

Exhibit A

**INNOVATION WORK PLAN
COUNTY CERTIFICATION**

County Name: Sonoma

County Mental Health Director	Project Lead
Name: Michael Kennedy, MFT	Name: Susan Castillo, MSW
Telephone Number: (707) 565-4850	Telephone Number: (707) 565-5005
E-mail: mkennedy@sonoma-county.org	E-mail: scastill@sonoma-county.org
Mailing Address: 3322 Chanate Road Santa Rosa, CA 95404	Mailing Address: 3322 Chanate Road Santa Rosa, CA 95404

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.

<hr/>	<hr/>	<hr/>
Signature (Local Mental Health Director/Designee)	4/26/10 Date	Mental Health Director Title

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Exhibit B

INNOVATION WORK PLAN

Description of Community Program Planning and Local Review Processes

County Name: Sonoma

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.

The Innovation (INN) component planning for Sonoma County was a process which included stakeholder meetings and began with convening the INN Community Advisory Committee to conduct an extensive review of stakeholder feedback and input collected and documented throughout the sequenced implementation of prior MHSA components. The INN Community Planning Process involved review of broad-based community input provided by diverse stakeholders from across Sonoma County including consumers and family members, representatives from underserved racial/ethnic populations, particularly the Latino and African American communities. Comprehensive and inclusive stakeholder processes for Community Services and Supports (CSS), Prevention and Early Intervention (PEI), and Workforce Education and Training (WET) resulted in extensive input and feedback on community issues, which continue to include barriers to increasing access to underserved groups; improving the quality of services; promoting collaboration with the Mental Health Division and among community providers; and increasing access to services.

In addition to documented feedback from prior MHSA component planning process, the INN Advisory Committee reviewed feedback from consumer advocacy groups and provider groups representing underserved communities that have been established, in part, as a result of MHSA planning, to provide continuous feedback and input into MHSA funded projects and processes.

The INN Community Advisory Committee was convened in February 2010. At the first meeting the Committee was reminded of the intent of the Innovation component by reviewing Innovation guidelines, funding priorities and project definitions. The subsequent discussion focused on potential innovation projects that were responsive to community needs and simultaneously would contribute to learning in Sonoma County, and could make a contribution to mental health system transformation in California. The Committee reviewed the extensive feedback documented from all past stakeholder

Exhibit B

meetings in order to identify those issues which remained unresolved and had not generated project solutions that met the community need. Specifically those issues included: access to services for underserved groups, particularly communities of color and consumers who were isolated based on where in the county they lived; early morbidity for consumers living with SPMI based on untreated physical health conditions; and continued lethal incidence (often high-profile and very public) during law enforcement crisis response to consumers experiencing a mental health crisis. The INN Community Advisory Committee reached unanimous agreement on a set of projects to put forward in the INN plan that would contribute to learning and to informing Sonoma County mental health practice.

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

The INN community planning was a process that included stakeholder meetings and INN Advisory Committee to provide information and opportunities for feedback to and from a cross section of stakeholders represented in all prior MHSA planning processes: mental health consumers in recovery, family members of consumers, mental health providers, representatives from underserved populations including African American and Latino groups, faith-based leadership, and law enforcement. Opportunities for information sharing and feedback for the INN guidelines and plan included; Sonoma County Mental Health Board meetings February, March, and April 2010, Organizational Providers Meeting March 19, Sonoma County Sheriff's Department Planning meeting February 5, Petaluma Police Department – Community Outreach Team February 23, Advocates for Empowerment meeting February 1 and March 1, Santa Rosa Junior College/Mental Health Coalition Spring Conference March 24, and the Innovation Advisory Committee initially on February 4, and to incorporate feedback on April 14. Innovation Advisory Committee members represented organizations listed below.

- Bridge Center for Better Living, **representing faith-based assembly, and the African American community and National Association for the Advancement of Colored People (NAACP)**
- West County Community Services – Empowerment Center, **representing mental health consumers and consumers in geographically isolated areas of Sonoma County**
- National Alliance on Mental Illness (NAMI) Sonoma County, **representing mental health consumers, family members, and communities of color**
- Mental Health Board Sonoma County, **representing family members, consumers, and the general community**
- Community Action Partnership of Sonoma County, **representing low income children and families, specifically the Latino community**
- Sonoma County Sheriff's Department, **representing law enforcement**
- Blackwell Homes, Inc., **representing the African American community**

- Independent community stakeholder, representing transitional age youth, NAMI, and NAACP

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 Sonoma conducted a 30-day public review period for MHS Innovation Plan beginning February 5 and ending March 9. A public hearing was held on March 10, 2010 from 5:30 to 7:30 at an easily accessible community facility, the Steele Lane Recreation Center– Dohn Room. Minutes from the public hearing were posted on the Sonoma County Department of Health Services MHD MHS webpage on March 17, 2010. The Innovation Plan was reviewed to ensure that relevant feedback and comments obtained during the public hearing were addressed. The majority of feedback during the public hearing was positive. An analysis of the public comment identified three key areas of feedback:

- Increase consumer and family involvement in the INN projects
- Improve crisis response by law enforcement by providing mental health interventions during the incidents and minimizing law enforcement response during the incidents
- Outreach and community engagement to the African American community should involve grass roots community organizations as well as faith-based groups

The Oversight and Accountability Commission staff and California Institute of Mental Health consultant provided technical assistance to the plan on March, 17, 22, and 26. The INN Advisory Committee met on April 14 to incorporate all feedback, revise and finalize the plan. The final plan will be submitted to California Department of Mental Health (DMH) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) for review and approval.

Exhibit C

Innovation Work Plan Narrative

Date: 4/26/10

County: Sonoma County Department of Health Services Mental Health Division

Work Plan #: INN-#1

Work Plan Name: Interdisciplinary Mobile Intervention Team

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).

After careful review of the four purposes of the proposed innovation project, the Innovation Advisory Committee felt that the new interdisciplinary Mobile Intervention Team would primarily increase the quality of services by improving current crisis response efforts. The Innovation project will be operationalized and monitored to see whether or not people experiencing a behavioral health crisis are increasingly referred into the mental health system. Additionally, the project will seek to decrease incidences of physical harm to both the person in distress and law enforcement personnel.

Problem Addressed

The Sonoma County Mental Health Division (MHD) is currently involved in a number of strategies to improve crisis response in Sonoma County; however, law enforcement agencies currently shoulder the entire burden of responding to individuals experiencing a behavioral health crisis. And despite efforts to identify at-risk individuals and improve the capacity of law enforcement agencies to provide crisis response, community members, including consumers and family members, continue to voice concern that current response strategies do not lead to the best possible outcomes. The current INN plan provides the community with the opportunity to test a new, innovative approach to increase the quality of services to people in distress, by integrating consumers and families as core members of a mobile crisis response team.

Sonoma County Mental Health Division (MHD) has supported a number of strategies to ensure that individuals experiencing a behavioral health crisis are provided with the most appropriate services and supports, including providing crisis intervention training and recurring referral meetings with local law enforcement, and the production and dissemination of brochures to consumers and family members so they have the information they need to contact law enforcement for a behavioral health crisis.

The first of these strategies is the Crisis Intervention Training, a joint-project of MHD and the Sonoma County Sheriff's Department which provides training to law

Exhibit C

enforcement personnel on multiple topics, all designed to enhance the provision of services to individuals experiencing crisis. Through this collaborative effort, 120 law enforcement personnel have been trained since 2008. Feedback from law enforcement personnel who have participated in the training indicates an increase in knowledge of the mental health system, mental illness, and commonly abused drugs. However, feedback also indicates that law enforcement personnel do not yet have the support or level of skills needed to adequately respond to an individual experiencing a behavioral crisis. The second strategy includes recurring referral meetings with local law enforcement. MHD meets monthly with local law enforcement agencies to identify individuals in the community who might be at risk of a mental health crisis, and to develop a plan to provide prevention services to these individuals. While this strategy has helped to identify people who could experience crisis it does not directly address or improve current crisis response services. The third strategy is designed to support the development of informational materials for families to use when, and if, they need to call law enforcement for a family member who is experiencing a mental health crisis.

Despite support of these strategies, consumers and family members continue to voice concerns that individuals experiencing a behavioral health crisis continue to be referred into the criminal justice system, and in several cases have experienced both lethal and non-lethal injuries. It has also been noted that the sight of law enforcement personnel during a behavioral health crisis can incite behaviors that lead to physical harm of both the person in distress and law enforcement personnel, despite a law enforcement officer's level of crisis response training. Consumers and family members have noted that a law enforcement response alone does not sufficiently de-escalate situations where individuals are experiencing a behavioral health crisis. Therefore, consumers and family members have asked MHD to find a new, alternative model, 1) to ensure that individuals experiencing a behavioral health crisis are provided with the most appropriate mental health services and supports, and 2) that crisis response is improved to reduce the number of violent incidences and consumer involvement in the criminal justice system.

Innovation 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.

In response to community need, the Innovation Advisory Committee has proposed creation of a new interdisciplinary **Mobile Intervention Team (MIT)** which would integrate consumers and family members into a countywide response team, and would re-train mental health staff to work effectively alongside consumers and family members. Sonoma County MHD seeks creation of the MIT to “test” the idea that integration of consumers and family members will result in the following positive changes: reduced incidences of violence, improved detection and evaluation of individuals experiencing behavioral health crises, and increased access to appropriate mental health services and supports.

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The proposed MIT adapts crisis response team models that rely solely on the involvement of licensed clinicians by **integrating trained consumers and family members into the team**. The table below outlines preliminary tasks and roles of individual MIT members. We anticipate tasks and roles will evolve as more is learned regarding implementation of the proposed Innovation.

MIT members	Tasks	Role
Licensed clinicians (e.g., Marriage Family Therapists)	<ul style="list-style-type: none"> • Co-develop project protocols in partnership with MIT members and law enforcement • Co-develop training with MIT members • Serve as team liaison to law enforcement • Receive calls regarding crisis response • Coordinate with MIT members to respond to crisis calls • Coordinate crisis intervention • Provide mental health assessment • Lead individual case consultation and review process 	Primary oversight responsibilities
Peer Responder (consumer)	<ul style="list-style-type: none"> • Co-develop project protocols in partnership with licensed clinicians • Support licensed clinicians in conducting mental health assessment • Review individual crisis response cases in consultation with licensed clinicians and MIT members • Follow-up and provide support to clients (e.g., provide resource and referral) 	Support licensed clinicians and other MIT members
Alcohol and Other Drug Services (AODS) Counselor	<ul style="list-style-type: none"> • Review project protocols developed by licensed clinicians and peer responders. • Support MIT by providing AOD assessments • Review individual crisis response cases in consultation with MIT members • Develop follow-up plan for clients in need of AOD services 	Support of MIT in functional tasks
Family Services Coordinator (family member)	<ul style="list-style-type: none"> • Review project protocols developed by MIT • Provide crisis response as needed • Provide support to families of clients experiencing crisis (e.g., resource and referral) • Develop follow-up plan to families of clients experiencing crisis 	Support of MIT in functional tasks

In addition, the MIT proposes to engage in a number of bridge building activities with law enforcement to support crisis response. These include:

- enhancing and building off the current CIT training curriculum
- co-developing a protocol for crisis response
- creating review mechanisms to reflect upon each crisis response

The proposed MIT supports and is consistent with the General Standards identified in the MHA and Title 9, CCR, section 3320, including:

- **Community Collaboration:** Consumers and family members will be integrated into the delivery of recovery- and community-based approaches to providing mental health services and will work alongside non-traditional partners (e.g., law enforcement personnel) **to provide crisis response and follow up.**

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- **Cultural Competence:** The MIT will ensure cultural competence via a culturally based approach to team recruitment (e.g., recruiting consumers, family, mental health and AODS staff who are culturally and linguistically diverse, collaborating with other partners to strengthen cultural competence). Moreover, the MIT will integrate the concept of providing culturally based services (e.g., developing appropriate protocols and language when following up with clients and their families) when developing and reflecting upon project protocols and individual cases.
- **Client and Family-Driven Mental Health System:** Consumers and family are core members of the MIT and will be involved in all stages of programming, including design, implementation, and evaluation and service delivery.
- **Wellness, Recovery, and Resilience Focused:** The MIT innovation addresses these principles by incorporating consumers and family members as core members who understand that recovery is possible and that individuals can benefit from services that integrate a peer component.
- **Integrated Service Experience:** The MIT will ensure that individuals experiencing a behavioral health crisis are referred to comprehensive services that address wellness, recovery, and resilience. Consumers and family members will be key to assuring that clients and family members receive follow up and are referred to the full array of appropriate services and supports available to them, even those outside of the mental health system.

Exhibit C

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.

Sonoma County MHD has supported a number of strategies to help improve outcomes related to crisis response; however, community members continue to point out that those strategies have not sufficiently reduced consumer involvement in the criminal justice system and have not adequately lowered the incidences of non-lethal and lethal injuries that have occurred during a crisis response. Therefore, MHD is proposing to “test” an integrated mobile crisis response team to improve outcomes for individuals experiencing a behavioral health crisis. This Innovation project is expected to contribute to learning in the following ways:

- Makes a change to an existing mental health practice/approach

Mobile crisis response programs are not, in and of themselves, new to the public mental health system; however, the concept of integrating consumers and family members into a mobile crisis response team, working in partnership with law enforcement personnel, is a new practice/approach for the public mental health system.

In accordance with the General Standards identified in the MHSA, particularly the need to create a client and family-driven mental health system, Sonoma County has increased the number of opportunities for consumers and family members to become involved in providing services to their peers. In fact, Sonoma County MHD provides approximately \$1.1 million annually to support consumer-driven programs that employ twenty-six consumers, and provides nearly \$500,000 annually to support two family-driven programs that employ eight family members. MHD staff and the community have seen the significant role that consumers and family members play in a wide range of mental health services. The current Innovation provides an opportunity to document the preliminary effects of integrating consumers and family members into a mobile crisis response in Sonoma County.

In an effort to test and document whether the current Innovation is having a positive impact, MIT will seek answers to the following questions:

- What kinds of training and service strategies appear to enhance crisis response to individuals experiencing a behavioral health crisis?
- How do you decrease the number of interactions between law enforcement and consumers that result in consumer referral to criminal justice and psychiatric emergency services?

Exhibit C

- Does including consumers, family members and trained mental health staff as part of an integrated response team lead to a reduced number of violent incidences, reduced involvement in the criminal justice system and increased access to appropriate mental health services?

Exhibit C

Timeline

Outline the timeframe with which the innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication

**Implementation/Completion Dates: 06/10 – 07/13
MM/YY-MM/YY**

The following timeline is estimated based on approval of the OAC. For purposes of this timeline we are using June 2010 as a start-up month.

Activity	Timeline
Begin Feasibility Study and Staff Training	06/10 – 8/10
Meet with Law Enforcement agencies Countywide	06/10-11/10
Refine model and develop procedures	8/10 – 11/10
Conduct Test Runs	12/10-2/10
Refine Model	10/10 – 11/10
Hold quarterly INN Project Review Team Meetings	10/10; 1/1/11; 4/1/11; 7/1/11; 10/11; 1/1/12 (ongoing quarterly throughout the duration of the project)
Set up data collection system	10/10 – 1/1/11
Launch model	1/1/11
Begin data collection	1/1/11
Review outcomes	2/1/11 continuing monthly throughout the duration of project
Continued refinement of model based upon data findings and Project Review Meetings	3/1/11 continuing monthly throughout the duration of project
Conduct final analysis of contributions to learning and communicate results to MIT partners, key stakeholders countywide and other interested entities	2/1/13 -7/13

Exhibit C

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in review and assessment.

The MIT, law enforcement agency partners, MHD, and other community partners will be convened regularly to provide ongoing programmatic feedback that supports real-time improvements to the Innovation, promoting sharing of lessons learned and disseminating findings. It is our hope that discussions about what is working well and why, and what is not, will facilitate real-time changes to the proposed Innovation. In addition, MHD will work with these groups to refine a list of project outcomes (listed below) and to agree on evaluation methods (e.g., interviews).

Client-Level Outcomes

- Reduced incidences of physical harm to persons in distress and to law enforcement personnel
- Increased referral to appropriate mental health services and supports
- Reduced involvement in the criminal justice system

Organizational-Level Outcomes

- Improved detection and evaluation of individuals experiencing behavioral health crises
- Improved interactions among interdisciplinary MIT team and MIT partners
- Clarity about the role and impact of MIT
- Improved satisfaction with new model
- Satisfaction with MIT among partners

Systems-Level Outcomes

- Culture shift among groups providing crisis responses (including law enforcement, mental health staff, consumers, families)

Exhibit C

Leveraging Resources (if applicable)

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

In order to maximize resources from the Mobile Intervention Team, Sonoma County Mental Health will leverage MHSA Community Services and Supports and Prevention and Early Intervention funded projects, including:

- NAMI: Family Support Groups, Family-to-Family Classes, Peer-Based Support, and Education Services
- Buckelew Programs: Family-based advocacy and support services
- Crisis Intervention Training – Sonoma County Sheriff's Department

Other leveraged resources include in-kind contributions from community partners who will accept referrals. Community partners include:

- Federally Qualified and Rural Health Clinics behavioral health programs
- Substance abuse prevention and treatment organizations
- Sonoma County Alcohol and Other Drugs (Orenda Center) – seventy-two hour detox program
- Homeless shelters throughout Sonoma County
- **Police Agency personnel throughout Sonoma County**

Exhibit D

County Name: **Sonoma County**

Workplan Name: **INN #1: Interdisciplinary Mobile Intervention Team**

Annual Number of Clients to Be Served (If Applicable): **100 Total**

Population to Be Served (if applicable):

This work plan is designed to serve individuals experiencing a behavioral health crisis in Sonoma County.

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

The central purpose of the interdisciplinary Mobile Intervention Team is to increase the quality of services, including better outcomes for individuals experiencing a behavioral health crisis in Sonoma County. It has been noted that people in distress continue to be referred into the criminal justice system and several cases have resulted in physical harm of both the person in distress and law enforcement personnel. Although law enforcement training on crisis intervention is a key component, the community has noted that a law enforcement response alone does not sufficiently de-escalate situations where individuals are experiencing a behavioral health crisis. Therefore, MHD and community partners have proposed creation of a new Interdisciplinary Mobile Intervention team which would integrate consumers and family members into a countywide response team.

Mobile crisis responses are not, in and of themselves, new to the public health system; however, the concept of integrating consumers and family members into a mobile crisis response team, working in partnership with law enforcement, represents an adaptation of an existing approach. The primary learning goal is to test and see if integration of consumers and family members into an interdisciplinary crisis team result in positive outcomes for people in distress. If successful, it is anticipated that the proposed Innovation would lead to decreased incidences of violence, increased referral to appropriate mental health services, and reduced involvement in the criminal justice system.

Exhibit F

Innovation Projected Revenues and Expenditures

County: Sonoma
 Work Plan #: 1
 Work Plan Name: Interdisciplinary Mobile Intervention Team

Fiscal Year: 2090/10

New Work Plan
 Expansion
 Months of Operation: 06/10 - 07/10
 MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	200,000			\$200,000
2. Operating Expenditures				\$0
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$200,000	\$0	\$0	\$200,000
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
County General Fund				\$0
In kind				\$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	\$200,000	\$0	\$0	\$200,000

Prepared by: Michael Lucid
 Telephone Number: (707) 565-4878

Date: 4/22/2009

Exhibit F
Budget Narrative

FY 09/10

A. Expenditures

Total: \$200,000

1. Personnel

Total: \$200,000

County Mental Health Division – Develop and organize activities and structure for feasibility study. Begin recruitment and hiring process for MIT peer and family members. Identify law enforcement partners countywide. Locate and/or develop training materials for, integrating interdisciplinary teams, culturally responsive crisis response, working with consumer and family member partners. Work with community partners to develop preliminary protocols and evaluation processes. \$200,000

Unexpended funds during fiscal year will be transferred into budget FY10/11

FY 10/11 through FY 12/13

A. Expenditures

Total: \$677,367

1. Personnel

Total: \$514,805

County Mental Health Department – On-going oversight of MIT activities and ongoing project evaluation, development, and refinement. Coordination of ongoing Project Review Team. Provide ongoing training for community partners; Behavioral health crisis response activities, including coordination and follow up services to individuals and families. Assess and provide ongoing training, supervision and support to MIT staff. Locate and participate in opportunities to share learning with interested entities. \$384,805

Other Governmental Agencies - On-going coordination and training with law enforcement agencies countywide. Coordination of project evaluation activities, including evaluation and refinement; Develop and refine location specific project protocols with local law enforcement agencies to ensure participation and access. Participate in activities related to sharing of learning with interested entities. \$80,000

Community Mental Health Contract Providers - On-going participating in training and participation in project evaluation and resource development. Participate in behavioral health crisis response activities, including providing and coordination of follow up services to individuals and family members. Participate in activities related to sharing of learning with interested entities. \$50,000

2. Operating Expenses

Total: \$162,562

Expenses associated with the ongoing costs to implement and carry out project activities including, rent, phone, utilities, insurance, office supplies, travel, training and conference fees, professional services, equipment purchase and maintenance, including computers and IT products, production of marketing products including brochures, tip sheets, translation services, etc. \$162,562

Exhibit F
Budget Narrative

B. Revenues

Total Revenues to fund project from MHSA and other sources
Mental Health Service Act – Innovation request - \$300,000
County General Fund – \$297,367
In-Kind - \$80,000

Exhibit C

Innovation Work Plan Narrative

Date: 4/26/10

County: Sonoma County Department of Health Services Mental Health Division

Work Plan #: INN-#2

Three-Pronged Integrated Community Health Model

Work Plan Name: _____

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).

Following careful consideration of the four purposes of the proposed innovation project, the Innovation Advisory Committee agreed that the Three-Pronged Integrated Community Health Model would focus its efforts on increasing the quality of services by improving the array of primary care and behavioral health services and supports provided to consumers living with SPMI. The Innovation will be put into place and continuously monitored to test our hypothesis that peer involvement in the delivery of health education messages and the creation of individualized care plans, in an integrated primary care and behavioral health setting, will result in improved physical health outcomes for consumers living with SPMI.

Problem Addressed

The Sonoma County Mental Health Division (MHD) currently provides funding through MHSA CSS to federally qualified health centers (FQHC) to increase their capacity to provide mental health services to adults living with serious mental illness (SMI) who are homeless and/or have co-occurring disorders; however, community members, including consumers, family members, and case managers, indicate that a significant proportion of consumers living with SPMI are actively declining mental health treatment in a primary care setting. The current INN plan provides Sonoma County with the opportunity to blend two existing approaches (primary care and behavioral health integration, and community health education practice) and augment the role of peers with lived experience to improve the physical health outcomes of consumers living with SPMI.

Exhibit C

Recent studies have demonstrated that people living with serious and persistent mental illness (SPMI) die twenty-five years earlier than the general population, due in large measure to unmanaged and untreated physical health conditions. People living with SPMI have an average life expectancy of 51 years compared with 76 years for the general population. Moreover, people living with SPMI are 3.4 times more likely to die of heart disease, 6.6 times more likely to die of pneumonia and influenza, and 5 times more likely to die of other respiratory ailments (C. Colton, based on 1997-2000 data). Therefore, providing access to medical care for unmanaged health conditions, including heart disease, smoking, obesity, and substance use, is an important step to addressing this health disparity for people living with SPMI.

Sonoma County recognizes the need to improve care at the interface of physical health, mental health, and substance use in order to increase efficiencies, improve health outcomes for clients, and – ultimately – cost reductions and revenue maximization. Therefore, Sonoma County MHD, through the Community Services and Supports Plan, provides support to federally qualified health centers (FQHC) throughout the County to increase their capacity to provide mental health services to adults living with serious mental illness (SMI) who are homeless and/or have co-occurring disorders. The delivery of mental health services through FQHCs has resulted in some preliminary success, with a subset of the SMI population having declared a primary care home; however, in-depth discussions with MHD and funded-partners, case managers, and consumers and family members, reveals that a significant proportion of SPMI consumers are actively declining behavioral health treatment in a primary care setting. When asked to provide feedback regarding the barriers that SPMI clients face, case managers noted that clients sometimes feel they are not welcome in a health clinic setting, have been unable to sufficiently build trust with FQHC providers, and experience difficulties navigating the primary care system. Discussions also reveal that SPMI consumers may benefit from a stronger connection to other consumers and mental health staff and practitioners. Based on the feedback, consumers, family members, and other interested community members would like MHD to experiment with a model to mitigate and improve the physical health conditions of people living with SPMI.

In response to this feedback, Sonoma County MHD has proposed the creation of a Three-Pronged Integrated Community Health Model, as a client-centered, holistic approach that incorporates community health education strategies as a core component of primary care and behavioral health service provision. In this model, the primary goal is to address unmanaged physical health conditions that lead to early morbidity for consumers living with SPMI. To accomplish this goal, this innovation project proposes to train and launch an integrated, multi-disciplinary team of peer health educators, physicians, nurses, psychiatrists, behavioral health specialists, and care managers.

Exhibit C

Innovation 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.

The proposed innovation will create a new three-pronged model by adapting two existing models: 1) primary care and behavior health integration model, and 2) peer-based community health education. The health education component will be co-designed and operated by peers with lived experience of mental health issues. Peer staff will meet regularly with consumers (clients) to reinforce health education messages and to support navigation of the full spectrum of integrated services. In addition, the Three-Pronged Integrated Community Health Model will integrate peers in the development of client-centered, individualized care plans that address the full spectrum of health issues, including physical health, mental health, substance abuse client-centered treatment goals and objectives; develop a health education curriculum tailored to addressing the unmanaged physical health conditions of persons living with SPMI in Sonoma County, including smoking, obesity, poor nutrition, asthma; and change the current practice of delivering services only at a clinic site by providing off-site health education services in the places where consumers live (e.g., home, shelters, group homes).

The proposed innovation supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320, including:

- **Community Collaboration:** The Three Pronged Integrated Community Health Model will work in coordination with the rich system of services across Sonoma County, including consumer operated services, community health clinic consortium, CSS funded programs such as Full Service Partnerships, including jail services, homeless service providers, and regional adult teams.
- **Cultural Competence:** Trainings will be conducted regularly with all Community Mental Health Model team members and core partners to ensure services are culturally and linguistically appropriate. The cultural and linguistic needs of people living with SPMI will be key to development of the trainings. It is anticipated that materials will be provided in multiple languages and at appropriate reading levels and that multilingual staff will be available to provide trainings in a language that participants feel most comfortable in participating.
- **Client and Family-Driven Mental Health System:** The Three Pronged Community Integrated Health Model was designed to be client-driven. Consumers will be core members of the multi-disciplinary team providing peer-to-peer services and will

participate in the development of client treatment plans and provide leadership and direction in the design and delivery of Health Education Component services.

Exhibit C

Integrated Health Team members will also ensure family member input into individualized treatment planning. Consumers will be involved in all stages of programming, including design, implementation, and evaluation.

- **Wellness, Recovery, and Resilience Focused:** A core principle of this innovation project is to build skills for both staff and consumer clients that support wellness, recovery and resilience.
- **Integrated Service Experience:** The three pronged model will ensure that consumers living with SPMI have access to the full spectrum of physical, behavioral health and health education services. This holistic approach provides access to comprehensive services that address wellness, recovery, and resilience. **In addition, the integration of peers into the project helps ensure that people living with SPMI are referred to the full array of services and supports, and that a peer with lived experience is available to support them as they navigate the service system.**

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.

The Three-Pronged Integrated Community Health Model changes an existing model of integrated care by adapting two current practices: primary care and behavioral health integration, and community health education practice (e.g., promotores models). We expect that the new model that will emerge from this adaptation will help us to understand what service and staffing mix, in an integrated setting, will result in improved physical health outcomes for people living with SPMI.

Community feedback has revealed that a significant proportion of SPMI consumers are actively declining behavioral health treatment in a primary care setting. Furthermore, community feedback and preliminary evaluation of CSS consumer-driven projects point to the potential benefits of including consumers and peers into projects that seek to improve the lives of consumers living with SPMI. As a result, central to the proposed innovation is the integral role of peers in the design and delivery of services aimed at modifying behaviors that lead to life threatening physical conditions for persons living with SPMI. The Three-Pronged Integrated Community Health Model also builds the capacity of a multi-disciplinary team to better serve the physical health, behavioral health, and health education needs of consumers participating in integrated settings.

Listed below is the learning goal and hypothesis for the Three-Pronged Model.

Exhibit C

Learning Goal: How can we improve the physical health of people living with SPMI participating in integrated settings?

Hypothesis: Peer involvement in the delivery of health education messages and the creation of individualized care plans, in an integrated primary care and mental health setting, will result in improved physical health outcomes for SPMI.

In an effort to test and document whether the current Innovation is having a positive impact, MHD will seek to examine the following:

- Understand the types of support and training needs of consumer peer health educators
- Understand and define the elements of a successful interdisciplinary team that includes peers and retrained mental health workers
- Learn if the inclusion of health education curriculum delivered through the retraining of mental health staff and the training of consumer health educators results in improved physical health outcomes for consumers
- Test a new tool – an integrated Health Plan – that addresses primary care and behavioral health problems and is reviewed during interdisciplinary case management meetings.

Exhibit C

Timeline

Outline the timeframe with which the innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication

**Implementation/Completion Dates: 06/10 – 07/13
MM/YY-MM/YY**

The following timeline is estimated based on approval of the OAC. For purposes of this timeline we are using June 2010 as a start-up month.

Activity	Timeline
Recruit and hire consumer peer health educators	06/10 – 8/10
Train staff	06/10
Develop curricula	8/10 – 11/10
Conduct training with peers and interdisciplinary team	12/10-2/10
Develop Integrated Health Plan Tool	10/10 – 11/10
Refine model	10/10-11/10
Hold quarterly INN Project Review Team Meetings	10/10; 1/1/11; 4/1/11; 7/1/11; 10/11; 1/1/12 (ongoing throughout the duration of project)
Set up data collection system	10/10 – 1/1/11
Launch model	1/1/11
Begin client level data collection	1/1/11
Review and monitor outcomes	2/1/11 continuing monthly throughout the duration of project
Continued refinement of model based upon data findings and Project Review Meetings	2/1/11 continuing monthly throughout the duration of project
Conduct final analysis of contributions to learning and communicate results to staff, partners, key stakeholders countywide and other interested entities	2/1/13 -7/13

Exhibit C

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in review and assessment.

Members of the Three-Pronged Integrated Community Health Model, agency partners, MHD, and other community partners will be convened regularly to provide ongoing programmatic feedback that supports real-time improvements to the Innovation, promoting sharing of lessons learned, and disseminating findings. Regular meeting between and among the partners will help MHD document what is working well, what is not and why. Listed below are some of the key project review and assessment questions that will be addressed regularly through in-person meetings and other evaluation methods, to be determined in collaboration with community partners.

- What practices and activities result in improved outcomes for consumers?
- How well integrated are peers into the three-pronged model?
- What training topics and methods support team success?
- Do consumers report improved quality of life?
- Do consumers report increased satisfaction with services?
- Do consumers report a reduction in the stigma associated with seeking primary care and behavioral health services?

Leveraging Resources (if applicable)

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

Leveraged resources include in-kind contributions from community partners who will work collaboratively with the Three-Pronged Integrated Community Health Model members. Community partners include the following:

- Federally Qualified Health Clinics and Rural Health Clinics
- Substance abuse prevention and treatment programs
- Orenda Center – 72-hour detox program
- Goodwill Industries of the Redwood Empire: Interlink Self-Help Center and The Wellness and Advocacy Center
- West County Community Services: Empowerment Center

Exhibit D

County Name: **Sonoma County**

Work Plan Name: **INN #2: Three-Pronged Integrated Community Health Model**

Annual Number of Clients to Be Served (If Applicable): **300 Total**

Population to Be Served (if applicable):

This work plan is designed to serve individuals with severe and serious mental illness with one or more co-occurring physical health (medical) conditions.

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

Sonoma County MHD will create a new Three-Pronged Integrated Community Health Model by adapting two existing models: 1) primary care and behavioral health integration model, and 2) peer-based community health education. Developing and delivering this model will test our hypothesis that peer involvement in the delivery of health education messages and the creation of individualized care plans, in an integrated primary care and mental health setting, will result in improved physical health outcomes for persons who are SPMI. This client-centered, holistic approach will incorporate community health education strategies as a core component of primary care and behavioral health service provision. In this model, the primary goal is to address unmanaged physical health conditions that lead to early morbidity for consumers living with SPMI. To accomplish this goal, this innovation project proposes to train and launch an integrated, multi-disciplinary team of peer health educators, physicians, nurses, psychiatrists, behavioral health specialists, and care managers. Sonoma County Mental Health Division expects to learn what service and staffing mix, in an integrated setting, will result in improved physical health outcomes for people living with SPMI.

The health education component will be co-designed and operated by peers with lived experience of mental health issues. Peers staff will be integrated into the development of client-centered, individualized care plans that address the full spectrum of health issues, including physical health, mental health, substance abuse, client-centered treatment goals and objectives; develop a health education curriculum tailored to addressing the unmanaged physical health conditions of persons living with SPMI in Sonoma County, including smoking, obesity, poor nutrition, asthma; and change the current practice of delivering services only at a clinic site by providing off-site health education services in the places where consumers live (e.g., home, shelters, group homes).

**Exhibit F
Innovation Projected Revenues and Expenditures**

County: Sonoma

Fiscal Year: 2009/10

Work Plan #: 2

Work Plan Name: Three-Pronged Integrated Community Health Model

New Work Plan

Expansion

Months of Operation: 06/10-07/10
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	300,000			\$300,000
2. Operating Expenditures				\$0
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$300,000	\$0	\$0	\$300,000
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
Claims for Services (e.g., Medi Cal)				\$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	\$300,000	\$0	\$0	\$300,000

Prepared by: Michael Lucid

Date: #####

Telephone Number: 707-565-4878

Exhibit F

Innovation Projected Revenues and Expenditures

County: Sonoma

Fiscal Year: 2010/11-12/13

Work Plan #: 2

Work Plan Name: Three-Pronged Integrated Community Health Model

New Work Plan

Expansion

Months of Operation: 07/10 - 06/11
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	1,150,591			#####
2. Operating Expenditures	410,724			\$410,724
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$1,561,315	\$0	\$0	#####
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
Claims for Services (e.g., Medi Cal)	987546			\$987,546
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$987,546	\$0	\$0	\$987,546
4. Total Revenues	\$987,546	\$0	\$0	\$987,546
C. Total Funding Requirements	\$573,769	\$0	\$0	\$573,769

Prepared by: Michael Lucid

Date: 04/22/2010

Telephone Number: 707-565-4878

Exhibit F
Budget Narrative

FY 09/10

A. Expenditures

Total: \$300,000

1. Personnel

Total: \$300,000

County Mental Health Division – Develop and organize structure for project activities including protocols, data collection and evaluation for integrated community health model program. Recruit, hire and train for consumer peer staff. Identify/locate and/or develop training materials for integrating a culturally responsive health education and promotion team. Provide training for consumer and non-consumer staff in developing working relationships. Develop/research and develop integrated health path tool.
\$300,000

Unexpended funds during fiscal year will be transferred into budget FY10/11

FY 10/11 through FY 12/13

A. Expenditures

Total: \$1,561,315

1. Personnel

Total: \$1,150,591

County Mental Health Department – Coordinate activities and structure for project including protocols, data collection and evaluation, and on-going refinement of integrated health team. Assess, refer, and provide integrated health services to target population consumers. Provide ongoing support, supervision, and training to ICHM staff. Participate in opportunities to share learning with interested entities. \$1,150,591

2. Operating Expenses

Total: \$410,724

Expenses associated with the ongoing costs to implement and carry out project activities including, rent, phone, utilities, insurance, office supplies, travel, training and conference fees, professional services, equipment purchase and maintenance, including computers and IT products, production of marketing products including brochures, tip sheets, translation services, etc. \$410,724

B. Revenues

Total Revenues to fund project from MHSA and other sources

Mental Health Service Act – Innovation request - \$573,769

Medi-Cal claims - \$987,546

Exhibit C

Innovation Work Plan Narrative

Date: 4/26/10

County: Sonoma County Department of Health Services Mental Health Division

Work Plan #: INN-#3

Work Plan Name: Reducing Disparities Community Fund Initiative ¹

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 central purpose of the Reducing Disparities Community Fund Initiative is to increase access to underserved groups living with or at risk for serious mental illness. The Sonoma County Mental Health Division will organize and test a community-driven grant making model. This hybrid model will combine features of Community Foundation donor-directed funds and venture capital funds which seed start ups by using flexible funding strategies that incubate new ideas and products.

The primary learning objectives are to demonstrate that community-driven funding initiatives implemented within an existing institutional framework, in this case the Mental Health Division, are an effective and sustainable way of increasing access to underserved groups throughout Sonoma County by, 1) increasing the influence of community leaders, community members, consumers and their families over funding decisions; 2) empowering community leaders and members who have not been involved in making funding decisions for local mental health projects to direct the use of public funds, and 3) increasing community understanding of the mental health system through the active involvement in decision-making with the Mental Health Division that will result from implementation of the community funding initiative.

¹ The funding model concept was developed after review of the approved Alameda County Plan and the posted San Francisco County Plan.

Exhibit C

Problem Addressed

Historically in Sonoma County Mental Health Division, community members had limited involvement in funding strategies beyond the community needs assessment phase of identifying gaps and prioritizing needs. The MHSA planning processes served as a catalyst in beginning to make the funding process more transparent. This was accomplished by inviting a diverse cross section of community members, including consumers, family members, representatives from communities of color including faith based leaders, to provide input throughout the stages of MHSA planning, including shaping funding strategies. While the proposal review panels convened for the PEI process were comprised of diverse MHSA stakeholders, the collaborative process stopped at the final stages of funding and funds disbursement - specifically, RFP development and contractor selection.

The community fund innovation is different than any grant making strategy ever organized by Sonoma County. This innovation will allow community members, consumers, family members, representatives from communities of color including African American and faith-based communities from throughout the Sonoma community, to make decisions on how public funds are distributed. It will also encourage the community to present and test outreach, engagement, and service projects that address barriers to service access by underserved groups, particularly communities of color and consumers living with SPMI in geographically isolated areas of the County.

The Reducing Disparities Community Fund Initiative will employ a methodology that draw on elements of community foundation donor advised funds and the venture capitalist approach to funding. The hybrid methodology will be tested in a public mental health setting, building on the work and lessons learned throughout the sequenced rollout of the MHSA components. Sonoma County Mental Health Division's MHSA planning and funding process has evolved from a traditional bureaucratic, rigid CSS funding model to the implementation of more creative and promising practices for the PEI funding process.

While the CSS planning process engaged a broad and diverse stakeholder group in defining and prioritizing funding strategies, traditional public sector processes continued to be used for the RFP and contracting process phases. Those processes are led by Mental Health staff. MHD writes and releases the Request for Proposals (RFPs) after County contracts administration determines that contracts are in accordance with stringent contracting standards. The strict eligibility rules for CSS established by MHSA supported this traditional approach. RFP and contracting process is lengthy. The County and MHSA eligibility requirements for CSS, combined with County contract standards, often discouraged smaller, non-traditional and grass roots providers, including consumer groups and faith-based organizations.

Exhibit C

Sonoma County Mental Health Division (MHD) took the first step towards changing their funding process for the Prevention and Early Intervention Request for Proposal process. As a result of forming new partnerships with community leaders in the African American and Latino communities, the County established a PEI Planning Committee to guide the RFP process. The PEI Planning Committee members were made up of staff from National Association for the Advancement of Colored People – Sonoma County (NAACP), Community Action Partnership (Community Action), First 5 Sonoma County (First 5), and MHD. The Committee's goal was to select and fund PEI projects that will effectively address the community mental health needs and populations prioritized during MHD's PEI community planning process. This will improve access and reduce disparities through delivery of culturally competent projects accessible to all linguistic, cultural, and ethnic communities. The Planning Committee, under the direction of MHD, identified three strategies to accomplish this goal: develop a communication strategy to outreach to a diverse pool of applicants to provide PEI services; provide technical assistance during the RFP process to ensure the submission of proposals that are culturally competent and from a broad range of potential providers; and convene an RFP Review Committee whose membership was 50% people of color with content knowledgeable in their specific Prevention and Early Intervention RFP content area.

While this was a first step in changing the way MHD currently partners with the community and did result in contracts with a few smaller grass roots organizations, the process continued to be very lengthy and the final selection and contracting procedure continued to be directed by MHD staff. Community feedback on the PEI process challenged Sonoma County MHD to take the next step and consider an approach to funding that is community driven.

Exhibit C

Innovation 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.

The Reducing Disparities Community Fund Initiative (RDCFI) will take full advantage of the lessons learned from these prior MHSA efforts and serve as a springboard that harnesses the Sonoma communities' commitment to transforming the mental health system that has been building throughout the prior MHSA efforts. The Reducing Disparities Community Fund Initiative is different from MHD funding strategies in very significant ways: This innovation will allow community members from throughout Sonoma County to make decisions on how public funds are distributed, as well as encourage the community to present and test outreach, engagement, and service projects that address barriers to service access by underserved groups, particularly communities of color. As part of the refining of the Community Initiative Funding Model, MHD and the RDCFI Board will consider an approach to identifying a fiscal intermediary to support flexibility in the timely distribution of funds. **Sonoma County Mental Health Division is very interested in learning about the implementation and outcomes associated with the proposed Innovation. Depending on level of project success, MHD may consider incorporating the Innovation into future funding initiatives. Individual projects will be provided with technical assistance that, in part, will focus on sustaining projects after the Innovation funding period. It is possible that a subset of funded projects will continue to receive future funding from MHD.**

The Reducing Disparities Community Fund Initiative Innovation Project in Sonoma County will use a staged process for development. Each stage is outlined briefly to provide an overview of the funding process.

Stage 1. Establish Reducing Disparities Community Initiative Fund Board

The organizing structure for designing and operating the Reducing Disparities Community Initiative Fund is establishing a volunteer Board. The Innovation Advisory Committee will participate in the RDCFI Board selection and assist in establishing criteria for RDCFI Board membership from leaders recruited from underserved racial/ethnic communities, and mental health consumers and their families.

Stage 2. Develop Reducing Disparities Community Fund Initiative Model

The RDCFI Board will be trained using tools developed from previous MHSA funding processes, Community Foundation and venture capital models. The RDCFI Board will develop the grant program model and implementation plan that will meet all State guidelines for Innovation Projects **including the General Standards.**

Stage 3. Develop a Communication Strategy for Engaging the Community

In order to ensure access to a diverse pool of community applicants, including grass roots, consumer, and faith-based applicants, the RDCFI Board and MHD staff will work

Exhibit C

in partnership to develop and disseminate the RDCFI Fund announcement and application packet. A broad-based communication strategy will ensure that all initial and ongoing communication is available through traditional and technology-based methods.

Stage 4. Provide technical assistance to Community Applicants

The RDCFI Board will predetermine number of hours available to assist RFP applicants in developing their proposal in response to the INN program announcement, RFP and application packet.

Stage 5. Review Proposals and Make Funding Decisions

The RDCFI Board will develop the final review criteria and process. A combination of mini-grants and small- to mid-size grants will be funded. MHD staff and the Innovation Advisory Committee will recommend that the RDCFI Board build on the philosophy used for the Prevention and Early Intervention review and scoring process that valued inclusion of consumers and family members and representatives of underserved racial/ethnic communities, and used a consensus process for final scoring that looked for good ideas, not simply good presentation. **Funded projects will focus on access to underserved population using new or modified approaches in the field of mental health.**

Stage 6. Launch Innovation Projects

Once final funding decisions have been made and grantees are selected, the RDCFI Board will coordinate with the funding agent to develop and issue the appropriate grants to funded organizations and to establish a mechanism for issuing funds.

RDCFI and MHD will explore the selection of a fiscal intermediary to expedite the funding process. The fiscal Intermediary, in partnership with the RDCFI Board and MHD, will oversee the award and monitoring process. A reporting and review schedule will be established with grantees.

Stage 7. Provide Training and Technical Assistance to Grantees,

Successfully funded projects will be offered training and technical assistance provided by the RDCFI Board and MHD staff. Technical assistance plans will be tailored to meet the needs of each project. Areas of focus will include assistance with answering the learning questions identified during INN project implementation; documenting success in achieving the essential purpose of this Innovation project, which is reducing disparities for underserved populations; and understanding the contribution to learning that the project is making in transforming the mental health system in Sonoma County. **Funded projects will be required to participate in evaluation. Staff of funded projects will be provided training and technical assistance to do so. Technical assistance will also be provided to support capacity building and project sustainability to assist in the continued support of successful projects.**

Exhibit C

The proposed Reducing Disparities Community Fund Initiative supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320, including:

- **Community Collaboration:** The proposed Innovation relies on the deep and meaningful involvement of consumers, family members, faith-based leaders, representatives of communities of color, and non-traditional providers. It is expected that this involvement will be achieved by engaging these stakeholders in decisions over design and distribution of public funds to small, grassroots and non-traditional providers who will work to increase access to underserved groups.
- **Cultural Competence:** Recruiting and seating a diverse funding body will increase the level of cultural competence of funded programs and services.
- **Client and Family-Driven Mental Health System:** By definition, the proposed Innovation supports a client-and family-driven system by creating a community-driven funding initiative implemented within an existing institutional framework (i.e., Mental Health Division).
- **Wellness, Recovery, and Resilience Focused:** The proposed Innovation-supports the tenets of wellness, recovery, and resilience by empowering and engaging people with lived experience, who know that wellness, recovery, and resilience are possible.
- **Integrated Service Experience:** The community-driven funding initiative will ensure that outreach services and awareness campaigns, administered by grass roots and non-traditional providers, will assure access and referral to comprehensive mental health services that meet the needs of underserved populations. **Moreover, these non-traditional providers are well positioned to ensure individuals have access to comprehensive services in the community because they are comprised of local residents working to find solutions to problems in the places they live.**

Exhibit C

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.

This Innovation project is expected to contribute to learning by introducing to the mental health system a new application of a promising community-driven practice approach that has been successful in non-mental health settings.

The primary learning objectives are to demonstrate that community-driven funding initiatives implemented within an existing institutional framework - in this case the Mental Health Division - are an effective and sustainable way of increasing access to underserved groups throughout Sonoma County by, 1) increasing community leaders' and members' influence over funding decisions; 2) empowering community leaders and members who have not been involved in making funding decisions for local mental health projects to direct the use of public funds; and 3) increasing community understanding of the mental health system through the active involvement in decision-making with the Mental Health Division that will result from implementation of the community funding initiative. **Considering that similar approaches are being considered elsewhere, albeit with an emphasis on different dimensions, Sonoma County will commit to engaging other counties by sharing preliminary findings regarding project successes and challenges.**

In an effort to test and document whether the current Innovation is having a positive impact, the innovation project will seek answers to the following questions:

1. Funding model learning questions:

- Was the funding model successful in bringing in new providers?
- How many new providers were selected to implement projects?
- What changes occurred in the RFP development or peer review process as a result of the new funding model? (e.g., streamlined RFP language, faster RFP timeline, diversity of review panels)
- How effective was each funding methodology stage in contributing to the INN essential purpose of increasing access to underserved groups?
- Was there increased access to mental health services for individuals from underserved groups?
- Did participants accessing services report increased satisfaction with mental health prevention and treatment services?

Exhibit C

2. Reducing Disparities Community Fund Initiative learning questions:

- What have you learned about mental health services and the mental health system?
- How has your participation on the Reducing Disparities Community Fund Initiative (RDCFI) Board influenced your opinion of the MHD staff?
- Has your understanding of the mental health system in Sonoma County changed?
- Do you feel consumers have increased access of appropriate mental health services and support in underserved communities?
- What was your perception of the mental health systems funding process prior to your involvement on the RDCFI Board?
- How has your perception of the funding process changed?
- What impact has the RDCFI Board had on the mental health system in Sonoma County?

Exhibit C

Timeline

Outline the timeframe with which the innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication.

**Implementation/Completion Dates: 06/10 – 07/13
MM/YY-MM/YY**

The following timeline is estimated based on approval of the OAC. For purposes of this timeline we are using June 2010 as a start-up month.

Description	Months
Recruit, seat, and train the Reducing Disparities Community Funding Initiative Board	06/10 – 09/10
Conduct implementation activities	06/10 – 09/10
Develop the RDCFI model	9/10 – 10/10
Develop a Communication Strategy for Engaging the Community	10/10 – 11/10
Provide technical assistance to Community Applicants	Beginning 12/10 ongoing throughout the duration of project
Evaluation Activities of Funding Model and RDCFI Begin	12/10 ongoing throughout the duration of project
Review Proposals and Make Funding Decisions	02/11
Launch Innovation Projects	03/11
Grantee Project Implementation	4/11-7/13
Assessment of Training and Technical Assistance needs of Grantees	3/11 ongoing
Annual Grantee meeting	Arranged annually
Ongoing training and technical assistance to Grantees	03/11 ongoing throughout the duration of project
Grantee Quarterly Reporting	Quarterly per funding cycle
Conduct final analysis of contributions to learning and communicate via presentations, articles, meetings, results to key stakeholders countywide and other interested entities including other like INN funded projects	2/1/13 -7/13

Exhibit C

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in review and assessment.

- MHD, in partnership with the Reducing Disparities Community Fund Initiative Board, will design a formative evaluation component that documents and explores what worked in funding model implementation, as well as whether the methodology employed resulted in increased access for underserved populations in Sonoma County. The RDCFI Board and MHD will create an evaluation plan, logic model, and a review process to occur at the end of each stage.

Listed below is a draft project measurement matrix which incorporates learning questions mapped to data sources and methods. Information obtained through this process will allow stakeholders to document and review project successes and challenges. The methods will be key to providing information that can be used in Sonoma County – as well as other counties implementing similar approaches.

Learning Questions	Data Sources	Methods	Notes
Funding Model			
Was the funding model successful in bringing in new providers?	<ul style="list-style-type: none"> • RDCFI Board • Selected project representatives • Mental health staff 	<ul style="list-style-type: none"> • Interviews • Surveys 	It will be key to obtain general feedback from the RDCFI board, providers and mental health staff regarding funding model.
What changes occurred in the RFP development or peer review process as a result of the new funding model? (e.g., streamlined RFP language, faster RFP timeline, diversity of review panels)	<ul style="list-style-type: none"> • RDCFI Board • Mental health staff 	<ul style="list-style-type: none"> • Interviews 	MHD is very interested in the results of this Innovation since they may consider incorporating the funding model into future funding initiatives. Thus, it is important to obtain the perspectives of mental health staff
How many new providers were selected to implement projects?	<ul style="list-style-type: none"> • Review selected projects 	Document review	
How effective was each funding methodology stage in contributing to the INN essential purpose of increasing access to underserved groups?	<ul style="list-style-type: none"> • RDCFI Board • Selected project representatives • Mental health staff 	<ul style="list-style-type: none"> • Interviews • Surveys 	The proposed Innovation is broken up into 7 distinct phases. It will be important to know which stages worked well and why and which need improvement. Review of the phases will help MHD determine the effectiveness and potential sustainability of the model.
Was there increased access to mental health services for individuals from underserved groups?	<ul style="list-style-type: none"> • RDCFI Board • Selected project representatives • Mental health staff 	<ul style="list-style-type: none"> • Interviews • Surveys 	Not only is the proposed Innovation design to empower community leaders and increase

Learning Questions	Data Sources	Methods	Notes
			community understanding of mental health, but it is ultimately designed to facilitate increased access to services from groups who have been historically unserved/underserved in Sonoma County.
Did participants accessing services report increased satisfaction with mental health prevention and treatment services?	<ul style="list-style-type: none"> • Selected project representatives 	<ul style="list-style-type: none"> • Satisfaction survey 	
Reducing Disparities Community Fund Initiative			
What have you learned about mental health services and the mental health system?	<ul style="list-style-type: none"> • Selected project representatives 	<ul style="list-style-type: none"> • Surveys 	
How has your participation on the Reducing Disparities Community Fund Initiative (RDCFI) Board influenced your opinion of the MHD staff?	<ul style="list-style-type: none"> • RDCFI Board 	<ul style="list-style-type: none"> • Interviews 	It will be important to document changes in attitudes and opinion of MHD and its staff given MHD's goal of collaborating more closely with the community.
Has your understanding of the mental health system in Sonoma County changed?	<ul style="list-style-type: none"> • RDCFI • Selected project representatives 	<ul style="list-style-type: none"> • Interviews • Surveys 	
Do you feel consumers have increased access of appropriate mental health services and support in underserved communities?	<ul style="list-style-type: none"> • RDCFI • Selected project representatives • 	<ul style="list-style-type: none"> • Interviews • Surveys 	
What was your perception of the mental health systems funding process prior to your involvement on the RDCFI Board?	<ul style="list-style-type: none"> • RDCFI • Selected project representatives • 	<ul style="list-style-type: none"> • Interviews • Surveys 	
How has your perception of the funding process changed?	<ul style="list-style-type: none"> • RDCFI • Selected project representatives • Mental health staff • • 	<ul style="list-style-type: none"> • Interviews • Surveys 	Not only is important to obtain the perspective of the RDCFI Board but its important to speak with mental health staff since they may decide to integrate the strategy into their standard practice.
What impact has the RDCFI Board had on the mental health system in Sonoma County?	<ul style="list-style-type: none"> • RDCFI • Selected project representatives • Mental health staff • 	<ul style="list-style-type: none"> • Interviews • Surveys 	As part of the reflection process it will be key to ask various stakeholders involved their key takeaways regarding impact of the RDCFI.

Exhibit C

Leveraging Resources (if applicable)

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

Leveraged resources include:

Reducing Disparities Fund Initiative board members will be volunteering their time and talents devoted to the ongoing success of this project.

MHD will provide support to the Reducing Disparities Fund Initiative on the implementation of the stages.

MHD will leverage evaluation resources from Mental Health Services Act Community Services and Supports and Prevention and Early Intervention to assist with MHD learning, evaluation and training and technical assistance from MHD and the funded projects.

If a fiscal intermediary is chosen, the organization will provide on going fiscal support to the projects selected.

Engage with local programs who work directly with organizations that offer training and technical assistance to increase project success and develop program sustainability. These programs include:

- The Volunteer Center of Santa Rosa
- Community Action Partnership

Exhibit D

County Name: **Sonoma County**

Workplan Name: **INN #3: Reducing Disparities Community Fund Initiative**

Annual Number of Clients to Be Served (If Applicable): **Unknown**

Population to Be Served (if applicable):

This work plan is designed to serve underserved groups with a particular emphasis on people of color and geographically isolated people living with SMI/SED.

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

The central purpose of the Reducing Disparities Community Fund Initiative is to increase access to underserved groups living with or at risk for serious mental illness. This hybrid model will combine features of Community Foundation donor-directed funds and venture capital funds which seed start ups by using flexible funding strategies that incubate new ideas and products. The methodology will be tested in a public mental health setting, building on the work and lessons learned throughout the sequenced rollout of the MHSA components. The primary learning goal is to demonstrate that community-driven funding initiatives, implemented within an existing institutional framework - in this case, the Mental Health Division - are an effective and sustainable way of increasing access to underserved groups throughout Sonoma County. A seven-stage methodology will be used to implement the Reducing Disparities Community Fund Initiative Innovation Project in Sonoma County. Each stage is described in brief to provide an overview of the funding process:

1. Establish the Reducing Disparities Community Funding Initiative Board
2. Develop the RDCF model
3. Develop a communication strategy for engaging the community
4. Provide technical assistance to community applicants
5. Review Proposals and make funding decisions
6. Launch Innovation Projects
7. Provide training and technical assistance to Grantees

**Exhibit F
Innovation Projected Revenues and Expenditures**

County: Sonoma

Fiscal Year: 2009/10

Work Plan #: 3

Work Plan Name: Reducing Disparities

New Work Plan

Expansion

Months of Operation: 06/10 - 07/10
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	25,000		60,000	\$85,000
2. Operating Expenditures			15,000	\$15,000
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$25,000	\$0	\$75,000	\$100,000
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	\$25,000	\$0	\$75,000	\$100,000

Prepared by: Michael Lucid

Date: 04/22/2010

Telephone Number: 707-565-4878

**Exhibit F
Innovation Projected Revenues and Expenditures**

County: Sonoma

Fiscal Year: 2010/11 -12/13

Work Plan #: 3

Work Plan Name: Reducing Disparities

New Work Plan

Expansion

Months of Operation: 07/10 - 06/11
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	50,000		160,000	\$210,000
2. Operating Expenditures			40,000	\$40,000
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$50,000	\$0	\$200,000	\$250,000
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	\$50,000	\$0	\$200,000	\$250,000

Prepared by: Michael Lucid
Telephone Number: 707-565-4878

Date: 04/22/2010

Exhibit F
Budget Narrative

FY 09/10

A. Expenditures

Total: \$100,000

1. Personnel

Total: \$85,000

County Mental Health Division – Organize activities and structure for designing and operating the Reducing Disparities Community Fund Initiative volunteer Board including recruitment and communication. Locating potential fiscal intermediaries, orient County Purchasing Department on strategy. \$25,000

Community Mental Health Contract Providers – Flex funds, for non-conflicted community providers/members assist MHD staff to develop recruitment strategies to recruit RDCFI Board members. Work with MHD to develop training activities and locate materials for RDCFI Board members. Develop evaluation process for Fund and Initiative processes \$60,000

2. Operating Expenditures

Total: \$15,000

Operating expenditures including travel purchase of materials, meeting supplies. Expenses related to recruitment (advertising, postage, printing, electronic and traditional communications, food, travel reimbursement, etc.). \$15,000

Unexpended funds during fiscal year will be transferred into budget FY10/11

FY 10/11through FY 12/13

A. Expenditures

Total: \$250,000

1. Personnel

Total: \$210,000

County Mental Health Department – On-going oversight of RDCFI activities and structure. Coordination of T&TA for grantee projects, implementation of evaluation of Initiative and Model \$ 50,000

Community Mental Health Contract Providers
All funds to be awarded to projects via RDCFI Board for personnel \$160,000

2. Operating Expenses

Total: \$ 40,000

All funds to be awarded to project via RDCFI Board for operating expenses \$40,000

In Kind

Evaluation, Training and Technical Assistance Total: \$200,000

MHD will leverage evaluation resources from Mental Health Services Act Community Services and Supports and Prevention and Early Intervention to assist with MHD learning, evaluation and training and technical assistance from MHD and the funded projects.

Exhibit E
Mental Health Services Act
Innovation Funding Request

County: Sonoma

Date: 4/22/2010

Innovation Work Plans			FY 09/10 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No.	Name			Children, Youth,	Transition Age Youth	Adult	Older Adult
1	1	Interdisciplinary Mobile Intervention Team	\$200,000	TBD	TBD	TBD	TBD
2	2	Three Pronged Community Health Model	300,000	TBD	TBD	TBD	TBD
3	3	Reducing Disparities Community Funding Initiative	100,000	TBD	TBD	TBD	TBD
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14	Subtotal: Work Plans		\$600,000	\$0	\$0	\$0	\$0
15	Plus County Administration						
16	Plus Optional 10% Operating Reserve						
17	Total MHSA Funds Required for Innovation		\$600,000				

Exhibit E

Innovation Funding Request

County: Sonoma

Date: 4/22/2010

Innovation Work Plans			FY 10/11 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No.	Name	Children, Youth,		Transition Age Youth	Adult	Older Adult	
1	1	Interdisciplinary Mobile Intervention Team	\$300,000	TBD	TBD	TBD	TBD
2	2	Three Pronged Community Health Model	573,769	TBD	TBD	TBD	TBD
3	3	Reducing Disparities Community Funding Initiative	250,000	TBD	TBD	TBD	TBD
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18	Subtotal: Work Plans		\$1,123,769	\$0	\$0	\$0	\$0
19	Plus County Administration						
20	Plus Optional 10% Operating Reserve						
21	Total MHSA Funds Required for Innovation		\$1,123,769				

Sonoma County - Summary Budgets
Mental Health Services Act - Innovation Work Plans

Work Plan #	Work Plan Name	FY 09 10	Fys 10 11 Thru 12 13	Total
1	Interdisciplinary Mobile Intervention Team			
	Total Expenditures	\$ 200,000	\$ 677,367	\$ 877,367
	Revenues			
	County General Fund		297,367	297,367
	Medi Cal			
	In-kind		80,000	80,000
	MHSA Innovation	200,000	300,000	500,000
	Total Revenues	\$ 200,000	\$ 677,367	\$ 877,367
2	Three-Pronged Integrated Community Health Model			
	Total Expenditures	\$ 300,000	\$ 1,561,315	\$ 1,861,315
	Revenues			
	County General Fund			-
	Medi Cal		987,546	987,546
	In-kind			-
	MHSA Innovation	300,000	573,769	873,769
	Total Revenues	\$ 300,000	\$ 1,561,315	\$ 1,861,315
3	Reducing Disparities Community Funding Initiative			
	Total Expenditures	\$ 100,000	\$ 250,000	\$ 350,000
	Revenues			
	County General Fund			

			-
Medi Cal			-
In-kind			-
MHSA Innovation	100,000	250,000	350,000
	\$	\$	\$
Total Revenues	100,000	250,000	350,000

Innovation Plans Summary

Total Expenditures	\$	\$	\$
	600,000	2,488,682	3,088,682
Revenues			
County General Fund	-	297,367	297,367
Medi Cal	-	987,546	987,546
In-kind	-	80,000	80,000
MHSA Innovation	600,000	1,123,769	1,723,769
Total Revenues	600,000	2,488,682	3,088,682