financial Participation						\$
3.	1991 Realignment						\$
4.	Behavioral Health Subaccount						\$
5.	Other funding**						\$
<b>6.</b>	<b>Total Proposed Expenditures</b>			<b>\$90,000</b>	<b>\$255,000</b>	<b>\$255,000</b>	<b>\$600,000</b>

\* INN MHSAs funds reflected in total of line C1 should equal the INN amount County is requesting

\*\* If “other funding” is included, please explain within budget narrative.



**NOTICE OF AVAILABILITY FOR PUBLIC REVIEW & COMMENT  
and  
NOTICE OF PUBLIC HEARING**

County of San Luis Obispo  
Behavioral Health Department  
Mental Health Services Act

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**NOTICE OF AVAILABILITY FOR PUBLIC REVIEW**

WHO: County of San Luis Obispo Behavioral Health Department  
WHAT: The MHS Innovation Project for Fiscal Years 2024-27 is available for a 30-day public review and comment from January 29<sup>th</sup>, 2025 through Feb 28<sup>th</sup>, 2025.  
HOW: To review the proposed plan, visit:  
  
To submit comments or questions:

***Comments must be received no later than February 28th, 2025.***

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**NOTICE OF PUBLIC HEARING**

WHO: County of San Luis Obispo Behavioral Health Advisory Board  
WHAT: A public hearing to receive comments regarding the Mental Health Services Act Innovation Plan for FY 202-27.  
WHEN: Wednesday, February 19<sup>th</sup>, 2025, at 3:00 p.m.  
WHERE: Ag Auditorium @2156 Sierra Way, San Luis Obispo

FOR FURTHER INFORMATION:  
Please contact Landon King, (805) 781-4064  
[lking@co.slo.ca.us](mailto:lking@co.slo.ca.us)

