

EXHIBIT A

INNOVATION WORK PLAN
COUNTY CERTIFICATION

County Name: Alameda County

County Mental Health Director	Project Lead
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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.



Signature (Local Mental Health Director/Designee)

1-6-10
Date

Director, ACBHCS
Title

EXHIBIT B

INNOVATION WORK PLAN

DESCRIPTION OF COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESSES

County Name: Alameda
Work Plan Name: Innovative Grant 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. (SUGGESTED LENGTH – ONE-HALF PAGE)

Planning Phase: Stakeholder Input, Strategy Development & Strategy Refinement

The Community Program Planning Process (CPP) engaged the broad community including individuals that identified themselves as consumers and family members. The CPP also included individuals that represented the age span and diverse races/ethnicities. All regions in the County were also represented.

Since the passage of the Mental Health Services Act, the Ongoing Planning Council has been the primary stakeholder group for MHSA planning. The OPC has served as the stakeholder group that makes MHSA planning recommendations to ACBHCS administration. The OPC consists of diverse stakeholders and includes consumers, family members, service providers and Behavioral Health Care Services administration staff. In addition to agency affiliation, OPC members also represent Alameda County's diverse racial/ethnic populations, all County regions and the age span.

The Community Program Planning Process was driven by Alameda County's OPC's Special Planning Committee. In late January and early February, 2009 a Special Planning Committee, comprised of volunteers from the OPC, met to review and discuss the planning for INN funds. In mid-February, the Special Planning Committee presented a recommendation to the OPC to continue meetings and develop further recommendations for a planning process. The Special Planning Committee met twice in February, 2009 to discuss the most innovative and effective ways to use the Innovation funds in Alameda County. These two meetings resulted in a recommendation to the OPC to request MHSA planning staff to immediately draft and submit the INN Plan based on the proposed planning process in order to encumber funds from the State as soon as possible. In turn, the OPC provided input and unanimously approved the Committee's recommendation. MHSA staff to work with the OPC's Steering Committee to create a more detailed plan based on the process set forth by the Special Planning Committee.

The Special Planning Committee and the Steering Committee mirror the OPC's composition, including representation from racial/ethnic populations, consumers, family members and providers.

2. IDENTIFY THE STAKEHOLDER ENTITIES INVOLVED IN THE COMMUNITY PROGRAM PLANNING PROCESS.

Stakeholders Involved in the Community Program Planning During Phases I & II

The ten community members who developed the first draft of the plan included:

- Members of the Steering Committee (5): Rick Crispino, Andree Reyes, Susanne Shenfil, Gary Spicer, John Woodruff.
- Other OPC Members (5): Deborrah Bremond, John Fong, Juan Bernardo Gonzalez, Shirley Posey, Michael Shaw.

The plan was commented on and refined by all the members of the OPC as listed below:

TABLE I. ONGOING PLANNING COUNCIL (OPC) MEMBERSHIP

Stakeholder Sector	Member	Affiliation/Position
Consumers	Ms. Khatera Aslami	PEERS
	Mr. Juan B. Gonzalez	Pool of Consumer Champions
	Ms. Sheila Jumping Bull	Native American Health Center
	Ms. Carol Patterson	Berkeley Mental Health
	Ms. Shirley Posey	Pool of Consumer Champions
	Mr. John Woodruff	Pool of Consumer Champions
	Ms. Sally Zinman	Pool of Consumer Champions
	Ms. Andree Reyes	Wellness, Recovery & Resiliency Resource Hub
Family Members	Ms. Patty Espeseth	Eden Psychiatric & Family Support
	Mr. Jerry Fillingim	SEIU Local 1021
	Ms. Cynthia Frankel	Alameda County Emergency Medical Services
	Ms. Leonila Ponce	Horizons Family Counseling
	Ms. Alane Friedrich	Mental Health Board
	Ms. Regina Simpkins	Pool of Consumer Champions
	Ms. Julie Hawthorne	AB 3632 Case Management
	Ms. Ana Rojas	Family Member
	Ms. Suzanne Shenfil	City of Fremont
	Mr. David Wu	Asian Community Mental Health Services
Providers of Mental Health Services	Ms. Paula Barber	Center for Family Counseling
	Ms. Patricia Barrera	Alameda Health Consortium
	Ms. Deborrah Bremond	Mental Health Board
	Ms. Evelyn Crespo	La Clinica de La Raza
	Mr. Rick Crispino	Bonita House
	Mr. John Fong	Asian Community Mental Health Services
	Mrs. Beatrice Lee	Asian Pacific Psychological Services

	Rev. Barbara Meyers	Mission Peak Congregation
	Dr. Tom Powers	AC-CC Medical Association
	Ms. Jean Prasher	City of Livermore
	Ms. Michelle Starratt	Alameda County Housing & Community Development
	Ms. Karyn Tribble	Berkeley Mental Health
Board of Supervisors	Ms. Sarah Wilson	Staff to Supervisor Alice Lai-Bitker
	Mr. Seth Kaplan	Staff to Supervisor Nate Miley
Alameda County Behavioral Health Care Services Administration, Operations	Mr. Peter Alevizos	Director, Adult Services
	Ms. Michelle Burns	Director, Transition Age Youth (TAY) Services
	Ms. Diana Cunningham	Management Services
	Ms. Gigi Crowder	Ethnic Services Manager
	Ms. Marlene Gold	Finance Director
	Mr. Jay Mahler	Consumer Relations Manager
	Ms. Barbara Majak	Deputy Director
	Ms. Carolyn Novosel	Director, Children & Youth Services
	Mr. Clint Nix	Director, Older Adult Services
	Mr. Robert Ratner	Housing Services
	Mr. Gary Spicer	Director, Office of Management Services
	Ms. Marye Thomas	Mental Health Director
	Mr. Jim Hinson	Adult Service Teams

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.

30-Day Stakeholder Review & Public Hearing

The Innovation Plan was made available for review on Friday August 14, 2009 on the ACBHCS website (www.acbhcs.org) with copies available at our front desk and by request. Notice was given to all members of the MHSA listserv which includes over one thousand email addresses of mental health providers, community members, other government partners and individuals involved in the planning process. The public hearing, which represents the closing of the stakeholder review process, was hosted by the Alameda County Mental Health Board:

12 – 3pm, Monday, September 14,
First Five Offices
1100 San Leandro Blvd, Ste. 130
San Leandro, CA

The County defined “substantive” as those comments which request a change that would result in significant alteration in the programmatic elements, proposed budget or timeline of the draft plan. *There were no substantive comments received during the thirty day review.*

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Innovation Work Plan Narrative

Date: Revised 1/10

County: Alameda

Work Plan #: Workplan #1

Work Plan Name: Innovative Grant Program

PURPOSE OF PROPOSED INNOVATION PROJECT (CHECK ALL THAT APPLY)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

BRIEFLY EXPLAIN THE REASON FOR SELECTING THE ABOVE PURPOSE(S).

Essential Purpose of Innovative Grant Program

The proposed Innovative Grant Program has a primary purpose to increase the quality of services, including better outcomes for individuals living with mental health issues in Alameda County. This purpose will be fulfilled through a successful venture capital, donor-advised funding process designed to engage the larger community, beyond traditional mental health providers. The methodology usually employed by venture capitalists in the for profit sector or major donors in a community foundation will be tested in a new setting: a County mental health system. Alameda County Behavioral Health Care Services (BHCS) will test out this change in how public funds are distributed.

Traditionally, BHCS has invited the community to provide input to create broad strategies that are later formed into operational programs by BHCS staff. Once full projects are formed, BHCS releases Request for Proposals (RFP) to fulfill the project requirements. The standards by which BHCS awards contracts are stringent, often sifting out many capable small and/or non-traditional providers. Moreover, the current RFP process is lengthy, often spanning five or more months from RFP release to funding allocation.

This Innovative process differs in that it allows individuals from the community to present and test fully developed projects to address community identified problems. The formation of these projects will come directly from the community and may consist of significantly different types of programmatic/service models than currently exist in Alameda County's system.

The funding application process will be much less bureaucratic and broaden the development of programs to diverse applicants, who may not currently meet BHCS' rigid contracting criteria, but may meet the wider Innovative Grant Program requirements.

Applicants will be asked how their ideas will 1) contribute to the County's learning regarding how to serve our clients more effectively; 2) improve the quality of mental health programs and/or services; and 3) be sustained beyond Innovative Grant Program

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funds. Community members, as represented on an Innovation Board, modeled after a venture-capitalist fund board of directors or major donor board of directors, will decide on which projects are funded. The participation of diverse non-traditional partner agencies and community members, as well as affected consumers and family members in service decision-making has shown to increase a community's integration, empowerment and quality of life among those with mental health issues.¹

Furthermore, the process will differ from the traditional program development and contracting process, as it will offer the immediacy of funding through a partnership with a local Foundation. This partnership will ensure that money is distributed in a timely manner.

It is expected that the outcomes of this funding process will be included in Alameda County's continuous Quality Improvement (QI) process. The management system will learn from the process, while the age-based Systems of Care will learn from the project outcomes.

The proposed Innovative Grant Program has a secondary purpose, which is to expand the community's understanding of the mental health system and increase meaningful involvement during the decision-making processes. Including non-traditional mental health stakeholders will help to empower and improve feelings of self efficacy in decision making.

Therefore, BHCS will test whether 1) adopting a funding model that gives community members decision-making authority and 2) the engagement and involvement of Alameda County's diverse community members who have not traditionally been engaged in designing and implementing mental health projects will improve the quality of programs and service outcomes in BHCS.

Phase I. Community Education of the Proposed Innovation Grant Program was developed as marketing and outreach, not only about the Innovation Guidelines, but about eligible applicants. BHCS will host a series of Community Education meetings, which will be conducted by a BHCS Innovation Project Grants Manager, for the Proposed Innovation Grant Program. Partner agencies, individuals, groups, non-traditional mental health providers and community agencies will be invited to learn and participate in the process. This phase will also create an **Innovation Board**, which will be comprised of various mental health stakeholders, as well as consumers and family members. The Innovation Board will hear and move "project pitches" forward (see below). The Innovation Board will use the community's internal capacity, wisdom and knowledge, which has been shown to increase one's sense of impact over an individual's community.

Therefore, including individuals who have not traditionally participated in the mental health decision making process will benefit the community by 1) Increasing the self-efficacy of the Innovation Board members that are involved in the selection process; and 2) Improving mental health services and outcomes in the community through selected grant projects.²

¹ Kosciulek, J.F. (1999). The Consumer-Directed Theory of Empowerment. *Rehabilitation Counseling Bulletin*, 42(3):196-213.

² Kosciulek, J. F. (2001). Structural Equation Model of the Consumer-Directed Theory of Empowerment in a Vocational Rehabilitation Conte t *Rehabilitation Counseling Bulletin*, 49(1): 40 - 49.

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Phase II. Innovative Project Pitches will provide an opportunity to interested parties to submit a two-page Innovative Project Grant Pitch, which is a detailed program/project, to the Innovation Board. Traditionally, community members have provided only broad strategies that Alameda County staff operationalized into programs. *Phase II* is different in that it invites individuals from the community to identify problems, priority populations and solutions in the form of a fully-designed project. For example, a teacher at a local middle school may pitch a project that requires \$5,000 for parenting classes to improve their student's behavior. This process will promote "outside the box" thinking and meaningful learning about service and outcome improvements.

As redistribution of power has been shown to lead to social change, increased trust of government, a sense of choice and an efficacious orientation toward sociopolitical support³ will be formed in this phase. **Phase III. Innovation Board Recommendations** gives the Board a more influential role in the determination of projects. *Phase III.* acts as the first round of Project Pitch evaluations by the Innovation Board by increasing the types of groups, beyond those who have traditionally been involved in mental health service planning, policy development and system transformation. This process will increase non-traditional voices and perspectives that will result in unique and more effective mental health services. The decisions that are made by the Innovation Board advance the transformation of the system and will feed into the system's quality improvement process, as they may represent a significant departure from the traditional mental health system (see Phase VII). The larger community will be empowered through requisite of knowledge, skills and decision making during the Proposed Innovation Grant Program.

Next, **Phase IV. Innovative Draft Project Plans and Phase V. Innovative Projects Comment and Review** will act as the second and third phases of Project Pitch evaluation. *Phase IV.* will be completed by the Innovation Board. BHCS staff will consult with the Board, as non-voting members. *Phase V.* will provide an opportunity for members of the community to provide comment on the projects funded for over \$50,000.

Finally, **Phase VI. The Alameda County Innovative Project Portfolio** will be the summation of the implemented Proposed Innovation Grant Program. The State Innovation guidelines require that all Innovative projects include a learning component and selected projects that comprise the Alameda County Innovative Project Portfolio will all be funded to increase the quality of services, including better outcomes. The selected projects will serve as a parallel process to the selection process. The learning that will result from the time limited Innovative Grants will be shared with the Alameda County community at large during **Phase VII. The Innovation Project Feedback and Sharing of Best Practices Cycle**. This phase also sets the stage to begin the Proposed Innovation Grant Program for the next round of funding.

The process will be primarily managed by two Innovation staff, one Innovation Project Grants Manager and one Administrative Support staff that will coordinate and lead the entire process. If BHCS utilizes this funding strategy and engages the larger community, beyond traditional mental health providers in developing and selecting

³ Bobo, L. & Gilliam, F.D. Jr. (1990). *Race, Sociopolitical Participation and Black Empowerment*. American Political Science Review. 84(2)

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projects that address mental health issues, then new and creative ways of accessing and delivering services will be developed for individuals living with mental health issues.

It is expected that the Innovation Project Grants Manager will be included in Alameda County's continuous Quality Improvement (QI) process. For example, the Manager would be included in all QI Department meetings and feed relevant information into the management system about the grants process to shift future contracting and funding strategies. The Manager will also feed relevant information into the program delivery System of Care to improve services.

See the below Innovation Work Plan Narrative for more detail.

Innovation Work Plan Narrative

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)

Innovative Grant Program

The Innovative Grant Program consists of seven phases and is a hybrid model that borrows ideas from both venture capitalist and donor-advised style funding and places it in a County Behavioral Health setting. While this process is based on existing funding models used in both for and non-profit sectors, the Proposed Innovation Grant Program is innovative because it invites creative and broad projects to be presented by non-traditional mental health providers to an Innovation Board in a County Mental Health setting. BHCS will seek to learn whether this funding model and engagement and empowerment of diverse and non-traditional mental health decision makers will contribute to the improvement of its funding process, programs and outcomes. BHCS will engage the larger community, beyond the established mental health decision makers in full program development and experimentation of new and creative ways to address mental health issues in Alameda County to create improved systems, programs and outcomes.

The Proposed Innovation Grant Program builds upon previous Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) lessons learned. During the CSS planning process BHCS conducted outreach to providers, consumers and family members that required CSS specific services. Due to the rigid guidelines, the CSS process required specialized knowledge from consumers living with SMI/SED and their families, as well as providers familiar with the needs of this population. PEI presented BHCS with an opportunity to expand outreach beyond specialized providers and individuals diagnosed with SMI/SED. The increased outreach and information sharing about the PEI process was greeted with excitement from the community. Moreover, PEI also allowed for promising practices that are considered

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valuable in the communities in which they occur. The INN funding stream builds upon the community's desire and excitement for unique and innovative programs that allow for experimentation and the tapping of diverse sources of community wisdom.

Each phase includes a particular goal, specific tasks, decision making points and the involvement of diverse stakeholders, which will be managed and coordinated by the Innovation Project Grants Manager. See ***Attachment I. The Proposed Innovation Grant Program Diagram*** for an illustration of the Proposed Innovation Grant Program process.

Phase I: Community Education Outreach & Process Education

The goal of *Phase I* is to provide education to the public on the Innovation guidelines, funding possibilities, new funding style and describe eligible applicants and in the process educate the community on the public mental health system. *Phase I* includes a comprehensive marketing strategy that will outreach to new, non-traditional mental health stakeholders to engage in Proposed Innovation Grant Program and apply for Innovative project funding. Non-Traditional partners will be outreached using the connector⁴ model. Connectors are individuals that link us to the world and have large and diverse networks. BHCS will create materials that use lay terms and will be easy for communities to understand. See ***Attachment II. The Proposed Innovation Grant Program One Pager*** for an example of the information that will be distributed.

The BHCS Innovation Project Grants Manager will identify individuals to serve as connectors for linking non-traditional stakeholders to the process, and will host several Community Education Meetings to introduce community members to the Local Guidelines for Innovation Funding and to encourage them to 'pitch' their project ideas. BHCS will publicize all opportunities to apply for Innovation Funding through local newspapers and community events. Additionally, BHCS will expand its current mailing list to include new stakeholders, such as:

- Other County Agencies, such as the Alameda County Office of Education; Alameda County Social Services Agency; Alameda County Public Health Department and Alameda County Probation Department;
- Individuals & Groups, which are defined as legal entities, including consultants and fiscally sponsored collaborations, such the Justice and Mental Health Planning Collaborative;
- Nonprofits that serve individuals with serious mental illness (SMI);
- Advocacy groups;
- Organizations that do not traditionally serve individuals with SMI, such as The Boys and Girls Clubs; and
- For profit agencies, such as primary care providers.

Special outreach will be made to under and inappropriately served groups identified in Alameda County's previous MHSA planning processes, such as those defined by race/ethnicity, gender, physical ability, veterans status, language capacity, geographic location, age and criminal justice involvement.

Phase I will introduce the Alameda County community at large to the State Innovation Project guidelines, as well as BHCS' Proposed Innovation Grant Program

⁴ Gladwell, M. (2002) *The Tipping Point: How Little Things Make a Big Difference*.

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phases' Local Guidelines. Additionally, BHCS will hold Bidder's Conferences for interested parties and respond to questions and feedback about the process. BHCS will develop a web link to the Proposed Innovation Grant Program phases' Local Guidelines on the current BHCS website, so interested parties may view the funding requirements and assess their interest in and eligibility for applying for this funding stream. *Phase I.* will serve as advertisement for the entire process. The advertisement will reach a spectrum of stakeholders and extend beyond those who have traditionally been involved in mental health services, policy development and system transformation by outreaching to the above mentioned entities.

The Innovation Board will be formed during *Phase I.* to review Innovative Project Pitches. Using the maven model, The Board will include community experts. Mavens are individuals who are specialists and are able to relay new information.⁵The Board will include a diverse membership that will reflect the racial/ethnic diversity of Alameda County. Specifically, the Innovation Board will consist of a mix of twelve or more individuals that identify as at least one of the following groups: consumers, individuals that identify as family members; non-traditional partners; community experts; service providers; and Alameda County Mental Health Board and Board of Supervisors staff. Innovation Board members will be outreached and selected through a process of demonstrated expertise. A sub-committee of the Ongoing Planning Council (OPC) will serve as the Innovation Board Selection Committee and evaluate interested individuals during in-person interviews based on responses to the following:

- A personal or professional connection to mental health;
- The ability to represent the needs of a specific community;
- The ability to affirm that they are not affiliated with any potential organization or individuals that will pitch a project;
- A commitment to difficult decision making and prioritization; and
- An understanding of successful Innovative programs.

Phase II: Innovative Project Pitches

The goal of *Phase II.* is to encourage diverse communities to participate in the pitching process, which is essentially the presentation of a 'ready to implement program', versus a broad strategy. *Phase II.* will invite interested parties to submit a "Project Pitch", a two-page project description to illustrate their project idea to the Innovation Board. Project Pitches must describe how the proposed project will meet Innovation Fund guidelines and 1) contribute to learning; 2) improve the quality of mental health programs and/or services; and 3) sustain itself beyond Innovative Grant Program funds. Project Pitches must include the estimated grant amount request; type of legal entity that is sponsoring the pitch; type of project; the issue to be explored, the target population; the learning question; the description of project innovation; the proposed strategies to explore the issue; and the anticipated impact of the project on the current mental health system. See ***Attachment III. Innovative Project Pitch Form*** for the full details that interested pitchers will be asked to complete prior to their in-person pitch.

Phase III. Innovation Board Recommendations

⁵ Gladwell, M. (2002) *The Tipping Point: How Little Things Make a Big Difference.*

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The goal of *Phase III*. is to create recommendations for the pitches. The Board will utilize a score sheet to record their decision on each pitch. See **Attachment IV. Innovation Board Score Sheet** to view the tool that will be used to score the pitches. The pitches will be evaluated by the Innovation Board and will receive one of four ratings:

- *1=Not Recommended-* Proposal does not meet the Innovation Guidelines or principles and/or does not have a reasonable chance of success;
- *2=Needs Development-* Proposal has a promising concept, but needs further development/refinement to have a reasonable chance of success;
- *3=Recommended-* Proposal meets Innovation Guidelines and principles and has a reasonable chance of success; and
- *4=Strongly Recommended-* The Proposal meets the above criteria and received unanimous Innovation Board recommendation for funding.

The Innovation Board members will discuss the individual scores and recommend several pitches to be moved to *Phase IV*. All Pitchers will receive notification of their score and suggested next steps. Pitchers that receive a score of 1 from the Innovation Board will not be recommended for funding due to incomplete pitches or ideas that do not fulfill the Innovative guidelines. Pitchers that receive a score of 2 will receive feedback regarding the Board's decision to pass on the pitch. It is expected that those that receive a score of 2 will use the feedback and re-attempt a pitch in the next funding cycle. Pitches scored with a 3 or 4 will go on to *Phase IV*. for further evaluation by the Innovation Board..

Phase IV. Innovative Draft Project Plans

The goal of *Phase IV*. is to refine all approved projects. *Phase IV*. will also require that all projects approved by the Innovation Board to be further developed by the party that will conduct the pitch. This phase requires increased detail of project descriptions, evaluation plans of the learning question and detailed budgets. For example, pitchers that have made it to *Phase IV*. will be asked to provide additional detail on how the project is innovative; the target population; the proposed staffing; how the project will meet the State and local learning criteria and how the learning question will be answered. Pitches that receive a score of 3 or 4 may be eligible for technical assistance during *Phase IV*. Technical assistance will be offered to improve budget structure, program development and evaluation design. Technical assistance providers will be sub-contracted to community based organizations. The pitchers will be given the opportunity to choose their own sub-contracted technical assistance providers. See **Attachment V. A. Detailed Innovative Project Draft Plan Form Instructions & V. B. Detailed Innovative Project Draft Plan Questions** for the full details that pitchers will be asked to provide. The Innovation Board will review the detailed project pitches and may choose to approve the projects to move to *Phases V*. or *VI*. using the following logic:

- Mini (small) projects (small projects with budgets of \$50,000 or less) that are approved will be announced to the larger community, including the Ongoing Planning Council (OPC) and placed into *Phase VI. The Innovative Projects*

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Portfolio to begin implementation. Mini-projects will not receive public comment in order to expedite the allocation of funds.

- Major (large) Projects (larger projects with a budget larger than \$50,000) will be brought before the larger community, including the OPC for comment and, if applicable, recommended prioritization. The Innovation Board will review OPC comments and recommendations before moving major projects to into *Phase V. Innovative Projects Comment & Review*.

Phase V. Innovative Projects Comment & Review

The goal of *Phase V.* is to gain additional insights and input from the community. *Phase V.* will provide an opportunity for comments by posting project descriptions on the BHCS Innovation website and allowing up to two weeks for review and comment. In partnership with the Innovation Board, The Innovation Grants Project Manager will draft and present a synopsis of all Innovation Board approved major projects to the community and the Ongoing Planning Council (OPC) for comments and prioritization, if approved project amounts are greater than available Innovation funds. The comments, prioritization and recommendations will be used by the Innovation Board when deciding on the final projects for the approved *Phase VI. The Alameda County Innovative Project Portfolio*.

Phase VI. The Alameda County Innovative Project Portfolio

Phase VI. has a goal to collect learning from each project in the portfolio. *Phase VI.* will be the result of *Phases I-V* and will consist of each approved and funded project under the Innovation funding stream. It is expected that ten to twenty mini project grants and two to four major project grants will constitute the portfolio. It is anticipated that an average project will be funded for 18 months, but may be funded up to 24 months, depending on the project type. The selected Innovative projects will be guided by learning questions, which grantees will work to answer through a specified funding period and contract agreement. Technical assistance for organizations that do not have experience with data collection or investigating learning questions will be offered to project grantees. Technical assistance providers will be sub-contracted from community based providers. The Innovation Project Grants Manager, will manage the grants that are awarded and monitor progress. Grantees will be asked to send quarterly reports and updates to the Innovation Project Grants Manager, who will share the information with the Innovation Board and the larger BHCS Executive Administration, including the QI Department. This phase is the culmination of the process and will be where the implementation will occur. In order to expedite the funding process, BHCS intends to use a fiscal intermediary to dispense the funds, such as a donor advice fund to quickly allocate the grant funds to Innovation grantees.

Phase VII. The Innovative Project Feedback and Sharing of Best Practices Cycle

The goal of *Phase VII.* is to incorporate and share best practices and learned lessons from the Innovative Project process as well as the grantees' projects. *Phase VII.* will provide an opportunity for Innovative Fund grantees to present their learning, provide technical assistance and best practices to BHCS, service providers, policy makers, partner agencies and other stakeholders through smaller conferences during

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the funding cycle and through one large Annual Conference at the end of the funding cycle. Additionally, local grant making agencies, such as the East Bay Community Foundation, will be invited to both the smaller and Annual Conferences to provide an opportunity for successful projects to become sustainable. Best practices, challenges and positive outcomes will be shared to inform BHCS' system and development of future projects. Additionally, experts in sustaining successful projects will be invited to share best practices. *Phase VII.* will act as the conclusion of the process, which will occur every 18 to 24 months. *Phase VII.* will also serve to draw out and identify potential pitchers for the next cycle of the Innovative Proposed Innovation Grant Program. This phase will be organized and coordinated by the Innovative Project Grants Manager and support staff.

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)

Contributions to Learning

While funding projects in this hybrid venture capitalist/ donor-advised funding has been effective in the free market and with nonprofit service providers, it will be important to assess its effectiveness in BHCS's organizational quality improvement process. By altering the current funding process and increasing empowerment in a public mental health agency, BHCS will investigate whether the Innovative Proposed Innovation Grant Program worked to improve the above the quality of services and outcomes.

It is expected that the Proposed Innovation Grant Program will investigate in three ways whether BHCS is improving outcomes:

1. First, it is expected that if this particular funding model is found to have a positive impact (more efficient, expeditious, and/or programmatically diverse) on programs and/or services, it may also be incorporated into normal funding practices. BHCS also anticipates that effective policy will be implemented when it is a cost benefit. BHCS will assess the effectiveness and expeditiousness of the Innovative Grants Project Process. Example questions will include:

- How fast did the funding cycle take as compared to the current timeline?
- How fast was money distributed?
- What types of projects were funded versus current projects?
- How many "pitches" were made?
- How many new providers were selected to implement projects?

2. Second, BHCS will learn how those involved in the process were impacted. Parties that participate in *Phases I* through *VII*, will be asked to provide feedback on how the process impacted participants who had not been traditionally involved in the mental health decision making process. The learning questions will pay particular attention to diverse individuals from un-/under- or inappropriately served populations. BHCS will ask several questions of the process' participants to gain insights into learning. Example questions include the following:

- In which ways, if any, were you engaged in mental health decision making before engaging in this process?
- What impact has this process had on you?
- How did you feel about mental health systems before this process?
- How did you feel about participating in decision making before this process?
- How do you feel things are different now?
- How do you feel you have impacted the system?
- In which ways have you shared your experience with others in your community?

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- What have you learned about mental health and the mental health system?
- What will you do differently in the future?

The feedback received from those that participated will provide insight into how the process impacted and changed their roles. Additional feedback will also be collected to reveal areas for improvement. Each phase will be concluded with a satisfaction survey, which will be distributed to the participants in that phase, including members of the Innovation Board, OPC and BHCS staff. The BHCS Innovative Project Grants Manager and support staff will collect, analyze and make the findings of the survey available to the public.

3. Third, BHCS will work to incorporate “lessons learned” or best practices that emerged through *Phase VI*. grant implementation when there is a cost benefit, cost neutrality or when funds are available. The Alameda County Innovative Project Portfolio will yield separate project specific learning. In order to determine whether each project improved quality of services, the learning of each project will be determined by the project grantee. It is expected that the projects in the Innovative Project Portfolio will explore new mental health approaches, policy development and applications of approaches that have been successful outside of mental health contexts. The learning that will occur during *Phase VI*. will be shared with the BHCS QI department and internally discussed with the organization, as well as the community at large during *Phase VII*. The Innovative Project Feedback and Sharing of Best Practices Cycle and will be presented on BHCS’ Innovation website and captured in Alameda County’s annual and final reports to the State.

INNOVATION WORK PLAN NARRATIVE

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. (SUGGESTED LENGTH - ONE PAGE)

Implementation/Completion Dates: January 2010-July 2013

BHCS will engage in two rounds of the Innovative Grant Program cycles in order to determine whether services and/or programs were improved through the engagement of diverse non-traditional mental health stakeholders during decision making processes. It is anticipated that Phases I. through V. will take five to six months depending on approval of the plan. Phase VI will run between 12 to 18 months, depending on each project.

The first funding cycle of this process will be as follows:

Phase I. will provide education to the public on the Innovation guidelines, funding possibilities, new funding style and describe eligible applicants and in the process educate the community on the public mental health system. It is anticipated that this will take place from January 2010 until March 2010. The Innovation Board will be formed during this phase. *Board members will participate in initial surveys regarding their present views of the mental health system and their expectations for the process.*

The County will plan an Innovation Conference for April 2010 to further educate perspective participants and introduce the Innovation Board to the community.

Phase II. will encourage diverse communities to participate in the pitching process, which is essentially the presentation of a 'ready to implement program', versus a broad strategy. *This will provide BHCS its first opportunity to measure community participation. BHCS will gather information on who makes pitches and the kinds of programs that are presented as an initial benchmark. This will include participants' present views on the mental health system and their motivations for improving it.*

Phase III. will be the designated time for the Innovation Board to develop specific recommendations for pitches that require modification prior to final approval. *Each pitcher will have framed their specific project as pursuing a learning question about the improvement of client outcomes.*

Phase IV. is the refinement and final approval of projects to be implemented by the Board. This will occur in May 2010. *BHCS will gather information on the changing perspectives of Board members and pitchers as a result of their participation in decision-making and program development, respectively.*

EXHIBIT C
(Page 13 of 16)

Phase V. will help to gain additional insights and input from the community by seeking the perspective on larger projects from members of the standing stakeholder group (Ongoing Planning Council.) and will occur on June 2010.

Phase VI. is the implementation of the Innovation projects beginning in July 2010. Each project is anticipated to complete its activities within 12 months and, in some cases 18-24 months. *BHCS will gather information on each Innovation provider during the course of implementation. This will focus on the progress in pursuing the projects' learning question including challenges and successes that arise during implementation.*

Phase VII. will incorporate and share best practices and learned lessons from the Innovative Project process as well as the grantees' projects. This phase will start in November 2011 with projects that end after 12 months.

Innovation Work Plan Narrative

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.

The Proposed Innovation Grant Program will be reviewed at the end of each relevant phase through the following mechanisms. BHCS will collect information on:

- Participant rating on the usefulness of information that was disseminated during Phase I. Community Education will be collected;
- How participants (those who were part of the Innovation Board as well as “pitchers”) heard about the process;
- BHCS self-assessment on impact of process, and comparison of current funding and contracts including:
 - Time elapsed between approval of pitch and fund allocation
 - Speed of funding cycle as compared to the current timeline by will be examined by comparing the Innovation funding cycle versus the traditional funding cycle average times;
 - Number of project pitches that were pitched;
 - Number of project grantees;
 - Types of funded projects versus current projects will be compared by examining BHCS’ traditional funded and the newly selected projects. An analysis of similarities and differences will be made;
 - Number of “pitches” that were made will be a simple count of submitted one page pitches;
- Demographic information about the participant parties in each phase will be gathered. BHCS and highlight those that were new to the MHSA process, including those that made ‘pitches” and those on the Board;
- Number of new providers selected to implement projects will be measured by counting the number of new providers (those are do not already exist as BHCS contractors)
- Ways in which, if any, the Innovation Board members were engaged in mental health decision making before engaging in this process will be evaluated by an open ended question or survey;
- Impact the process had on the Innovation Board, feelings about mental health systems, participation, impact, decision making, differences and shared experiences will also be captured through open-ended questions or survey;
- Learning about mental health will be captured through possible before and after questionnaires and/or surveys to capture any differences;
- Prior experiences in mental health of the Innovation Board will be captured through surveys and the Innovation Board Application;
- Impact on and outcomes for consumers and family members of individual projects in Phase VI. (these measurements will be developed with the help of BHCS and community based sub-contracted technical assistance providers);

EXHIBIT C
(Page 15 of 16)

The results will be tabulated, analyzed, disseminated and discussed by the Innovative Project Grants Manager with the Innovation Board, BHCS Executive Administration, and grantees as well as made available for public review and used to improve services, implement both system and project specific improvements for the future.

INNOVATION WORK PLAN NARRATIVE

LEVERAGING RESOURCES (IF APPLICABLE)

PROVIDE A LIST OF RESOURCES EXPECTED TO BE LEVERAGED, IF APPLICABLE.

BHCS will work with community foundations to establish partnerships that will leverage these funds in a mutually beneficial matter. Foundations will help the County attract groups and organizations that have not traditionally provided mental health services yet have established programs that effectively serve individuals and families experiencing or are at risk of experiencing mental health issues. This would include social service organizations, mentoring groups, educational organizations and others. Foundations may also see this partnership as an opportunity to leverage their investments with these organizations and help establish alternative long-term funding streams for programs that can qualify for Medi-Cal, EPSDT or other related funding in the future.

Specifically, BHCS has been in communications with the East Bay Community Foundation and Philanthropic Ventures, for the following purposes:

- Gain insight and receive feedback regarding BHCS' proposed process;
- Create awareness of the new funding among fellow funders;
- Build relationships to explore possible areas of funding overlap;
- Introduce Innovative Project Grant grantees to possible sustainable funding through foundations;
- Utilize foundation style funding to ensure quick and efficient funds delivery to eventual grantees through the donor advise funds.

Additionally, the Innovation Board will act as a voluntary body, which will devote time and energy to the Innovative Project Process. Moreover, the Board's insights and talents will also be leveraged to determine the best projects to be funded. In sum, the leveraged resources of the Board and foundations will be based on collaborative community resources, such as time, talent, experience, relationships and possible funding.

EXHIBIT D

Innovation Work Plan Description (For Posting on DMH Website)

County Name

Alameda County

Annual Number of Clients to Be Served (If Applicable)

N/A Total

Work Plan Name

Innovative Grant Program

Population to Be Served (if applicable):

Innovative Projects must serve low-income individuals and families experiencing mental health issues or are at-risk.

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

Innovative Projects are activities that use creative and non-traditional approaches to address the needs of individuals experiencing mental health issues. The goal is to learn whether engaging underserved and diverse individuals in the decision making process improves the quality of services, including better outcomes for individuals and families.

The proposed Innovative Grant Program has a primary purpose to increase the quality of services, including better outcomes for individuals living with mental health issues in Alameda County. This purpose will be fulfilled through a venture capital and donor-advised fund - foundation style funding process designed to engage the larger community, beyond non-traditional mental health providers and provide community members decision-making power in the process. Applicants of the Innovative Grant Program will be asked how their ideas will 1) contribute to learning; 2) improve the quality of mental health programs and/or services; and 3) feasibility for sustainability beyond Innovative Grant Program funds. The participation of diverse non-traditional partner agencies and community members, as well as affected consumers and family members in service decision making has shown to increase a community's integration, empowerment and quality of life among those with mental health issues.

EXHIBIT E

**Mental Health Services Act
Innovation Funding Request**

County: Alameda

Date: 10/20/2009 (Revised 12-1-09)

Innovation Work Plans			FY 09/10 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No.	Name			Children, Youth,	Transition Age Youth	Adult	Older Adult
1	1	Innovative Grant Project	\$ 2,162,230				
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26	Subtotal: Work Plans		\$ 2,162,230	\$0	\$0	\$0	\$0
27	Plus County Administration		\$ 381,570				
28	Plus Optional 10% Operating Reserve						
29	Total MHSA Funds Required for Innovation		\$2,543,800				

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Alameda

Fiscal Year: 2009/10

Work Plan #: 1

Work Plan Name: Innovative Grant Projects

New Work Plan

Expansion

Months of Operation: 11/09-6/10

MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	Notes
A. Expenditures					
1. Personnel Expenditures	187,252			\$187,252	Grants Management /Process Staff & Benefits=7%
2. Operating Expenditures			1,758,755	\$1,758,755	Mini/Major Grants
3. Non-recurring expenditures				\$0	
4. Training Consultant Contracts			\$ 216,223	\$216,223	TA for Grantees=5%
5. Work Plan Management				\$0	
6. Total Proposed Work Plan Expenditures	\$187,252	\$0	\$1,974,978	\$2,162,230	
B. 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	\$0	\$0	
C. Total Funding Requirements	\$187,252	\$0	\$1,974,978	\$2,162,230	

Prepared by: Gilda Mansour

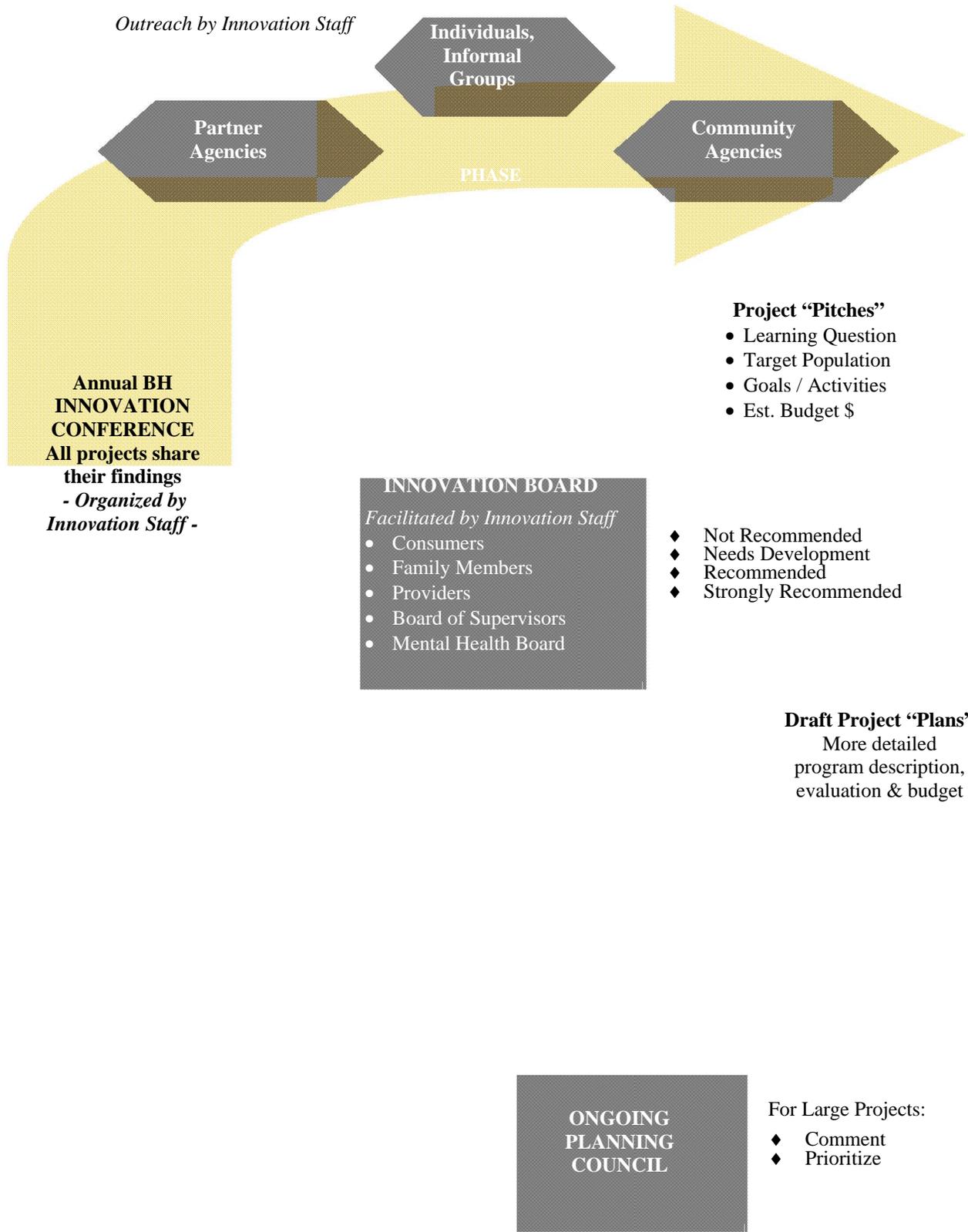
Date: 10/20/2009

Telephone Number: 510.567.8189

09)

ATTACHMENT I. INNOVATION GRANT PROGRAM DIAGRAM

“An INN project is one that contributes to learning, rather than a primary focus on providing a service.”





PROMOTING INNOVATION IN MENTAL HEALTH

Alameda County Seeks New Partners, New Approaches to Address Mental Health Issues for At-Risk Individuals & Their Families

*Behavioral Healthcare Services Agency will invest \$2.1 million dollars in
Innovative Project Grants to Implement and Evaluate New Approaches*

WHAT ARE INNOVATIVE PROJECTS?

Innovative Projects are activities that use creative and non-traditional approaches to address the needs of individuals experiencing mental health issues. Our goal is to *learn* from how these activities may increase the quality of mental health services, including achieving better outcomes for individuals and families.

Examples may include:

- Piloting new treatment interventions
- Mental health education and training for non-mental health providers
- Prevention of negative effects of mental illness and early interventions for mental illness
- Public education efforts to reduce stigmatization of mental illness
- Research, including on best practices of systems, service delivery, etc.
- Development of new administrative/governance/organizational practices, processes or procedures;
- Increasing mental health advocacy

WHAT ARE THE PROJECT REQUIREMENTS?

Innovative Projects must serve low-income individuals and families experiencing mental health issues or are at-risk. Projects must be completed within 18 months of receiving funding. Grantees must submit a final report upon completion.

HOW DO I APPLY FOR INNOVATIVE PROJECT GRANTS?

Applicants are asked to submit a one-page proposal that (1) asks a *learning question*: what issue or problem does the project seek to address/solve? and (2) describes the activities included in the project, the project timeline and budget. Applicants will participate in a brief interview conducted by the Innovation Board who will make funding recommendations directly to the County.

WHO IS ELIGIBLE TO APPLY?

Legal entities such as organizations with non-profit status, corporations and government institutions may apply. This includes other County agencies, regional authorities, city governments, educational institutions, community-based organizations, faith-based organizations and businesses. Individuals and informal groups that have a fiscal sponsor are encouraged to apply. *Applicants need not have experience providing direct mental health services to apply.*

Behavioral Health Care Services provides substance abuse treatment and mental health services to low-incomes families of Alameda County and is part of Alameda County Healthcare Services Agency.



ATTACHMENT III. INNOVATIVE (INN) PROJECT PITCH FORM

“An INN Project is one that contributes to learning, rather than a primary focus on providing a service”

PRESENTER NAME _____ DATE _____

APPLICANT ORGANIZATION _____

MAILING ADDRESS _____

CITY _____ ZIP _____

CONTACT PERSON _____ TITLE _____

EMAIL _____ PHONE () - EXT _____

PROJECT NAME _____

CURRENT FY AGENCY BUDGET \$ _____ REQUESTED AMOUNT \$ _____

LENGTH OF PROJECT-*MUST BE TIME LIMITED & LESS THAN 24 MONTHS*

TYPE OF GRANT

MINI (\$<50,000)

MAJOR (>\$50,000)

TYPE OF ORGANIZATION-*MUST BE A LEGAL ENTITY*

NON-PROFIT 501 C (3)

PUBLIC AGENCY

FOR PROFIT

OTHER LEGAL ENTITY _____

TYPE OF PROJECT-*SELECT ALL THAT APPLY*

ADMINISTRATIVE/GOVERNMENT/ORGANIZATIONAL PRACTICES, PROCESSES OR PROCEDURES

ADVOCACY

EDUCATION & TRAINING FOR SERVICE PROVIDERS (INCLUDING NON-TRADITIONAL MENTAL HEALTH PRACTITIONERS)

OUTREACH, CAPACITY BUILDING & COMMUNITY DEVELOPMENT

PLANNING

PUBLIC EDUCATION

PREVENTION AND/OR EARLY INTERVENTION

RESEARCH

SERVICE/TREATMENT DELIVERY & INTERVENTIONS

OTHER _____

PLEASE ADDRESS THE FOLLOWING QUESTIONS USING NO MORE THAN ONE PAGE TOTAL:

1. HOW WILL THIS PROJECT IMPROVE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES?
2. WHAT IS THE ISSUE TO BE EXPLORED, PROVEN OR DISPROVEN? WHAT QUESTION DO YOU INTEND TO ANSWER THROUGH THIS PROJECT?
3. WHAT ARE THE PROPOSED STRATEGIES AND ACTIVITIES TO ADDRESS THE ISSUES ABOVE?
4. WHAT ARE THE COSTS ASSOCIATED WITH YOUR ACTIVITIES? WHAT IS THE TIMELINE?
5. HOW IS THIS PROJECT "INNOVATIVE" AS DEFINED IN THE GUIDELINES? WHAT IS THE ANTICIPATED IMPACT OF THIS PROJECT ON THE CURRENT MENTAL HEALTH SYSTEM?
6. HOW WILL THIS PROJECT BE SUSTAINED?

SAMPLE ONLY



**ATTACHMENT IV.
INNOVATIVE (INN) BOARD SCORE SHEET**

“An INN Project is one that contributes to learning, rather than a primary focus on providing a service”

NAME

DATE

THE APPLICANT MUST ANSWER THE FOLLOWING IN PERSON & BE SCORED ON A SCALE OF 1-UNACCEPTABLE; 2-UNSATISFACTORY; 3-SATISFACTORY; 4-FAIR; 5-EXCELLENT.

NOTES

APPLICANT

NOTES

- INTRODUCES A NEW APPLICATION TO THE MENTAL HEALTH SYSTEM OF A PROMISING COMMUNITY-DRIVEN PRACTICE/APPROACH OR A PRACTICE/APPROACH THAT HAS BEEN SUCCESSFUL IN NON-MENTAL HEALTH CONTEXTS OR SETTINGS.

1. STATE THE LEARNING QUESTION(S)- STATE THE PROJECT'S LEARNING QUESTION(S). LEARNING QUESTIONS MUST BE POSED IN A WAY THAT CAN BE ANSWERED BY OBSERVABLE EVIDENCE. LEARNING QUESTIONS MUST ALSO BE APPROPRIATE, FEASIBLE AND RELEVANT TO THE PROJECT. A LEARNING QUESTION IS NARROW AND WORDED AS A QUESTION. AN EXAMPLE OF A GOOD LEARNING QUESTION IS: "IS PLAY THERAPY EFFECTIVE IN ALLEVIATING TRAUMA SYMPTOMS IN MIDDLE EASTERN SCHOOL AGED GIRLS?"
2. WHAT IS THE PLAN FOR ANSWERING THE LEARNING QUESTION? DESCRIBE HOW THE LEARNING QUESTION(S) WILL BE ANSWERED (THE METHOD TO ANSWER THE QUESTION). METHODS MAY INCLUDE:
 - EXPLORATION-TO PROVIDE A BEGINNING OF FAMILIARITY WITH A TOPIC
 - DESCRIPTION-TO PROVIDE DESCRIPTIONS OF DELIBERATE, ACCURATE AND SPECIFIC OBSERVATIONS
 - EXPLANATION-TO REPORT EXPLANATIONS FOR WHY CERTAIN THINGS OCCUR
 - EVALUATION-A METHOD THAT ENCOMPASSES ALL THREE PREVIOUS METHODS AND MEASURES EFFECTIVENESS.
3. WHAT TYPE OF DATA WILL BE COLLECTED?
4. WHAT TYPES OF MEASUREMENTS/TOOLS WILL BE USED?

III. FINANCIALS-PLEASE COMPLETE THE FINANCIALS ATTACHMENTS

- BUDGET SHEET
- BUDGET NARRATIVE



**ATTACHMENT V. B.
DETAILED INNOVATIVE PROJECT DRAFT PLAN
QUESTIONS**

REFER TO THE DETAILED INNOVATION PROJECT PLAN DRAFT INSTRUCTIONS FOR INFORMATION ON HOW TO RESPOND TO THE BELOW QUESTIONS/PROMPTS.

PROJECT INFORMATION

1. HOW DOES THIS PROJECT IMPROVE OUTCOMES AND/OR QUALITY OF SERVICES TO INDIVIDUALS?
2. WHO ARE TARGET POPULATION(S)?
3. PROVIDE A PROGRAM DESCRIPTION
4. WHAT IS THE STAFFING STRUCTURE (ROLES & RESPONSIBILITIES)?
5. IS THIS PROJECT SUSTAINABLE?

*ON A SCALE OF 1
TO 3 RATE THE
PITCH*

1 2 3

1 2 3

1 2 3

1 2 3

LEARNING QUESTION(S)

1. STATE THE LEARNING QUESTION(S)
2. WHAT IS THE PLAN FOR ANSWERING THE LEARNING QUESTION?
3. WHAT TYPE OF DATA WILL BE COLLECTED?
4. WHAT TYPES OF MEASUREMENTS/TOOLS WILL BE USED?

1 2 3

1 2 3

1 2 3

1 2 3

FINANCIALS

- BUDGET SHEET
- BUDGET NARRATIVE

1 2 3