

EXHIBIT A

**INNOVATION WORK PLAN
COUNTY CERTIFICATION**

County Name: Mono

County Mental Health Director	Project Lead
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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 3410, Non-Supplant.

This Work Plan has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft Work Plan was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate. Any Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed Work Plan is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

All documents in the attached Work Plan are true and correct.

Signature (Local Mental Health Director/Designee)

02/10/10
Date

Mental Health Director
Title

EXHIBIT B

INNOVATION WORK PLAN

Description of Community Program Planning and Local Review Processes

County Name: Mono
Work Plan Name: Peapod Program

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

1. Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)

The Combined Mental Health and Alcohol/Drug Advisory Board has served as the primary stakeholder group through the roll-out of the various segments of the MHSA process. After months of discussion regarding possible ideas for Mono County's Innovation project, and a number of "dead ends" with projects that simply weren't innovative, one of the members of the Board approached the local Director of our First 5 program regarding possible collaboration on an MHSA Innovation project. In response to that request, Kathy Peterson, the Director of the local First 5 program came to the Advisory Board meeting on October 28th, 2009. Ms. Peterson gave a presentation about a possible collaboration between First 5 and Mental Health as an MHSA Innovation project. A later meeting with the local Mental Health Director fleshed out details of this planned collaboration for Innovation.

Our idea, which encompasses the development of new parent support groups countywide to enhance the mental health and stability of young parents, was further discussed at the local Breast Feeding Task Force at their meeting on November 18th. The project was also presented to Mammoth Hospital post- and peri-natal teams, Mammoth Hospital Women's and Pediatric Clinics, Inyo-Mono WIC program, local parents, the Mono County Superintendent of Schools, and County Social Services and Public Health. It was further discussed with the First 5 Commission at their regularly scheduled meeting on December 17, 2009. Each of the above described groups were asked for input and comment regarding the proposed project and every group endorsed the need for the project here in Mono County.

After informal approval at their October meeting, the Combined Mental Health and Alcohol/Drug Advisory Board voted to approve this project at their December 30th, 2009 meeting. Finally, the project was presented to the Mono County Board of Supervisors for their review and approval at their January 5th, 2010 meeting.

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

Combined Mental Health and Alcohol/Drug Advisory Board--Includes consumers and consumer family members

As we added stakeholders behind the Combined Mental Health Board, all of them were given the MHSA Innovation guidelines and each group was engaged in at least one discussion group regarding the intent of these guidelines.

First 5 Mono County Commission--Includes consumer family members

Mono County Breast-feeding Task Force--Represents diversity with Hispanic members, also includes consumer family members

Mono County Public Health--Includes consumers and consumer family members

Mono County Mental Health--Includes consumers and consumer family members

Mono County Board of Supervisors--Includes consumer family members

Mono County Superintendent of Schools

Inyo Mono WIC--Represents diversity with strong links to the Hispanic and Native American communities

Local parents--Includes consumers and consumer family members

Mammoth Hospital Peri- and Post-natal teams--Includes consumers, consumer family members and ethnic representation (Hispanic and Native American)

Mammoth Hospital Women's and Pediatric Clinics--Includes consumers, consumer family members and ethnic representation (Hispanic and Native American)

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.

Thirty-day review was 12/02/09-1/05/2010

The Public Hearing was held on January 20th, 2010 in conjunction with the Mental Health Advisory Board meeting. Despite being posted in both local newspapers for the two weeks immediately prior to the hearing, no-one attended. We did get one request for the plan a week before the Hearing and we disseminated it. We also disseminated a hundred copies of the plan to various county locations during the Public Comment period.

The plan was approved by the local First Five Commission at their December 17th meeting and by the Mono County Board of Supervisors at their January 5th, 2010 meeting.

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Innovation Work Plan Narrative

Date: 11/20/2009

County: Mono

Work Plan #: 1

Work Plan Name: Peapod Program

Purpose of Proposed Innovation Project (check all that apply)

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

Briefly explain the reason for selecting the above purpose(s).

The proposed program will:

1. Increase access to underserved groups through the venue of countywide new parent groups. These groups will contribute to learning in a variety of ways, including fostering early recognition of emergent post-partum (and other) mental disorders; and provision of a forum for open and frank discussion of mental health issues (de-stigmatization). Outside of childbirth classes, there really are no in-community "new parent" groups currently in Mono County. The program will also work to increase the confidence and knowledge of parents, normalize mental health problems, and promote stronger ties to the community.
2. Increase the quality of services including better outcomes. The new parent groups will provide access to a broad spectrum of local specialists in mental health, infant care, raising healthy children, taking care of yourself while caring for your newborn, and breast-feeding. The groups will also serve as a conduit to provide assistance, and access to County Mental Health for moms and dads identified as needing mental health support. As a demonstration project, it is hoped that we will discover which interventions are most effective for various populations in terms of encouraging greater utilization of local mental health resources.
3. This project will promote interagency collaboration between Mental Health, Public Health, Social Services, First 5 Mono County, Mammoth Hospital, and the Mono County Superintendent of Schools.
4. There are sufficient funds identified within the project to provide mental health support for new parents, who lack any other third-party payor support, through the County Mental Health Program. Individual and family therapy are available as is psychiatric support.

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 proposed innovation will provide two new parent support groups in Mammoth Lakes that are ongoing. One will serve Spanish speaking mothers. These groups will run for ten weeks, break for three weeks and run for ten more weeks. Over the course of a year, we will be able to complete four group cycles. We also plan to operate a new parent support group in the Benton/Chalfant area of Mono County (southeast region) that will run for ten weeks twice annually. In the north end of the county we will provide similar support in that we plan two ten week groups each year. In north county we plan to coordinate with the parent educator affiliated with the Marine Base.

Over the years, Mono County has offered a variety of parent groups, some of which have been better attended than others. Some examples have included mandated groups for parents of youth on probation, voluntary groups linked to our school-based services, and structured parenting classes based on an existing curriculum (e.g. the STEP program). None of these groups were designed to funnel participants into further mental health services, and all of them targeted parents with older children. The primary difference between these groups and the Peapod project include:

1. Focus on new parents
2. Funds to support mental health care
3. Curriculum designed to de-stigmatize recognition of the early signs of mental health problems/issues and to encourage and normalize seeking assistance
4. An experimental design that will test different approaches for their efficacy at attracting different populations into mental health services.

Our learning goal will be to pilot a variety of strategies to see which is most effective at encouraging utilization of mental health services for different ethnic populations. The three populations we will focus mirror our county demographics and include caucasian, Hispanic and Native American. The first thing we will look at will be attendance. We will make a strong effort to place the groups at times and locations that will prove attractive, and user-friendly, to our participants. We are already planning mini-surveys to assess where and when our likely participants would prefer to meet. These will be passed out utilizing the local Mental Health office, Wellness Centers, elementary schools, First Five and the pediatrics and women's clinics at our local Rural Hospital District.

Once we have determined the optimal locations/times for our initial groups, we will use curricula promoted by the State Department of Mental Health to include Culturally Alert Counseling and Multi-cultural counseling to pilot strategies to draw our participants in to

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active discussion of mental health issues and concerns. A starting point will be what mental health is/looks like. And, how can we know when we're functioning optimally and when it's time to seek outside assistance. The utilization of staff from the local MHP to assist with group facilitation will provide group participants with a face/name so that they will have a friendly contact person at the mental health offices. We also plan to offer enrichment activities at both of our MHSA Wellness Centers as an alternative to the more structured mental health office setting as we've found that this tends to be less threatening for populations who are less psychologically-minded.

Basically, Mono County Mental Health will contract with First 5 Mono County. First 5 Mono will train and offer stipends to group leaders. Topics that will be covered in each new parent support group will include: basic mental health issues, parenting skills and strategies, how to incorporate an infant into existing family structure, breast-feeding support, how to recognize the early signs of depression and other pre- and post-partum mental health issues, nutrition, and discussion of area resources for assistance. Funding will be included to provide mental health support (therapy, case management and psychiatry) for individuals identified in the New Parent support groups as needing this type of support and who have no other identified payor source.

Though not an original name, this planned innovation will be called the Peapod Project. It supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, Section 3320 in the following ways:

1. Community Collaboration: This innovation represents a collaboration between County Mental Health, County Public Health, County Social Services, Mono County Superintendent of Schools, Mammoth Hospital, and the First 5 Mono County Commission.
2. Cultural Competence: This innovation will provide linguistically appropriate and culturally competent services to our immigrant Hispanic population as well as to our Native American population. Group leaders will receive training specific to providing culturally relevant services for our two ethnic groups within the county. The leaders will also receive training regarding culture-bound mental health syndromes specific to Hispanics and Native Americans so that their level of responsiveness to our group participants is appropriate and meets participants' needs.
3. Client driven: Content offered to our new parent groups will be driven by group interests to a great extent. Beyond the core offerings noted above, participants will tell us what they would like to see in their group. For participants who chose to come to County Mental Health, we offer full participation from the initial visit in terms of treatment planning and decisions regarding treatment venues, frequency of contact and choice of provider.

There are major perceived barriers to accessing services among potential service recipients in Mono County. These include lack of awareness, language barriers, limited transportation, hours of operation, location and cost. The Peapod Program will address these barriers to service through: our countywide network of collaborating entities working to create awareness for this project; recruitment of in-community, Spanish-speaking group leader(s); centrally located group meetings to be held at times of the

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day that fit the needs of participants; and mental health services with support for those who lack any other third-party payor coverage.

4. Family driven: Many Mono County families experience social isolation and poor connection to their community. Parents of newborns may feel particularly overwhelmed and isolated. Our new parent groups will take place in centrally located, family-friendly environments within our communities. Family units will be encouraged to attend. Likewise, if a participant is interested in pursuing care at County Mental Health, we strongly encourage family participation in all of our treatment venues.

5. Wellness, recovery and resilience focused: All services at county mental health are based on the MHSA principles noted within this item. We offer a full spectrum of both traditional (e.g. counseling, psychiatry, groups) and non-traditional (wellness centers, special interest classes, life skills) approaches utilizing a one client-one plan approach. The new parent groups are focused on positive, health-related topics as well in that we are offering support and resources for those county residents with young children.

6. Integrated service experience for clients and their families: The new parent support groups offer an ideal venue to both identify and encourage young parents to take advantage of mental health support in a natural environment designed to be comfortable and nurturing. The fact that other supportive county agencies, including public health and social services are all walking distance from our support group locations helps in providing an integrated service experience.

This integrated approach can simultaneously address multiple support needs of families and strengthen the mental health service delivery system through better coordination of services and by breaking down barriers that families face in attempting to access services.

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)

While new parent support groups are far from a novel idea, using them as a venue to identify clients in need of mental health services, as well as actually providing services for those struggling with mental health issues is innovative. It is quite different from telling a group client, "You don't seem to be coping very well, why don't you call someone for help?" The problem with this latter approach is multi-faceted. Some ethnic groups are uncomfortable with asking a stranger for help. Others may desire help, but lack the resources to pay for it, so mental health counseling simply falls under the rubric of all their other health care where they simply go without. Yet a third group may hesitate, not understanding the confidential nature of the counseling environment. (e.g. It's a small town. If I tell them, everyone will find out.)

By presenting information about mental health within the same context that information is provided about parenting, breast-feeding, nutrition and county resources, we hope to de-stigmatize the mental health portion of our psychoeducation effort. With this de-stigmatization will come (we hope) increased comfort with accessing needed mental health services at an early enough point in the process that any planned intervention has a greater chance of success.

Opportunities for learning will come as we experiment with different approaches to access our ethnic and geographically isolated populations here in Mono County. While not a traditional ethnic group, we have a population subset here that is unique to frontier regions. They tend to be a self-sufficient group, suspicious of strangers, and historically not terribly amenable to mental health treatment. Where this latter group would never come to a "mental health" group (unless they were coerced), we are hoping they will consider a First 5 Mono group. There are many Hispanics who feel the same way as their culture encourages them to maintain their problems within their families.

We are hoping to provide a natural, home-like environment that will encourage attendance and participation in our groups. As group participants become more comfortable with the facilitators and their fellow group members, we are hoping that their understanding and acceptance of mental health problems/issues will grow. If things go as planned, we will cull new group facilitators out of our group participant population.

We will collect data on the number of referrals served by the Peapod Program, track the outcomes of our various interventions and try to determine which of our modalities work best for new parents within our county. We also will attempt to refine our mental health offerings to best meet the mental health needs of families with young children, developing strategies appropriate to each offering that are culturally competent.

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: 3/1/10-2/28/12
MM/YY – MM/YY

Once funding has been authorized by the MHSOAC, we plan to spend the last three to four months of the current fiscal year identifying and training group leaders once we have our contractual arrangement in place with First 5 Mono. Support groups will begin coincident with the beginning of the 10-11 fiscal year and will run through the entire 10-11 fiscal year and the first half of the 11-12 fiscal year. Monthly meetings between County Mental Health and First 5 Mono will enhance our ability to modify the project on an ongoing basis to assure that it meets its goals of providing new parent support in a warm, nurturing environment that is culturally sensitive to participant needs. The two wrap-up months of January and February 2012 will allow project staff ample time to write up their experiences in such a way that the Peapod Project would be readily replicable by any other small county.

More specifically:

3/10 through 6/10:

Key Activities: Hire and train group facilitators. Complete community-based survey instrument to determine optimal locations/times for groups

Milestones: A minimum of four trained facilitators and a group schedule that is ready to begin 7/1/2010.

7/10 through 1/30/12:

Key Activities: Develop initial group prospectus and pilot on initial group. Assess effectiveness in terms of comfort discussing mental health issues and referrals to mental health care. Tweak prospectus as indicated. This process will continue through the life of this project. Develop survey instrument to assess participant satisfaction with the group process and comfort with mental health problems/issues.

Milestones: A minimum of ten referrals to mental health services each quarter.

Assessment of survey data shall yield a minimum of sixty percent of group participants marking either neutral, somewhat comfortable, or very comfortable on a five-point likert scale when asked questions about mental health issues.

1/2/12 through 2/28/12:

Key Activities: Gather data from all group participants as well as from project staff.

Milestones: Amalgamate the above data into a meaningful report that will add to the learning experience as a method of encouraging mental health participation and the development of psychological-mindedness in a very rural area.

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 will be officially reviewed and assessed quarterly to ensure that it is meeting its goals in terms of numbers of groups in each identified county location and serving an acceptable number of participants. It is hoped that each group will have at least ten core participants with the understanding that individuals can continue attending groups--once they have completed one full group cycle--so long as they are not displacing new individuals who are interested in being part of Peapod.

We hope that at least ten clients will self refer into mental health services each quarter.

In the event that we are highly successful and our participants want to keep meeting after their ten sessions have ended, we will provide them with support and a place to continue meeting as a self-sponsored group.

We will gather informal input from our group participants at the end of every group to assess if we are meeting their needs, as well as at the close of each ten-week offering. The close-out data gathering will utilize a survey instrument. By the time a ten-week group is over we should have close to ten weekly comments from each participant plus a final survey document. Since this is our stakeholder group, their input will be critical to our learning experience. And we will modify our curriculum based on feedback from current group participants.

While lacking a formal evaluative component since there's simply not money to provide something like that in our remote location, we will maintain data collected from our weekly and group end participant surveys and will evaluate it locally to determine trends. During the effective eighteen month span of this project, we will use feedback from group leaders and participants to alter our groups so that they come as close as possible to meeting participant needs.

We will collect and maintain data on all of our group referrals including which community services in addition to the support group are utilized. (e.g. public health, mental health, Mammoth Hospital, etc.) As we roll-out and work with this project we will try to determine if there are strategies that work better with certain participants to encourage continued attendance at the support groups, as well as utilization of mental health resources. Please refer to the Timeline section for deliverables (milestones).

Innovation Work Plan Narrative

Leveraging Resources (if applicable)

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

First 5 Mono County will provide:

- Meeting space and supplies (receiving blankets, boppy pillows, nursing chair, resource library for the Peapod Program group meetings;
- Kit for New Parents for all new parents, distributed via the Health Department. Valued at \$75 each, the Kit contains all the parenting information, advice and useful tips first-time parents need to best prepare for the joys and challenges that lie ahead.
- First 5 Mono funds programs that are complimentary to the Peapod Program and will directly help to support the goals of the Program, including the First 5 Home Visiting Program consisting of home-based visits for all families with newborns, and Tiny Toes, a parent-infant workshop designed to promote the early literacy development of infants. Staff of both programs will participate in workshops offered by Mental Health to learn to recognize the early signs of mental disorders in general, as well as pre- and post-partum mental health issues. First 5 Home Visiting and Tiny Toes will provide direct referrals into the Peapod Program and vice versa.
- A portion of administrative charges (approximately 5%) and secretarial support expense will be waived in providing the coordination and training of the group leaders.

Mono County Superintendent of Schools will provide:

- Mono County Library System, with libraries in each of the targeted areas, will provide support for group meetings (meeting accommodations, space for child care activities when available, and group and event advertising).

Inyo Mono WIC Program will provide:

- WIC will contribute to the creation of New Parent Support messenger bags, to be offered to all new moms and dads. The messenger bags contain resources and items designed to orient new parents to local resources, including mental health resources.

The following entities will act as an Advisory and Coordinating Group to the Peapod Program:

- Mammoth Hospital Labor and Delivery Department
- Mammoth Hospital Sierra Park Women's Health and Pediatric Clinics
- Ida Adkins, Le Leche League Leader
- Mono County Departments of Mental Health, Public Health, and Social Services

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- First 5 Mono County
- Inyo Mono WIC (Women, Infants and Children)
- Mono County Breastfeeding Taskforce
- Marine Mountain Warfare Training Center, New Parent Support Program

Many of the above items have monetary value and some fall under the aegis of "soft match". However, the important element is the breadth of community support (most of it "in kind") for the Peapod Project.

EXHIBIT D

Innovation Work Plan Description (For Posting on DMH Website)

County Name

Mono

Annual Number of Clients to Be Served (If Applicable)

120 families Total

Work Plan Name

Peapod Project

Population to Be Served (if applicable):

Peapod will provide new parent support groups countywide. This project targets parents with newborns and young families.

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

The Peapod Project, a collaborative effort including County Mental Health, County Public Health, County Social Services, First 5 Mono County, Mammoth Hospital and the Mono County Superintendent of Schools, will provide ten-week structured new parent support groups countywide. There will be four Spanish speaking groups in Mammoth Lakes each year and four English speaking support groups. In the outlying county areas, two groups annually will be provided in the north part of the county as well as in southeast Mono County. Cultural sensitivity in northern and southeast county will focus on Native and indigenous people and how best to meet their unique needs. Outside of core subject areas that include parenting, incorporation of infants into existing family structure, breast-feeding, mental health issues common to young families, and nutrition, topics covered will be driven by the composition of each individual group. In this way our groups will be client-and-family driven. Interested participants, with no other source of funding for their care, will be invited to take advantage of the full spectrum of mental health services offered by the County Mental Health program. It is hoped that frank discussion of the signs and symptoms of mental disorders, as well as the importance of mental health in raising healthy families, will help to destigmatize seeking this type of assistance for our group participants. We plan to gather feedback from each group participant after every group and at the close of the group series. This data will be examined and analyzed regularly to assist in determining the effectiveness of our groups. Groups that "gel" will be encouraged to continue meeting after the initial ten structured sessions and one of the partner agencies will provide space for ongoing meetings. Learning opportunities will include which interventions are most effective with different populations at encouraging participation in mental health care.

EXHIBIT E

**Mental Health Services Act
Innovation Funding Request**

County: Mono

Date: 11/30/2009

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	Peapod Program	24000	24000			
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25						
26	Subtotal: Work Plans	\$24,000	\$24,000	\$0	\$0	\$0
27	Plus County Administration					
28	Plus Optional 10% Operating Reserve					
29	Total MHSA Funds Required for Innovation	\$24,000				

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Mono

Fiscal Year: 2009/10

Work Plan #: 1

Work Plan Name: Peapod Program

New Work Plan

Expansion

Months of Operation: 03/10-06/10

MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management	6,000		18,000	\$24,000
6. Total Proposed Work Plan Expenditures	\$6,000	\$0	\$18,000	\$24,000
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$6,000	\$0	\$18,000	\$24,000

Prepared by: Ann Gimpel, Ph.D.

Date: 11/30/2009

Telephone Number: 760 924 1740