

January 14th, 2011

MHSA Plan Review Section
Department of Mental Health
1600 9th Street, Room 150
Sacramento, CA 95814
E-Mail: ccta@dmh.ca.gov

MHSOAC
1300 17th Street, Suite 1000
Sacramento, CA 95811
E-Mail: MHSOAC@dmh.ca.gov

Dear Sir or Madam,

Marin Community Mental Health Services is submitting their MHSA Innovation Plan for your review and approval.

Marin's "Client Choice and Hospital Prevention Program" project seeks to increase quality of care and services by combining three distinct strategies: the systematic use of crisis plans for all existing and new adult clients of the mental health system, community-based crisis services in a homelike environment and integrated peer/professional staffing. While other examples of each individual strategy exist, this proposed project is innovative in that it combines the three strategies, based on the belief that effective and lasting change in Marin's response to psychiatric emergencies can only occur through the strategic integration of these three critical components.

Additionally, this INN plan is unique in that it also combines two other MHSA components, PEI and Capital Facilities, in order to ensure system integration and to maximize resources. The PEI component will address the system-wide implementation of peer and family facilitated crisis plans and the Capital component will enhance and contribute to a welcoming, inclusive and safe alternative to hospitalization.

Enclosed are the following documents:

Exhibit A County Summary Sheet
Exhibit B County Certification
Exhibit C Community Program Planning and Local Review Process
Exhibit E MHSA Summary Funding Request
Exhibit E5 INN Budget Summary

Exhibit F New Program Project Budget Detail and Narrative
Exhibit F5 INN New Project Description

If you have any questions, please contact Patty Lyons, MFT, Innovation Coordinator at 415-473-4306 or plyons@co.marin.ca.us

Sincerely,

A handwritten signature in blue ink that reads "Bruce Gurganus". The signature is written in a cursive, flowing style.

Bruce Gurganus, MFT, Director
Marin Community Mental Health Services

cc: Patty Lyons, MFT, Innovation Coordinator

COUNTY SUMMARY SHEET

This document is intended to be used by the County to provide a summary of the components included within this annual update or update. Additionally, it serves to provide the County with a listing of the exhibits pertaining to each component.

County: <i>Marin</i>			Exhibits																				
			A	B	C	C1	D	D1*	E	E1	E2	E3	E4	E5	F**	F1**	F2**	F3**	F4**	F5**	G***	H****	
For each annual update/update:			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>														
Component	Previously Approved	New																					
<input type="checkbox"/> CSS		\$0				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WET		\$0				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/> CF	\$	\$						<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>						
<input type="checkbox"/> TN	\$	\$						<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>				<input type="checkbox"/>				
<input type="checkbox"/> PEI						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>					<input type="checkbox"/>			
<input checked="" type="checkbox"/> INN	\$	\$1,481,800					<input type="checkbox"/>	<input type="checkbox"/>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		
Total	\$0	\$1,481,800																					

Dates of 30-day public review comment period:	October 14,2010 to November 12,2010
Date of Public Hearing****:	Not Applicable
Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:	March 17, 2010

*Exhibit D1 is only required for program/project elimination.
 **Exhibit F - F5 is only required for new programs/projects.
 ***Exhibit G is only required for assigning funds to the Local Prudent Reserve.
 ****Exhibit H is only required for assigning funds to the MHSA Housing Program.
 *****Public Hearings are required for annual updates, but not for updates.

COUNTY CERTIFICATION

County: MARIN

County Mental Health Director	Project Lead
Name: Bruce Gurganus Telephone Number: 415-499-6769 E-mail: bgurganus@co.marin.ca.us	Name: Patty Lyons, MFT Telephone Number: 415-473-4306 E-mail: plyons@co.marin.ca.us
Mailing Address: Marin County Community Mental Health Services 20 North San Pedro Road, Suite 2021 San Rafael, CA 94903	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2010/11 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2010/11 annual update/update are true and correct.

Bruce Gurganus, Mental Health Director

Mental Health Director/Designee (PRINT)


Signature Date 12/17/10

¹ Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement and may strike this line from the certification.

EXHIBIT C

INNOVATION WORK PLAN

Description of Community Program Planning and Local Review Processes

County Name: Marin County
Work Plan Name: Client Choice & Hospital
Prevention Program

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)

The Client Choice and Hospital Prevention Program is the result of a diverse and collaborative community planning process conducted in Marin County. While the INN community planning process started in September 2009 the planning process dates back to 2005 with the launch of the CSS stakeholder planning process. The success of this INN project will be built on the successes and ideas generated in our CSS, PEI and WET planning processes.

A request for participation was sent out to all of our stakeholders including community-based organizations, consumer and family members, HHS partners, and to community members who expressed an interest. A request for participation was also posted on The Network of Care and County of Marin websites. Two planning meetings were held in September 2009 (1 meeting for the larger stakeholder group, 1 smaller meeting comprised entirely of consumers). The focus of these meetings was on the INN state guidelines with special attention paid to the “learning” aspect. Additionally, the stakeholder group determined priorities they felt Innovation should address. Much like other planning processes the INN stakeholders identified the below priorities:

- Alternatives to hospitalization
- Services that are centrally located & are more accessible to clients
- “meeting clients where they are”
- Co-locating mental health services within trusted community agencies
- Removing obstacles to accessing services and to focus more on early intervention and prevention
- Expanded peer counseling and family advocacy programs
- Expanded eligibility to enable CMHS to serve clients at their highest level of functioning.

Stakeholders left these meetings with an invitation to submit a creative and ingenious idea that would provide a solution to those difficult to solve issues our community continues to face. Fifteen ideas were submitted and at the second community planning process meeting (October 2009) each person/group who submitted an idea was given time to describe and explain their innovation. Each stakeholder at this meeting was then asked to rank the 15 ideas according to how it met both the spirit of the above identified stakeholder priorities and as well as the state guidelines

In November 2009, a presentation was given to the Marin Mental Health Board on Innovation which included a synopsis of all submitted ideas. Also in November a small, neutral stakeholder

subcommittee convened to analyze the ideas and to review the stakeholder and Mental Health Board rankings and input. This subcommittee prioritized the 15 ideas down to the 5 most promising ideas. Each author of the top 5 ideas was then contacted and asked to submit clarify data and to include a rough estimate of the cost to implement and run. Once all data was submitted the subcommittee used this information to combine and refine the ideas down to 1 very promising Innovation: Client Choice and Hospital Prevention Program (April 2010)

In June of 2010 sixteen stakeholders traveled to a neighboring county to visit and observe their crisis residential unit. The intention of the site visit was twofold. The first was to better determine how an option like this would address identified priorities and the second was to learn how this type of setting could be used to further transform Marin County's system of care. Consumers, peer providers, community based providers of mental health and substance abuse, CMHS staff including the Medical Director and the Mental Health Director, and Marin Mental Health Board members all attended.

On October 8, 2010 the Client Choice & Hospital Prevention plan was presented to the Marin CMHS Mental Health Services Act Implementation Committee. The plan was enthusiastically and unanimously approved. Comments made included: "This will really address a major gap in our service and will address how to end a cycle many find themselves in"; "Clients need respite, families need respite. This plan will help with that"; "We have been asking for this transformation for many, many years"; "Clients will really like working on their crisis plans and will like having more options and choices".

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

Stakeholders involved in the planning process of the various MHSA components included representatives from several community services. Listed below are the stakeholders who actively participated in the INN planning process

- Mental health consumers
- Family members of consumers of mental health and substance abuse services
- Members of the local NAMI chapter
- Local homeless shelter representatives
- Mental health providers including those representing crisis services, child, adult and older adult system of care, contract providers
- Public Guardians Office
- Primary Care providers and agencies
- Marin Mental Health Board members
- Representatives from the LGBTQ community
- Representatives from the aging services community
- Representatives from Marin Office of Education
- Representatives from First 5 Marin & Families Commission
- Representatives from local community college
- Representatives from Latino services community

- We did outreach to our Asian-Pacific and African American communities. Although members of these communities did not specifically attend the planning meetings, we used the voices of our MHSA Steering Committee which included representation from The Asian Advocacy Project and members from Marin City and I.S.O.J.I.

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

The 30-day stakeholder review will begin on Thursday October 14th and end Friday November 12, 2010. All comments will be reviewed and responded to promptly. Comments can be submitted by:

EMAIL:

pventura@co.marin.ca.us

TELEPHONE:

415-473-6769

MAIL:

CMHS
20 N. San Pedro Rd, Ste 2028
San Rafael, CA 94903

PUBLIC HEARING:

Monday November 15, 2010
3240 Kerner Blvd, Room 109/110
San Rafael, CA 94903
6pm-7pm

Comments and Response

Can this project intervene prior to danger to self or others? This is a crucial and common psychiatric need in our county that many families currently struggle with. How does this plan intervene in helping the treatment resistant client before it's too late?

By assisting individuals to plan ahead and develop a crisis plan before they experience an acute episode of illness, and by providing a community based alternative to involuntary treatment, we believe that clients, families and providers will collaboratively learn to recognize, manage, and

plan for crises. We anticipate that we will prevent a significant number of involuntary admissions. The use of WIC 5150 will always be an option if the person is unable, or will not opt for safety, or is gravely disabled. Our goal is for mental health staff to engage clients in conversations about client choice and voluntary treatment prior to involuntary treatment and being placed on a 5150.

How can clients/families access these services?

Marin's Client Choice and Hospital Prevention Program will be offered to all individuals who access Psychiatric Emergency Services (PES) either voluntarily or involuntarily. Access to the community-based alternative to inpatient care will be authorized by PES. Clients and families will be informed of their options with regards to this innovative program by PES staff, by case managers, by medication clinic providers and through our peer mental health and family partnership services. As more clients and families develop their personal crisis plans we anticipate that a cultural shift to voluntary services will become the norm in our community.

Staff will need to have appropriate training regarding helping clients to accept services when needed.

Staff will be trained to engage clients and families in developing and implementing their personalized crisis plans. We will be transforming Marin's mental health system towards one that recognizes recovery and client choice over institutional and involuntary treatment. One key aspect of this training includes the on-going system wide training in Motivational Interviewing and Harm Reduction offered through our Workforce Education and Training (W.E.T.) plan. Additionally, the crisis planning process itself will enable clients, families and staff to learn more about wellness and recovery, the benefits of client choice, and how to increase the likelihood of voluntary engagement.

In order to develop a comprehensive crisis response system that is responsive to underserved populations, an effort must be made to identify if a person is lesbian, gay, bisexual, transgender, or questioning their sexual orientation or gender identity. An assessment must be made to determine whether or not the presence of one or more of these characteristics is contributing to the risk for involuntary hospitalization. Best practices for collecting such information must be made available to project staff, and ongoing training on responding to LGBTQ people (including interfacing with their families and caregivers) must be made available throughout the life of the project.

CMHS has provided trainings throughout the mental health system which focused on serving the LBGTQ population. We will continue to offer trainings as needed. The providing agency will be required to ensure that staff is culturally competent, including knowing best practices for serving the LBGTQ population.

It seems clear that there needs to be training on wellness and recovery for family members because it doesn't seem like family members are buying into recovery as much as the system is buying into it.

Efforts will be made to include families in the development of their family member's crisis plan. If the consumer does not want family involvement, and where indicated, family members will be offered the option of developing a family crisis plan. The recommendation for a training specifically for family members on wellness and recovery has been passed on to the W.E.T. committee for consideration.

Families should be represented in reviewing proposals from prospective contractors to provide the services.

Mental health consumers and families of consumers have been invited to participate at all stages of the planning process. Consumers and family members will be invited to serve on the Request For Ideas review panel to assist in selecting a provider for the contracted portion of the plan.

How will it be ensured that Transition Aged Youth (TAY) will be appropriately served by this project?

Through the contract negotiation process, we will ensure that the selected provider is able to serve Marin's diverse populations (i.e. cultural, age, sexual orientation, gender identity, etc). The community-based alternative to inpatient hospitalization will be licensed to serve adults age 18 and above which will include the majority of Marin's TAY population.

After reviewing projected costs of said Innovation it appears to lack many details regarding how this large sum of money will be spent.

Budget detail will not be available until the provider is selected for the community-based inpatient alternative and a contract is negotiated. CMHS contracts are public documents and are available upon request.

County: MARIN

Date: 12/8/2010

(Revised2)

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2010/11 Planning Estimates						
1. Published Planning Estimate	\$4,461,700			\$1,204,300	\$677,800	
2. Transfers (to Prudent Reserve)	\$0					\$0
3. Adjusted Planning Estimates	\$4,461,700					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11	\$4,461,700	\$170,000		\$1,202,385	\$1,481,800	
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds		\$467,148				
b. Unexpended FY 2007/08 Funds ^{a/}		\$296,700				
c. Unexpended FY 2008/09 Funds	\$2,981,783			\$2,094,983	\$402,000	
d. Adjustment for FY 2009/2010	\$2,981,783	\$763,848		\$2,094,983	\$402,000	
e. Total Net Available Unexpended Funds	\$0	\$0	\$0	\$0	\$0	
4. Total FY 2010/11 Funding Request	\$4,461,700	\$170,000	\$0	\$1,202,385	\$1,481,800	
C. Funds Requested for FY 2010/11						
1. Previously Approved Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}		\$170,000				
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates				\$468,423		
e. Unapproved FY10/11 Planning Estimates	\$4,461,700			\$733,962		
Sub-total	\$4,461,700	\$170,000		\$1,202,385	\$0	
f. Local Prudent Reserve						
2. New Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}						
c. Unapproved FY 08/09 Planning Estimates					\$255,482	
d. Unapproved FY 09/10 Planning Estimates					\$613,159	
e. Unapproved FY10/11 Planning Estimates					\$613,159	
Sub-total	\$0	\$0	\$0	\$0	\$1,481,800	
f. Local Prudent Reserve						
3. FY 2010/11 Total Allocation ^{b/}	\$4,461,700	\$170,000	\$0	\$1,202,385	\$1,481,800	

a/Only applies to CSS augmentation planning estimates released pursuant to DMH Info. Notice 07-21, as the FY 07/08 Planning Estimate for CSS is scheduled for reversion on June 30, 2010.

b/ Must equal line B.4. for each component.

INN BUDGET SUMMARY

County: MARIN

Date: 12/8/2010
(Revised)

INN Programs			FY 10/11 Requested MHPA Funding	Estimated MHPA Funds by Age Group (if applicable)			
No.	Name	Children and Youth		Transition Age Youth	Adult	Older Adult	
Previously Approved Programs							
1.			\$0				
2.			\$0				
3.			\$0				
4.			\$0				
5.			\$0				
6.			\$0				
7.			\$0				
8.			\$0				
9.			\$0				
10.			\$0				
11.			\$0				
12.			\$0				
13.			\$0				
14.			\$0				
15.			\$0				
16.	Subtotal: Programs		\$0	\$0	\$0	\$0	\$0 Percentage
17.	Plus up to 15% County Administration						#VALUE!
18.	Plus up to 10% Operating Reserve						#VALUE!
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$0				
New Programs							
1.	Client Choice and Hospital Prevention Program		\$1,288,523			\$1,288,523	
2.			\$0				
3.			\$0				
4.			\$0				
5.			\$0				
6.	Subtotal: Programs		\$1,288,523	\$0	\$0	\$1,288,523	\$0 Percentage
7.	Plus up to 15% County Administration		\$193,277				15%
8.	Plus up to 10% Operating Reserve						#VALUE!
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$1,481,800				
10.	Total MHPA Funds Requested for INN		\$1,481,800				

Note: Previously Approved Programs that propose changes to essential purpose, learning goal, and/or funding as described in the Information Notice are considered New.

County: MARIN

Date: 12/8/2010

Program/Project Name and #: Client Choice and Hospital Prevention

FY 10/11 (Year 1) 5 month budget

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: MARIN

Date: 12/8/2010

Program/Project Name and #: Client Choice and Hospital Prevention

FY 10/11 (Year 1) 5
month budget

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel	\$13,420		\$297,625	\$311,045
2. Operating Expenditures			\$61,795	\$61,795
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other			\$53,913	\$53,913
7. Total Proposed Expenditures	\$13,420	\$0	\$413,333	\$426,753
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)			\$204,594	\$204,594
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$204,594	\$204,594
C. TOTAL FUNDING REQUESTED	\$13,420	\$0	\$208,739	\$222,159

*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification:

Other Expenditures are for indirect and administration cost of contract provider (15% of total direct cost)

Please include your budget narrative on a separate page.

Prepared by: Luz Ortega

Telephone Number: 415-507-2751

Marin County

INN - Mental Health Services Act Community Services and Supports Budget Narrative (5 Months -Year 1)

County(ies): Marin
 Program Workplan # INN-01
 Client Choice and Hospital
 Program Workplan Name Prevention

Fiscal Year: 2010-2011
 Date: 12/8/2010

Prepared by: Luz Ortega
 Telephone Number: 415-507-2751

	County Mental Health Department	Contract Providers	Total	Description
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
	Other Support Expenditures		\$0	
	Total Support Expenditures	\$0	\$0	
2. Personnel Expenditures				
	Current Existing Personnel Expenditures (from Staffing Detail)	\$9,385	\$239,573	\$248,957
	Employee Benefits	\$4,035	\$58,053	\$62,088
	Total Personnel Expenditures	\$13,420	\$297,625	\$311,045
3. Operating Expenditures				
Direct Costs:				
	Consultant/ Program Specialist		\$3,104	\$3,104
	Food for Clients		\$24,358	\$24,358
	Travel ,transportation and trainings		\$3,542	\$3,542
	General Office Expenditures		\$6,771	\$6,771
	Other Operating Expenses		\$6,229	\$6,229
	Occupancy Costs:		\$17,792	\$17,792
	Total Operating Expenditures	\$0	\$61,795	\$61,795
4. Program Management				
	Indirect Costs		\$53,913	\$53,913
	d. Total Program Management		\$53,913	\$53,913
	5. Total Proposed Program Budget	\$13,420	\$413,333	\$426,753
B. Revenues				
	Medi-Cal (FFP) and other revenues		\$204,594	\$204,594
	Total Revenues	\$0	\$204,594	\$204,594
	D. Total Funding Requirements	\$13,420	\$208,739	\$222,159

County: MARIN

Date: 12/8/2010

Program/Project Name and #: Client Choice and Hospital Prevention

FY 11/12 (Year 2)

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Innovation (INN)				
1. Personnel	\$32,207		\$714,300	\$746,507
2. Operating Expenditures			\$148,309	\$148,309

County: MARIN

Date: 12/8/2010

Program/Project Name and #: Client Choice and Hospital Prevention

FY 11/12 (Year 2)

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other			\$129,383	\$129,383
7. Total Proposed Expenditures	\$32,207	\$0	\$991,992	\$1,024,199
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)			\$491,017	\$491,017
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$491,017	\$491,017
C. TOTAL FUNDING REQUESTED	\$32,207	\$0	\$500,975	\$533,182

*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification:

Other Expenditures are for indirect and administration cost of contract provider (15% of total direct cost)

Please include your budget narrative on a separate page.

Prepared by: Luz Ortega

Telephone Number: 415-507-2751

Marin County

INN - Mental Health Services Act Community Services and Supports Budget Narrative (12 Months - Year 2)

County(ies): Marin
 Program Workplan #: INN-01
 Client Choice and Hospital
 Program Workplan Name: Prevention

Fiscal Year: 2011-2012
 Date: 12/8/2010

Prepared by: Luz Orlega
 Telephone Number: 415-507-2751

	County Mental Health Department	Contract Providers	Total	Description	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
	Other Support Expenditures		\$0		
	Total Support Expenditures	\$0	\$0		
2. Personnel Expenditures					
	Current Existing Personnel Expenditures (from Staffing Detail)	\$22,522	\$574,974	\$597,496	Total of 14.1 FTE (0.25 FTE county & 13.85 FTE contractors) - see Staffing Detail Worksheet. Total salaries of \$22,522 for County; \$574,974 for contract provider for a total of \$597,496.
	Employee Benefits	\$9,685	\$139,326	\$149,011	County employee Benefits @ approx. 43% of Salaries; contractor benefits approx 24.23% of salaries. Benefits Include: health, vision, dental insurance, retirement, and payroll taxes.
	Total Personnel Expenditures	\$32,207	\$714,300	\$746,507	
3. Operating Expenditures					
Direct Costs:					
	Consultant/ Program Specialist		\$7,450	\$7,450	Program Specialist and Program Evaluator
	Food for Clients		\$58,460	\$58,460	For client meals
	Travel, transportation and trainings		\$8,500	\$8,500	For staff training, mileage, parking, bridge tolls and other travel related expenses.
	General Office Expenditures		\$16,250	\$16,250	For general office expenditures such as office supplies, postage, document reproduction, office equipment maintenance, software maintenance
	Other Operating Expenses		\$14,949	\$14,949	For other operating expenses such as insurance, professional dues and memberships, communications, activities, licenses, Ads, ETO software and various other operating needs. Includes uniforms, maintenance and related supplies
	Occupancy Costs:		\$42,700	\$42,700	
	Total Operating Expenditures	\$0	\$148,309	\$148,309	
4. Program Management					
	Indirect Costs		\$129,383	\$129,383	For administration, indirect cost and depreciation - based on 15% of personnel cost and operating expenses incurred by the contract provider.
	d. Total Program Management		\$129,383	\$129,383	
	5. Total Proposed Program Budget	\$32,207	\$991,992	\$1,024,199	
B. Revenues					
	Medi-Cal (FFP) and other revenues		\$491,017	\$491,017	Estimated Medi-Cal FFP revenues
	Total Revenues	\$0	\$491,017	\$491,017	
	D. Total Funding Requirements	\$32,207	\$500,975	\$533,182	

County: MARIN

Date: 12/8/2010

Program/Project Name and #: Client Choice and Hospital Prevention

FY 11/12 (Year 3)

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: MARIN

Date: 12/8/2010

Program/Project Name and #: Client Choice and Hospital Prevention

FY 11/12 (Year 3)

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel	\$32,207		\$714,300	\$746,507
2. Operating Expenditures			\$148,309	\$148,309
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other			\$129,383	\$129,383
7. Total Proposed Expenditures	\$32,207	\$0	\$991,992	\$1,024,199
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)			\$491,017	\$491,017
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$491,017	\$491,017
C. TOTAL FUNDING REQUESTED	\$32,207	\$0	\$500,975	\$533,182

*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification:

Other Expenditures are for indirect and administration cost of contract provider (15% of total direct cost)

Please include your budget narrative on a separate page.

Prepared by: Luz Ortega

Telephone Number: 415-507-2751

Marin County

INN - Mental Health Services Act Community Services and Supports Budget Narrative (12 Months - Year 3)

County(ies): Marin
 Program Workplan # INN-01
 Client Choice and Hospital
 Program Workplan Name Prevention

Fiscal Year: 2012-2013
 Date: 12/8/2010

Prepared by: Luz Ortega
 Telephone Number: 415-507-2751

	County Mental Health Department	Contract Providers	Total	Description	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
	Other Support Expenditures		\$0		
	Total Support Expenditures	\$0	\$0		
2. Personnel Expenditures					
	Current Existing Personnel Expenditures (from Staffing Detail)	\$22,522	\$574,974	\$597,496	Total of 14.1 FTE (0.25 FTE county & 13.85 FTE contractors) - see Staffing Detail Worksheet. Total salaries of \$22,522 for County; \$574,974 for contract provider for a total of \$597,496.
	Employee Benefits	\$9,685	\$139,326	\$149,011	County employee Benefits @ approx. 43 % of Salaries; contractor benefits approx 24.23% of salaries. Benefits include: health, vision, dental insurance, retirement, and payroll taxes.
	Total Personnel Expenditures	\$32,207	\$714,300	\$746,507	
3. Operating Expenditures					
Direct Costs:					
	Consultant/ Program Specialist		\$7,450	\$7,450	Program Specialist and Program Evaluator
	Food for Clients		\$58,460	\$58,460	For client meals
	Travel ,transportation and trainings		\$8,500	\$8,500	For staff training, mileage, parking, bridge tolls and other travel related expenses.
	General Office Expenditures		\$16,250	\$16,250	For general office expenditures such as office supplies, postage, document reproduction, office equipment maintenance, software maintenance
	Other Operating Expenses		\$14,949	\$14,949	For other operating expenses such as insurance, professional dues and memberships, communications, activities, licenses, Ads, ETO software and various other operating needs.
	Occupancy Costs:		\$42,700	\$42,700	Includes utilities, maintenance and related supplies
	Total Operating Expenditures	\$0	\$148,309	\$148,309	
4. Program Management					
	Indirect Costs		\$129,383	\$129,383	For administration, indirect cost and depreciation - based on 15% of personnel cost and operating expenses incurred by the contract provider.
	d. Total Program Management		\$129,383	\$129,383	
	5. Total Proposed Program Budget	\$32,207	\$991,992	\$1,024,199	
B. Revenues					
	Medi-Cal (FFP) and other revenues		\$491,017	\$491,017	Estimated Medi-Cal FFP revenues
	Total Revenues	\$0	\$491,017	\$491,017	
D. Total Funding Requirements					
		\$32,207	\$500,975	\$533,182	

**Marin Community Mental Health Services
Proposed 3-Year Budget for Community Based Crisis Services
MHSA Innovation Funds**

	Year 1 (5-month)	Year 2	Year 3	Total
Revenues				
MediCal (FFP) and other revenues	\$204,594	\$491,017	\$491,017	\$1,186,628
MHSA	\$255,482	\$613,159	\$613,159	\$1,481,800
Total Revenues	\$460,076	\$1,104,176	\$1,104,176	\$2,668,428
Expenses				
Personnel Cost	\$297,625	\$714,300	\$714,300	\$1,726,225
Operating Expenses	\$61,795	\$148,309	\$148,309	\$358,413
Indirect Cost	\$53,913	\$129,383	\$129,383	\$312,678
Program Coordination & Administration (2)	\$13,420	\$32,207	\$32,207	\$77,834
Total Expenses	\$426,753	\$1,024,199	\$1,024,199	\$2,475,151
County Administration (15% of MHSA funds)	\$33,323	\$79,977	\$79,977	\$193,277
Grand Total	\$460,076	\$1,104,176	\$1,104,176	\$2,668,428

Notes:

- 1) Above proposed budget is an estimate. The services will be provided by a community based organization, which will be selected through a Request for Information/Proposal process. Once the provider is selected, a detailed budget from the provider will be provided to the community stakeholders and to the State.
- 2) Program Coordination and Administration will be provided by county staff.

Marin County

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

Program: Client Choice and Hospital Prevention
 FY 10/11 to FY 12/13

Classification	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	FY 10/11	FY 11/12	FY 12/13
			Year 1 (5 months)	Year 2 (12 months)	Year 3 (12 months)
			Total Salaries, Wages and Overtime	Total Salaries, Wages and Overtime	Total Salaries, Wages and Overtime
A. County Positions					
Program Coordination	0.25	90,085	\$9,385	\$22,522	\$22,522
Salaries	0.25		\$9,385	\$22,522	\$22,522
Benefits			\$4,035	\$9,685	\$9,685
Total Salaries/Benefits-County			\$13,420	\$32,207	\$32,207
B. Contract Provider Positions					
Deputy Director	0.10	85,904	\$3,579	\$8,590	\$8,590
Program Director	1.00	72,800	\$30,333	\$72,800	\$72,800
Staff Counselors-FT	9.25	36,400	\$140,292	\$336,700	\$336,700
Senior Staff Counselors PT	1.00	52,520	\$21,883	\$52,520	\$52,520
Program Coordinator	1.00	44,616	\$18,590	\$44,616	\$44,616
Admin Asst	1.00	37,440	\$15,600	\$37,440	\$37,440
Food Service Prov.	0.50	44,616	\$9,295	\$22,308	\$22,308
Salaries	13.85		\$239,573	\$574,974	\$574,974
Benefits		\$139,326	\$58,053	\$139,326	\$139,326
Total Salaries/Benefits Contract Prov			\$297,625	\$714,300	\$714,300
Grand Total	14.10		\$311,045	\$746,507	\$746,507

INN NEW PROGRAM DESCRIPTION

County: MARIN

Work Plan #: INN-01

Work Plan Name: CLIENT CHOICE AND HOSPITAL PREVENTION PROGRAM

Total Number To Be Served: 200+ adults

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).

While all four of the above purposes apply to this project, Marin County selected “Increase the Quality of Services, Including Better Outcomes” as primary for our Innovation Plan through a community planning process which concluded that the way our mental health system responds to psychiatric emergencies is a major obstacle to further system transformation and better outcomes for clients. Currently in Marin County, options for adults experiencing psychiatric crises that do not resolve within the first 23 hours are limited to inpatient hospitalization in a locked setting, sometimes in an out-of-county facility. Many of these hospitalizations are involuntary and often quite brief. Clients, families and key partners have come to expect hospitalization as the most appropriate strategy to resolve psychiatric crises and become frustrated with the mental health system when this does not occur. Those individuals whose crises are not severe enough to justify hospitalization have no options available to them after the first 23 hours of crisis stabilization services other than to return to the care of family, friends and the outpatient/community care system, which may not have the skills, resources or resiliency to provide sufficient support. This can lead to a repetitive series of crisis visits until either the crisis eventually resolves over time or the individual’s condition deteriorates to the point of requiring hospitalization, often leaving clients, families, friends and key partners feeling drained, discouraged, and disempowered.

Marin County strongly believes that consumer choice and empowerment are fundamental underpinnings of wellness and recovery. We believe that if we can learn to become a hospital prevention organization, we will have higher quality services resulting in an increase in positive, healthy, and recovery-focused outcomes. In order to continue to transform Marin’s mental health system towards one that values recovery and client choice over institutional and involuntary treatment, Marin’s proposed Client Choice and Hospital Prevention Program project has been designed to create a recovery-oriented,

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community-based response to psychiatric crises. The project will provide alternatives to hospitalization, both voluntary and involuntary, while supporting clients, families and communities to increase resiliency. Additionally, it will promote a reorientation of perception of how the mental health system and community can best respond to and help prevent psychiatric crises.

Marin's Client Choice and Hospital Prevention Program project seeks to increase quality of care and services by combining three distinct strategies: the systematic use of crisis plans for all existing and new adult clients of the mental health system, community-based crisis services in a homelike environment and integrated peer/professional staffing. While other examples of each individual strategy exist, this proposed project is innovative in that it combines the three strategies, based on the belief that effective and lasting change in Marin's response to psychiatric emergencies can only occur through the strategic integration of these three critical components, as detailed in the section below.

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.

Currently, 40% of adults who present in crisis at Marin's Psychiatric Emergency Services are hospitalized with only 9% of those being admitted voluntarily by their own choice. Marin's proposed Client Choice and Hospital Prevention Program project will examine how a new approach to providing services to adults experiencing psychiatric crises can improve the delivery of services to these individuals and reduce the system's reliance on hospitalization, especially involuntary, as the primary solution for dealing with psychiatric crises. Most importantly, this project seeks to determine whether offering consumers and families new recovery-oriented choices and strategies for managing crisis situations will further our system transformation efforts toward a client- and family-driven system with a focus on wellness, recovery and resiliency.

Over the next 3 years, our proposed project will combine three effective strategies – consumer-developed crisis plans, community-based crisis services, and integrated peer/professional staffing – in a unique way and will seek to embed the concept of operating as a hospital prevention organization as a core system value. Thus, the innovative focus of this project will be less about measuring the impact of the individual strategies, each of which has already been shown to be effective, but rather will focus primarily on measuring the impact that combining these strategies has on transforming our system's response to psychiatric crises.

INN NEW PROGRAM DESCRIPTION

System Wide Implementation of Crisis Plans – This component of the project will use peer counselors and/or family partners to assist all new and existing adult clients to develop an individualized, written crisis plan that will become a vital part of the client's mental health record. The use of crisis plans will support clients to make choices for themselves and actively participate in their own recovery process. By assisting individuals to plan ahead and develop a crisis plan before they experience an acute episode of illness, we believe that clients, families and providers will collaboratively learn to recognize, manage, plan for and eventually prevent crises, as well as prevent a significant number of involuntary admissions.

The contract agency for this component of the project will provide a trained peer counselor and family partner who will educate mental health consumers, families and providers about the value and purpose of crisis plans; assist consumers and families in the development of individualized crisis plans; work with providers to ensure that crisis plans are honored and incorporated into clients' permanent mental health records; and assist with updating or changing crisis plans as requested by individual consumers. The peer counselor and family partner will provide outreach to all adult clients, introducing them to the concepts of recovery and consumer choice, and informing clients and their families of the choices available to them in crisis situations. These staff will function as "change agents" throughout the mental health system, promoting support for consumer choice and recovery even during periods of psychiatric crisis. They will meet regularly with staff of Psychiatric Emergency Services and the project's community-based crisis service to identify consumers in need of crisis planning outreach and education, as well as to collaboratively develop solutions for dealing with obstacles to successful system wide use of crisis plans.

Community-Based Crisis Service in a Homelike Environment – As discussed previously, Marin currently has no alternatives available to offer individuals in lieu of inpatient care when their psychiatric crisis persists beyond 23 hours. This lack of alternatives clearly undermines the concept of consumer choice and presents a major obstacle to system transformation. As a result, we believe that the development of a recovery-based alternative to inpatient hospitalization is critical to the success of our project.

The County will contract with a local non-profit agency to develop and operate a community-based alternative to inpatient care that integrates crisis intervention and stabilization with wellness and recovery principles. The program will be expected to operate in accordance with the principles of welcoming, recovery orientation, and co-occurring capability that are consistent with implementation of the Comprehensive Continuous Integrated System of Care (CCISC) currently being implemented in Marin County, as well as follow core principles for crisis services. Additional innovative program requirements will include:

- Integrated peer and professional staffing (discussed below),
- Use of client-driven crisis plans, and

INN NEW PROGRAM DESCRIPTION

- Piloting the use of SBIRT (Screening, Brief Intervention, and Referral for Treatment), an effective, integrated health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Staff will receive training in using effective and validated tools for screening for substance use problems in order to quickly assess the severity of substance use and determine the appropriate treatment, and brief intervention techniques aimed at increasing insight and awareness regarding substance use and motivation toward behavioral change. SBIRT will be implemented as part of a collaborative partnership with the County Division of Alcohol, Drug and Tobacco Programs.

Integrated Peer and Professional Staffing – Also critical to the success of this project is the use of peer providers working side-by-side with professional staff to assist individuals who are experiencing psychiatric crises. Peer providers have been successfully employed throughout the Marin mental health system for over 10 years as peer counselors, peer case managers, self-help group facilitators, and warm line staff, in addition to operating a drop in center. Several of the case management teams in the adult system of care currently include peer provider staff. A well developed training program for peer counselors is already in place. The mental health system has also successfully employed family partners throughout its children's services programs, and more recent, within the adult system.

Unique to this project is the formalized involvement of family partners and peer providers in the provision of crisis services in Marin. The non-profit agency operating the community-based crisis service in a homelike environment component of the project will be required to staff the service with a combination of peer and professional staff. The presence of a peer provider working as an equal partner with mental health professionals will convey a powerful message of hope and recovery to clients, family, providers and the community. Aside from the practical result of providing an employment option for individuals who have mental illness, the peer providers will serve as role models and advocates, as well as offering hope and encouragement from the perspective of personal lived experience.

Marin proposes to fund the Client Choice and Hospital Prevention project through an integration of the following four MHSAs components: 1) MHSAs Prevention and Early Intervention will be used to fund the trained peer counselor and family partner who will be the lead staff for System Wide Implementation of Crisis Plans (\$80,000 per year); 2) MHSAs Innovation funds (in combination with County funds) will be used to provide Community-Based Crisis Service in a Homelike Environment (\$1,024,199 per year); 3) MHSAs Capital Facilities and Technological Needs will be used to fund any necessary renovation of the site selected for provision of the Community-Based Crisis Services strategy (amount unknown until a contractor is selected); and 4) MHSAs Community

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INN NEW PROGRAM DESCRIPTION

Services and Supports funds already dedicated to MHSA program evaluation will provide evaluation of the project. (\$5,000 per year)

Marin's Innovative Client Choice and Hospital Prevention Program project supports and is consistent with the General Standards identified in the MHSA Title 9, CCR, Section 3320, including:

- **Community Collaboration** – Marin's Innovation Plan was developed through a comprehensive community-based planning process involving diverse stakeholders. With its emphasis on providing services in the community, the project seeks to increase community and mental health collaboration. To ensure the success of this Innovation project, the community and key partners will continue to participate in all aspects of the development, implementation, and evaluation of the project.
- **Cultural Competence** – The target population for this project will be Marin County residents, age 18 and older, from all cultural and ethnic backgrounds, who are experiencing or are at risk of a psychiatric crisis. Project staff will continue to receive training in cultural competency to meet the needs of the diverse Marin population and will be expected to consider cultural diversity in project implementation. Services will be required to be provided in client's primary languages and every effort will be made to hire bilingual and bicultural staff. All materials will be translated into Marin's threshold languages, English and Spanish.
- **Consumer and Family Driven System** – Consumers and family are core staff of this project and will be involved in all stages of Marin's project, including design, implementation, and evaluation. Key to the success of this Innovation project is the use of crisis plans which are consumer-driven and provide the opportunity for consumers to have a voice and choice in determining which services and supports are most effective in times of psychiatric crisis. Crisis plans will rely heavily on the use of family, friends, and naturally occurring supports.
- **Wellness, Recovery and Resilience Focus** – It is expected that this Innovation project will facilitate the transformation of our mental health system's response to psychiatric crises by offering successful recovery-oriented choices for dealing with crises. Additionally, this project will promote wellness, recovery and resilience by incorporating consumers and family members as core project staff who will serve as "change agents" helping to demonstrate and promote the concept that recovery is possible.
- **Integrated Service Experience** – Individuals experiencing a psychiatric crisis will be encouraged and assisted to participate in a comprehensive range of services offered by the project providers, Marin Community Mental Health Services, and a variety of community partners to assist with each consumer's stabilization and progress toward recovery.

INN NEW PROGRAM DESCRIPTION

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.

Consistent with the Innovation guidelines, Marin's proposed Innovation project provides a new approach for dealing with psychiatric crises by means of a unique combination of the systematic use of consumer-driven crisis plans, community-based crisis services, and integration of consumer and family providers, into the provision of crisis services for adults. This project further meets Innovation criteria by piloting the use of Screening, Brief Intervention, and Referral for Treatment (SBIRT) in the project's community-based crisis service. SBIRT is an early intervention approach for treating substance use problems that has been proven effective in non-mental health settings.

With this project, Marin seeks to understand the impact of this unique approach on individuals experiencing psychiatric crisis and ultimately on how the mental health system deals with psychiatric crises. We are interested in determining whether this project will promote Marin's goal of further system transformation by becoming a hospital prevention organization. The Client Choice and Hospital Prevention project will help us determine whether and which components of the project are successful in transforming our system's response to psychiatric crises through the following process questions:

How does each of the three project strategies-system wide use of consumer-driven crisis plans, community-based services, and integration of peer and professional staffing-affect the delivery of crisis services and contribute to the project's primary goal of system transformation in our response to psychiatric crises?

Additionally, Marin's Client Choice and Hospital Prevention project seeks to determine success through answers to the following outcome questions:

Will this project result in improved outcomes for adults experiencing psychiatric crises, while supporting wellness and recovery and increasing cost effectiveness?

Will consumer-driven crisis plans implemented throughout the adult mental health system result in better illness self-management and improved partnership between staff providing crisis services and consumers of those services (clients, families, key partners)?

INN NEW PROGRAM DESCRIPTION

Will the involvement of family partners and peer providers in the provision of crisis care result in reduced stigma and increased willingness of individuals experiencing psychiatric crises and their families to participate in crisis and post-crisis services?

Will integration of SBIRT in a community-based crisis setting result in early identification of substance use problems/risk, implementation of appropriate levels of intervention, improved self-management of risky substance use, and improved collaboration with specialized substance abuse community services?

If successful, this project will enable Marin to build a sustainable, wellness and recovery-oriented system that partners with consumers of mental health services and their families to work in tandem to recognize, manage, plan for and eventually prevent psychiatric crises.

Timeline

Outline the time frame 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.

Implementation/Completion Dates: 02/11– 06/14
MM/YY - MM/YY

Marin’s Client Choice and Hospital Prevention Program Innovation project is designed to operate over a three year period. This time frame will allow sufficient time for full implementation of all components of the project and ongoing evaluation of the project, as well as provide opportunity for program refinement and modification as we learn what is successful and what needs to be changed. If there are unexpected complications or significant delays in implementation and/or the need for significant modifications arises late in the project, the timeline may need to be extended an additional year in order to permit an adequate assessment of the project. At the end of each year of the project, a “lessons learned” report will be created that incorporates project evaluation data and documents the project’s successes and challenges, as well as the learning that occurs as a result of participation in this project. These reports will be distributed to key stakeholders, including the Mental Health Board, Board of Supervisors, MHSA Implementation Committee, project participants, providers, consumers and family members, and the community, who will be encouraged to review findings and make suggestions for improvement.

During the first year of the project, Marin will begin implementation of all components of the project. In addition to component start-up, efforts will be focused on development of the instruments and processes needed to adequately evaluate the project. At the end of the first year, our first “lessons learned” report will be produced and distributed. During

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INN NEW PROGRAM DESCRIPTION

the second year of the project, we expect that all components of the project will be fully implemented. At the end of the second year, we will evaluate the project, make refinements and modifications, and prepare for the third year. At that time, the second “lessons learned” report will be produced and disseminated. During the third year of the project, we will monitor and evaluate the project operations. At the end of this process, we will assess the project for continuation without Innovation funding, expansion beyond Marin County, or discontinuance, and will produce and distribute our final “lessons learned” report.

TIME FRAME	ACTIVITIES
February 2011	Estimated Innovation Plan approval from California Department of Mental Health
February 2011-June 2011	Contract negotiations, Board of Supervisor approval, and awarding of contracts Project Advisory Committee convened
YEAR 1	
July 2011-June 2012	Start-up and staffing of System Wide Implementation of Crisis Plans component Development of crisis plan template Training of family partner and peer provider in community resources, outreach, engagement & crisis planning strategies, and reporting. Operations begin
July 2011-June 2012	Start-up and staffing of Community-Based Crisis Services component Acquisition of appropriate community site Site renovation, as needed Acquisition of necessary licensing/certifications Training of staff Operations begin
July 2011-June 2012	Implementation of SBIRT in Community-Based Crisis Services component Training of staff Development of ongoing supervision processes to ensure fidelity to SBIRT model SBIRT implemented
July 2011-June 2012	Development of Project Evaluation process Development of annual survey for staff Development of crisis service discharge survey for consumers and family
July 2012	Completion and dissemination of first “lessons learned” report

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YEAR 2	
July 2012-June 2013	Continuation of project operations Full implementation of Community-Based Crisis Services component, if unable to do so during Year 1 Full implementation of project evaluation process
February 2013-June 2013	Refinement and modification of project operations as indicated by evaluation process
July 2013	Completion and dissemination of second "lessons learned" report
YEAR 3	
July 2013-June 2014	Continuation of project operations with refinements and modifications fully implemented
February 2014-June 2014	Final assessment of project Determination of feasibility of project replication Decision re: continuation of project without Innovation funding
July 2014	Completion and dissemination of final "lessons learned" report

INN NEW PROGRAM DESCRIPTION

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 County will convene a Client Choice and Hospital Prevention Program Advisory Committee which will meet bi-annually and serve in an advisory capacity throughout the life of the project. Membership on the committee will include clients, family, key project staff, providers, Community Mental Health Services staff and other stakeholders. Facilitated and supported by Community Mental Health Services staff, the committee will meet regularly to discuss and review the project's progress and outcome data and make recommendations on project modifications if success measures are not being achieved. The committee also will be charged with helping us identify whether and which project components are successful in transforming our system's response to psychiatric crises. Finally, the committee will assist with the preparation, presentation, and distribution of annual project reports, ensuring a wider dissemination of the project's contribution to learning.

Collected data, feedback, and other project information will be shared with stakeholders and the larger community through annual "lessons learned" reports. Stakeholders will be encouraged to review the program results and make recommendations about how to improve the project and increase positive outcomes. Feedback will be incorporated into the ongoing evaluation process and used to further help inform project refinements and modifications, thus ensuring a process of continuous learning and quality improvement.

In addition, regular meetings of the staff participating in all of the project components will be convened by Marin Community Mental Health Services regularly to provide ongoing programmatic feedback and promote problem solving and sharing of lessons learned. Feedback will also be obtained from clients, family and staff participating in the project through the regular administration of surveys and focus groups. Data pertaining to the following process and outcome measures will be collected to assist in evaluating the project and answering the project's key learning questions identified earlier in this work plan:

Process Measurements

How does each of the three project strategies – system wide use of consumer-driven crisis plans, community-based crisis services, and integration of peer and professional staffing – affect the delivery of crisis services and contribute to the project's primary goal of system transformation in our response to psychiatric crises?

- ✓ Feedback on the impact and benefits of each of the three components on crisis services, implementation challenges, satisfaction with project services, and recommendations for change through:
 - Focus groups with clients, family, staff, and other key stakeholders

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- Consumer surveys administered on discharge from crisis services
- Annual surveys of staff providing crisis services
- ✓ Annual project reports that incorporate process and outcome data, and document the tangible benefits, challenges, and lessons learned

Outcome Measurements

Will this project result in improved outcomes for adults experiencing psychiatric crises, while supporting wellness and recovery and increasing cost effectiveness?

- ✓ Decreased inpatient hospital admissions
- ✓ Decreased inpatient hospital average lengths of stay
- ✓ Decreased Psychiatric Emergency Services (PES) readmissions for individuals served by project
- ✓ Number of clients reporting experiencing increases in measures of wellness and recovery on consumer surveys administered upon discharge from crisis services
- ✓ Reduction in county inpatient hospitalization annual costs

Will consumer-driven crisis plans implemented throughout the adult mental health system result in better illness self-management and improved partnership between staff providing crisis services and consumers of those services (clients, families, key partners)?

- ✓ Number of clients completing crisis plans
- ✓ Number of crisis plans included in clients' permanent medical records
- ✓ Number of clients reporting satisfaction with implementation of their crisis plans during episodes of crisis on consumer surveys administered upon discharge from crisis services
- ✓ Number of staff reporting positive attitudes and outcomes regarding use of crisis plans on annual surveys

Will the involvement of family partners and peer providers in the provision of crisis care result in reduced stigma and increased willingness of individuals experiencing psychiatric crises and their families to participate in crisis and post-crisis services?

- ✓ Number of clients participating in crisis services on a voluntary basis
- ✓ Number of clients following through with post-crisis referrals and services
- ✓ Number of clients reporting satisfaction and positive outcomes regarding peer-professional staffing on discharge from crisis services
- ✓ Number of staff reporting positive attitudes and outcomes regarding peer-professional staffing on annual surveys

Will integration of SBIRT in a community-based crisis setting result in early identification of substance use problems/risk, implementation of appropriate levels of

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intervention, improved self-management of risky substance use, and improved collaboration with specialized substance abuse community services?

- ✓ Number of clients receiving screening
- ✓ Number of clients receiving interventions that match screening results
- ✓ Number of clients reporting increased awareness of risks of substance use and strategies for managing substance use on discharge from crisis services
- ✓ Number of referred clients who are admitted to specialized substance abuse community services

Leveraging Resources (if applicable)

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

In order to maximize resources for our proposed Client Choice and Hospital Prevention Program project, Marin will leverage MHSA Prevention and Early Intervention funds for the System Wide Implementation of Crisis Plans component of the project. If renovation is needed for the site selected for the provision of Community-Based Crisis Services, MHSA Capital Improvement funds will be leveraged. Because of the limited amount of Innovation funds available to Marin, we will also use other County funding initially to help fund the Community-Based Crisis Services component of the project, with the assumption that future revenue and cost savings in inpatient utilization will eventually enable us to continue to fund the project if it is proven to be successful.

Additional leveraged resources will include MHSA Community Services and Supports funds already dedicated to MHSA program evaluation, in-kind contribution by the Marin County Division of Alcohol, Drug and Tobacco Programs to support implementation of the SBIRT model in this project.