EXHIBIT A

INNOVATION WORK PLAN
COUNTY CERTIFICATION

County Name: Sutter-Yuba

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

EXHIBIT B

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

County Name: Sutter-Yuba
Work Plan Name: Sutter-Yuba Innovation

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

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

The Community Program Planning Process for the development of the Sutter-Yuba Mental Health Services Innovation Work Plan was developed with local stakeholders which included representatives of numerous community organizations, other county divisions, and consumers and family members, including adults, older adults, and consumer advocates. The variety of community resource providers, service program providers, and consumers and family members reflected the local stakeholders of our community, including but not limited to adults, older adults, advocates for those with severe mental illness, youth, cultural and linguistic populations, underserved populations, veterans, etc.

There was one large community participant meeting held, in which forty-two community participants were in attendance. The meeting was advertised in the newspaper, by individual email, phone calls, and letters. Additionally, flyers were posted at all service sites. Partcipants included consumers, education representatives, county probation divisions, Salvation Army, family members, community providers, mental health professinals, cultural compentency committee members, drug court graduates, and interested community members.

Following this, there were three subcommittees formed: Forensic, Cultural- Specific, and Community-based. The subcommittees all met twice with an average attendance of approximately ten participants. Each committee included representatives from unserved/underserved popluations.

Community participants generated thirteen project proposals. The project review panel, consisting of the Mental Health Director, the Program Manager for Psychiatric Emergency Services, and the Mental Health America Director, reviewed all of the proposals. Proposals were rated on the four innovation outcomes/purposes.

- •Increase access to underserved groups.
- •Increase the quality of services, including better outcomes.
- •Promote interagency collaboration.
- •Increase access to services.

Initially, eight recommended innovation projects were identified to be in the Sutter-Yuba Mental Health Services Innovation Plan. In response to the letter sent by the Mental Health Services Oversight and Accountability Commission (MHSOAC) on June 12, 2013, three work plans were revised and are attached. Existing plans that were not revised for this submission will attempt further revisions and will be recommended as an Innovation update to future MHSA Annual Updates.

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

Several consumers, family members, community partners, services providers, and educational partners helped Sutter-Yuba Mental Health Services with the program planning process, and will continue to help with program implementation, monitoring, quality improvement, and project evaluation. Stakeholder entities included:

- Consumers
- Family Members
- Camptonville Community Partnership
- Victor Counseling
- Sutter-Yuba Mental Health
- Grace Source
- Salvation Army
- Yuba-Sutter Drug Court
- Yuba County Probation
- Sutter County Probation
- Mental Health Advisory Board
- Sutter K-12
- Yuba County Office of Education
- Caza de Esperanza
- E Center Head Start 0-5
- Hmong Community Center
- Human Services
- YCUSD K-12
- Family Soup
- Alta Regional
- Ampla Health
- Sutter County Superintendent of Schools

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 Innovation Plan was available to the public for review from August 1, 2012 through September 1, 2012. On September 6, 2012, the Sutter-Yuba Mental Health Advisory Board approved the Sutter-Yuba Mental Health Services Innovation Plan. There were no substantive comments or correspondence during the stakeholder review. Correspondence, as documented by the minutes provided below, reflect Mental Health Board discussion of the Innovation Plan and process.

Minutes from that hearing are:

5. Open Public Hearing – Chairperson Myers

Chairperson Myers opened the Public Hearing at 6:02 p.m. He said now was the time to hear testimony and input from the public regarding the MHSA Innovation (INN) Component. He asked that any person wishing to address the Board on this subject to complete a "Speaker Card" and give it to the Recording Secretary (Executive Secretary) and asked that their comments be limited to three minutes. Further, he said there would be ample time on the agenda for any person wishing to speak on other issues if desired; however, he said the Mental Health Board could not take action on any item not identified on the agenda.

Chairperson Myers stated that he has family members that receive mental health services and finds this component and Public Hearing to be very important.

Doug Bond, Psychiatric Emergency Services (PES) Program Manager, SYMHS reported that throughout the planning process, the Innovation Plan Component has received considerable participation and good community involvement.

Supervisor Vasquez asked if the Public Hearings could be better advertised. Subsequently, he offered to use a blanket advertisement that he sends out to many media sources for the next Public Hearing. In response, Chairperson Myers said that any advertisements for any type of mental health services and public meetings would be very beneficial.

Board Member Montes-Walker stated that she works with a lot of Spanish speaking organizations and radio stations and offered to get announcements out to those sources.

6. Close Public Hearing – Chairperson Myers

Hearing no testimony or other comments, the Chair closed the Public Hearing at 6:11 p.m.

7. Reconvene Board Meeting – Chairperson Myers

The Chair reconvened the regular Mental Health Board meeting at 6:11 p.m.

8. Action Item – Chairperson Myers

a. Consider a Recommendation to Approve the SYMHS MHSA Innovation (INN) Component. Supervisor Vasquez moved to approve the SYMHS MHSA Innovation (INN) Component. The motion was seconded by Board Member Ayres and carried by a unanimous voice vote of the members present.

EXHIBIT C

Innovation Work Plan Narrative

Date: July 2013

County: Sutter-Yuba

Work Plan # 1

Work Plan Name: Improving mental health outcomes via interagency collaboration and service delivery learning for supervised offenders who are at-risk of or have serious mental illness.

Purpose of Proposed Innovation Project

Increase access to undeserved 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)

Sutter-Yuba Mental Health Services is a bi-county mental health department, meaning we serve the Yuba County population and Sutter County Population. Sutter-Yuba Mental Health Services is the only bi-county mental health structure within California. Sutter County Probation and Yuba County Probation each serve their respective populations, but we are all experiencing similar challenges with supervised offenders who are at-risk of or have serious mental illness, accessing needed mental health services, lack of advocacy, historically poor mental health outcomes, increased recidivism, and difficulty in promoting recovery, hope, and resiliency within the general probation population. Sutter-Yuba Mental Health Services, Sutter County Probation, and Yuba County Probation collectively have the vision of providing the probation population in the Sutter-Yuba area with a comprehensive support system to include a direct linkage to mental health services, and connections to general health care services, and other ancillary support services that contribute to positive mental health outcomes.

Before this innovation project, each agency was planning to achieve this vision independently in a disconnected manner. The AB109 offenders and other supervised offenders who are at-risk of or have serious mental illness are unique populations. These populations historically have poor mental health outcomes and have the added challenges of creating and maintaining a recovery plan outside of confinement and making positive life decisions that contribute to positive mental health and reduced recidivism. Disconnected mental health service delivery and poor mental health outcomes illustrate the need for Sutter-Yuba Mental Health Services, Sutter County

Probation, and Yuba County Probation to collaborate and provide linkages to needed mental health services, strive for improved mental health outcomes, and foster a collaborative relationship for sustained success with the supervised offenders who are at-risk of or have serious mental illness.

The primary purpose of the innovation project is to increase the quality of mental health services, including improved mental health outcomes for the AB109 offenders and other supervised offenders who are at- risk or have mental illness in both the Sutter and Yuba counties with a unique interagency collaboration model, created by Sutter-Yuba Mental Health Services, Yuba County Probation and Sutter County Probation. There have been poor mental health outcomes and disconnected service delivery approaches for these underserved populations. Therefore, we want to measure the effectiveness of Sutter County Probation's approach to supervised offenders who are at-risk of or have serious mental illness with the introduction of dedicated mental health clinician time and Yuba County Probation's approach to supervised offenders who are at risk or have serious mental illness with the introduction of dedicated mental health clinician time. Each county will be provided clinical staff time, but Sutter-Yuba Mental Health Services wants to learn if Sutter County Probation's centralized, front-loaded mental health service approach and selected strategies results in improved outcomes versus Yuba County Probation's de-centralized, community-based mental health approach and selected strategies. Each approach undoubtedly has its own advantages.

The key elements to be measured are mental health/ dual diagnosis outcomes and recidivism outcomes for each county's approach and the outcomes of the interagency collaboration. Additionally, to be explored is recovery perspectives among project partners and participants. The learning outcomes for this innovation project provide Sutter-Yuba Mental Health Services with critical information about the effectiveness of using mental health clinician time in this way and more importantly, it will provide information on mental health approaches that result in improved mental health outcomes for supervised offenders who are at-risk of or have serious mental illness. We want to fund both approaches, but once we learn which approach works best, then that approach will be encouraged for replication in both counties. As a secondary, we also want to learn if this model of collaboration with county partners to determine effective mental health service delivery strategies is advantageous and improves Sutter-Yuba Mental Health Services capacity to serve mental health clients.

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.

Innovation: The innovation project utilizes, to its advantage, the bi-county structure and new pioneering relationships with county probation departments and applies existing mental health approaches to the AB109 offenders and other supervised offenders who

are at-risk of or have serious mental illness in two new and different county settings: community- based setting and institution- based setting. Identical outcome measures from each setting/county will be analyzed to see which mental health approach Sutter-Yuba Mental Health Services should further employ to consistently offer quality mental health services, including improved outcomes for AB109 supervised offenders and other supervised offenders who are at-risk of or have mental illness.

Consistent to the innovation guidelines, this dual-county experiment of applying mental health approaches to a new population in new settings has never been tried before and it affects seemingly intractable mental health challenges and has the potential to impact the following: 1) Administrative, governance, and organizational practices, 2) Advocacy, 3) Education and training for service providers, including non-mental health staff, 4) Outreach, capacity, and community development, 5) System development, 6) Research, and 7) Services and interventions, including prevention, early intervention, and treatment.

Fellow counties in California usually have to pick an approach and blindly employ it for a duration of time before they can determine if it is the best for their population. It is our hope that if our innovation is successful, other counties can learn to partner with other like-counties with like- populations and together launch two different strategies and evaluate in a parallel analysis each county's outcomes to determine the best approach. This removes the need for an individual county to try relentlessly to find the best approaches. It enables counties to innovatively evaluate service approaches. Counties so often work in isolated silos and we want to promote collaboration between counties and the sharing of information, failures, successes, and resources.

Project Elements: Sutter County Probation and Yuba County Probation will each be provided mental health clinician time that is strictly dedicated to the probation population; this in itself is not a new mental health approach but what is innovative is the evaluation. Each county will be launching a different service approach in an experiment to see the effectiveness of the different strategies directed at the AB109 offenders and other supervised offenders who are at-risk of or have serious mental illness; this enables us to concurrently evaluate both mental health approaches, which is a unique evaluation method.

The mental health clinician assigned to Sutter County Probation will be embedded into an existing multi-disciplinary probation team and the clinician will be providing mental health assessments, post-release recovery plans, and connections to ancillary services that contribute to positive mental health prior to release. This setting allows mental health services to be targeted at the supervised offenders who are at-risk of or have mental illness upon release. The mental health clinician assigned to Yuba County Probation will be conducting mental health assessments, post-release recovery plans, and connections to ancillary services that contribute to positive mental health following their release back into the community in a community-based effort.

Additionally, a secondary effect that will be captured with project measurement and analyzed during project evaluation is if in particular a mental health approach proves successful with certain demographics that are at-risk of or have serious mental illness, specifically gender and ethnic populations. The Sutter-Yuba population has a large

Hispanic population, and smaller, yet significant Hmong and East Indian populations for which we would like to see how we can better serve and culturally respond to their mental health and recovery needs following release supervision.

Sutter-Yuba Mental Health Services will facilitate the planning, implementation, and post-implementation phases to keep the focus of the innovation on learning and instill the MHSA elements into all project phases. To foster a collaborative relationship, Sutter-Yuba Mental Health Services, Yuba County Probation, and Sutter County Probation will all be active decision-makers in project planning and implementation. Each county will be measuring the same indicators, as described in the project measurement section. Sutter-Yuba Mental Health Services will be evaluating identical outcomes from each mental health approach to determine which approach better optimizes mental health/dual diagnosis outcomes and reduces recidivism rates; this enables us to test our learning goal of which approach yields better outcomes and if this collaborative model of parallel county comparison is successful.

Unknown project elements that will be developed during the course of the innovation will be the detailed mental health approaches that will be launched into the different settings. At this early phase, Sutter-Yuba Mental Health Services and the County Probation departments will be conducting information-sharing sessions. We all recognize that we provide different services; this is the time where we can unite our different service practices and provide a comprehensive and collaborative service approach to the AB109 offenders and other supervised offenders who are at-risk of or have serious mental illness.

MHSA Principles and Values. The project will be planned for and implemented in ways that are consistent with the general standards and core values of the Mental Health Services Act and Title 9, CCR, section 3320, including the values of community collaboration; creating an integrated-service experience; promoting wellness, recovery, and resiliency; creating a consumer-and family-driven mental health system; and creating a culturally competent system of care.

Community Collaboration: The innovation project initiates and supports a collaborative relationship between Sutter-Yuba Mental Health Services, Yuba County Probation, and Sutter County Probation. Together, we have established a shared vision and goals for this innovation project. We want to work together and learn together how we all can provide quality mental health services and improved outcomes for the AB109 offenders and other supervised offenders who are at-risk of or have serious mental illness. Additionally, if successful, we want to our model of collaboration and service delivery experimentation to be replicated by other counties.

Integrated Service Experience: The innovation project encourages and will provide access to range of services for supervised offenders that are at-risk of or have serious mental illness. We have found that when this population is offered isolated services by mental health, probation, and the community, there have historically been poor outcomes, including re-offending. The innovation project brings together Sutter-Yuba Mental Health Services and the Probation Departments to collectively launch different service approaches that include connections to adult education, vocational support, housing, Medi-Cal enrollment support, probation services, and mental health/substance

abuse services. These support services are crucial in helping to address the mental health outcomes of the supervised offender population that is at-risk for or have a serious mental illness.

Wellness, Recovery, and Resiliency: The innovation project plans for and promotes service delivery that is reflective of the philosophy, principles, and practices of the recovery vision for consumers. The primary purpose of this project is to increase the quality of services, including improved outcomes for the probation population, which is a population that has seemingly lost hope, resiliency, personal empowerment, respect, social connections, and self-determination in themselves and by the community. We are determined through our service approaches to re-instill all of these core values and have our mental health clinicians' assist supervised offenders create recovery plans and support them through this difficult time. We expect the innovation project to result in improved outcomes for this population and improved community recognition of the principles of recovery.

Client-driven and Family-driven: The innovation project is driven by the needs of the clients (supervised offenders who are at-risk of or have serious mental illness). This population faces multiple challenges upon release, and those with mental health illness and dual diagnosis problems are further vulnerable to more complex mental health issues, substance abuse issues, dual-diagnosis issues, and additionally have a higher vulnerability of re-offending. Client needs and input will be assessed either pre-release or immediate post-release and based on this the clinician will customize their individual recovery/treatment plan to reflect their personal needs and further connect them to applicable community supports. This innovation project is primarily a client-driven service, but family involvement is welcomed if the client determines that it will contribute to his or her recovery. The multiple learning and assessment processes created by this innovation will engage not only the client, but also if applicable their family members, the staff members and volunteers from the participating community support organizations.

Cultural Competence: The innovation project targets the underserved and uniqueness of the probation population who are at-risk of or have serious mental illness. This population has their own unique challenges and needs; this innovation project is focused on addressing these challenges and needs by finding the best approach to improving mental health outcomes. Additionally, project measurement and evaluation will breakdown data by gender, racial/ethnic, linguistic categories to help us learn more about the individual cultures within the at-risk and mentally ill probation population and if in particular strategies or approaches work better with certain cultures.

The innovation project, its project staff, and its service approaches and practices will provide culturally competent and responsive mental health services to the probation population receiving mental health and dual-diagnosis services. It will specifically provide them with services and supports that utilize the strengths and forms of healing that are unique to each individual. Sutter-Yuba Mental Health Services is committed to providing cultural competence training to ensure a culturally competent workforce. Training plans goals aim to increase the cultural competence skills and knowledge at levels of the Sutter-Yuba Mental Health System. Additionally, Sutter-Yuba Mental Health Services mission statement, policies, procedures, and organization culture

demonstrate a commitment to cultural competence. All new employees, including the new therapists that will be hired through the Innovation project will participate in an employee orientation that describes their staff responsibilities, such as *"staff, contractors, and agents are committed to delivering all services in a partnership with the clients we serve and our community. We provide all services with respect and dignity, providing excellence in all we do and integrity in how we do it."*

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.

Innovation Learning Goals/Questions/Expectations:

Goal 1: Increase the quality of services, including improved outcomes for the Sutter-Yuba Area AB109 offenders and other supervised offenders.

Learning Question: *Should Sutter-Yuba Mental Health Services use a community-based approach or an institution-based approach when providing mental health/dual diagnosis services to the AB109 offenders and other supervised offenders who are at-risk of or have a serious mental illness?*

Expected Outcome: The mental health/dual diagnosis outcomes and recidivism outcomes from each county's service strategy will show Sutter-Yuba Mental Health Services which strategy should be recommended for future use.

Service Quality/ Outcome Improvement and Learning Indicators

Indicators illustrating service quality and outcome improvement linked to the community-based strategy and the institution-based strategy:

- Continuous improvement in scores and client progress via STRONG scores. Specifically, analyzing what dynamic factors have changed and have caused an increase in the scores. (For example, the mental health therapist was able to help the supervised offender connect with an employment agency, thus securing employment. This change in a dynamic factor (income and employment) will provide insight into why the scores improved.
- Continuous Improvement in status via LOCUS measures. Specifically, analyzing what caused reductions in resources intensity and why are the recommendations for care changing?
- Project staff observations and notes on seeing which strategies, within each approach appear to be working not working.
- Clients' observations and feedback on which strategies they feel are beneficial and which strategies did not provide any benefit to them.

Goal 2: Promote Interagency Collaboration.

Learning Question: *Does this model of collaborating with partner counties and organizations to plan, implement, and evaluate different strategies to determine the most effective strategy when delivering services promote collaboration, deepen learning, and create stronger working relationships?*

Expected Outcome: Interagency collaboration allows for stronger working relationships with Sutter-Yuba Mental Health Services and their county partners and the collaboration efforts improves Sutter-Yuba Mental Health Services capacity to serve mental health clients.

Interagency Collaboration Improvement and Learning Indicators

Indicators illustrating improvement in collaboration and relationship strength:

- Increased joint operating procedures, more resource sharing, and further collaboration outside of this innovation project.
- Project staff observation and notes on collaboration efforts.

Learning Description:

The innovation project is an interagency collaboration that is dedicated to learning how three different agencies serving counties can work together to create a customized, best-practice mental health/substance abuse approach that effectively serves supervised offenders who are at-risk of or have serious mental illness in the Sutter/Yuba area. The innovation project utilizes the bi-county structure and new pioneering relationships with the county probation departments and applies existing mental health approaches to the AB109 offenders and other supervised offenders in two different county settings: community- based setting and institution- based setting. Identical outcome measures from each setting/county will be analyzed to see which approach Sutter-Yuba Mental Health Services should further employ to consistently offer quality services, including improved outcomes.

The project will help develop, support, and accelerate a transformation in how Sutter-Yuba Mental Health Services serves the probation population that is at-risk of or has serious mental illness and provides insight on the effectiveness of interagency collaboration on determining service delivery strategies. At the conclusion of the innovation project, we will have tested both of the above learning questions and created a direct linkage to mental health services for the Sutter-Yuba area probation population, while simultaneously fostering collaborative working relations with county partners for maintaining and creating effective service delivery strategies.

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.

Innovation Start Date/ Completion Date: August 2013- December 2016

The initial six months of project implementation will be the project refinement and finalization period. Following the hiring of the mental health clinicians, the different service delivery approaches will be launched and project measurement and evaluation each year will subsequently follow. Because this is a service delivery project for clients, at the onset of project year 3, the WET Coordinator with the project partners will initiate a conversation about the future of this project. Clients will be informed prior to services the nature of the innovation project. If the project is discontinued, clients will be referred to appropriate services in the agency or in the community depending on individual client needs. At each annual learning session, project participants will explore the future viability of this project. Additionally, we will be exploring options and creating a plan regarding future operations after the innovation-funding period is over.

8/13 -1/14 First 6 Project Months (Project Refinement Finalization):	• Convene project representatives from each organization: Sutter-Yuba Mental Health Services, Sutter County Probation, and Yuba County Probation for implementation planning and project refinement. Data collection timeframes will be finalized, mental health clinicians jobs will be posted, community-based service approach will be defined, institution-based service approach will be defined, and annual learning session dates will be identified and planned for the subsequent 2 fiscal years. • Project Representatives will identify the current status of "Collaboration" and complete initial qualitative surveys about status of current working relationship among the 3 project partners and community-based organizations to be used as ancillary support (i.e. Vocation Support Agencies, Adult Education, Primary Care, etc.
1/14- 12/16 Project Launch	Mental Health Clinicians for Sutter County Probation and Yuba County Probation will have been identified and hired within the first 6 months of project operation. The individual approaches from each county will be launched and measured for a 3-year duration period.
12/14- Year 1 Learning Goal 1: • Outcome Improvement? Goal 2:	First Learning Session: • Year 1 Collaboration Experience Discussion. • Collaboration will be re-measured and Qualitative Surveys will be completed again. • Outcome Presentations by each county and

• Interagency Collaboration	subsequent discussion for future implications. • Client Presentations and Community Stakeholder Presentations on experiences/feedback with innovation. • Presentation to MHSA Steering Committee
12/15- Year 2 Learning Goal 1: • Outcome Improvement? Goal 2: Interagency Collaboration	Second Learning Session: • Year 2 Collaboration Experience Discussion. • Collaboration will be re-measured and Qualitative Surveys will be completed again. • Outcome Presentations by each county and subsequent discussion for future implications. • Client Presentations and Community Stakeholder Presentations on experiences/feedback with innovation. • Presentation to MHSA Steering Committee
12/16 -Year 3 Learning Goal 1: • Outcome Improvement? Goal 2: Interagency Collaboration	Third Learning Session: • Year 3 Collaboration Experience Discussion. • Collaboration will be re-measured and Qualitative Surveys will be completed again. • Outcome Presentations by each county and subsequent discussion for future implications. • Client Presentations and Community Stakeholder Presentations on experiences/feedback with innovation. • Presentation to MHSA Steering Committee. **PROJECT CONCLUSION SESSION WILL OCCUR**
12/16 **PROJECT CONCLUSION**	• Approach will be identified as "Most Effective Service Delivery Approach for Sutter-Yuba Mental Health Services." SYMHS will work with both counties to replicate the service approach for all of the Sutter/Yuba Area Supervised offenders. • Collaboration Model will be evaluated for effectiveness. • Comprehensive learning discussion with project representatives. • Findings Report.

Disseminate findings

Findings will be disseminated to all stakeholders and partners in a final project report. If outcomes appear significant, as described above, further efforts will be made to work with CIMH and the Mental Health Services Oversight and Accountability Commission (MHSOAC) to help disseminate the findings through either published reports or conference presentations.

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.

As outlined in the Contribution to Learning section, this project is designed to assess and determine the most effective service delivery approach for supervised offenders who are at-risk of or have serious mental illness and assess the collaboration model that Sutter-Yuba Mental Health Services employed for this project. We will pursue multiple quantitative and qualitative data collection strategies for assessing the impact of the innovation.

Prior to implementation, all of the project partners will meet to specify the data that will need to be collected and specify a timeframe. The initial thinking is to collect and measure outcomes, staff observations, and clients' feedback about the process at 3-month intervals. Following further discussion and project detail refinement, a detailed project measurement schedule and outcome evaluation will be set by the first month of project implementation. In addition to the data collection schedule, Sutter-Yuba Mental Health Services will determine data collection and the timeframes for the annual learning sessions. Sutter County Probation, Yuba County Probation, Sutter-Yuba Mental Health Services, and any other applicable community partners will meet annually for a large learning session, to include client presentations on the their experiences, outcome presentations from all three project partners, and implications for the future. The MHSA Steering Committee on a yearly basis will review findings from the annual learning sessions. Participants of this project and community members will be part of this learning process and will provide ongoing stakeholder perspective.

Some of the assessments and data that will guide the learning and future decision-making include the following:

1. **STRONG:**
   Sutter County Probation and Yuba County Probation will be pre- and post-administering the STRONG (Static Risk and Offender Needs Guide) for the AB109 offenders and other supervised offenders. This tool produces outcomes related to recidivism, a primary outcome that will be used to determine the success of the service delivery strategy. Aggregate data will be pooled from both Sutter County and Yuba County and the outcomes will be analyzed at learning sessions attended by Sutter-Yuba Mental Health Services, Yuba County Probation, Sutter County Probation and any other applicable partners.

   The STRONG purports to be a "state of the art, evidence-based risk and needs assessment/supervision planning system for adult offenders." The instrument produces scores for static risk factors classifying offenders into five risk categories:
   1 High risk violent
   2 High risk property
   3 High risk drug

4 Moderate risk and
5 Low risk

Static risk factors are not necessarily amenable to short-term intervention, but are reported to be moderately predictive of potential for recidivism. Identification of static risk adds weight to appropriate allocation of services focused on the mitigation of dynamic risk factors.
The *Needs Assessment* portion of this instrument is described as including 70 questions pertaining to both static and dynamic risk factors in the following domains:

1 Education (social achievement)
2 Employment (social achievement)
3 Friends (supports)
4 Residential stability (social achievement)
5 Marriage/family (supports/social achievement)
6 Alcohol/drugs (personality traits/substance abuse/criminal history)
7 Mental health (personality traits)
8 Aggression (personality traits)
9 Attitudes/Behaviors (cognitions)
10 Coping Skills (cognitions)

In theory, if dynamic risk factors are addressed with appropriate interventions and supports, scores on this instrument should improve over time. Improvement of pre and post scores would tend to indicate both static and dynamic risk factors have been addressed with beneficial effect.

2. **LOCUS:**
The mental health clinicians assigned to each county by Sutter-Yuba Mental Health Services will be administering the LOCUS (Level of care utilization system for psychiatric and addiction service) upon admit to mental health services and re-administration as determined the by project measurement schedule. The mental health clinicians will be trained by Sutter-Yuba Mental Health Services to administer and use the LOCUS. The LOCUS will provide valuable level of care placement and outcome data.

3. **RECOVERY:**
Exploration of a Recovery-oriented Tool for measuring client recovery and project participants' attitudes/beliefs regarding recovery and wellness. Several recovery-oriented tools exist, but we want to research which tool would be the best fit for this project and its participants.

4. **INTERAGENCY COLLABORATION MEASURES:**
Sutter-Yuba Mental Health Services will create, administer, evaluate, and present at the learning sessions the collaboration outcomes from a variety of qualitative surveys. Prior to project implementation, the three agencies will identify the current collaboration based on a collaboration model scale and survey (i.e. coexistence, networking, cooperation, coordination, coalition, and collaboration). The

collaboration level will be re-assessed each year by key project participants. Other sample indicators of collaboration that may be tracked and evaluated include referrals, evidence of joint operating procedures, project satisfaction ratings, etc.

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

Participating organizations will invest substantial staff time to support this project, and a variety of resources to support intra-and inter-organizational learning sessions, including technology resources, supplies, meeting space, and staff time to support project measurement and project evaluation.

Additional resources are likely to be contributed in support of collaborative strategies to promote mental health and wellbeing that emerge through the implementation of the project. The initiative will also leverage the networks of community relationships that have emerged through the community capacity-building efforts funded through MHSA efforts over the past several years, and deepen the already strong intention, within SYMHS and its many partners, to eradicate stigma and promote mental health and wellbeing throughout Sutter and Yuba Counties.

Budget Narrative:

The plan will cover the cost of two Mental Health Therapist II (MHT). The 2013-14 salary and benefits cost per MHT is $94,720. Assuming a 5% increase per step, a 1.5% annual cost of living adjustment, and an October 2013 hiring date, the total salary and benefits costs for these MHT positions for 3 years will be $605,192.

There will be 4 hours per week dedicated to project implementation and evaluation. Our current Workforce, Education and Training Coordinator will be providing these services at $47 per hour and will be working with project representatives on data collection, process journaling, outcome report preparation, and yearly learning session coordination. The three-year cost of the evaluation and learning activities will be $29,328.

The total three-year cost of this work plan is $634,520.

Innovation Work Plan Narrative

Date: July 2013

County: Sutter-Yuba

Work Plan # 2

Work Plan Name: A culturally competent collaboration to address serious mental illness in the Traditional Hmong population

Purpose of Proposed Innovation Project

Increase access to undeserved 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 Hmong community in the Sutter and Yuba counties is an underserved population that has a unique understanding of what they believe about mental health. The concepts of mental health do not exist in the traditional Hmong culture. To traditional Hmong clients' mental health ailments, such as low energy, sadness, auditory and visual hallucinations, nightmares, poor appetites, racing thoughts, etc. are considered to stem from spiritual causes, such as soul loss, soul wandering, and ancestors communication mechanisms.

Sutter-Yuba Mental Health Services has historically been successful in proactively addressing the cultural needs of the mentally ill Hmong population. Sutter-Yuba Mental Health Services provides a Hmong Outreach Center, which is a place where the Hmong population can socialize and receive culturally appropriate services. Additionally, Sutter-Yuba Mental Health Services created the Traditional Healers Project, which provided a unique way for Sutter-Yuba Mental Health Services to bridge a gap between mental health clinical staff and community Traditional Healers for the purpose of sharing information, and training each other on western mental health and general health practices/beliefs and traditional Hmong practices/beliefs.

This innovative cultural collaboration is the next step in this continuum of learning. The innovation project introduces new mental health practices that address serious mental illness and spiritual healing in hopes to better serve the Traditional Hmong who are at risk of serious mental illness. The project purpose is to increase the quality of services,

including better outcomes. The project will provide Hmong mental health clients access to traditional Hmong rituals and healing in addition to their established mental health treatment plan with the expected outcome that Hmong clients will experience a decrease in mental health symptoms and a positive, culturally- sensitive service experience.

Hmong clients have a difficult time accessing traditional healing services on their own. Sutter-Yuba Mental Health Services clinicians have had many Hmong clients in group therapy express that they believe their symptoms are due to spiritual causes and are convinced a traditional Hmong ceremony would cure it.

It is our hope with the project that if our psychiatrists, who are highly respected by Hmong clients and family members, makes a recommendation and referral for a traditional practice, then the client will be more likely to initiate and follow through with the traditional healing treatment recommendations. Additionally, a Hmong traditional ceremony can be very pricy, depending on what the traditional healer diagnoses and recommends. This can range anywhere from $20 for a simple spell up to $1,000-$2,000 for elaborate ceremonies.

Innovation funds would support Hmong clients in accessing and coordinating traditional practices. Never before in mental health treatment have organizations been able to integrate this traditional alternative treatment with western modalities. This project enables Sutter-Yuba Mental Health Services to target the spirituality piece that the traditional Hmong clients often attribute to be the cause of their mental health symptoms. This project will provide us with a learning opportunity and asks the question: If we provide the avenue by which a Hmong client can integrate traditional Hmong practice into their mental health treatment plan, will this increase the quality of services and result in improved mental health outcomes for the Traditional Hmong population that has serious mental illness?

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.

Innovation: The innovation project seeks to learn if traditional Hmong alternative treatment methods are integrated into western modalities and if spirituality is addressed, will this result in an increase in the quality of services and improved mental health outcomes for Hmong clients with serious mental illness? This dual use of westernized mental health treatment and traditional practices for the treatment of Hmong clients' mental health symptoms is considered innovative because this is a new concept to mental health. The project introduces a new mental health approach and practice for the Hmong mental health clients, with the goal that other communities could learn from

the outcomes of the innovation and replicate it to improve the mental health outcomes for their respective Hmong clients.

Consistent to the innovation guidelines, this new mental health approach has the potential to affect 1) Administrative, governance, and organizational practices, 2) Advocacy, 3) Education and training for service providers, 4) System development, 5) Research, 6)Services and interventions, including prevention, early intervention, and treatment.

Project Elements: The project will assist Hmong clients by providing them access to traditional Hmong healing through provided coordination services and funds that will aid in covering some of the costs of the ceremonies, rituals, and offerings. The funding of this project will also support a project staff member whose role will be to assist the client in accessing an appropriate traditional healer that specializes in treating the identified symptoms. Additionally, this staff person would coordinate the client's traditional healing services with his/her current mental health services.

Sutter-Yuba Mental Health Services clinical staff, to include doctors, nurses, therapists, and intervention counselors, will identify a minimum of ten Sutter-Yuba Mental Health Services Hmong clients each year, who have been identified as clients whose mental health symptoms may be improved with additional traditional Hmong practices. It is our hope that we will be serving more than ten clients, but a minimum of ten clients is the recruitment goal.

Project staff will assist patients in finding an appropriate Hmong traditional healer. This can be done by utilizing the "Traditional Healers Provider List", which was created through the previously mentioned Traditional Hmong Healer's Project. Project staff will meet with the selected Hmong client and the selected traditional healer to determine the client's needs and the traditional healer's diagnosis and recommendations. Based on this intake, a list of needs will be developed, and project funding would help fund some of the client's traditional healing needs. These traditional healing needs would also be relayed to the client's mental health clinician.

Unknown project elements that will be developed during the course of the innovation will be the coordination logistics. Within the six months of funding, the Hmong Outreach Staff will detail the process and create the necessary procedures needed for connecting the client to traditional services. This process will undoubtedly build off the historically successful Hmong outreach projects, but we find it necessary that clear operating procedures be established once it is possible to use innovation funding to support staff time to develop this process. The project refinement and coordination of service provides for an entire process of learning, which will be captured via process mapping, meeting minutes, staff observations, and client observations.

MHSA Principles and Values. The innovation project will be planned for and implemented in ways that are consistent with the general standards and core values of the Mental Health Services Act and Title 9, CCR, section 3320, including the values of community collaboration; creating an integrated-service experience; promoting wellness, recovery, and resiliency; creating a consumer-and family-driven mental health system; and creating a culturally competent system of care.

Community Collaboration: The innovation project supports and expands a collaboration and linkage between Sutter-Yuba Mental Health Services clinicians and Traditional Hmong Healers. Traditional healers and the healing practices and rituals are not defined as part of mental health, but this project relies on the collaboration between the healers, the patient, and our mental health team. Sutter-Yuba Mental Health Services and the Traditional Healers share a vision of improving mental health outcomes for Hmong mental health clients and their family members. This project enables both Sutter-Yuba Mental Health Services and the traditional healers to integrate services and beliefs systems.

Cultural Competence: The innovation project demonstrates a commitment to cultural competence for our Hmong Population, by attempting to reduce disparities, increase access, and improve outcomes for the Hmong population that have serious mental illness, based on the cultural awareness and sensitivity of their needs. This project is a direct cultural response and enables quality services, without disparity among racial/ethnic, cultural, and linguistic populations. Project activities and processes support and utilize the strengths and forms of healing that are unique to an individual's racial/ethnic, cultural, and linguistic needs.

Client Driven- and Family Driven- The innovation project focuses on empowering clients to have a decision-making role in identifying his/her needs. This innovation project is reflective of client input that was voiced as a need during group therapy sessions. Project staff will consist of Hmong Family Member Partners/Peer Mentors, who will be connecting the Hmong clients to both western treatment and traditional treatments. The lived experience involvement helps to develop and enhance the new mental health approach that we are introducing to the Hmong clients who receive mental health services. The importance of family-members roles in the Hmong culture is reflective in the project processes and activities.

Wellness, Recovery, and Resilience: The innovation project focuses on utilizing an innovative practice to improve mental health for Hmong mental health clients. We are taking on a "whatever it takes" innovative approach to improving the quality of services and outcomes for Hmong clients in Sutter and Yuba counties. Project planning and services are consistent with the recovery vision for consumers and promote the consumer as a primary decision-maker in his/her recovery plan.

Integrated Service Experience: The innovation project encourages and provides funding for Hmong mental health clients to access a full range of services provided by not only Sutter-Yuba Mental Health Services, but also by traditional healers. A dual mental health service approach that attempts not to use just a singular western approach, but also an integrated traditional community approach.

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.

Innovation Learning Goal/Question/Expectations:

Innovation Goal: Increase the quality of services, including improved outcomes for Sutter/Yuba counties' underserved Hmong population with serious mental illness.

Learning Question: *If we provide the avenue by which a Hmong mental health client can integrate traditional Hmong practices, rituals, and ceremonies into their mental health treatment plan, will this increase the quality of services and result in improved outcomes for the Hmong population with serious mental illness?*

Expected Outcome: Hmong clients who integrate the Hmong traditional alternative treatment recommendations with western modalities will report a decrease in mental health symptoms. Project assessments will show measurable improvements in the Hmong client focus group outcomes, as measured by the pre and post administration of surveys, to be created during the project refinement stage.

Service Quality/ Outcome Improvement and Learning Indicators

Indicators illustrating service quality and outcome improvement linked to the processes that provide for access to the Hmong Traditional Services:

- Continuous measurable improvement in symptom reporting by Hmong clients. Specifically, analyzing what caused that alleviation of the symptoms. Is there a reported improvement in symptoms after traditional Hmong Services are delivered? Are we seeing improvements in symptoms proportionally in all of the project clients after traditional services are delivered? Are there any rituals that are linked to symptom improvement following their delivery?
- Project staff observations and notes on seeing which strategies seem to be working and promoting recovery and wellness.
- Clients' observations and feedback on which strategies they feel are beneficial and which strategies did not provide any benefit.
- Project staff and client feedback on the coordination of services.

Learning Description:

The innovation project introduces a new mental health approach/practice by incorporating Hmong traditional health practices, rituals, and ceremonies into a westernized mental health treatment approach. Many counties provide culturally responsive and sensitive services to their Hmong mental health clients. Furthermore, clinicians adapt their techniques to be more culturally competent, but the approach we

are introducing is new because it is integrating the traditional healing practices into western modalities, offering the utmost culturally sensitive approach. Providing for access to traditional practices in addition to conventional western mental health treatment creates a new service approach to Hmong mental health clients, and if successful, this is a practice that can be replicated by other counties.

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.

Implementation/Completion dates:

Innovation Start Date/ Completion Date: August 2013- December 2016

The initial six months of project implementation will be the project refinement and finalization period. Following the identification of a project staff and the development of all of the necessary protocols and forms, the project will be launched and project measurement and evaluation each year will subsequently follow. Because this is a service delivery project for clients, at the onset of project year 3, the WET Coordinator with the project partners will initiate a conversation about the future of this project. Clients will be informed prior to services the nature of the innovation project. If the project is discontinued, clients will be referred to appropriate services in the agency or in the community depending on individual client needs. At each annual learning session, project participants will explore the future viability of this project. Additionally, we will be exploring options and creating a plan regarding future operations after the innovation-funding period is over.

8/13-1/14 First 6 Project Months (Project Refinement Finalization):	• Project Coordinator/Staff needs identified. • Convene all project representatives, Sutter-Yuba Mental Health Services Administration, and applicable clinical staff to create project protocols. Protocols will include the referral to traditional services process/needed forms and the claim for funding process/forms. Data collection timeframes will be specified.
1/14-12/16 Project Launch	• A minimum of 10 clients will be identified for each project year. • Each client will be individually

	assessed and tracked for progress.
12/14 Year 1 Annual Learning Session Goal: Increase the quality of services, including improved outcomes.	• Convene project participants. • Presentation/Discussion regarding Year 1 Outcomes. • Client and community stakeholder feedback/project experiences. • Discussion of suggested program improvements to be implemented for Year 2 learning.
12/15 Year 2 Annual Learning Session Goal: Increase the quality of services, including improved outcomes.	• Convene project participants. • Was Year 1 suggested project improvements implemented? Discussion. • Presentation/Discussion regarding Year 2 Outcomes. • Client and community stakeholder feedback/project experiences. • Discussion of suggested program improvements to be implemented for Year 3 learning.
12/16 Year 3 Annual Learning Session Goal: Increase the quality of services, including improved outcomes.	• Convene project participants. • Was Year 2 suggested project improvements implemented? Discussion. • Presentation/Discussion regarding Year 3 Outcomes. • Client and community stakeholder feedback/project experiences. **Project Completion**
12/16 Project Completion	• Did the quality of services, including improved outcomes improve because of the innovation project? • Should we further fund this project? If yes, how? • Findings Report.

Disseminate findings
Findings will be disseminated to all stakeholders and partners in a final project report. If outcomes appear significant, as described above, further efforts will be made to work with CIMH and the Mental Health Services Oversight and Accountability Commission (MHSOAC) to help disseminate the findings through either published reports or conference presentations.

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.

As outlined in the Contribution to Learning section, this project is designed to assess client outcomes and the effectiveness and success of integrating traditional practice alternatives in conventional mental health treatment. In meeting with the Hmong Outreach team at Sutter-Yuba Mental Health Services and discussing the different measurement/evaluation tools, it was decided that pre-and post -surveys and staff journaling would be the most effective and culturally responsive way to capture data. Outcome measurements, such as the MORS would be difficult to administer to the Hmong clients because translation could complicate the questions and staff fear that the Hmong clients would be uncomfortable answering the questions associated with tools, such as the MORS. Many evaluation instruments are not culturally sensitive and in this project, it is especially important for our learning that tools are culturally sensitive because we are attempting to evaluate if addressing the spiritual side of mental health is improving symptoms.

Surveying and obtaining data collection from the Traditional Hmong clients who have serious mental illness is a complicated and sensitive cultural process. To get valuable data, the Hmong Outreach Staff will be constructing a specific survey that will collect data regarding symptoms, experiences, and client feedback. Survey questions will be easily translated and conducted pre and post the delivery of traditional practices. This is a new mental health practice and there is no baseline data currently because we never have formally integrated traditional health into mental health treatment and have never previously tracked this type of data. However, we will be using the year 1 clients as a baseline for learning years 2 and year 3. Many traditional Hmong clients often do not report their symptoms to their physician because of cultural barriers. When traditional clients do report their symptoms to the Hmong Outreach Team it is often in terms of spirituality. This project will address the spirituality symptoms and will be able to collect outcome data via the surveys and narratives.

Traditional Hmong ceremonies/rituals target specific symptoms. For example, a traditional Hmong client may be reporting that they are having nightmares and hallucinations manifested from them experiencing a taboo. Shamans are able to conduct specific ceremonies to treat the taboo and specific symptoms. A pre and post survey will be done to capture symptom improvement as reported by the client. Additionally, project staff will conduct pre and post narratives to capture any other valuable information that the client provides during sessions. Program staff will track all of the clients that are referred to the innovation project. This spreadsheet of data will track the key dates of mental health treatment and traditional treatment, the traditional healers/practices used, retention status, treatment successes and failures, process concerns, project coordinator notes/observations, clinician notes/observations, and traditional healer's notes/observations.

Prior to implementation, project staff will meet to specify the data collection and to create the surveys. Additionally, we will be process mapping the entire project. Medical staff will need to be debriefed on this entire project and assessment questions will need to be created to help physicians refer their clients to this project. Sutter-Yuba Mental Health Services will be facilitating annual learning sessions, to include client/family member and stakeholder presentations on program experiences, outcome presentations by project staff, and project staff experience each year of the funding of the innovation project. The MHSA Steering Committee on a yearly basis will review findings from the annual learning sessions. Participants of this project and community members will be part of this learning process and will provide ongoing stakeholder participation.

Leveraging Resources

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

Sutter-Yuba Mental Health Services will invest substantial staff time to support this project, and a variety of resources to support intra-and inter-organizational learning sessions, including technology resources, supplies, meeting space, and staff time to support project measurement and project evaluation.

Additional resources are likely to be contributed in support of collaborative strategies to promote mental health and well-being that emerge through the implementation of the project. The initiative will also leverage the networks of community relationships that have emerged through the community capacity-building efforts funded through MHSA efforts over the past several years, and deepen the already strong intention, within SYMHS and its many partners, to eradicate stigma and promote mental health and well-being throughout Sutter and Yuba Counties.

Budget Narrative

The plan will cover the costs of one Peer Mentor at 9.25 hours per week for 52 weeks per year. This is a contracted position through Mental Health America. The 2013-14 contracted rates are $10 per hour plus a 15% administrative fee. The total personnel cost is $5,532 per year for a three year total of $16,595. The annual cost for spiritual rituals is $3,500 for a three-year total of $10,500.

There will be 2 hours per week dedicated to project implementation and evaluation. Our current Workforce, Education and Training Coordinator will be providing these services at $47 per hour and will be working with project representatives on data collection, process journaling, outcome report preparation, and yearly learning session coordination. The three-year cost of the evaluation and learning activities will be $14,664.

The total three-year cost of this work plan is $41,759.

Innovation Work Plan Narrative

Date: July 2013

County: Sutter-Yuba

Work Plan # 3

Work Plan Name: Continued mental health and wellness support for the new Post-TAY clients who are in recovery from a serious mental illness

Purpose of Proposed Innovation Project

Increase access to undeserved 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 purpose of continuing mental health and wellness support to the Post-TAY (Transition Age Youth) population that is recovering from serious mental illness is to increase the quality of services, including better outcomes for the Post-TAY with the introduction of specialized mental health and wellness support services that address the unique needs of this population. The Post-TAY population consists of those youth who are ending TAY Services, but whose needs would not be well served in the HOPE Full Service Partnership (FSP) or Adult Outpatient Programs.

Following the conclusion of the TAY services, many of the now Post-TAY have experienced poorer mental health outcomes because they are further transitioning and coping with life stresses from the increased independence and responsibilities of adulthood, while also simultaneously trying to maintain their mental health and recovery without the in-place supports they experienced in the TAY Program. The TAY Program provides vulnerable youth who are in recovery from a serious mental illness with a solid foundation during the transition to adulthood. Individuals who are no longer well-served by TAY or exceed the age limit for TAY will experience a significant shift in their support system, despite the fact that many may still need some type of mental health support or guidance. Existing mental health approaches do not provide/cover this type of continued mental health and ancillary support for Post-TAY clients who are in recovery from a serious mental illness. The Post-TAY population that was formerly well-served by the TAY Program, may quickly become an inappropriately served and/or underserved population, which can potentially result in a decrease in the quality of wellness services,

poorer mental health outcomes ,and an overall decrease in their quality of life, placing their recovery in jeopardy.

The innovation project will utilize innovation funds to learn if creating a further continuum of mental health and wellness support for this newly defined Post-TAY population who are at-high risk of or have serious mental illness will result in an increase in the quality of services, including better mental health outcomes, characterized by fewer hospitalizations, vocational and educational successes, and measurable improvements of recovery.

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.

Innovation:

The innovation project seeks to learn if a continuum of mental health support and wellness support is provided and targeted to Post-TAY clients who are in recovery from a serious mental illness, will there be an increase in the quality of services, including improved mental health outcomes? Providing mental health, wellness services, and community resources is not a new mental health practice, but what is innovative is that we are adapting those services to a new population to learn if this more intensive wellness approach provides for improved outcomes and thus reduces the need for former TAY clients to utilize crisis services in the adult system. If successful, other counties could replicate and provide or extend a system of supports to include not just supports for TAY clients, but also supports for the Post-TAY population.

Consistent to the innovation guidelines, this adapted mental health approach for a new population has the potential to affect 1) Administrative, governance, and organizational practices, 2) Advocacy, 3) Education and training for service providers, 4) Outreach capacity building, and community development, 5) System development, and 6) Services and interventions, including prevention, early intervention, and treatment.

Project Elements:

The project will be utilizing an Intervention Counselor to provide services and provide connections to community resources for housing stability, continuing education, and vocational support tailored to help guide the Post-TAY clients in this transition to adulthood. This will differ from TAY and HOPE in that there is no longer a classroom component to the independent living skills and there will be an increased focus on community integration. The expectation is that those skills learned from TAY and HOPE programs will be sufficiently mastered to take a secondary role to educational and vocational needs.

Rather than a bridge to adult services, the concept is to launch these young adults successfully into the community and support them in this often-difficult transition to adulthood. This service would be under the management of the CSOC/TAY Program Manager and would be directly supervised by the TAY supervisor. The Intervention Counselor would carry a caseload of these identified at-high Post-TAY at high-risk or mentally ill individuals who have expressed interest in continuing services, but have outgrown the TAY program, either in age or in needs. The number of clients will not exceed the FSP standard of 15.

The program will initially serve people between ages 21-30. Project staff will be coordinating with the Housing Specialist and will be developing collaborative relationships with the Department of Rehabilitation, One Stops, local community colleges, and employer groups to develop job placement and educational opportunities. Additionally, the case manager will facilitate a connection with primary care if medication needs are ongoing.

Unknown project elements that will be developed during the course of the innovation will be the program coordination logistics. Within the first six months of funding, an Intervention Counselor will be provided for the project. Project staff will work with the TAY and HOPE programs to create the "next step of support" for the Post-TAY population. The process of a TAY client moving into the Post-TAY program will be defined and a potential community resource network will be identified and used to connect Post-TAY clients to educational and vocational opportunities.

MHSA Principles and Values. The innovation project will be planned for and implemented in ways that are consistent with the general standards and core values of the Mental Health Services Act and Title 9, CCR, section 3320, including the values of community collaboration; creating an integrated-service experience; promoting wellness, recovery, and resiliency; creating a consumer-and family-driven mental health system; and creating a culturally competent system of care.

Community Collaboration: The innovation project supports and expands collaboration between Sutter-Yuba Mental Health Services and the communities in Sutter County and Yuba County. This project seeks to successfully integrate Post-TAY clients, who are in recovery from a serious mental illness, into adulthood and into their community by utilizing the natural vocational and educational resources from the community. Together, the Post-TAY Wellness Assistance Program and the community will provide a network of support for each client. The goal and shared vision in each connection with the community partner will be consistent with the recovery vision for mental health consumers. Each community connection will promote hope, personal empowerment, respect, social connections, self-responsibility, self-determination, and positive mental health outcomes.

Cultural Competence: The innovation project incorporates cultural competence in all of the project phases, including program planning, program design, program administration, and service delivery. The project increases the capacity for this underserved and inappropriately served population to receive services with the

innovative approach of taking an existing, successful mental health approach and adapting it to work for a new population.

The innovation project, its project staff, and its service approaches and practices will provide culturally competent and responsive services to the Post- TAY clients receiving mental health and substance abuse services. It will specifically provide them with services and supports that utilize the strengths and forms of healing that are unique to each individual. Sutter-Yuba Mental Health Services is committed to provide cultural competence training to ensure a culturally competent workforce. Training plan goals aim to increase the cultural competence skills and knowledge at levels of the Sutter-Yuba Mental Health System. Additionally, Sutter-Yuba Mental Health Services mission statement, policies, procedures, and organization culture demonstrate a commitment to cultural competence. All new employees, including the new therapists that will be hired for this project will participate in an employee orientation that describes their staff responsibilities, such as "*staff, contractors, and agents are committed to delivering all services in a partnership with the clients we serve and our community. We provide all services with respect and dignity, providing excellence in all we do and integrity in how we do it.*"

Client Driven- and Family Driven-: The innovation project focuses on empowering Post-TAY mental health clients to engage in their recovery and their integration into the community. The innovation project is reflective of input from former TAY clients who have voiced it would be beneficial to have this support despite them aging or transitioning out of the TAY program. The Post-TAY client has the primary decision-making role in identifying his/her wellness needs, educational needs, housing needs, and vocational needs. Post-TAY clients are the driving force in their treatment service plan, making the personal decisions of what services they feel would be the most helpful. The innovation project is primarily a client-driven service, but family involvement is welcomed if the client determines that it will contribute to his or her recovery. Additionally, parent partner staff is available and accessible for family member support.

Wellness, Recovery, and Resilience Focus: The vision for the innovation project is to provide mental health and wellness supports for ensuring that individuals, who no longer qualify for TAY Services, get the services needed to promote wellness, recovery, and resiliency. The Post-TAY clients are the primary decision makers in their recovery plans and all wellness services, vocational connections, and educational connections will promote empowerment, respect, social connections, self-responsibility, and self-determination; all key aspects needed for recovery and successful community integration.

Integrated Service Experience: The innovation project encourages individuals to access services and resources from the community. It serves as a connection to employment agencies, primary care, and other mental health services. These crucial social supports contribute to improving mental health outcomes.

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.

Innovation Learning Goal/Question/Expectations:

Innovation Goal: **Increase the quality of services, including improved outcomes for the newly defined Post-TAY clients who are in recovery from a serious mental illness, in Sutter/Yuba counties.**

Learning Question: *If a continuum of mental health and wellness support, is provided and targeted to the Post-TAY clients who are in recovery from a serious mental illness, will there be an increase in the quality of services, including improved mental health outcomes?*

Expected Outcome: Post-TAY clients who engage in their treatment plan and the services provided by the Post-TAY Innovation project will show reductions in or avoidances of hospitalizations and will additionally show increased community involvement, employment gains, and educational attainment, which all contribute to improved mental health. The innovation project will provide in-place supports that will contribute to Post-TAY clients attaining personal goals for recovery, socialization, employment, and education.

Service Quality/ Outcome Improvement and Learning Indicators

Indicators illustrating service quality and outcome improvement linked to the processes that provide for continued mental health and wellness services for the Post-TAY mental health clients:

- Continuous measurable improvement MORS scores and milestones. Specifically, analyzing what caused that achievement of the new milestone. Is there an increase in milestone obtainment after wellness services are delivered or if clients are connected to a specific community partner? Are we seeing improvements in milestones proportionally in all of the project clients after Post-TAY services are delivered? Are there any trends in which community resources are linked to higher MOR scores following their delivery?
- Project staff observations and notes on seeing which strategies, seem to be working and promoting mental health improvement, recovery and wellness.
- Clients' observations and feedback on which strategies they feel are beneficial and which strategies did not provide any benefit.

Learning Description:

The innovation project adapts an existing mental health practice/approach to a new population that Sutter-Yuba Mental Health Services has defined as a population outside out of the youth, TAY, Adult, and Older Adult classifications. Many counties provide successful TAY programs, but similar to the Sutter-Yuba Mental Health Services TAY Program, many clients age out or transition out of the TAY services provided by the county. TAY program staff has observed poor mental health outcomes for the clients who are in recovery from a serious mental illness because of this loss of in-place supports. An assessment of the project outcomes will illustrate if the Post-TAY Wellness Assistance Program increases the quality of services, including improved outcomes. If successful, other counties could extend the age limits on their current TAY programs and offer services that promote further integration into the community and services to support Post-TAY clients in this transition into adulthood.

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.
Implementation/Completion dates: 8/2013- 12/2016

Innovation Start Date/Completion Date: August 2013- December 2016

The initial six months of project implementation will be the project refinement and finalization period. Following the identification of project staff and the development of the necessary protocols and processes, the project will be launched and project measurement and evaluation each year will subsequently follow. Because this is a service delivery project for clients, at the onset of project year 3, the WET Coordinator with the project partners will initiate a conversation about the future of this project. Clients will be informed prior to services the nature of the innovation project. If the project is discontinued, clients will be referred to appropriate services in the agency or in the community depending on individual client needs. At each annual learning session, project participants will explore the future viability of this project. Additionally, we will be exploring options and creating a plan regarding future operations after the innovation-funding period is over.

8/2013- 1/2014 First 6 Project Months (Project Refinement Finalization	• Project Coordinator/Staff needs identified. • Convene all project representatives to create a project protocol and forms. Data collection timeframes will be specified. Project staff will be trained to administer the MORS.
1/2014- 12/2016	• Clients will be identified for the

Project Launch	project each year. • Each client will be individually assessed and tracked for progress.
12/2014 Year 1 Annual Learning Session Goal: Increase the quality of services, including improved outcomes.	• Convene Project Representatives. • Presentation/Discussion regarding Year 1 Outcomes. • Client and community stakeholder feedback/project experiences. • Discussion of suggested program improvements to be implemented for Year 2 learning.
12/2015 Year 2 Annual Learning Session Goal: Increase the quality of services, including improved outcomes.	• Convene project participants. • Was Year 1 suggested project improvements implemented? Discussion. • Presentation/Discussion regarding Year 2 Outcomes. • Client and community stakeholder feedback/project experiences. • Discussion of suggested program improvements to be implemented for Year 3 learning.
12/2016 Year 3 Annual Learning Session Goal: Increase the quality of services, including improved outcomes.	• Convene project participants. • Was Year 2 suggested project improvements implemented? Discussion. • Presentation/Discussion regarding Year 3 Outcomes. • Client and community stakeholder feedback/project experiences. **Project Completion**
12/2016 Project Completion	• Did the quality of services, including improved outcomes improve because of the innovation project? • Should we further fund this project? If yes, how? • Findings Report.

Disseminate findings

Findings will be disseminated to all stakeholders and partners in a final project report. If outcomes appear significant, as described above, further efforts will be made to work with CIMH and the Mental Health Services Oversight and Accountability Commission (MHSOAC) to help disseminate the findings through either published reports or conference presentations.

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.

As outlined in the Contribution to Learning section, this project is designed to assess the value of redefining the population that ages/transitions out of TAY, as Post-TAY by analyzing mental health outcome changes over time. We will pursue quantitative data collection via the MORS, a standardized tool that will measure indicators of recoveries. We will additionally explore the feasibility of cross-comparing/analyzing Post-TAY clients' crisis readmission rates with the crisis readmission rates of individuals who transitioned/aged out of TAY and did not become a Post-TAY Wellness Assistance Program client.

Prior to implementation, project staff will meet to specify the process for data collection and the timeframes for data collection. Sutter- Yuba Mental Health Services will be facilitating an annual learning lesson, to include client/family member and stakeholder presentations on program experiences, outcome presentations by project staff, and project staff experience each year of the funding of the innovation project. The MHSA Steering Committee on a yearly basis will review findings from the annual learning sessions. Participants of this project and involved community members will be included in this learning process and will provide ongoing stakeholder participation.

We expect to see measurable improvements via the MORS in the Post-TAY clients. The MORS will be assessed before service delivery and re-administered based on the data collection schedule, created prior to implementation. Additionally, we expect to see increases in educational gains and employment gains and decreases/avoidances of crisis services.

Leveraging Resources

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

Sutter-Yuba Mental Health Services will invest substantial staff time to support this project, and a variety of resources, including technology resources, supplies, meeting space, and project staff time dedicated to project measurement and evaluation. Additional resources are likely to be contributed in support of collaborative strategies to promote mental health and wellbeing that emerge through the implementation of the project. The initiative will also leverage the networks of community relationships that have emerged through the community capacity-building efforts funded through MHSA efforts over the past several years, and deepen the already strong intention, within SYMHS and its many partners, to eradicate stigma and promote mental health and wellbeing throughout Sutter and Yuba Counties.

Budget Narrative:

The plan will cover the costs of one Intervention Counselor I (ICI). The 2013-14 salary and benefit cost per ICI is $70,378. Assuming a 5% increase per step, a 1.5% annual cost of living adjustment, and an October 2013 hiring date, the total salary and benefits costs for this position for 3 years will be $223,787.

There will be 2 hours per week dedicated to project implementation and evaluation. Our current Workforce, Education and Training Coordinator will be providing these services at $47 per hour and will be working with project representatives on data collection, process journaling, outcome report preparation, and yearly learning session coordination. The three-year cost of the evaluation and learning activities will be $14,664

The total three-year cost of this work plan is $238,451.

EXHIBIT E

Innovation Work Plan Description
(For Posting on DMH Website)
County Name
Sutter-Yuba Counties

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

Work Plan Name

Improving mental health outcomes via interagency collaboration and service delivery learning for supervised offenders who are at-risk of or have serious mental illness

Population to Be Served (if applicable):

Sutter County and Yuba County AB109 offenders and other supervised offenders who are at-risk of or have serious mental illness.

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

Project Elements: Sutter County Probation and Yuba County Probation will each be provided mental health clinician time that is strictly dedicated to probation population that is at-risk of or has serious mental illness; this in itself is not a new mental health approach but what is innovative is the evaluation. Each county will be launching a different service approach in an experiment to see the effectiveness of the different strategies directed at the AB109 offenders and other supervised offenders who are at-risk of or have serious mental illness; this enables us to concurrently evaluate both approaches, which is a unique evaluation method.

The mental health clinician assigned to Sutter County Probation will be embedded into an existing multi-disciplinary probation team and the clinician will be providing mental health assessments, post-release recovery plans and supports, and connections to ancillary services prior to release. This setting allows services to be targeted at the supervised offenders who are at-risk of or have serious mental illness upon release. The mental health clinician assigned to Yuba County Probation will be conducting mental health assessments, post-release recovery plans and supports, and connections to ancillary services targeted at supervised offenders who are at-risk of or have serious mental illness following release back into the community in a community-based effort.

Innovation Work Plan Description
(For Posting on DMH Website)
County Name
Sutter-Yuba Counties

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

Work Plan Name

A culturally-competent collaboration to address serious mental illness in the Traditional Hmong population

Population to Be Served (if applicable):

Sutter County and Yuba County Traditional Hmong population who have serious mental illness.

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

Project Elements: The project will assist Hmong clients with serious mental illness by providing them access to traditional Hmong healing through provided coordination services and funds that will aid in covering some of the costs of the ceremonies, rituals, and offerings. The funding of this project will also support a project staff member whose role will be to assist the client in accessing an appropriate traditional healer that specializes in treating the identified symptoms. Additionally, this staff person would coordinate the client's traditional healing services with their current mental health services.

Sutter-Yuba Mental Health Services clinical staff, to include doctors, nurses, therapists, and intervention counselors, will identify a minimum of ten Hmong clients each year, who have been identified as clients whose mental health symptoms may be improved with additional traditional Hmong practices.

Project staff will assist patients in finding an appropriate Hmong traditional healer. This can be done by utilizing the "Traditional Healers Provider List", which was created through the previously mentioned Traditional Hmong Healer's Project. Project staff will meet with the selected Hmong client and the selected traditional healer to determine the client's needs and the traditional healer's diagnosis and recommendations. Based on this intake, a list of needs will be developed, and project funding would help fund some of the client's traditional healing needs.

EXHIBIT E

Innovation Work Plan Description
(For Posting on DMH Website)
County Name
Sutter-Yuba Counties

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

Work Plan Name

Continued mental health and wellness support for the new Post-TAY clients who are in recovery from a serious mental illness

Population to Be Served (if applicable):

Sutter County and Yuba County Post-TAY clients who are in recovery from a serious mental illness.

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

Project Elements: The purpose of the Post-TAY (Transition Age Youth) Wellness Assistance Program is to increase the quality of services, including better mental health outcomes for the Post-TAY population who are in recovery from a serious mental illness with the introduction of specialized wellness support services that address the unique needs of this population. The Post-TAY population consists of those youth who are ending TAY Services, but whose needs would not be well served in the HOPE Full Service Partnership (FSP) or Adult Outpatient Programs. The project will be utilizing an Intervention Counselor to provide mental health services and provide connections to community resources for housing stability, continuing education, and vocational support tailored to help guide the Post-TAY in this transition to adulthood. This will differ from TAY and HOPE in that there is no longer a classroom component to the independent living skills and there will be an increased focus on community integration. The expectation is that those skills learned from TAY and HOPE will be sufficiently mastered to take a secondary role to educational and vocational needs. Rather than a bridge to adult services, the concept is to launch these young adults successfully into the community and support them in this often-difficult transition to adulthood.

EXHIBIT E

Mental Health Services Act
Innovation Funding Request

County: Sutter-Yuba Counties Date: August 28, 2013

	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	Improving mental health outcomes via interagency collaboration and Service delivery learning for supervised offenders who are at-risk of or have serious mental illness	$634,520		*	*	*
2	2	A culturally-competent approach to address serious mental illness in the Traditional Hmong population	$41,759	*	*	*	*
3	3	Continued mental health and wellness support for the new Post-TAY clients who are in recovery from a serious mental illness	$238,451	*	*	*	
4							
5							
6							
7		*Indicates age group that will be impacted by funding.					
8							
12							
13							
14	Subtotal: Work Plans		$914,730	$0	$0	$0	$0
15	Plus County Administration						
16	Plus Optional 10% Operating Reserve						
17	Total MHSA Funds Required for Innovation		$914,730				

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Sutter-Yuba Mental Health Services Fiscal Year: 2013/14

Work Plan #: 1

Work Plan Name: Improving mental health outcomes via interagency collaboration and service delivery learning for supervised offenders who are at-risk of or have serious mental illness

New Work Plan ☑

Expansion ☐

Months of Operation: 08/2013-12/2016
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	605,192		29,328	$634,520
2. Operating Expenditures				$0
3. Non-recurring expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Total Proposed Work Plan Expenditures	**$605,192**	**$0**	**$29,328**	**$634,520**
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	**$605,192**	**$0**	**$29,328**	**$634,520**

Prepared by: Patrick Larrigan Date: 8/9/2013

Telephone Number: 530-822-7200

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Sutter-Yuba Mental Health Services Fiscal Year: 2013/14

Work Plan #: 2

Work Plan Name: A culturally-competent approach to address serious mental illness in the Traditional Hmong population

New Work Plan ☑

Expansion ☐

Months of Operation: 08/2013-12/2016
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures			31,259	$31,259
2. Operating Expenditures	10,500			$10,500
3. Non-recurring expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Total Proposed Work Plan Expenditures	**$10,500**	**$0**	**$31,259**	**$41,759**
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	**$10,500**	**$0**	**$31,259**	**$41,759**

Prepared by: Patrick Larrigan Date: 8/9/2013

Telephone Number: 530-822-7200

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Sutter-Yuba Mental Health Services Fiscal Year: 2013/14

Work Plan #: 3

Work Plan Name: Continued mental health and wellness support for the new Post-TAY clients who are in recovery from a serious mental illness

New Work Plan ☑

Expansion ☐

Months of Operation: 08/2013-12/2016
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	223,787		14,664	$238,451
2. Operating Expenditures				$0
3. Non-recurring expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Total Proposed Work Plan Expenditures	**$223,787**	**$0**	**$14,664**	**$238,451**
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	**$223,787**	**$0**	**$14,664**	**$238,451**

Prepared by: Patrick Larrigan Date: 8/9/2013

Telephone Number: 530-822-7200