

EXHIBIT B

**INNOVATION WORK PLAN
COUNTY CERTIFICATION**

County Name: Sonoma

| 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)

Date

Title

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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 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 Program 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. The following is a summary of methods used to collect stakeholder feedback during the CSS, PEI, and WET planning processes:

- **CSS process.** Fifty-eight community meetings were convened at accessible and central locations in cities throughout Sonoma County. A total of 274 individuals representing 100 agencies and organizations were recruited to participate in content committees charged with recommending and prioritizing service strategies. In addition to the community meetings, DHS-MHD disseminated and collected 225 surveys in Spanish and English and held focus groups with 110 adult consumers of mental health services.
- **PEI process.** A total of 173 stakeholders participated in the planning workgroups. Six outreach meetings were held in all regions of the County. Listed below are the data collection methods used during PEI:
 - Ninety-six surveys in Spanish and English
 - Focus groups with 63 underserved youth including LGBTQ, Latino youth, gang-involved youth

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- Focus groups with 25 parents, including pregnant and parenting mothers receiving substance use treatment, and Monolingual Spanish-speaking parents
- Intercept surveys with 35 college age youth on the Sonoma State campus
- **WET process.** In total, the WET planning process included more than 200 unduplicated Sonoma County mental health stakeholders. Three needs assessment surveys were distributed and analyzed and numerous focus groups were conducted.

In addition to documented feedback from prior MHSA component planning process, the INN Advisory Committee reviewed feedback from consumer advisory groups and provider groups representing underserved communities that have been established as a result of MHSA planning to provide continuous feedback and input into MHSA funded projects and processes. These stakeholder groups, who represent geographically isolated communities - as well as underserved populations - provided input to the INN Community Advisory Committee and include: Petaluma Mental Health Collaborative; West County Mental Health Coalition; Advocates for Empowerment; Petaluma Police Department Community Intervention Team, monthly community health clinic meetings, and the Prevention and Early Intervention Planning Committee.

The INN Community Advisory Committee was convened in January 2010, and met in February and April 2010. At the first meeting the Committee was reminded of the intent of the Innovation component by thoroughly 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 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 Advisory Committee provided representation 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,

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representatives from underserved populations including African American and Latino groups, faith-based leadership, and law enforcement.

The specific groups represented are listed below.

- Bridge Center for Better Living
- West County Community Services – Empowerment Center
- National Alliance on Mental Illness (NAMI) Sonoma County
- Mental Health Board Sonoma County
- Community Action Partnership of Sonoma County (Community Action)
- Sonoma County Sheriff's Department
- Blackwell Homes, Inc.

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 MHSA Innovation Plan beginning February 11 and ending March 11. A public hearing was held at the Mental Health Commission meeting 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 MHSA 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 INN Advisory Committee met to incorporate this feedback and revise 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.

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Innovation Work Plan Narrative

Date: _____

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.

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.

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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 MHA and Title 9, CCR, section 3320.

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 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

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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.

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.

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. 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 approach to providing mental health services and will work alongside non-traditional partners (e.g., law enforcement personnel).
- **Cultural Competence:** Involvement of consumers and families along with trained mental health and AODS staff will ensure that individuals have improved access to culturally and linguistically appropriate community-based services.
- **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.
- **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.

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- **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.

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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.

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
- Introduces a new application to the mental health system of a promising community-driven 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?

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- 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?
- 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?

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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 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)

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Innovation Work Plan Narrative

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

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

Funding Range: \$200,000-\$300,000

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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.

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Innovation Work Plan Narrative

Date: _____

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.

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.

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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 MHA and Title 9, CCR, section 3320.

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

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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.

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:** The training across mental health, physical health, and consumer-driven services will support the delivery of culturally and linguistically appropriate services.
- **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, participate in the development of client treatment plans and provide leadership and direction in the design and delivery of Health Education Component services. 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.

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- **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.

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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.

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.

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:

- The types of support and training needs by consumer peer health educators
- Understand and define the elements of a successful interdisciplinary team that includes peers and retrained mental health workers
- The County will 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

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- The County will test a new tool – an integrated Health Plan – that addresses primary care and behavioral health problems and is reviewed during interdisciplinary case management meetings.

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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 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 and why, and what is not working. 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?

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Innovation Work Plan Narrative

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

Funding Range: \$400,000 - \$600,000

EXHIBIT D

County Name: Sonoma County Department of Health Services Mental Health Division
Workplan 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).

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Innovation Work Plan Narrative

Date: _____

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.

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

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

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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.

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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 MHA and Title 9, CCR, section 3320.

The Reducing Disparities Community Fund Initiative will employ a methodology consisting of seven stages 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 MHA components. Sonoma County Mental Health Division's MHA 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 MHA supported this traditional approach. The RFP and contracting process is lengthy. The County and MHA 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.

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

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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 process 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 process 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.

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 Board will consider an approach to identifying a fiscal intermediary to support flexibility in the timely distribution of funds.

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.

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 of twelve members recruited from underserved racial/ethnic communities, and mental health consumers and their families. The recruitment and selection process will borrow tools from Community Foundation's process for selecting a volunteer Board of Directors comprised of local leading citizens.

The Innovation Advisory Committee will serve as the RDCFI Board selection committee who will do the following: develop job descriptions outlining roles and responsibilities; establish criteria including personal- or work-related connection to the mental health system; representation of the needs of an underserved community; willingness to state any potential conflicts of interest; express interest in helping transform the mental health system; ability to participate in a funding prioritization process. The RDCFI Board will consist of individuals that identify with at least one or more of the following groups: consumers, family members, faith based leaders, representatives of community of color and underserved groups. Prior experience as a funder will not be a criteria for Board member selection. Once the Board membership is finalized, training will be provided.

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Stage 2. Develop Sonoma County Reducing Disparities Community Fund Initiative Model

The Reducing Disparities Community Fund Initiative Board will be responsible for developing the grant program model and implementation plan. This will include the following development activities that will meet all State guidelines for Innovation Projects:

- develop the criteria for eligible applicants
- draft RFP language that clearly explains the guidelines that INN projects must contribute to learning; projects that focus on providing a service are ineligible for INN funding
- develop Proposal Template that includes the MHSOAC Innovation Decision Path logic model as a tool for presenting the proposed project and for succinctly demonstrating the proposed project meets the INN guidelines
- consider criteria for the selection of a fiscal intermediary
- develop a protocol for technical assistance to applicants
- craft the project scope and selection process, including the decision rules used by the RDCFI Board and the final scoring methodology.

During the Selection and Review process if conflicts of interest with an applicant under review is disclosed, that Board member will be prohibited from providing a scope or participating in discussion about the conflicted proposal.

Workgroups: Across all stages of MHSA planning and implementation, including ongoing feedback from community advisory committees, community members and participants reinforced the critical need to address barriers to service access that people of color and consumers living with SPMI face, including lack of culturally and linguistically appropriate services, lack of outreach to people of color, lack of engagement strategies for the African American community - including working with faith based organizations and leaders - lack of outreach to geographically isolated individuals, and stigma associated with mental health problems. The RDCFI Board will consider the need to convene specialized workgroups to ensure that the needs of specific populations are addressed in RFP statements of need.

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 in partnership to develop, post, and disseminate the INN Reducing Disparities Community 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. These methods will include one-to-one contact, mail, telephone, fax, email, and web postings. Through community contacts the Board will develop multiple distribution lists directed toward individuals and

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organizations that might not ordinarily be targeted. Examples include recognized leaders of ethnic and/or cultural communities, business leaders, consumer groups, and grassroots and faith-based organizations.

In addition, the Board will host a series of identical pre-proposal workshops scheduled at different times of the day to provide an overview of the INN definition that projects must contribute to learning; review of the essential purpose this INN project is intended to achieve; and an opportunity to network with other potential applicants to explore potential partnerships.

Stage 4. Provide technical assistance to Community Applicants

A predetermined number of hours by the INN Board and MHD staff will be available to each applicant organization to assist them in developing their proposal in response to the INN program announcement, RFP and application packet. Technical assistance may include, but not be limited to, Coordination of Review of Proposals and funding decisions:

- Clarification of the program announcement, RFP and application packet requirements and processes
- Clarification of INN guidelines, Innovation definition (contributes to learning and informs mental health practices)
- Assistance with answering questions for the Innovation Decision Path logic model including the following: defining the issue, describing the barrier, describing how the proposed innovation will meet the essential purpose of increasing access to underserved groups, the project learning goal, and the practice/approach that the project will test.

Stage 5. Review Proposals and Make Funding Decisions

The RDCFI Board will develop the final review process including finalizing scoring criteria. MHD staff and the Innovation Advisory Board will recommend that the Board consider building on the process used for the Prevention and Early Intervention review and scoring process. This process was developed in collaboration with a planning group that consisted of consumers and family members and representatives of underserved racial/ethnic communities, and used a consensus process to develop the scoring tool. The RDCFI process will be refined based on lessons learned during PEI implementation. Activities will include but not be limited to:

1. Establishing a clear schedule and rules for proposal review that include:
 - Tips for reviewing proposals
 - Scoring Guides for preliminary scores
 - Copies of each proposal
 - Date for the Final Scoring Meeting, which allowed 7 to 10 days for reviewing the proposals.

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2. A four-phased scoring framework based on the peer review model used by the federal government was developed.
 - **Phase 1:** Collection of preliminary scores from each review member for each proposal for initial ranking.
 - **Phase 2:** Discussion of each proposal and the proposal ranking based on preliminary scores. Review members will discuss those proposals that had the broadest range of scores and document each proposal's strengths and weaknesses. All comments will be recorded.
 - **Phase 3:** Final Ranking and Recommendations: Re-scored proposals based on discussions. Final scores are averaged and proposals are re-ranked. Once the proposals are re-ranked (based upon average score) the reviewers discuss the new recommendations. Reviewers will also come to agreement on those proposals that require further development for project scopes that have a promising concept but require further clarification prior to final funding award.
 - **Phase 4:** Final Affirmation. Review the final scores and affirm funding decision.

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 establish mechanism for issuing funds. Sonoma County MHD and the INN Advisory Board anticipate that a broad range of projects and funding requests will be received from throughout Sonoma County. Therefore, while it is anticipated that most projects will be funded for two years, as many as fifteen projects could be funded depending on funding dollar requests. A combination of mini-grants and small- to mid-size grants is anticipated.

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 INN 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. One area of focus will be 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.

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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.

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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.

This Innovation project is expected to contribute to learning by introducing a new application to the mental health system 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.

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?

2. Reducing Disparities Community Fund Initiative learning questions:

- What have you learned about mental health services and the mental health system?

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- 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?

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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 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 works in funding model implementation, as well as whether the methodology employed results 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. The following information will be collected through mixed methods design, including written surveys, focus groups, and interviews with RDCFI Board members and selected grantees and a subset of clients.

Client-Level Outcomes

- Demographic information
- Satisfaction with outreach services
- Clients report access to appropriate mental health services and supports

Funding Process Outcomes

- Number of new providers
- Number of new applicants responding to RFPs
- Number of new providers selected to implement
- Benefits of RDCFI on RDCFI board members

Program Quality Outcomes

- Increase awareness and understanding of mental health services and supports
- Capacity of providers to conduct outreach services
- Usefulness of communication strategy

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Innovation Work Plan Narrative

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 accept referrals from the projects funded under this Innovation project. Community partners include the following:

- Federally Qualified Health Clinics and Rural Health Clinics behavioral health programs
- Goodwill Industries of the Redwood Empire: Interlink Self-Help Center and The Wellness and Advocacy Center
- West County Community Services: Empowerment Center
- Community Garden
- NAMI

Funding Range: \$150,000 - \$250,000

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County Name: **Sonoma County**

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

Annual Number of Clients to Be Served (If Applicable)

200 Total

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 RDCFI 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