

## EXHIBIT B

### INNOVATION WORK PLAN

#### Description of Community Program Planning and Local Review Processes

County Name: **Monterey County**

Work Plan Name: **Innovation Work Plan**

**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)**

The Innovation Component Planning Process built upon the previous Mental Health Services Act (MHSA) Community Services and Supports, Workforce Education & Training and the Prevention and Early Intervention Planning Process efforts.

During the CSS Community Program Planning Process, over 1,800 Monterey County residents provided input regarding unmet mental health needs in their respective communities. They also provided many suggestions for improving mental health service access and service delivery. This input was synthesized, categorized and prioritized as suggested by the community. Meetings were held in the various regions of our County and a special focus was placed in reaching out to the unserved and underserved populations such as low-income communities, ethnic minorities, migrant and new immigrant populations, and traditionally marginalized populations. To obtain the input from these traditionally unserved communities, cultural brokers and community leaders were helpful in organizing and convening meetings.

Subsequent to the CSS Planning Process, the Workforce Education and Training and the Prevention and Early Intervention Planning Process established workgroups with representation from an array of individuals including consumers, family members, health and social service providers, underrepresented groups, youth, and others. Together with staff, these workgroups developed the plans for their respective MHSA components. For the purpose of this Innovation Work Plan, a workgroup was similarly developed and included the participation by the aforementioned sectors of the community, as well as representatives of community-based agencies not traditionally defined as being part of the public mental health system such as educators, public health (physical health) advocates, cultural enrichment advocates, holistic healers, and other grassroots community based organizations.

To develop the plan, the Innovations workgroup reviewed the MHSA input provided to date. The review of the input previously received and that offered by focus groups led to the identification of key focus areas that had received little or no consideration in the previously approved MHSA work plans. The proposed activities in this Plan correlate to the focus areas identified and are directly connected to the community input previously gathered and subsequently confirmed during a series of focus groups recently conducted by the Innovations Workgroup. The focus areas identified by the community input included the following:

- Addressing the mental health needs of juveniles in the Justice System
- Inter-Generational and Cultural Conflicts in Mental Health
- Greater focus on Youth Development (develop skills, give them leadership skills)
- Better Coordination of Mental Health services in school setting
- Addressing TAY Housing Needs
- Increasing community awareness on the effectiveness of the MHSA programs established in Monterey County.

These focus groups confirmed the input received from previous planning processes and provided the direction for the projects spelled out in this Innovation work plan.

Questions asked during the focus groups included questions like:

Do you concur with the focus areas identified as requiring study and or attention?

What is missing or what is not needed?

If you had the ability to design and fund the projects for each focus area, what types of projects would you fund?

What would you want to learn or know?

What other resources would be needed for that project?

All activities proposed are consistent with the essential purposes of Innovation which are to: 1) increase access to underserved groups 2) Increase the quality of services including better outcomes 3) Promote interagency collaboration, and 4) Increase access to services.

## **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 service agencies spanning various areas including consumers, family members, social service agencies, health services agencies, humanitarian agencies, religious institutions, civil rights groups, mental health service providers, educators, community leaders elected and non-elected, and many other groups. Those involved in the Innovation workgroup included independent community health centers serving primarily Latino individuals and families, organization working with families of school age children, consumers, family members, educational liaisons, youth advocates and providers, advocates for foster care children

and families and community Health partners, and mental health practitioners serving Monterey County residents. During the last six months, meetings were held in various locations. Innovation Workgroup committee members hosted some of those meetings in their community based locations and facilitated focus group discussions. Focus group participants included a diverse group of individuals. Included were individuals who are unserved or underserved in Monterey County such as TAY and the Latino community. Family members and consumers were also key participants in these focus groups.

Collectively, the information of previous MHSA workgroups, the input provided by the focus groups, and the priorities identified in the Innovation Guidelines shaped the projects herein.

**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 County of Monterey is conducting a 30-day public review and comment period for the MHSA Innovation Plan beginning July 7th and ending August 5th. A public hearing will be held at the Mental Health Commission meeting on August 6th, 2009. Comments received during the 30-day public review period will be identified and responses and/or actions taken based on those comments will be identified in the final plan to be submitted to the State Department of Mental Health. Comments received during the 30 day public comment are attached here as Exhibit A.

## COMMENTS RECEIVED DURING 30 DAY COMMENT PERIOD

On the following Report:  
 COUNTY OF MONTEREY  
 MENTAL HEALTH SERVICES ACT (MHSA)  
 FOR THE INNOVATIONS PLAN

*This document, prepared in advance of the Public Hearing convened by the Monterey County Mental Health Commission, is a compilation of all of the comments (written and verbal) received during the 30-day Public Comment Period.*

*Reading from left to right: the first column contains the comments and identifies the source of the comment; the second column contains the page reference of the Draft Report to which each comment pertains if applicable; and the third column contains the revisions to the draft Report that are incorporated into the final version submitted to the State Department of Mental Health.*

### COMMENTS RECEIVED DURING 30 DAY COMMENT PERIOD:

Comment	Draft Report Page(s) Referenced if any	Revision to Report / County Response
1. The funding in Exhibit E Work Plan # INN-01 does not match Exhibit F.  2. Exhibit D of the Juvenile Sex Offender Response Team (JSORT) work plan has the word "reduction" instead of "response".  <i>Submitted by: County Behavioral Health Staff Member</i>	1. Exhibit F for INN-01, Positive Behavioral Intervention Supports and Exhibit E.  2. Exhibit D for JSORT work plan	1. Exhibit E will be revised to reflect the correct amount which is noted in Exhibit F for Work Plan # INN-01.  2. The word "reduction" will be deleted and corrected to "response".

Exhibit A: Public Comment Received for Innovations Work Plan

Comment	Draft Report/Page(s) Referenced	Revision to Report / County Response
<p>1. How much money do you anticipate to be available for each innovative program?</p> <p>2. Have you identified and/or committed already the school district that will be used for the PBIS program? If no, how can a school district compete and what eligibility criteria are you looking for?</p> <p><i>Submitted by: County Behavioral Health Commissioner</i></p>	<p>1. The MHSA Innovations Plan</p> <p>2. Work plan # INN-01.</p>	<p>1. Exhibit E located at the end of the document provides a synopsis of each project's anticipated budget. There was an error in the notation of the PBIS program and that will be corrected.</p> <p>2. The county is looking at a few schools to pilot this school framework. The county is interested in pursuing this with all interested school districts upon the pilot project's success. In order to determine the most appropriate pilot site, the county is compiling and reviewing data on several indicators such as poverty levels, other available intervention and prevention services, etc. In addition to these indicators, the County will be working alongside PBIS technical consultant to determine the readiness of the potential sites. PBIS has a formalized readiness assessment tool that will assist in determining the most appropriate site.</p>
<p>1. What role will consumers have in shaping this program? Consumers need to be involved in the development and implementation of mental health programs and services because that is what the Mental Health Services Act asks of local mental health systems-to transform the system.</p> <p>2. There is a project that I am determined is WELL worth our County's investment to the ultimate goal of person centered/self directed care, transformation of the system of care and EMPOWERMENT of peers leading to meaningful lives in the community-jobs, education...integration in our community.....Self Direction has not been in effect at the level of our County provided services nor at the services provided by the "mentor" agency to our consumer wellness center.... I propose that more than just a piece of the County MHSA Innovation Funding from One to Five project be devoted to creating a not for profit 501 c3 specifically to empower consumers to be self directed and transform the old way of doing business.....</p> <p><i>Submitted by: Consumer &amp; Advocate</i></p>	<p>1. Work plan # INN-03</p> <p>2. The MHSA Innovations Plan</p>	<p>1. The project requires the development of a curriculum. A component of that curriculum development should and will include consumers. The project description will be revised to include this component.</p> <p>2. This idea is one that merits consideration however at this time additional project can not be included in the MHSA Innovation Plan as the plan has been posted for public comment and has been developed with the assistance of various stakeholders. Further dialogue regarding this idea is required and possible "seed" funding may be available through the Incubation Project, a project proposed in this Innovation Plan. Work plan # 04 is focused on providing financial support for innovative ideas that aid in the development of pro-social skills in youth. Transition age youth (young adults between the ages of 18-25) are included among the population of focus. If this project is to include services for this group, perhaps the idea can be incubated.</p>

Exhibit A: Public Comment Received for Innovations Work Plan

Comment	Draft Report/Page(s) Referenced	Revision to Report /County Response
<p>1. How is cultural competent services integrated into the Juvenile Sexual Offender Response Team Project? What kind of culturally appropriate services will be available?</p> <p>2. Regarding the mental health program outcome evaluation, can we change the survey tools that we use to collect data? Can we provide them feedback? Will consumers be involved in the design and implementation of the data integration project?</p> <p>3. What is the age group we are targeting for the JSORT Project?</p> <p>4. For the Youth Incubation Project, let's ensure that cultural competency is included as a requirement in all funded innovative ideas.</p> <p><i>Submitted by: Advocate</i></p>	<p>1. Work plan # INN-02</p> <p>2. Work plan # INN-05</p> <p>3. Work plan # INN-02</p> <p>4. Work plan # INN-04</p>	<p>1. All services to be offered to youth in this program will be culturally relevant and appropriate. An explanation and explicit examples of those services will be included in the project description prior to state submittal.</p> <p>2. The questionnaires that the state mandates has specific questions that must be asked of consumers. Additional questions could be added if there is a need to capture additional information for our educational or planning purposes. Clients will have a role in the development of the data collection tools and collection of information. Focus groups and other methods can be included if consumers and stakeholder feel that would be more beneficial.</p> <p>3. All juveniles who meet the designation of that category "juveniles" will be eligible for services under this project.</p> <p>4. The proposed criteria for selection of ideas to be funded will be developed by the youth themselves. Cultural competency is one of the guiding principals of MHA funded programs and will be required of all innovative ideas to be selected for funding. The final project description will include a statement regarding this aspect.</p>
<p>1. Work plan # INN-04 should include further mention of how the key role that youth will play in the development of the incubation project.</p> <p>2. The dates noted for the Youth Incubation Project timeline are confusing. Does the 01/10 mean January 2010?</p> <p><i>Submitted by: Behavioral Health Staff and Youth advocate</i></p>	<p>1. Work Plan # INN-04</p> <p>2. Exhibit C of Work Plan # INN-04</p>	<p>1. Additional information will be added regarding the role that youth will play in the development of this project specifying the role they will have with the community based agency that will administer deploy this project.</p> <p>2. The 1/10 date does mean January 2010. The dates will be formatted differently to avoid confusion. For example, January 2010 will be noted as 01/2010.</p>

Exhibit A: Public Comment Received for Innovations Work Plan

Comment	Draft Report/Page(s) Referenced	Revision to Report /County Response
<p>1. A consumer and employee of the OMNI Center provided a proposal entitled “The Next Step: Moving from Dependence to Independence in 6 months thru Life Coach Mentoring”. The proposal is a peer led program in which a Life Coach provides life skills and marketable skills to individuals who will reside in one home dedicated specifically to the development of these skills. The population of focus would be specifically Latino transitional age youth and adults who are unserved/underserved.</p> <p><i>Submitted by: Interim Inc.</i></p>	<p>1. n/a. Not referencing a component of the Plan.</p>	<p>1. The County is very please to see the excitement that the Innovative Component has brought to the consumer community. This proposal is worthy of consideration and will therefore be provided to the community agency who will administer the youth incubation project.</p>

Innovation Work Plan Narrative

Date: Revised 12.03.09

County: Monterey County

Work Plan #: INN-01

Work Plan Name: Positive Behavioral Intervention Supports

**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).

Throughout the MHSA community planning process, specifically the Community Services and Supports and Prevention and Early Intervention processes, family members, educators and community residents raised concerns over increasing behavioral problems in school age children. As a result, the local mental health system developed a school-based counseling program for some schools located in Monterey County. Despite these efforts however, family members, school administrators, and teachers continue to voice concerns over limited behavioral health interventions that prove to work and which translate into measurable academic and personal growth.

Through the recent community input process for Innovation, it was discovered that there were systemic challenges that affect the response to adequate and prompt behavioral health interventions in school sites. It was also discovered that schools and mental health providers apply different and distinct federal and state initiatives meant to address behavioral issues in students and that the variation of these applications make it difficult to measure the effectiveness of the services rendered to the student and their family. For example some systems apply the Response to Intervention or RTI model, others use the Wrap-around model, and yet others apply their own promising or best practice. These applications may be successful for some students however there is lack of information on the effectiveness of the services received with regard to academic and personal growth. As a result to this misinformation and the increased behavioral issues on school campuses, many school administrators have adopted a zero-tolerance policy for bad behavior and often remove "troublemakers" from school settings. This is concerning to the local educational and mental health communities because as collaborative partners, we want to ensure that the services each of us are mandated to provide are in fact addressing the behavioral health needs of students and translating to academic and personal success.

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The innovative approach which is being proposed in the next few pages aims to address better coordination and collaboration between the mental and physical health services provided and the academic community. The proposal is to combine our educational and mental health efforts into one initiative. In essence the educational system and the mental health system will work together not separately to apply measurable interventions that address the academic, social, behavioral and physical health needs of students.

**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)**

Monterey County behavioral health is proposing to test a new outcome based framework that **measures the effectiveness of instructional and behavioral health practices and interventions**. Positive Behavioral Intervention Supports (PBIS) is not a curriculum but rather a systems-focused approach that produces outcomes aimed at reducing problem behaviors such as office referrals and suspensions while increasing academic achievement as demonstrated in test scores, grades, etc. Using an approach adapted from the public health field, PBIS uses a three-tiered system of prevention and support that addressed the spectrum of behavioral health needs of all students. Tier one acknowledges the typical behavioral development of children and as such focuses on changing environmental stimuli that contributes to disruptive behavior (for example dealing with overcrowding hallways). Tier one is usually where the majority of the student community would fall. Tier two is focused on providing more specialized attention to those students who do not respond well to universal methods (for example those students who exhibit violent behavior in the hallway). Tier three is focused on addressing the needs of students who are the most challenging, usually the smallest of all three tiers. These are students that have serious mental disorders and extreme functional impairment.

Monterey County proposes to pilot the PBIS program with a local school district. Unlike the framework implemented in other jurisdictions, Monterey County will be among the first to: 1) apply PBIS in an entire school district and 2) to include community/public health into the proposed model. During the research and planning stages of PBIS, it was discovered that single school site implementation hampers the ability to sustain PBIS. Secondly, the mental health system is dedicated to reducing stigma and as such has been focused on building partnerships with our community/public health partners to signal that mental health like physical health needs attention and focus. In addition, because the tiered model is derived from public health perspective, we will include public health partners into the implementation of PBIS. This will provide us with experienced staff that has the knowledge on how to best

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organize services in the three-tiered approach and provide for an opportunity to integrate both mental health and physical health services into the tiered system.

The project would work as follows: First, the county would identify a school district that meets the criteria set forth by PBIS and which has an underserved or unserved mental health population. Included in this analysis would be the relationship that community/public health partners have had with the school district. Once identified, mental health and community health will identify a team member to be a part of the district's PBIS leadership team. Together this team will work with a certified PBIS consultant, family members, teachers and administrators to begin the development of the framework that would be applied at all schools in the school district. In this process the coordination of services both in mental health and community health will be identified and mapped for easy application. Together, the PBIS District leadership team will develop timelines with each school administrative team and will work to provide training and implementation for teachers, support staff, family members and student community.

This project adheres to the MHSA general standards in the following ways:

a) The PBIS project will *increase resilience* in the youth and their families served by the school district as this three-tiered system of prevention and support, adapted from the public health field, acknowledges the typical behavior of children and provides more specialized attention to those children who do not respond well to universal methods of prevention.

b) The PBIS project *demonstrates cultural competence* by the formation of a team, inclusive of the diverse cultures of the students enrolled in the selected school district, that will guide the implementation of the project. With the collaboration of the school teachers and administrators, our community/public health partners, we expect to achieve increased capacity to reduce disparities in access to mental health services and to improve outcomes.

c) The PBIS project, from the initial development of the implementation action plan through the lifespan of the project, will *include the ongoing involvement of clients*, including participants of prevention programs. in roles such as, but not limited to, implementation, evaluation, staffing and dissemination. "Clients" in this project will be parents/caregivers of students in the district and other community members.

d) The PBIS project, from the initial development of the implementation action plan through the lifespan of the project, *will include the ongoing involvement of family members* in roles such as, but not limited to, implementation, evaluation, staffing, and dissemination."

As part of the initial action plan development process, the team will develop specific strategies that will test known methods as well as new ideas to assure the project remains aligned with the above-referenced General Standards.

PBIS is focused on a team approach in which family members and school community members are engaged in the development of framework. In addition, the

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school district selected will demonstrate that that the population of focus meets the unserved or underserved designation consistent with the general standards.

**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)**

This innovative project offers a new collaborative approach to working with school age children and their families. The fields of mental health and community/public health come together to develop a school framework that integrates the various services available to students and their families while more appropriately addressing the needs of students who have serious mental illnesses. This work plan is unique in that it offers the opportunity to evaluate current collaborative systems and provide an opportunity to restructure and reorganize failing systems to best serve the needs of children and families who need additional supports.

**What we will learn:** By applying PBIS to a school district, the mental health system will learn how to best coordinate services with the academic and public health setting. This project will provide the mental health system with the opportunity to further understand the educational systems and its intricacies and ultimately develop a more effective manner in which to address the needs of children who have serious mental illness. If the model and data proves successful, this model can easily be adopted by the various school districts in the County. By doing this, all children who would otherwise fall through the cracks due to the lack of coordinated services would receive the quality services that they are entitled to. The services provided by mental health, public health and the educational institution will work in conjunction to ensure the student is receiving the best education possible while meeting their emotional, behavioral and physical health needs.

**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-June 2012  
MM/YY – MM/YY

PBIS does not require a lot of resources for implementation however it does require time. Since the project's scope of work is focused on the development of a framework, the timeframe suggested will allow for the development of an action plan that will be

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used by all school personnel in the implementation of PBIS at each school site. The following is an outline of the implementation activities.

October 2009	Anticipated DMH/OAC approval
Oct - Dec 2009	Meeting with school personnel and preliminary work toward the development of an action plan; contract procurement for technical assistance required.
Jan-June 2010	Finalize the action plan and begin implementation as defined in the action plan (i.e. development of policies and procedures, meetings with school community, community partners, etc.)
June-August 2010	Preliminary assessment and evaluation of early implementation activity. Review action plan and coordinate tasks as required. Assess progress to date and make adjustments to timeline and tasks as required.
Sept - Dec 2010	Continued implementation of action plan and all schools using data entry system
January 2011	Full implementation of PBIS assessment at all schools
March - Sept 2011	Review implementation activity to date and begin assessment of project's feasibility, seeking consultation from PBIS consultant as required. Document preliminary findings and share with implementation team.
January 2012	Begin development of communication strategies/ plan to share project's impact, with the participation of the evaluation team.
June 2012	First full evaluation/assessment of PBIS implementation in the school district

**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.**

One of the great advantages of PBIS is that it is data-driven and structured to show results and problems. At the school level, school personnel will be using the School Wide Information System (SWIS). SWIS is a web-based information data system that will be used to enter all discipline actions taken and referrals made. Academic progress

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in relationship to the services received will be easily identified through use of the SWIS system. Other outcomes that Monterey County Mental Health will be looking for includes:

- 1. Increased communication and coordination of services between schools, mental and physical health systems as measured and observed by family members, students and school community.**
- 2. Increased participation of family members and academic leaders (if applicable and permitted) in the development of behavioral health plans as measured by mental health staff.**
- 3. Improved academic achievement of those students at risk or demonstrating a need for behavioral health interventions (those in Tier 2 and Tier 3) as measured by the SWIS system.**
- 4. Increased cooperation and collaboration between mental health and physical health in the provision of services as measured by staff observations and public input.**

The PBIS model requires that each school site have a team who will conduct data collection. This team will work collectively with all other PBIS leaders to study, analyze and make recommendations for addressing the issues raised. In addition to the outcome data above, the following outcomes will be assessed to ensure that PBIS implementation is meeting the overall intended outcomes:

- 1) Students have a clear understanding of school-wide behavioral expectations and rewarded for following such expectations.
- 2) There is a consistently implemented continuum of consequences for problem behavior.
- 3) Students with problem behavior patterns are monitored and the information is used for on-going decision making and plan development.
- 4) Students exhibiting behaviors that if, left unaddressed, could lead to more serious emotional disturbances, will be more readily identified for assessment and referral for mental health services.

We will assess the effectiveness of the services rendered to the students and their families in terms of mental health through the implementation of a variety of methods, such as standardized assessment tools, satisfaction surveys, focus groups, etc.

We are anticipating that through the development and implementation of the PBIS framework, which has not been implemented in Monterey County before, we will learn

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if the framework results in more effective communication between the schools, parents, mental health and community health, especially in how our systems address the needs of children who have a serious mental illness. We expect that the effective communication will result in an increased ability to better serve the needs of children and families who need additional supports.

**Leveraging Resources (if applicable)**

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

The funding requested will aid in the technical implementation of PBIS. The school district will identify all school based PBIS leaders and a district wide PBIS leader or coordinator. Community/Public Health will identify the lead PBIS staff member to be involved in the project.

The PBIS framework is not a curriculum therefore there are no programmatic or service costs associated with the funding request. There is however an annual fee for the web-based School Wide Information System (SWIS). This is the data tool which will be used by school personnel in entering information regarding the referral made. Annual cost will be paid initially by the resources requested here. Additional grant funds will be sought as they become available. During the implementation, technical assistance team will identify school counseling funds that can be shifted and used for PBIS expenses if required. Federal funds available to schools such as Individuals with Disabilities Education (IDEA) funds can be used to sustain PBIS if necessary.

## EXHIBIT D

### Innovation Work Plan Description (For Posting on DMH Website)

County Name

**Monterey County**

Annual Number of Clients to Be Served (If Applicable)

**1000** Total

Work Plan Name

**INN-01: Positive Behavioral Intervention Supports**

Population to Be Served (if applicable):

This work plan is designed to serve children and youth, specifically school age children and youth, and their families.

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

Monterey County behavioral health is proposing to test a new outcome based framework that **measures the effectiveness of instructional and behavioral health practices and interventions**. Positive Behavioral Intervention Supports (PBIS) is not a curriculum but rather a systems-focused approach that produces outcomes aimed at reducing problem behaviors such as office referrals and suspensions while increasing academic achievement as demonstrated in test scores, grades, etc. Using an approach adapted from the public health field, PBIS uses a three-tiered system of prevention and support that addressed the spectrum of behavioral health needs of all students. Monterey County proposes to pilot the PBIS program with a local school district. Unlike the framework implemented in other jurisdictions, Monterey County will be among the first to: 1) apply PBIS in an entire school district and 2) to include community/public health into the proposed model. By applying PBIS to a school district, the mental health system will learn how to best coordinate services with the academic and public health setting. This project will provide the mental health system with the opportunity to further understand the educational systems and its intricacies and ultimately develop a more effective manner in which to address the needs of children who have serious mental illness and their families. If the model and data proves successful, this model can easily be adopted by the various school districts in the County. By doing this, all children who would otherwise fall through the cracks due to the lack of coordinated services would receive the quality services that they are entitled to.

## EXHIBIT F

### Innovation Projected Revenues and Expenditures

County: Monterey

Fiscal Year: 2009/10

Work Plan #: INN-01

Work Plan Name: Positive Behavioral Intervention Supports

New Work Plan

Expansion

Months of Operation: 01/09-6/12  
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
1. Personnel Expenditures	139,619	40,557		\$180,176
2. Operating Expenditures				\$0
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts		110,000		\$110,000
5. Work Plan Management				\$0
<b>6. Total Proposed Work Plan Expenditures</b>	<b>\$139,619</b>	<b>\$150,557</b>	<b>\$0</b>	<b>\$290,176</b>
<b>B. Revenues</b>				
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
<b>C. Total Funding Requirements</b>	<b>\$139,619</b>	<b>\$150,557</b>	<b>\$0</b>	<b>\$290,176</b>

Prepared by: Erica Padilla-Chavez

Date: 08/05/2009

Telephone Number: 831-755-8997

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**Innovation Work Plan Narrative**

**Date:** Revised 12.03.09

**County:** Monterey County

**Work Plan #:** INN-02

**Work Plan Name:** Juvenile Sex Offender Response Team (JSORT)

**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).**

There are two primary reasons for selecting the above-mentioned purposes for this project. The first reason is specific to Monterey County's needs, while the second is related more broadly to what can be learned from this project and therefore applicable to the rest of California. First, as a result of an extensive and broad based community analysis of Monterey County's response to and services for Juvenile Sex Offenders (JSO's), it became clear that Monterey needed to develop an innovative, comprehensive countywide approach to effectively identifying and providing effective mental health services to these youth. The approach that has been developed and that we are proposing incorporates every responding agency in Monterey county (i.e.; Behavioral Health, Probation, Child Welfare, Law Enforcement, Victim Advocates, the District Attorney's Office, etc.).

Through the course of our community analysis we realized that a large number of youth who had acted out sexually in Monterey County had never been appropriately identified, nor had many ever received needed mental health services to assist them and their families with significant problems in their lives. It is understandable that JSO's do not voluntarily identify themselves and request services, but as a result these very troubled youth and their families have historically been either unserved or woefully underserved.

Secondly, it became clear that both the processes in place and the services available in Monterey were inadequate to the task of identifying these youth as early in their lives as possible, delivering truly effective treatment for them, and producing better outcomes as well. We believe that this innovative, community-wide approach will result in: higher quality services by maintaining more youth in their home communities; by developing more effective treatment planning and state-of-the-art, offense-specific mental health services, and; thoughtful aftercare when returning to home for those youth who need placement in long-term treatment programs. This approach will therefore provide much better outcomes for JSO's and their families.

Lastly, we came to the conclusion that to best serve the long-term needs of these youth and their families, developing a truly collaborative approach agreed to by all the responding parties would

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provide Monterey County with the highest degree of potential success with this population. Effective collaboration among and between all of those who respond to these youth – from first responders (law enforcement) all the way through probation, the court and treatment providers – will support the need to identify these youth, respond to them appropriately and provide the most effective mental health services possible.

We believe that a result of applying this innovative project in Monterey County, the following will result:

1. Monterey County will see an increase in the number of JSO's who are identified and who will receive treatment targeted to their specific needs
2. Over time, the average age of youth who are identified and referred for JSO services will decrease
3. More youth who are identified as JSO's in Monterey will be able to receive mental health treatment services *in their own communities* rather than being placed in out-of-county treatment programs.
4. More youth who are placed out-of-county will return with effective community-based supervision and after-care treatment plans.
5. A model for developing and implementing a comprehensive, coordinated and collaborative county-wide response to JSO's and their families can be shared with other California counties

**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)**

Research has shown that Juvenile Sex Offenders (JSO's) who present low-to-moderate risk levels for re-offending can most successfully benefit from mental health treatments when those services are provided within their own community. There are a number of "offense specific" treatment programs in the United States that have developed state-of-the-art treatment approaches for these youth. In combination with effective community-based monitoring and supervision, these youth can remain in their home communities, benefit from mental health treatment and remain safe from committing further harm to other victims. These treatment programs are typically "stand alone" programs, to which referrals are made once a youth has been cited or arrested.

However, according to the California State's Attorneys office, there are no counties in the State of California that have developed a county-wide, fully collaborative and coordinated approach to responding to this target population. Monterey County's Juvenile Sex Offender Response Team project (JSORT) is an attempt to create and test just such a comprehensive approach. By negotiating and developing a Memorandum of Cooperation, creating and utilizing standardized collaborative protocols, comprehensive procedures and a community supported Multi-

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Disciplinary Team the JSORT project hopes to effectively marshal the cooperation, resources and expertise of all county and community agencies that respond to or are involved with JSO's. This will include, though will not be limited to: Monterey County Behavioral Health; community-based mental health providers; private mental health practitioners; Juvenile Probation; victim advocates; all 19 local Law Enforcement jurisdictions within Monterey County; Child Welfare; the District Attorney's office; the County Office of Education; the Public Defender's office; and the Juvenile Court.

All services provided by this project will be voluntary. Participation in the project and the services available is strictly a decision that is made by each client and their family, with consultation provided by the collaborative partner or partners who are closest to the client and their family. For example, if the client has an attorney, he would receive consultation by his attorney regarding his options, which include participation in the project. Documentation will be maintained that verifies each client and their family is participating in the project on a voluntary basis.

As a result of developing and implementing this innovative, county-wide comprehensive approach it is our hope that a number of positive outcomes will result. First and foremost we believe that many juveniles who have sexually offended and who otherwise may have never been identified, will now be identified and provided access for the first time to expert mental health services to address this dangerous and often compulsive behavior. These are youth who typically would have continued their sexually assaultive behavior throughout their adolescence and into adulthood, and who would have also personally suffered in silence with the burden of their secrets hidden from all they know.

At the same time, we also believe that over time the average age at which all JSO's in Monterey County are identified will decrease, as all of our community and agency partners become better educated about, more alert to and have a systemic and systematic response for JSO's. There will be three clear benefits to this. First, these youth will have specialized mental health services available for them and their families at an earlier age, when treatment has the best chance of being successful. Second, as a result of such early identification and intervention, fewer new victims will have to suffer the pain, suffering, trauma and humiliation of sexual assault.

The third benefit of this collaborative approach and the attendant training that will be provided is that fewer youth will have to be placed in residential treatment programs and/or group homes hundreds of miles from their homes, their families and their communities. With early identification, a coordinated approach and early access to proper mental health assessment and effective mental health treatment, many of these youth will now be safely and successfully treated while remaining in their local communities.

One other additional, anticipated positive change that will result from this project will be an increased level of cooperation and mutual understanding within the broad network of Monterey County's agency and community-based partnerships.

This project is consistent with the General Standards in the MHSA and Title 9, CCR, section 320. The concept for this work plan was developed in collaboration with community

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participation of the aforementioned agencies and advocates. Culturally relevant therapeutic services will be offered to the consumer and their families. An array of county and “private” therapists will have been trained and will be available. These service options will aid in ensuring services are offered in the language and in the most appropriate setting for the youth member and their family.

The JSORT project adheres to the MHSA general standards in the following ways:

- a) One of the cornerstones of the JSORT collaborative is that it is holistic and includes cooperation of all the aforementioned county and community agencies, advocates, clients and families, working together to promote recovery and wellness;
- b) The JSORT collaborative includes the ongoing involvement of clients especially in the role of advocate. The advocates provide regular input/feedback into project implementation and evaluation.
- c) The JSORT collaborative also includes the ongoing involvement of family members in the project’s implementation and evaluation. It may be feasible to include family members in staff roles as well.

**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)**

As stated earlier, there currently are “stand alone” programs that provide mental health services to Juvenile Sex Offenders. What has been lacking in Monterey County as well as the entire State of California is a truly comprehensive, county-wide model that: makes it possible for all responding agencies to work in a truly collaborative, seamless and coordinated fashion towards the common goal of a “best practice” response to JSO’s; creates the opportunity to identify JSO’s as early in the development of their offending cycle as possible; makes it possible for all responding parties to work collaboratively in support of the most effective mental health interventions and responses for JSO’s and their families, from first responders all the way through mental health treatment and after care; develops the conditions that, whenever safety allows, supports mainlining JSO’s in their home communities while receiving mental health services, rather than being placed away from families, schools and friends.

The primary learning goals of the JSORT project are:

1. To determine if the JSORT model as described, increases the number of JSO’s identified and referred for specialized mental health assessment and treatment in Monterey County, thus increasing access to specialized mental health services for what in part had previously been a completely unserved population, as well as to an historically underserved group.
2. To determine the method or methods that can be used to measure the effectiveness of “a fully collaborative and coordinated approach to responding to this target population”



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county-wide, cooperative and fully coordinated response system for juvenile sex offenders will provide for more comprehensive and effective mental health services for these youth and their families, as well as greater safety and awareness for the community as a whole. The Juvenile Sex Offender Response Team (JSORT) will bring together individuals representing victims of sexual abuse and assault, Behavioral Health (to include county providers, partner agency providers and private clinicians), law enforcement, Juvenile Probation, the District Attorney's office, Child Welfare, the Juvenile Court and the Department of Education in order to help achieve and provide: early identification of juvenile sex offenders; state-of-the-art, specialized behavioral and mental health assessments and community-based treatment; effective coordination of mental health provision with both probation and the courts; the least restrictive safe and effective placement for these youth; when necessary, long-term oversight and clinical supervision of their integration back into their families and communities; and expert clinical training and supervision for mental health providers. This county-wide, multi-faceted and multi-disciplinary approach is at the heart of this innovative project that looks to more adequately and successfully address a difficult, often under identified and underserved group of youth and families in our community.

A key function of the JSORT is each collaborative partners' participation in the development of the project's evaluation plan that will include identification of the essential ways that we will assess the effectiveness and impact of the collaborative partnerships that are a result of the project. The evaluation plan will also include a regular assessment of the proposed outcomes and their refinement, if indicated.

**Leveraging Resources (if applicable)**

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

Services provided to youth who have Medi-Cal will be blended using Title IV-E funds. Youth with private insurance will have access to out-patient therapists. These funds will be used to pay for personnel costs and other service costs. In addition, a planning grant received from The Bureau of Justice Assistance will be used in combination with these funds to continue the planning and implementation of the JSORT Project. Should this project be successful, funds from other MHSA sources shall be used to pay for on-going costs.

EXHIBIT D

Innovation Work Plan Description  
(For Posting on DMH Website)

County Name

**Monterey County**

Annual Number of Clients to Be Served (If Applicable)

**50** Total

Work Plan Name

**Juvenile Sex Offender Response Team (JSORT)**

Population to Be Served (if applicable):

This work plan serves 50 juveniles in Probation with potentially serious sexual assault problems.

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

There currently are only "stand alone" programs that provide mental health services to Juvenile Sex Offenders (JSO's). What has been lacking in Monterey County as well as the entire State of California is a truly comprehensive, county-wide model that: makes it possible for all responding agencies to work in a truly collaborative, seamless and coordinated fashion towards the common goal of a "best practice" response to JSO's. This project will create the opportunity to identify JSO's as early in the development of their offending cycle as possible. In addition it will make it possible for all responding parties to work collaboratively in support of the most effective mental health interventions and responses for juveniles and their families from first responders all the way through mental health treatment and after care. Finally, this project support, whenever safety permits, maintaining juveniles in their home communities while receiving mental health services, rather than being placed away from families, schools and friends.

## EXHIBIT F

### Innovation Projected Revenues and Expenditures

County: Monterey County

Fiscal Year: 2009/10

Work Plan #: INN-02

Work Plan Name: Juvenile Sex Offender Response Team

New Work Plan

Expansion

Months of Operation: 01/09-06/11  
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
1. Personnel Expenditures	219,807	107,421		\$327,228
2. Operating Expenditures				\$0
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
<b>6. Total Proposed Work Plan Expenditures</b>	<b>\$219,807</b>	<b>\$107,421</b>	<b>\$0</b>	<b>\$327,228</b>
<b>B. Revenues</b>				
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
<b>C. Total Funding Requirements</b>	<b>\$219,807</b>	<b>\$107,421</b>	<b>\$0</b>	<b>\$327,228</b>

Prepared by: Erica Padilla-Chavez

Date: 06-Jul-09

Telephone Number: 831-755-8997

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**Innovation Work Plan Narrative**

**Date:** Revised. 12.03.09

**County:** Monterey County

**Work Plan #:** INN-03

**Work Plan Name:** Alternative Healing and Promotores de Salud

**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).

Monterey County is a very diverse county with over 52% of Latino descent and mostly of Mexican heritage. The economic engine of the county relies heavily on the agriculture and hospitality industry and as such, the County has a high percentage of immigrant residents most of whom are Spanish speaking. The Promotores program, a community based outreach program, was created as a result of the community's request to reach out to this specific population and increase prevention efforts. Despite some successes, the program has revealed challenges with regard to the application of culturally appropriate practices in serving these individuals and who require higher level of care.

Currently the Promotores program is structured so that individuals identified who need higher level of care are referred to a specialized social worker within the county mental health system. The direct referral program has been wildly successful in addressing the immediate needs of those individual and some have even developed their own peer led support groups which operate out of the client and consumer driven OMNI resource center. Despite these successes however, consumers, family members and the community at large continues to request that we include culturally relevant and accepting methods of care so that their loved ones and friends can best take care of their emotional and behavioral concerns no matter where they fall in the spectrum of care. The local mental health system is eager to design and implement a service model that addresses the needs of these individuals.

The project described in the next few pages focuses on the development of a continuum of care model that integrates the components that consumer, family members and the community at large is asking for. It will focus on developing effective prevention, early intervention and intensive treatment strategies that address specifically the needs of Latinos in Monterey County. It is our hope that this model, if successful, can be shared with other communities that have similar demographics. The model is intended to be

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cost effective in order to ensure sustainability. It focuses on addressing the cultural barriers that individuals have in seeking assistance for their mental health issues and deals directly with addressing the stigma around mental health, a barrier we recognize to be most prominent in the Latino culture. By using a community health-like model, individuals requiring mental health services will be able to more appropriately implement prevention and intervention strategies that are more culturally accepting so that they can keep their minds and bodies healthy. On the intensive side of the spectrum of care, services will incorporate holistic and culturally relevant approaches to clinical treatment of mental health issues. This project will be developed in partnership with and guidance from consumer and family members.

### **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 MHP and Title 9, CCR, section 3320. (suggested length - one page)**

Behavioral Health services have traditionally stemmed from a prescriptive clinical model. The Mental Health Services Act offers the opportunity to transform service delivery especially when reaching out to unserved and underserved populations. While 85% of Monterey County's Medi-Cal population is Latino, only 45% of individuals who participate in Monterey County's Mental Health Plan are Latino. The idea behind this innovative project is to seek an alternative method of service delivery across the continuum of care. By using a community health-based model, culturally relevant education, outreach and engagement methods will be made available for preventive and early intervention services while more intensive services will be made available to individuals requiring higher levels of treatment. Options for alternative treatment methods such as the use of holistic medicines—a practice that is commonly accepted in many Latino cultures and traditions—will be integrated into the array of service options. The learning expectation of this project is to acquire knowledge of commonly accepted education, prevention and intervention practices among the Latino community for the purpose of integrating such practices into the County mental health system, thereby transforming the system to be more effective in reaching and serving unserved and underserved populations.

The goal of this program is to develop a coordinated effort that purposely addresses the mental health needs of individuals of Latino descent. The 1999 Surgeon's General Report identifies that fewer than 1 in 11 Latinos contact a mental health specialist as compared to 1 in 5 who contact a general health care provider." While this is true for most populations, the report cites that basing service trends of Latinos using DSM-based clinical data is not accurate because 1) the symptoms of distress that Latinos face usually fall short of a given diagnostic threshold 2) diagnostic entities have little

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flexibility to take into account culturally patterned forms of distress and disorder, and 3) most of the epidemiological studies using the disorder-based definitions are conducted in community household surveys and fail to include non-household members, such as persons without homes or those who reside in institutions. With this in mind, the project proposed here provides an opportunity for Monterey County to pilot a new approach to providing culturally relevant mental health services throughout the system of care and to discover the “formula” in which to best engage and address the mental health needs of the Latino community.

To coordinate these efforts, a steering committee comprised of consumers and family members will team-up with a licensed clinical social worker, the community based Promotores and a psychiatrist knowledgeable about holistic medicine and alternatives to standard psychiatric care to develop a curriculum that provides education and awareness of emotional and mental distress and their symptoms specifically for the Latino community. This curriculum will serve as the guide for the work that Promotores do so well when conducting outreach and education and similarly guide clinical staff who will be caring for those referred who require a higher level of care. The Promotores will receive training by clinical staff on issues relating to holistic approaches to managing issues such as stress. In turn, Promotores, consumers and family members will provide clinical staff with training regarding the traditional approaches to healing often applied by Latino individuals and their families, including culturally-relevant strategies that are effective in developing the relationships and connections that are a critical component of the Latino culture. The cross training that will take place in the development of the curriculum will be the guiding force behind the development of the strategies and practices that will be incorporated into the service model. The steering committee will work collaboratively to ensure proper application of the strategies developed and will be responsible for assessing and reporting on the learning opportunities that this project is providing.

Once the initial framework of the curriculum is developed, Promotores with the assistance of consumers and family members will identify new locations throughout Monterey County that Latinos often visit and will identify new arenas in which to conduct outreach. This will be key as the gathering of ideas for the development of the strategies to be incorporated into the curriculum will only come by way of the engagement of the underserved and unserved Latinos. One such method already identified by the Promotores and consumers is the workplace, focusing specifically in agriculture, the predominant economic engine of our county. Promotores have cited the need to conduct preventive workshops at the various worksites as this is the audience that is less likely to request help but more likely to need it. This could be one specific task that the steering committee focuses on upon approval of this project.

During outreach and engagement activities, individuals identified by Promotores who require a higher level of care will be referred to the clinical social worker. Upon assessment, the clinical social worker will refer those needing psychiatric intervention to the psychiatrist who will work with the individual to develop a tailored plan

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inclusive of holistic medicine. The successes and challenges in applying the clinical strategies identified by the Steering Committee will be clearly documented by both the social worker and the psychiatrist and similarly Promotores will report out on their successes of identifying and involving the Latino community in educational and prevention services.

This project adheres to the MHSA general standards in the following ways:

- a) This project “increases resilience and/or promotes recovery and wellness” because the project is focused in developing a curriculum or model that focuses specifically in promoting recovery and wellness among the unserved and underserved Latino community.
- b) The project “includes the ongoing involvement of clients (including participants of prevention programs) in a key role as they will be represented in the Steering Committee for this project and be directly involved in the implementation, evaluation, staffing and dissemination” of the curriculum to be developed.
- c) The project “includes the ongoing involvement of family members in key roles as they too will be involved in the Steering Committee for this project and will be directly involved in the implementation, evaluation, staffing, and dissemination” of the curriculum to be developed.
- d) The project as a whole will support and expand collaboration and linkages, especially connections with systems, organizations, healers and practitioners not traditionally defined as part of mental health services. For example, we have several peer mentors who are known in their communities as “healers” and their participation on the Steering Committee will be key to ensuring that this project is successful.

**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)**

The collaboration between consumer and family members, the Promotores, the clinical social worker and the psychiatrist will offer Monterey County Behavioral Health an opportunity to assess the effectiveness of applying culturally appropriate clinical methods to treating mental illness in the Latino community. In addition, it provides a cross training opportunity for all those involved. This pilot project will provide Behavioral Health an opportunity to best assess the types of services most acceptable to and effective with the population of focus. The introduction of alternative healing and its connection to cultural practices will provide Behavioral Health with the opportunity to learn more about the acceptance of these practices. This information is useful for future planning purposes and for integration of successful practices into the mental

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health system . In addition, the partnership with the Promotores will provide Monterey County Behavioral Health staff with an opportunity to learn more about the methods used in reaching and engaging with the Latino community, a skill that will be required as we continue to provide services to this underserved population. This learning opportunity will best prepare mental health staff to meet the challenges of serving the growing Latino population in Monterey County.

The incorporation of new outreach sites such as worksites, for example, is a new approach. This approach has been useful in other public health arenas and according to the Public Health Administration has been useful in changing patterns of behavior when addressing physical health issues. The thinking behind this project is guided by the community health model and will serve as the vehicle for developing a curriculum to more appropriately promote mental health education and awareness among the Latino community and integrate culturally-acceptable clinical and medicinal practices into our system of care.

**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: 01/2009-12/2011  
MM/YY – MM/YY

<b>Dates</b>	<b>Activities</b>
01/2010-3/2010	Identification of the clinical social worker who will coordinate all activities; convening of Steering Committee meetings to include Promotores, consumers, family members, community healers, Psychiatrist and Clinician. Together this group will be focused on identifying the framework for the development of the curriculum.
4/2010-6/2010	Identify and develop methods in which to document findings as strategies roll out. This data will be key to incorporating strategies that are proven successful into the final curriculum. The group will also identify key benchmarks to be achieved in the development of the curriculum and will develop a calendar that will guide the timeline for the completion of the curriculum.
06/10-6/2011	Implementation of activities and services as identified in the curriculum; Meet regularly to review successful and challenging findings of the implementation of the suggested strategies identified by the Steering committee. By 01/2011, begin to write

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	up the first draft of the curriculum.
06/2011-9/2011	Conduct an evaluation of the curriculum and report out on the learning achieved thus far and the level of success in implementing strategies.
10/2011	Finalize the curriculum incorporating key changes as identified by the Steering Committee.
12/2011	Provide an annual report highlighting the curriculum; Conduct community meeting to present the curriculum. The format for the presentation of the curriculum will be designed and decided upon by the Steering Committee.

**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.**

Consumers and family members will be involved in the design and implementation phases of this Project. Of particular interest in that assessment are the following key areas:

- The success of integrating holistic medicine with traditional mental health practices as measured by consumers and community members receiving the information.
- The level of synchronization and comfort level between the consumers, family members, mental health staff, Promotores and the holistic psychiatrist in the development of the curriculum as demonstrated by their engagement and involvement in the project's development.
- The increased skills obtained by mental health staff in identifying successful outreach methods to the diverse Latino community.
- There will be increased satisfaction regarding the services received by Latinos in the mental health system. In addition, there will be an increased acceptance of the cultural relevancy of the services provided and made available to Latinos in Monterey County.
- There will be an increased number of Latino clients seen throughout the continuum of services provided by the mental health system.
- Access to education, prevention and more intensive services will be increased for Latino individuals.

To best develop an appropriate assessment tool, the staff and Promotores will work with the Cultural Competency Manager and the Epidemiological team.

**Leveraging Resources (if applicable)**

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

- Reimbursement from Medi-Cal or other type of insurance will be sought on cases that are identified as requiring more intensive care. These funds will assist in contributing to the share of cost for the staff involved in the project implementation.
- Grant opportunities will be identified upon the initial assessment that the pilot project is demonstrating promising results.

## EXHIBIT D

### Innovation Work Plan Description (For Posting on DMH Website)

County Name

**Monterey County**

Annual Number of Clients to Be Served (If Applicable)

**800** Total

Work Plan Name

**Alternative Mental Health and Promotores de Salud**

Population to Be Served (if applicable):

The population to be served will be primarily Latino Transition Age Youth, Adults and Older Adults.

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

The goal of this program is to develop a coordinated effort that purposely addresses the mental health needs of individuals of Latino descent. The idea behind this innovative project is to seek an alternative method of service delivery by using a community health-based model in which services and education are offered in a non-clinical, culturally acceptable setting to Latinos residing in Monterey County. In addition, this project will focus on offering individuals alternative treatment methods such as the use of holistic medicines, a practice that is commonly accepted in many Latino cultures and traditions. To coordinate these efforts, a licensed clinical social worker will work collaboratively with the community based Promotores and a local psychiatrist knowledgeable about alternatives to standard psychiatric care to develop a curriculum that provides education and awareness of emotional and mental distress and their symptoms. This curriculum will then be used by Promotores when conducting outreach and education. The Promotores will be trained by clinical staff. Training will include education regarding the traditional remedies embedded in Latino culture, their history and their effectiveness. In addition, Promotores will identify the various locations throughout Monterey County that the population of focus often visits and will identify a method for working with lead employers throughout the County for the purpose of conducting quarterly 15-20 minute presentations on topics related to mental health and wellbeing.

## EXHIBIT F

### Innovation Projected Revenues and Expenditures

County: Monterey County

Fiscal Year: 2009/10

Work Plan #: INN-03

Work Plan Name: Alternative Medicine and Promotores de Salud

New Work Plan

Expansion

Months of Operation: 01/09-6/11

MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
1. Personnel Expenditures	233,066			\$233,066
2. Operating Expenditures				\$0
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
<b>Expenditures</b>	<b>\$233,066</b>	<b>\$0</b>	<b>\$0</b>	<b>\$233,066</b>
<b>B. Revenues</b>				
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
<b>C. Total Funding Requirements</b>	<b>\$233,066</b>	<b>\$0</b>	<b>\$0</b>	<b>\$233,066</b>

Prepared by: Erica Padilla-Chavez

Date: 06-Jul-09

Telephone Number: 831-755-8997

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**Innovation Work Plan Narrative**

Date: Revised 10.19.09

County: Monterey County

Work Plan #: INN-04

Work Plan Name: Pro-Social Skill Development in Youth: Incubation Project

**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).

In Monterey County roughly 62% of the population is under the age of 18. There are several issues that youth are currently facing including, a rash of violent crimes, high truancy levels, and frequent confrontation with the law. More recently, the County homeless census report revealed that the rate of homelessness among transition age youth is increasing. Throughout the years, many community based agencies have developed multifaceted efforts to address the myriad of issues that youth face. However the need for services focused in providing youth with positive skill development is still in high demand.

Throughout the MHSA Community Planning Process, community members inclusive of youth cited a need to dedicate more resources for youth development. Their comments pointed to the limited opportunities that youth have to develop life skills, access positive recreational and social activities and to create support networks. Young adults in Monterey County lack opportunities to interact with their peers in positive ways and have limited access to supportive adults. While some services are available, youth cited challenges with access, limited program capacity and strict eligibility issues as a limitations.

In addition, youth cited the need to be included in the development and implementation of new programs as they know best how to ensure that services are developed in a way that best addresses the needs of youth. Youth want to be valued as a resource and included in meaningful ways in the transformation of the public mental health system. Monterey County has acknowledged the need to develop youth driven services within Behavioral Health and see this as an opportunity to move ahead in our partnership with youth.

The work plan that follows will provide a new opportunity for Behavioral Health to address the needs of youth as identified above. Together with community based

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agencies, Behavioral Health hopes to identify a NEW collaborative way in which to provide youth with the opportunity to develop skills that can assist them as they transition into adulthood. It offers the opportunity for mental health to foster new partnerships as together we strive to serve the needs of the growing population of young residents of Monterey County and more specifically youth that need extra emotional and behavioral support.

**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)**

As part of this work plan, Behavioral Health will set aside funds to support the incubation of NEW pro-social skill development activities to specifically meet the needs of youth who have emotional and behavioral challenges. In order to ensure that the new programs and activities are youth driven, we will set aside funding to foster the development of a youth leadership council. While the development of new programs is not innovative, the innovation in the project lies in the inclusion of a youth leadership council which will be responsible for soliciting, identifying and ultimately awarding funds to those proposals which are in fact innovative and promising. Through participation in the youth leadership council, young adults will also have opportunities to develop pro-social skills.

By fostering the development of a permanent youth advocacy group, Behavioral Health hopes to acquire knowledge and experience regarding the most effective strategies to engage young people. At the same time, the youth leadership council will ensure that innovative funding is used to fund projects that youth consider innovative. In addition, the mental health system will have the opportunity to assess the efficacy of working with a community based agency in administering similar programs. This information will help the system understand the mechanisms of how to best implement future youth programs and the level of success of doing it through a community based organization rather than through the county mental health system.

Monterey County Behavioral Health believes that an open environment is needed to foster innovative ideas. We also believe that the most innovative and creative ideas will come from the youth themselves. To best develop innovative programs to address the needs of youth who have emotional and behavioral problems, we will work with a local community based agency that has expertise in supporting grass roots efforts to administer funding. The community based agency will work with the youth and facilitate the incubation of strong ideas that show promise to do the following: **Enhance a young person's competencies to assist them in achieving greater self-sufficiency**

**EXHIBIT C**  
**(Page 3 of 6)**

**and confidence.**

The community based agency will develop a structure for soliciting youth driven, innovative ideas that address the need for increased pro-social skill development in youth. In addition, youth who participate in the leadership council will be taught how to solicit, review and select ideas that are in fact new and innovative.

### **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)**

The opportunity to be truly innovative with these funds is exciting. This is a new approach to addressing the mental health needs of youth which has not been tried before in the local mental health setting. This opportunity offers Behavioral Health the chance to develop youth driven pro-social skill programs in non-traditional mental health environments. It also offers the opportunity to garner and support youth based ideas that would otherwise go unnoticed and an opportunity for the mental health system to do things differently with regard to youth programming.

To ensure that the selected ideas concur with the outcomes specified above, the community agency will solicit the assistance of the MHSA evaluation team, the Innovations Coordinator and other relevant staff so that together with the youth council they develop an outcome based assessment tool that shall be used to monitor the efficacy and implementation of the funded innovative project(s). In addition, the evaluation team will work to document the success of involving youth in the selection, implementation and monitoring of the new innovative youth-based programs and services. This information will be shared with mental health staff for the purpose of distributing knowledge about the successes and challenges of this model.

**EXHIBIT C**  
**(Page 4 of 6)**

**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: 01/2009-06/2011  
MM/YY – MM/YY

**PROJECT INCUBATION**

<b>Dates</b>	<b>Activities</b>
January –February 2010	Develop an agreement with a community based organization (CBO) n interested in administering the allocated innovation funds
March 2010	Announce and promote the development of a youth leadership council.
April- May 2010	CBO will work with leadership council to identify innovative programming criteria.
June 2010-December 2010	Begin soliciting ideas, evaluate proposals and fund accordingly; Involve the evaluation team in the development of outcome assessments once projects are selected.
6/2011	Provide a comprehensive report of the youth led pro-social skill innovative funding program highlighting key discoveries, events, strengths and challenges of this new model and projects selected.

The disbursement of innovative funding may have its own disbursement calendar. Innovative ideas may come all at once or may be introduced in a staggered manner. The last date for considering ideas shall be December 2010. This will allow for proper implementation of innovative ideas.

**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.**

Throughout the development of the MHSA Youth Pro-Social Skill Program, the MHSA evaluation team, Innovation Coordinator and the community based agency will meet to confer over the success and progress of developing the leadership council and funding model. The solicitation of comments, observations and general feedback from the youth who participate will be an on-going project activity. This information will help us to provide snapshots of the progress and challenges encountered in the development of this model.

Some indicators that the evaluation team will look at may include:

**EXHIBIT C**  
**(Page 5 of 6)**

- Community based agencies ability to attract, retain and provide leadership development to youth involved in the leadership council.
- Youth leaders will be identified and trained
- Youth have the ability to work with selected community partners in participating in the development and implementation of the new pro-social skill programs/projects.
- Youth will have an increased participation in the mental health's governance committees such as the MHSA transformation team, cultural competence committee, and other decision making committees guiding the county mental health system.
- Youth gain leadership and advocacy skills

In addition to the assessment of the model, the evaluation team will also provide some assessment of each specific innovative project.

**Innovation Work Plan Narrative**

**Leveraging Resources (if applicable)**

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

The community based agency selected to administer and develop this new youth based model will have the experience and some funding to develop youth leadership. Minimal funds from innovation will be used to cover administrative costs. The majority of the funding shall be used to fund the new innovative projects that the youth themselves select. With regard to the specific innovative project that the youth will select, the youth council will identify the leveraging sources required for funding consideration.

**EXHIBIT D**

**Innovation Work Plan Description**  
(For Posting on DMH Website)

County Name

**Monterey County**

Annual Number of Clients to Be Served (If Applicable)

**150** Total

Work Plan Name

**Youth Pro-Social Skill Development:  
Incubation of Ideas**

Population to Be Served (if applicable):

Youth, Transition Age Youth and their families.

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

As part of this work plan, Behavioral Health will set aside funds to support the incubation of NEW pro-social skill development activities to specifically meet the needs of youth who have emotional and behavioral challenges. While the development of new programs may not be seen as innovative, the innovation in this project lies in the inclusion of a youth leadership council which will be ultimately responsible for soliciting, identifying and ultimately awarding funds to those proposals which are in fact innovative and promising. The leadership council will work with a selected community based agency to develop and finalize the selection criteria for those projects to be awarded. Through the permanent engagement of youth, behavioral health hopes to acquire knowledge regarding the most effective form of engagement of young people while ensuring that innovative funding is used to in fact fund projects that the youth themselves consider innovative. In addition, the mental health system will have the opportunity to assess the efficacy of working with a community based agency in administering similar programs. This information will help the system understand the mechanisms of how to best implement future youth programs and the level of success of doing so through a community based organization rather than thru the county mental health system.

## EXHIBIT F

### Innovation Projected Revenues and Expenditures

County: Monterey

Fiscal Year: 2009/10

Work Plan #: INN-04

Work Plan Name: Youth Pro-Social Skill Development: Incubation

New Work Plan

Expansion

Months of Operation: 01/1-6/11  
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
1. Personnel Expenditures			80,000	\$80,000
2. Operating Expenditures				\$0
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
<b>6. Total Proposed Work Plan Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$80,000</b>	<b>\$80,000</b>
<b>B. Revenues</b>				
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
<b>3. Total New Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>4. Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. Total Funding Requirements</b>	<b>\$0</b>	<b>\$0</b>	<b>\$80,000</b>	<b>\$80,000</b>

Prepared by: Erica Padilla-Chavez

Date: 10.19.09

Telephone Number: 831-755-8997

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**Innovation Work Plan Narrative**

**County:** Monterey County

**Date:** Revised 10.19.09

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**Work Plan #:** INN-05

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**Work Plan Name:** Mental Health Evaluation Model, Outcome Data, and Reporting Plan

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**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.**

Through a comprehensive and geographically dispersed series of public CSS, PEI, and Innovation planning meetings, Monterey County's mental health community strongly and consistently voiced their desire for an evaluation approach that will measure consumer and program outcomes and systems transformations resulting from the Mental Health Services Act initiatives. The *Mental Health Evaluation Model, Outcome Data, and Reporting Plan* work plan addresses the concerns of consumers, family/caregivers, clinicians, managers, and service partners to create an innovative framework that can be used as a model for examining consumer access and outcomes, service delivery, and program outcomes over time, plus program fidelity and systems linkages. The Mental Health Evaluation Model, Outcome Data, and Reporting Plan directly responds to the intent of the MHPA as articulated in Welfare and Institution code section 5830 (a.2) that states: County mental health programs shall develop plans for innovative programs...(a) The innovative programs shall have the following purposes: ....(2) To increase the quality of services, including better outcomes.

Consumers specifically wanted to know:

- If MHPA programs are producing positive consumer outcomes;
- If and to what degree progress is being made toward reducing disparities in access to services;
- If and how staff and services are becoming more cultural competent;
- What programs need to be refined, expanded, or eliminated;
- What evidence demonstrates if goals are being met; and
- How consumers, especially those who are underserved or inappropriately served, are involved in learning from and applying evaluation results to the programs and systems they access.

Consumers, family members, clinicians, managers, and partners said they wanted to focus on how they could participate in improving consumer access, service and results. They wanted to

**EXHIBIT C**  
**(Page 2 of 8)**

know what works and to create a user friendly tool or Framework that they can use to measure program outcomes and effects. Feedback received during Innovation community planning meetings indicated that collecting data was not enough – what was needed was a model or framework to identify and use valid, reliable, and standardized measures to make quality improvement decisions, reveal accountability, provide direction for ongoing consumer and staff development, and learn appropriate next steps for outcome sustainability and/or replication.

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**Innovation Decision Path**

ISSUE	BARRIERS	ESSENTIAL PURPOSE	LEARNING/CHANGE GOAL	PRACTICE/APPROACH
<p>Through a series of public CSS, PEI, and Innovation planning meetings, Monterey County’s mental health community strongly voiced their desire for an evaluation model or framework to measure consumer utilization, service disparities, program fidelity, integration with community partners, and Children and Adult systems transformations resulting from the Mental Health Services Act.</p>	<p>There is no existing model or framework at the State or county level<sup>1,2</sup> that: (1) identifies appropriate outcome indicators for consumers, programs, and systems, which can be compared across counties, (2) aggregates data across differing programs, (3) and develops protocols for counties to report the complexity of MHSA activities.</p>	<p>Merely using EBPs and collecting data does not in itself cause change or improvement.<sup>3</sup> The <i>Evaluation Model, Outcome Data, and Reporting Plan</i> will provide a <u>framework</u> to examine what is working, to what degree, for whom, and why. The knowledge gained and put into a framework will be used to sustain and improve access, equity, positive consumer outcomes, collaborations, integrations, and efficiencies.</p>	<p>By creating this innovative framework we will be able to: examine our service processes and outcomes for consumers, programs, and systems; learn about our service gaps; identify levels of success, disparate consumer outcomes, efficiencies and inefficiencies. We will be able to use the framework to expand and refine successful efforts, or eliminate unsuccessful efforts, thereby creating more effective and equitable services, programs, and systems.</p>	<p>The development and use of the Innovation Work Plan for <i>Evaluation Model, Outcome Data, and Reporting Plan</i> will allow Monterey County to develop and share its methodology, process and outcome indicators, tools, data organizational frameworks, and reporting products with its consumers and other California counties to understand outcomes, examine accountability, and better know what works and why.</p>

<sup>1</sup> M. Reiter, Pharm D. speaking at the San Francisco CBHS’ Children’s System of Care Working Conference – Collaborating for Success: Using Data Tools to Enhance our Effectiveness, San Francisco, September 17-18, 2009.

<sup>2</sup> S. Opredek, Ph. D. speaking at Monterey County Health Department interview/discussion regarding CMHDA Indicators, Data, Evaluation, and Accountability Committee, Monterey, August 19, 2009.

<sup>3</sup> L. Bickman, PH.D. A Measurement Feedback System (MFS) Is Necessary to Improve Mental Health Outcomes. JAACAP, October 2008, 47:10.

**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).**

Monterey County's *Mental Health Evaluation Model, Outcome Data, and Reporting Plan* will provide a comprehensive consumer friendly framework for data extraction, analysis, interpretation, and utilization-based evaluation reporting. Some of the primary issues to be addressed are:

- **Access:** number of clients at each level of care and identification of disparities (ethnicity and age);
- **Engagement:** the degree of intensity to which clients are engaged; identification of those who require more intense services, those flowing through treatment, and those at risk for dropping out;
- **Service duration:** length of time receiving services at each service level; identification of disparities (ethnicity and age); and
- **Linkages:** identification of which inter and intra-agency links appear most beneficial to achieving positive consumer outcomes.

The framework will be developed with a focus on learning ways to improve access and treatment outcomes for consumers using fully implemented MHSA funded Electronic Medical Record, Consumer Perception Survey Results, and Program Fidelity data for decision-making at three levels (the installation of the EMR has significantly improved access to client and program data, which will dramatically benefit the analysis of data and accelerate the timeline for the establishment of the Framework):

- **Client Level Analysis to support access, utilization, and treatment decisions; means to understand how clients move through episodes of care**
- Aggregated demographics of consumer access and penetration by age group, gender, race/ethnicity, preferred language, and residential region (demographic stratification);
- Aggregated client utilization by diagnostic group and reason for discharge per demographic stratification;
- Aggregated consumer episodic treatments and clinical outcomes per demographic stratification;
- Linking consumer assessment scores with service data, diagnosis data, evidence-based practices, clinicians, and program performance; and

**EXHIBIT C**  
**(Page 5 of 8)**

- Aggregated consumer and family member perceptions of services overall satisfaction, individualized care, consumer-guided services, accessibility, cultural competency, and wellness/recovery outcomes.
- **Program Level to support operational and program refinement, expansion, and replication decisions; ways to identify points at which behavior change has the most impact for the consumer**
- Program logic modeling and tracking of outcome measures to identify program fidelity;
- Metrics for staff affinity to culturally competent practices;
- Analysis of program fidelity to program design / evidence based practices;
- WET program utilization by consumers, staff, and partners;
- Consumer participation per all program categories (CSS, FSP, Managed Care, PEI, etc.) per demographic stratification; and
- Reviewing consumer assessment scores to identify clinician assessment needs.
- **System Level to support system of care integration and community partnership linking and alignment decisions, and key decisions that replicate across all levels of care**
- Criteria cross-systems analysis of consumer utilization and outcome data for all programs, levels of care, and systems;
- to compare treatment types (and combinations of treatments), duration of treatments, and outpatient/inpatient ratios with positive outcomes; and
- Analysis of shared consumers with external agencies and organizations (primary care, social services, probation, etc).

*Monterey County's Mental Health Evaluation Model, Outcome Data, and Reporting Plan* **outputs for internal and public release** will include:

- Topical and comprehensive annual reports of longitudinal data by age, gender, race/ethnicity, and service region, and other variables;
- GIS maps of consumer utilization patterns, regional index of need, and analysis of underserved areas; and
- Posts to websites, printed posters, and data briefs.

Data **interpretation and the application of what is learned** to outreach and prevention activities, clinical practices, program improvements, community links, and systems improvements, will include input from

- Consumer focus groups;
- Epidemiologists and Evaluators;
- Evaluation and MHSA working groups (includes consumers, family members, staff, and partners);
- Clinician roundtables; and
- Mental Health Commission discussions.

## **EXHIBIT C** **(Page 6 of 8)**

Monterey County's *Mental Health Evaluation Model, Outcome Data, and Reporting Plan* creates a methodology and framework to review indicators. This product will be shared with other California counties for adoption and adaptation.

This innovation project supports and is consistent with the General Standards identified in the MHPA and Title 9, CCR, section 3320 – culturally competent service delivery, consumer and family-driven services, wellness and recovery focused, linked and integrated systems. The project is directly connected to the comments received from consumers, family members, and community residents during the comprehensive community planning process. With their ongoing input into the data interpretation and application processes, we expect the framework will enable us to learn how to continually align services with the General Standards as defined by our community.

### **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)**

Monterey County's *Mental Health Evaluation Model, Outcome Data, and Reporting Plan* will enable us to learn how to put our resources to their highest and best use via the examination and interpretation of consumer, program, and system outcomes. Our process of obtaining input from consumers, family members, clinicians, managers, and service partners will help us learn how services and programs should be revised, expanded, or eliminated in lieu of more effective efforts. The overall result will be services and programs that more effectively, efficiently, and equitably move toward intended outcomes, such as serving unserved and underserved groups in a culturally competent manner. Specific learning outcomes are described in sections above, and additionally, a comprehensive *Evaluation Model, Outcome Data, and Reporting Plan*, will enable Monterey County, for the first time, to:

- \* Train behavioral health program and service managers in participatory evaluation methods and reporting;
- \* Distribute a greater variety of longitudinal data in table, graph, map, and narrative formats;
- \* Expand cross-departmental collaboration to create a system-wide approach to Behavioral Health, Public Health, Epidemiology, and eventually Primary Care Clinics – as encouraged by CA EQRO; and
- \* Share our evaluation framework, tools, methods, indicators, and measuring systems with other counties through the California Mental Health Director's Association IDEA Workgroup.

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We anticipate that our long-term learning outcome will be the creation of a “culture of evaluation” – an institutional commitment to learning from evaluation – that will help build our capacity to provide appropriate services through self-examination, data quality, analytic expertise, consumer input, and collaborative partnerships. Monterey County has had an extremely successful Electronic Medical Record implementation. The Evaluation Framework will assist us in getting the best use of that information as well as other data sources to have a truly data driven system.

**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—June 2011

<b>Date/Duration</b>	<b>Activities</b>
Jan 2010-June 2010 (Phase 1=9 months)	Confer with program staff and partners to develop, design and finalize evaluation Framework and plans for 4 Innovation programs, 10 PEI programs, and 15 CSS programs (total 29).
July 2010-Dec 2010 (Phase 2=9 months)	Confer with program staff and partners to test Framework and evaluation plans for 30 MCBH programs selected by the Innovations program coordinator.
Jan 2011-June 2011 (Phase 3=9 months)	<p>Produce annual report (based on Framework) documenting client, program and system-level outcomes (stratified by age group, race/ethnicity, and gender where appropriate) for measures and interpretations that include but are not limited to:</p> <ul style="list-style-type: none"> <li>· Identifying the challenges and successes of the framework itself;</li> <li>· consumer demographics, diagnosis, discharge;</li> <li>· results of consumer perception surveys;</li> <li>· measures of program fidelity with design and implementation plans;</li> <li>· measures of program and service fidelity with Monterey County MHSA Guiding Principles;</li> <li>· measures of consumer and program outcome fidelity with MHSA and Title 9 General Standards; and</li> <li>· measures of the strengths of system integration and links to community partners.</li> </ul>
June 2011-Aug 2011 (Phase 4=3 months)	Communicate findings about the framework and level of success in extracting, analyzing and interpreting data to interested parties. The communication plan will assist us to identify key venues for distributing the annual report and will identify formats for sharing information about the framework.

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**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.**

Monterey County's *Mental Health Evaluation Model, Outcome Data, and Reporting Plan*

Monterey County Behavioral Health will work collaboratively with:

- Consumers and family member focus groups;
- Monterey County Public Health's Epidemiology and Evaluation team;
- Evaluation and MHSA working groups (includes consumers, family members, staff, and partners);
- Clinicians; and
- Mental Health Commissioners.

to access and interpret consumer, program, and system outcomes, fidelity, and links for all program categories (CSS, FSP, Managed Care, PEI, etc.). In addition, output materials will be presented to and distributed among consumer and advocate groups to seek for feedback regarding interpretation, suggestions for access and quality improvements, and next steps to be taken.

**Leveraging Resources (if applicable)**

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

A portion of the staff time dedicated to Monterey County's *Mental Health Evaluation Model, Outcome Data, and Reporting Plan* will be billed to Medi-Cal Quality Assurance activities, thus drawing down Federal matching funds.

## EXHIBIT D

### Innovation Work Plan Description (For Posting on DMH Website)

County Name

Monterey County

Work Plan Name

Outcome Evaluation and Data Integration

Annual Number of Clients to Be Served (If Applicable)

\_\_\_\_\_ Total

Population to Be Served (if applicable):

Services proposed in this work plan will provide technical assistance to all programs sponsored by behavioral health.

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

Monterey County's *Mental Health Evaluation Model, Outcome Data, and Reporting Plan* will provide a comprehensive data extraction, analysis, interpretation, and utilization-based evaluation reporting framework. Some of the primary issues to be addressed are:

- **Access:** number of clients at each level of care and identification of disparities (ethnicity and age);
- **Engagement:** the degree of intensity to which clients are engaged; identification of those who require more intense services, those flowing through treatment, and those at risk for dropping out;
- **Service duration:** length of time receiving services at each service level; identification of disparities (ethnicity and age); and
- **Linkages:** identification of which inter and intra-agency links appear most beneficial to achieving positive consumer outcomes.

The framework will be developed with a focus on learning ways to improve access and treatment outcomes for consumers using Electronic Health Record, Consumer Perception Survey Results, and Program Fidelity data for decision-making at three levels: Client Level Analysis to support access, utilization, and treatment decisions.

**EXHIBIT F**

**Innovation Projected Revenues and Expenditures**

County: Monterey County

Fiscal Year: 2009/10

Work Plan #: INN-05

Work Plan Name: Outcome Evaluation and Data Integration

New Work Plan

Expansion

Months of Operation: 01/2010-6/11  
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
1. Personnel Expenditures		92,976		\$92,976
2. Operating Expenditures				\$0
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
<b>6. Total Proposed Work Plan Expenditures</b>	<b>\$0</b>	<b>\$92,976</b>	<b>\$0</b>	<b>\$92,976</b>
<b>B. Revenues</b>				
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
<b>3. Total New Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>4. Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. Total Funding Requirements</b>	<b>\$0</b>	<b>\$92,976</b>	<b>\$0</b>	<b>\$92,976</b>

Prepared by: Erica Padilla-Chavez

Date: 7/7/2009

Telephone Number: 831-755-8997

**EXHIBIT C**  
(Page 1 of 6)

**Innovation Work Plan Narrative**

Date: 12.04.09

County: Monterey

Work Plan #: INN-06

Work Plan Name: Transition Age Youth Housing: A new approach

**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).

In 2003, Monterey County received a federal system of care grant for the purpose of serving the ever increasing number of children, particularly those of Latino descent in Monterey County. Through this opportunity, Monterey County developed specialized age-appropriate services for children and Transition Age Youth (TAY). A voluntary service program called "AVANZA" (which means "to advance" in Spanish) was developed. The program was based on the Transition to Independence (TIP) Model which is centered on a youth guided and self empowerment approach to the delivery of TAY services. Throughout the MHS Community planning process for Community Services and Support (CSS), the Prevention & Early Intervention (PEI) planning process, and the county-based MHS Housing Planning Process youth expressed the need for housing that meets their unique needs. They stated that a key component of a young adult housing model would include relevant age appropriate support services that acknowledges the strengths and resources that youth bring forth. Understanding the importance of supporting and providing the needed services and housing for TAY, Monterey County is proposing to study the adaptation of TIP supportive services in a TAY permanent shared housing model.

The development of housing itself in Monterey County presents many barriers including financing issues, land availability and other permit and development related issues. Of additional challenge is the development of TAY specific housing as this has not been done before in Monterey County. After some analysis and research, Monterey County found that while transitional and permanent housing is currently available for adults, permanent housing with TAY specific support services is not. Monterey County was eager to respond to this community need and as such proposed the development of a new shared home to be financed by the MHS Housing Program to serve TAY. Because the project is small and comprised of four units, the project's scope needed to be financially sound, sustainable and designed with the appropriate TAY relevant services. To do this, the county identified their own TAY focused staff to serve as the

**EXHIBIT C**  
**(Page 2 of 6)**

lead service provider for the four units. They will be responsible for linking tenants to the array of services that they will need.

While Monterey County is excited about the new partnership with the developer in building this home and the new TiP-based housing services model, the county understands that this project needs to be monitored and studied closely for the purpose of learning more about the successes and challenges of the design and the service model. The innovation funds will allow for the county to provide dedicated time to studying the implementation of the services provided and document the successes and challenges to ultimately share the findings with interested stakeholders within Monterey County and in throughout the State of California.

## **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)**

The focus on developing specific programming for Transition Age Youth who have psychiatric disabilities is a fairly new concept. Prior to this, transitioning youth were receiving services designed for children and or adults or a modified version of both. During the MHSA Housing Planning Process, consumer focus groups were conducted for the purpose of assessing the housing needs of consumers. Specific focus groups to assess TAY housing needs was conducted and the input suggested that TAY required housing that offered specialized services specific to their needs such as assistance with identifying their goals and dreams, securing a job, pursuing higher education and ultimately transitioning to a healthy adulthood with the skills necessary to manage their behavioral and emotional health needs.

Through the analysis of housing services available specifically for TAY, it was determined that only a few TAY receive housing and those that do are often housed with older adults. While some services received may be TAY specific such as those offered by the Transition Housing Plus Program (THPP), the services provided may not necessarily be based on empowering youth as they make their transition to adulthood. Aside from the THPP offered by social services for youth aging out of foster care, there is no other permanent young adult housing program that provides services addressing TAY specific needs in Monterey County. To address this deficiency, Monterey County supported the submission of a TAY shared home development financed with MHSA Housing Funds. The service model proposed in the project is innovative in that it utilizes and adapts the Transition to Independence (TIP) Model in the application of services that will be made available to the young adults living in the home. Among the adaptations to the TIP service model will be the inclusion of housing related education pertaining to housing retention, tenant rights and other relevant housing information. By including this component to the service model, homeless TAY residing in the home will

**EXHIBIT C**  
**(Page 3 of 6)**

increase their chances of establishing permanent residency, securing employment, pursuing education and ultimately fulfilling their life-long dreams. The service model itself will continue to be youth directed focusing particularly in ensuring that the individual feels empowered to make successful decisions while receiving the services they need to address and manage their mental health needs. While TIP is being used in the provision of services to TAY in Monterey County, it has not been applied specifically to services offered in housing.

Because the proposed service model is youth centered , clients will drive the project described above. Tenants will be fully engaged in providing continuous feedback to staff on what is working and what is not and this information will be used to modify the service model and their individual service plans. Their innate participation will guide the collective activities that staff will offer tenants such as holiday dinners, cultural celebrations, community engagement activities, etc. In addition, the project meets the MHSA General Standards in the following ways:

- a) The project “increases resilience and/or promotes recovery and wellness;” through the implementation of a service model that will assist youth not just to overcome the behavioral health challenges but to secure and maintain their housing. In addition, the young adults themselves will provide continual guidance and feedback regarding the efficacy of the service model applied in relationship to their housing retention and personal achievements.
- b) The project includes the ongoing “involvement of clients”, in this case the TAY who will reside in the home, in multiple ways as described above. Those roles include and are not limited to, implementation and evaluation of the service model and the application of such services in their own personal service plans.
- c) The project will include the ongoing involvement of family members as much as possible and as desired by the young adults. Many youth in Monterey County who would qualify for this housing do not have identified family units and are in fact homeless. TAY wishing to include their families in their recovery process will be engaged in assessing the application of the service model utilized in their recovery process.
- d) The project initiates connections with systems, organizations, practitioners not traditionally defined as part of mental health care in that this project will require that mental health staff work directly and intimately with other youth guided programs not traditionally defined as members of the mental health community such as institutions of higher learning, housing entities such as housing authorities and other housing developers, employers, etc.

## **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)**

Monterey County is interested in studying the effectiveness of applying the service model to this shared home and learning from the feedback and information provided by the tenants. Innovation funds will be used to specifically study the acceptance, progress and effectiveness of the shared housing design and the TIP-based service model utilized in the provision of services to the TAY population residing in the home.

We are also proposing in this project to actively involve the youth tenants in key leadership roles. We believe that the youth will be to develop strategies for engaging other youth, increase youth participation in the project and ultimately enhance the success of the residents in the TAY housing. Monterey County hopes to demonstrate that a youth direct housing project increases higher goal attainment for youth in key life domains including: education, vocation, living situation and community engagement.

The project proposed here has a few objectives:

- 1) It aims to provide Monterey county staff and administrators with an opportunity to learn how to best serve the housing needs of TAY utilizing the TIP model as a basis for service provision;
- 2) It will provide the county with an opportunity to test the effectiveness of having specialized county staff in providing TAY relevant support services to a specific housing project;
- 3) The learning acquired will assist Monterey County with identifying the successes and challenges of providing the TIP based supportive services to TAY in a shared home setting and the successes and challenges of having county staff provide and link supportive services; and
- 4) In addition it will provide the County with guidance on future TAY focused housing developments and best prepare us to develop a housing model that does in fact meet the needs of transitioning young adults who have psychiatric disabilities in Monterey County. This information will also be shared with other interested parties for the purpose of sharing information about the successes and challenges of the service model applied in a permanent TAY shared home.

By studying this housing project closely, there is an opportunity to learn more about the successes and challenges in addressing TAY housing needs and service in the model proposed by Monterey County. This learning can contribute to providing information to TAY advocates both within Monterey County and throughout the State of California.

**EXHIBIT C**  
**(Page 5 of 6)**

**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: March 2010-June 2012  
MM/YY – MM/YY

<b>Date</b>	<b>Activities</b>
May 2010 (monthly meetings)	Meet with evaluator and begin development of information gathering tools for the purpose of collecting data and information from tenants, staff and other individuals and entities involved in the service implementation. Review the TIP based service model and begin identifying service gaps in the model for the purpose of ensuring that tenants receive the services they need to remain in their home and achieve success. The evaluation team comprised of the housing coordinator will meet monthly to finalize the design of the information gathering tools and to identify evaluation tools for the service model itself.
August 2010 (Tentative Date)	Tenants move into home. Present data gathering plan and obtain feedback.
January 2011	Provide a 6 month report on the learning achieved thus far. This report will be shared with consumers, staff, county management, and other relevant stakeholders.
January 2011- December 2011	Gather information obtained through the various information gathering sources, compile data and key information and draft the first TAY housing report for comments and review focusing specifically in the service model utilized in the TAY home.
January 2012-June 2012	Finalize report and develop calendar for presentation and information sharing sessions to be provided by June 2012. Clients will be involved in the identification of the presentation format, venues, etc.

## **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 project involves the youth living in the home from the beginning. Monterey County will use a participatory research design. Youth will participate in the study's design and they will be recruited to be trained to gather data, such as facilitators of focus groups. Youth also will be individually involved in providing feedback and information to be used in evaluating the efficacy of the service model used in the TAY home. Some ideas for evaluation may include assessment of the young adult's understanding of housing rules and regulations for example. We can further evaluate the relationship that this has had in their housing retention. Other evaluation based measurements will be defined by the staff and youth who will live in the home but the description above is the thought process for this project. Youth participation is critical for this project. Without their input and involvement, this project can not come to fruition.

### **Leveraging Resources (if applicable)**

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

There are no additional resources expected to be leveraged for this project. Funds from innovation will be used to fund the staff time required for the collection and information, study design and other project related activities. This is foreseen to be a one time project which will have lasting effects on TAY housing in Monterey County and possibly in the State of California.

EXHIBIT D

Innovation Work Plan Description  
(For Posting on DMH Website)

County Name

**Monterey County**

Annual Number of Clients to Be Served (If Applicable)  
Total

Work Plan Name

**TAY Housing: A New Approach**

Population to Be Served (if applicable):

Transition Age Youth

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

Monterey County is interested in studying the effectiveness of applying the service model to this shared home and learning from the feedback and information provided by the tenants. Innovation funds will be used to specifically study the acceptance, progress and effectiveness of the shared housing design and the TIP-based service model utilized in the provision of services to the TAY population residing in the home.

We are also proposing in this project to actively involve the youth tenants in key leadership roles. We believe that the youth will be to develop strategies for engaging other youth, increase youth participation in the project and ultimately enhance the success of the residents in the TAY housing. Monterey County hopes to demonstrate that a youth direct housing project increases higher goal attainment for youth in key life domains including: education, vocation, living situation and community engagement.

The innovation funds will allow for the county to provide dedicated time to studying the implementation of the services provided and document those successes and challenges to ultimately share with interested stakeholders within Monterey County and in throughout the State of California.

**EXHIBIT F**

**Innovation Projected Revenues and Expenditures**

County: Monterey

Fiscal Year: 2009/10

Work Plan #: INN-06

Work Plan Name: TAY Housing: A new approach

New Work Plan

Expansion

Months of Operation: 01/1-6/11  
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
1. Personnel Expenditures				\$0
2. Operating Expenditures	150,000			\$150,000
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
<b>6. Total Proposed Work Plan Expenditures</b>	<b>\$150,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$150,000</b>
<b>B. Revenues</b>				
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
<b>C. Total Funding Requirements</b>	<b>\$150,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$150,000</b>

Prepared by: Erica Padilla-Chavez

Date: 10.19.09

Telephone Number: 831-755-8997

## EXHIBIT E

### Innovation Funding Request

#### Instructions for Preparing the FY 2009/10 Mental Health Services Act Innovation Funding Request

Counties should complete the FY 2009/10 Mental Health Services Act (MHSA) Innovation Funding Request worksheet to obtain funding for the Innovation component under the MHSA. Below are the specific instructions for preparing the MHSA Innovation Funding Request worksheet.

#### **General Instructions:**

Round all expenditures to the nearest whole dollar.

#### **Heading Instructions:**

Enter the County name and the date the worksheet is prepared. Revisions will be made to documents and maintaining the correct preparation date is critical for identifying the most recent submittal.

#### **Line Item Instructions:**

##### **Lines 1 through 25 - Individual Work Plans**

Enter the Work Plan number and name. Only existing approved Innovation Work Plans may be included with the FY 2009/10 Annual Update. Enter the proposed MHSA budget amounts in the relevant columns for each age group(s). Add additional lines if necessary.

##### **26. Subtotal: Work Plans**

This is automatically calculated as the sum of lines 1 through 25.

##### **27. County Administration**

Enter the total County administrative costs for Innovation. Contract providers and other County governmental organizations with management and support costs should show those budgeted expenditures in the relevant Innovation Work Plan funding request.

##### **28. Optional 10% Operating Reserve**

Counties may request up to 10% of the Work Plan and Administration funding for an operating reserve. Line 28 should not exceed 10% of line 26 and 27.

##### **29. Total MHSA Funds Required for Innovation**

This amount is automatically calculated as the sum of lines 26 through 28. This reflects the amount of funding requested for the Innovation component under the MHSA. Include this amount on line B1 of Exhibit E - MHSA Summary Funding Request worksheet.

## EXHIBIT E

### Mental Health Services Act Innovation Funding Request

County: Monterey County

Date: Revised 12.09.09

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	INN-01	Positive Behavioral Intervention Supports	290,176	290,176			
2	INN-02	Juvenile Sex Offender Reduction Team	327,228	278,144	49,084		
3	INN-03	Alternative Mental Health and Promotores	233,066		49,920	113,226	69,920
5	INN-05	Outcome Assesement and Data Integration	92,976	23244	23244	23244	23244
6	INN-06	TAY Housing: A New Approach	150,000		150,000		
7							
8							
9							
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20							
21							
25							
26	Subtotal: Work Plans		\$1,093,446	\$591,564	\$272,248	\$136,470	\$93,164
27	Plus County Administration		214,337				
28	Plus Optional 10% Operating Reserve (unused planning funds)		0				
29	Total MHSA Funds Required for Innovation		\$1,307,783				