

INN NEW PROGRAM DESCRIPTION

County: \_\_\_\_\_

Program Number/Name: \_\_\_\_\_

Date: \_\_\_\_\_

Select one of the following purposes that corresponds to the Innovation’s key learning goal. Please note that while the program might embody all four purposes, a learning goal cluster around a single Essential Purpose.

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

<p><b>1. Describe which of the four essential purposes of Innovation is most relevant to your learning goal and why is this purpose a priority for your county.</b></p>
<p><b>2. Describe the INN Program, the issue and key learning goals it addresses, and the expected learning outcomes, i.e., how the Innovation may create positive change, introduce a new mental health practice, make a specific change to an existing mental health practice, or introduce to the mental health system a community driven approach that has been successful in a non-mental health context.</b></p>
<p><b>2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.</b></p>
<p><b>2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, language spoken, and situational characteristic(s) of the population to be served.</b></p>
<p><b>3. Describe the timeframe of the program. In your description include key actions of the time line and milestones relating to assessing your Innovation and communicating results significance and lessons learned.</b></p>
<p><b>4. Describe how you plan to measure the results, impacts, and lessons learned of your Innovation. Include in your description how the perspectives of stakeholders in the review and assessment were included.</b></p>
<p><b>5. Please include a total budget for your Innovation with a breakdown of expected expenses per year. In addition provide a budget narrative for costs identified for this work plan as outlined in Exhibit F. Include the number of FTE personnel positions/classifications and a brief description of each FTE’s functions. In addition, include a brief description of operating and non-recurring expenditures associated with this work plan. If applicable, provide a brief description of training consultant contracts and work plan management. This description should include the purpose for the contract and work plan management, functions, and length of contract.</b></p>
<p><b>6. If applicable, provide a list of resources to be leveraged.</b></p>