EXHIBIT A

INNOVATION WORK PLAN
COUNTY CERTIFICATION

County Name: Solano County

Division of 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

INNOVATION WORK PLAN
Description of Community Program Planning and Local Review Processes

County Name: Solano County
Work Plan Name: Community Access to Resources and Education (CARE)

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.

Solano County's community planning process for Innovation began by reviewing our previous community planning process, including the planning process for Community Services and Support, Prevention and Early Intervention, and Capital Facilites and Information Technology, to identify community needs and program ideas that were supported by the community, but not implemented in current Mental Health Services Act (MHSA) program plans. From these plans, Solano identified priority populations and gaps in current services, including increased access to mental health services through communty clinics and increased access to psychiatry.

Community planning meetings were held from May through August 2009 to gather consumer and stakeholder input into Solano's Innovation plan. Community planning meetings were advertised in a wide range of venues, including e-mail announcements to several hundred contacts, local newspapers in Solano's major cities, flyers in public locations such as libraries, posting on the County website, and announcements at public meetings, including the Consumer Family Advisory Committee (CFAC), National Alliance on Mental Illness (NAMI), the Local Mental Health Board, MHSA Stakeholders, Early Childhood Developmental Health Collaborative, and Clinic Alliance. A special effort to engage consumers in the planning process was made by providing community planning meetings at two wellness and recovery sites, one crisis residential facility, and through a Spanish speaking support group held by county mental health. Eighty-five stakeholders, over half of which were consumers or family members of consumers, participated in community planning meetings.

Following the community planning meetings, Solano County released a survey online and in hardcopy to stakeholders, consumers, and family members asking them to rate the ideas generated during the community planning meetings. One hundred and nineteen surveys were received identifying the community's priority for Solano's Innovation project. The survey results were presented to the MHSA Steering Committee for review, comment, and input.

Additional efforts were made to secure community participation during the public hearing and public comment period by reaching out to community and consumer organizations to encorage input into the plan. Consumers, family members, providers, and community organizations will continue to be involved in the implementation and evaluation process by bringing updates and evaluation reports to relevant groups, such as the MHSA Stakeholders, MHSA Steering Committee, the Local Mental Health Board, Consumer anf Family Advisory Committee (CFAC), and the National Alliance for Mental Illness (NAMI).

Other project ideas identified during the Innovation community planning process, including several ideas involving outreach and peer mentoring, will be incorported into other MHSA work plans or will be reviewed as options for future Innovation projects.

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

The table below summarizes participation in the community planning process:

	Community Planning Meetings & Focus Groups	**Survey**	**MHSA Steering Committee**
Consumers and family members	48	35	6
Community service/ healthcare providers	26	40	5
Mental health providers	8	37	3
Other Stakeholders	4	25	1
Total	**85**	**119***	**15**
Grand Total	**219**		

*Total adds up to more than 119 due to some survey participants who identified themselves in more than one category.

Solano County Mental Health was pleased that over half of the participants in community planning meetings were mental health consumers and family members of consumers. Planning meetings were held with consumers in partnership with the Crestwood Behavioral Health's Neighborhood of Dreams wellness and recovery centers in Fairfield and Vallejo, with the Consumer and Family Advisory Committee, and with a Solano County Mental Health Spanish speaking support group.

In addition, several collaborative groups representing stakeholders and consumers were involved in the community planning process, including:

- The Consumer Family Advisory Committee (CFAC)
- National Alliance on Mental Illness (NAMI)
- The Local Mental Health Board
- MHSA Stakeholders
- MHSA Steering Committee
- The Early Childhood Developmental Health Collaborative
- Clinic Alliance

Furthermore, public and private organizations who attended a community planning meeting included:

- Caminar
- Children's Nurturing Project
- Circle of Friends
- Community Clinic Consortium
- Crestwood Behavioral Health, Inc./Neighborhood of Dreams
- Dreamcatchers Empowerment Network
- Fairfield Police Department
- First 5 Solano Children's and Families Commission
- Hugs 2 A Fresh Start
- Mission Solano
- Philippine Nurses Association of Northern CA
- Rio Vista Care
- Rio Vista Library
- Solano County Health & Social Services Public Health
- Solano County Health & Social Services Mental Health
- Solano Parent Network
- Solano STRIDES
- Youth & Family Services

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 draft plan was posted on the county website for public comment on September 18, 2009-October 19, 2009. Subsequently a public hearing was conducted by the Local Mental Health Board on October 20, 2009.

Innovation Work Plan Narrative

Date: 9/14/09

County: Solano County

Work Plan #: 1

Work Plan Name: Community Access to Resources and Education (CARE)

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 primary purpose of Community Access to Resources and Education (CARE) is to increase access to mental health services for underserved groups.

Access to mental health services for underserved populations is a key issue in Solano County, which has been identified through several MHSA planning processes, including Community Services and Supports, Prevention and Early Intervention, and the Innovation Community Planning Processes.

All Innovation community planning meetings identified one or more groups that are underserved in the mental health system and planning participants were concerned about increasing the services available to that group. Underserved groups that were identified during community planning included:

- Geographically distant populations (residents of Rio Vista, Dixon, Vacaville)
- Certain ethnic populations, including non-English speaking Latino and Filipino populations
- Uninsured and underinsured
- People facing stigma and discrimination in accessing mental health services
- Lesbian, gay, bisexual, transgendered, or questioning (LGBTQ) people
- Homeless and transitioning populations
- Transition age youth and adults.

In addition, it was recognized that recent changes in availability of mental health services due to budget constraints have led to an increase in who could be considered underserved in Solano County.

Community planning identified taking mental health services out of the traditional mental health clinic setting and bringing them into the community as a key strategy to reach

underserved groups. Possible approaches that were identified included linking mental health with primary care, homeless shelters, and community based organizations. CARE will encompass all of these approaches by providing a mobile mental health team that can travel to community locations throughout the county to provide mental health services. By taking mental health services out of the clinic and into the community, CARE aims to eliminate the barriers that many underserved groups have in accessing services, including transportation to distant cities for services and the stigma associated with visiting a mental health clinic.

Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

Community Access to Resources and Education (CARE) will bring mental health services, including assessment, medication support, case management, and brief treatment, to locations throughout Solano County where people are already accessing other health and social services, such as family resource centers, homeless shelters, and primary care sites.

As described in the purpose of Solano's Innovation Project, there are many challenges for Solano's underserved populations in accessing services. Bringing mental health services where people are already accessing other services accomplishes several goals:

- Coordinates mental health services with other health and social services to create a "one stop shop" and increase efficiency
- Decreases barriers to accessing mental health services, such as transportation to other cities for services
- Reduces the stigma some people feel with visiting a mental health clinic
- Provides culturally sensitive services by linking with community sites that are geared to providing services to specific cultural and ethnic populations.

Key components of CARE include: outreach to locations throughout the county where underserved populations access any type of health or social service; education and consultation to providers, including primary care doctors, on mental health treatment options; visits to community locations to provide direct mental health services by team of mental health professionals, including a psychiatrist, a mental health nurse, a licensed clinician, and a mental health specialist; and linkage of mental health consumers to appropriate community resources for ongoing support.

The expected outcome is that by providing services in a place where clients feel comfortable accessing services, clients will access services at a higher rate. In addition, CARE aims to increase the capacity of community providers to provide basic mental health services to underserved groups.

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

- **Community collaboration**: The Innovation plan was developed in collaboration with more than 200 community participants. By providing mental health services in community locations, CARE will increase community and mental health collaboration around consumer needs.

- **Cultural competence**: Recruitment for CARE staff will focus on providers who are bilingual in Spanish or Tagalog and bicultural. In addition, mental health services will be provided in collaboration with agencies that provide culturally competent services.
- **Client and family driven**: Over half of the Stakeholder's that attended Innovation community planning meetings were consumers or family members of consumers, and they overwhelmingly supported bringing services to locations in their community. In addition, consumers and family members will be involved in the implementation and evaluation of CARE.
- **Wellness, recovery, and resilience focused**: CARE aims to provide brief treatment and link clients to community resources for ongoing recovery and wellness support.
- **Integrated services experience for clients and their families**: The primary focus of CARE is to incorporate mental health with other community and health services to provide an integrated service experience.

Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

The CARE project will introduce a new delivery approach for providing mental health services to underserved groups. This new delivery approach is based on the belief that there are a multitude of reasons why individuals do not seek diagnosis and treatment for mental illnesses. Among these reasons are:

- Stigma associated with mental illness
- Language and cultural barriers such as the unavailability of services in ones language or cultural beliefs and practices that discourage seeking help from a mental health provider
- Physical barriers, such as lack of access to care where the consumer lives
- Financial barriers, such as lack of insurance or other means to pay for services
- Lack of recognition of the symptoms of mental illness by the consumer
- Lack of support for primary care physicians in recognizing and treating mental illness.

Based on this rationale, the CARE project formed two hypotheses.

Hypothesis 1: Unserved and underserved individuals can be reached more effectively by providing education and services at locations where they are already accessing other services, such as homeless shelters, family resource centers, and other community organizations.

Hypothesis 2: With appropriate support, community providers can be effective at providing supportive services to address their community's mental health needs. This includes primary care physicians, who can be effective at providing mental health medication services to unserved or underserved groups, if given appropriate support.

The CARE project will lead to learning by testing these hypotheses and determining effective methods and service locations to reach the unserved and underserved.

Innovation Work Plan Narrative

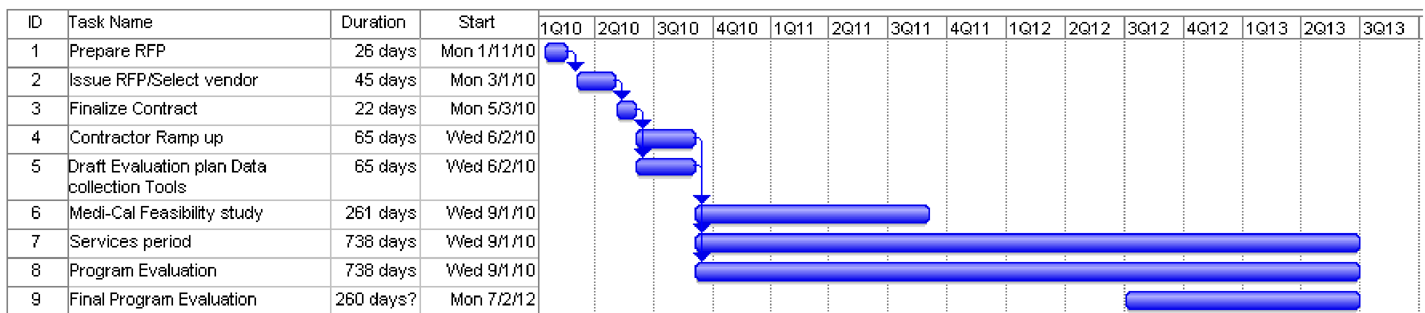
Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length – one page)

Implementation/Completion Dates: 01/10-06/13
MM/YY – MM/YY

The projected timeline for the CARE project is as follows:

1/10/10 - 2/15/10	Prepare Request for Proposals for CARE Program Services
2/28/10 - 4/30/10	Issue RFP and select vendor
5/1/10 - 6/1/10	Award and finalize contract
6/1/10 - 8/31/10	Draft policies and procedures, including referral process, and being implementation
6/1/10 - 8/31/10	Draft evaluation plan and data collection tools
9/1/10 - 8/31/11	Medi-Cal feasibility study (see leveraged resources)
9/1/10 - 6/30/13	Service period
9/1/10 - 6/30/13	Collect and analyze outcome measures
7/1/12 - 6/30/13	Final project evaluation



ID	Task Name	Duration	Start
1	Prepare RFP	26 days	Mon 1/11/10
2	Issue RFP/Select vendor	45 days	Mon 3/1/10
3	Finalize Contract	22 days	Mon 5/3/10
4	Contractor Ramp up	65 days	Wed 6/2/10
5	Draft Evaluation plan Data collection Tools	65 days	Wed 6/2/10
6	Medi-Cal Feasibility study	261 days	Wed 9/1/10
7	Services period	738 days	Wed 9/1/10
8	Program Evaluation	738 days	Wed 9/1/10
9	Final Program Evaluation	260 days?	Mon 7/2/12

Data and outcome measures will be collected over the course of the project and shared with stakeholders at a minimum of an annual basis. This will allow for the project to make changes to improve implementation during the course of the project. A full evaluation will take place in the final year of the project, which will assess the feasibility of replication, and, if the project is successful, identify possible long term funding streams. This final evaluation report will be shared with stakeholders to gather input into continuation of the project within another funding stream.

Innovation Work Plan Narrative

Project Measurement

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

The CARE program will define success by the following performance indicators:

Performance Indicator 1: The number of underserved individuals receiving direct services from CARE Staff.

The CARE staff will be providing direct services at non-traditional service locations. The desired outcomes of these services is:

- Completed assessments and referrals to appropriate community services for individuals at risk for or diagnosed with a mental illness.
- Individuals will be receiving appropriate services in the community.

Measurement 1: The program will track the number of contacts with underserved individuals, including assessments completed, case management and medication support services provided, and referrals to other service providers.

Measurement 2: The program will survey consumers and the host agency staff about their experience with CARE to determine whether the program has increased access to mental health services for underserved populations.

Performance Indicator 2: The increase in capacity of community providers to provide behavioral health services.

The interaction between the CARE staff and community providers, including primary care physicians, should produce the following outcomes:

- Increased awareness of mental health symptoms that may present in a community or primary care setting
- Increased knowledge of intervention and treatment options in a primary care setting
- An increase in the number of individuals receiving mental health services in the community and the primary care setting.

Measurement 1: Physicians and community providers will report an increased capacity to provide appropriate mental health services to their community.

Measurement 2: An increase in the number of clients receiving mental health services in the primary care setting.

The consumer and provider surveys will collect both quantitative and qualitative data. The county will engage the services of an evaluation consultant to develop survey instruments that capture data that will address the measurements described above.

The data collected with be analyzed on an ongoing basis to evaluate implementation. A full evaluation report will be completed during the final year of the CARE project using these measurements and the results will be shared with Stakeholders to gather their input regarding efficacy of the project and long term funding strategies.

Innovation Work Plan Narrative

Leveraging Resources (if applicable)

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

To maximize funding provided by MHSA, CARE will leverage additional resources, including in kind contribution by community partners who are interested in hosting mental health services at their sites. In kind contributions include:

- A confidential location for client visits
- Pre-screening of clients for appropriateness of mental health services
- Referral and linkage to mental health services
- Coordination of mental health services, including scheduling and assisting clients in getting to the appointment
- Assistance with linkage to ongoing community support
- Data collection of client demographics and outcomes.

Due to the focus of this project on underserved groups, many of whom are uninsured or underinsured, we are unable to estimate potential Medi-Cal revenue at this time. During the first year of services, a feasibility study will be conducted to estimate the amount of Medi-Cal revenue that could be generated if Medi-Cal is billed for appropriate services and this will be included as leveraged resources in future funding requests. This study will be included in the project evaluation.

EXHIBIT D

Innovation Work Plan Description

(For Posting on DMH Website)

County Name

Solano County

Work Plan Name

Community Access to Resources and Education (CARE)

Annual Number of Clients to Be Served (If Applicable)

520 Total

Population to Be Served (if applicable):

CARE will target underserved populations including: Geographically distant populations (residents of Rio Vista, Dixon, Vacaville), underserved ethnic populations, including non-English speaking Latino and Filipino populations, uninsured and underinsured, people facing stigma and discrimination in accessing mental health services, lesbian, gay, bisexual, transgendered, or questioning (LGBTQ) people, homeless and transitioning populations, and transition age youth and adults.

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

Community Access to Resources and Education (CARE) will bring mental health services, including assessment, medication support, case management, and brief treatment, to locations throughout Solano County where people are already accessing other health and social services, such as family resource centers, homeless shelters, and primary care sites. Key components of CARE include: outreach to locations throughout the county where underserved populations access any type of health or social service; education and consultation to providers, including primary care doctors, on mental health treatment options; visits to community locations to provide direct mental health services by team of mental health professionals, including a psychiatrist, a mental health nurse, a licensed clinician, and a mental health specialist; and linkage of mental health consumers to appropriate community resources for ongoing support. The expected outcome is that by providing services in a place where clients feel comfortable accessing services, clients will access services at a higher rate. In addition, CARE aims to increase the capacity of community providers to provide basic mental health services to underserved groups.

EXHIBIT E

Mental Health Services Act
Innovation Funding Request

County: Solano

Date: 9/14/2009

	Innovation Work Plans		FY 09/10 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
	No.	Name		Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	1	Community Access to Resources and Education (CARE)	869,372	217,343	217,343	217,343	217,343
2							
3							
4							
5							
6							
7							
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16							
17							
18							
19							
20							
26	Subtotal: Work Plans		$869,372	$217,343	$217,343	$217,343	$217,343
27	Plus County Administration		$110,901				
28	Plus Optional 10% Operating Reserve		$98,027				
29	Total MHSA Funds Required for Innovation		$1,078,300				

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: SOLANO

Fiscal Year: 2009/10

Work Plan #: 1

Work Plan Name: Innovation

New Work Plan ☑

Expansion ☐

Months of Operation: 01/10-06/13
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	132,483		543,821	$676,304
2. Operating Expenditures	65,758		108,496	$174,254
3. Non-recurring expenditures	3,000		15,814	$18,814
4. Training Consultant Contracts				$0
5. Work Plan Management	110,901			$110,901
6. Total Proposed Work Plan Expenditures	**$312,142**	**$0**	**$668,131**	**$980,273**
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	**$312,142**	**$0**	**$668,131**	**$980,273**

Prepared by: Karl Cook

Date: 9/14/09

Telephone Number: (707) 784-8394