

# Mono County Innovation Plan FY 2017-2018

## Eastern Sierra Strengths-Based Learning Collaborative: A County-Driven Regional Partnership

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## Section 1: Project Overview

### Innovation Defined

*INN projects are novel, creative and/or ingenious mental health practices/approaches that contribute to learning and that are developed within communities through a process that is inclusive and representative, especially of unserved, underserved, and inappropriately served individuals....An Innovation project is defined, for purposes of these guidelines, as one that contributes to learning rather than a primary focus on providing a service. By providing the opportunity to “try out” new approaches that can inform current and future mental health practices/approaches in communities. To clarify, a practice/approach that has been successful in one community mental health setting cannot be funded as an INN project in a different community even if the practice/approach is new to that community, unless it is changed in a way that contributes to the learning process. Merely addressing an unmet need is not sufficient to receive funding.*

### Primary Problem

*What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.*

Ongoing skill development is a key component of providing excellent services to clients, preventing burn-out, and integrating best practices. Furthermore, when greater percentages of staff members develop specific skills, the greater the impact. However, for counties like Mono County that are very rural and remote, there are myriad barriers to ongoing skill development. In fair weather, it takes 4.5 hours to drive from Mammoth Lakes to Sacramento and 5 hours to drive to Los Angeles. Although Mammoth Lakes is 76 miles “as the crow flies” from population centers like Fresno, the lack of mountain passes and closed mountain passes make the trip there more than 6 hours. Add hazards like snowy roads, mud slides, and flooding into the mix and travel can be impossible. All this is to illustrate that Mono County is very remote and the challenges of traveling to large population centers where there may be training opportunities are very real. When staff attend trainings, meetings, or conferences they must frequently travel more than half a day.

Through its Community Program Planning process, the Mono County Behavioral Health (MCBH) Department identified housing, financial stability/employment, and isolation as some of its top needs. In order to better address these needs, MCBH identified one particular solution: skill development among staff in its department, and among staff employed by its community

partners. However, accessing skill development opportunities is somewhat of a catch-22: MCBH has so few people that bringing in an on-site trainer for multi-session training and coaching would not be cost effective, but Mono County is so far from larger population centers that travel to a multi-session training would also not be cost effective. In exploring potential solutions to these problems, MCBH's Director discovered that neighboring Inyo and Alpine Counties also face challenges related to accessing skill development opportunities. Inyo and Alpine Counties have 23 and 16 staff members, respectively and are both remote, rural counties like Mono.

The three directors met to discuss the specific needs that were identified by stakeholders through the Community Program Planning process. Through this discussion, they discovered that all three counties could benefit from a strengths-based approach to services. This best practice has been proven to improve client outcomes and increase staff engagement; however, for transformational change to take place within the department, all staff would need to develop strengths-based skills. Together, the three counties identified the Strengths Model (implemented over 18 months with a dedicated trainer) as an approach that would meet the departments' needs. This evidence-based model has been proven to improve outcomes in the areas of housing, employment, education, and increased community involvement. Moreover, Mono, Inyo, and Alpine Counties believe that this combination of challenges and needs is a perfect launching point for a county-driven regional collaborative.

Through further discussion with Inyo and Alpine Counties, Mono County also identified opportunities for skill development and improved collaboration among its community partners. In Mono County, the community partners often work together and serve the same clients, but they don't always have a common approach. Through the Learning Collaborative, MCBH would like to learn more about collaboration with community partners, specifically in terms of promoting a change to a strengths-based culture that would ultimately become the common approach with clients.

MCBH has prioritized this INN project because staff retention and skill development are enormous challenges in our small department of 15 people. It is common throughout Mono County for staff to become burned out and either 1) move away, leaving positions open for up to 12 months at a time or 2) remain in the position because other work opportunities are not available in the area but become disengaged from the work. Mono County must often hire less experienced staff members because the applicant pool for open positions is so small. With this in mind, it is critical to provide skill development opportunities. Additionally, with some frequency MCBH has identified client/family needs that are in our outlying areas. Sometimes, these areas are closer to other counties (for example, clients in Benton are closer to Inyo County's offices in Bishop than Mono County's offices in Mammoth Lakes). On other occasions, there are practitioners in other counties with the expertise that we need but cannot use because we do not have the infrastructure, buy-in, or ability to collaborate. In these scenarios, having a team that shares the same approach and has the infrastructure to work on a regional level would best serve such a client's needs would be enormously helpful. If we have a regional collaboration for team approach treatment, we can develop a workforce that is specific to this region, not siloed department by department.

Lastly, MCBH chose to prioritize this INN project over other identified needs because most other needs that were identified through our Community Program Planning process could be met through smaller scale interventions based upon proven practices that fall into other MHSA funding categories. MCBH also believes that it can make distinct contributions to learning as it relates to rural regional collaboration for ongoing skill development.

## Proposed Project

*Describe the Innovative Project you are proposing. Note that the “project” might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).*

*Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.*

*A) Provide a brief narrative overview description of the proposed project*

In order to address the problems and barriers outlined above, Mono County is proposing an Innovation Plan that would create the Eastern Sierra Strengths-Based Learning Collaborative. This Collaborative will be comprised of Inyo, Mono, and Alpine Counties, as well as community partners such as Mammoth Hospital, law enforcement, and Wild Iris Crisis and Counseling Center and will meet for 9 learning and coaching sessions over the course of 18 months. MCBH believes that county-driven learning collaboratives are a valuable way for rural and remote counties to leverage their resources to meet critical regional needs and develop long-term regional partnerships. The department anticipates that this innovative Collaborative will not only meet the counties’ immediate skill development needs, but will also help create a template that will facilitate smoother county-driven collaboration in the future.

The Eastern Sierra Strengths-Based Learning Collaborative will be funded in proportionally by Inyo, Mono, and Alpine Counties; Inyo and Alpine Counties plan to fund their contribution to the Collaborative with Workforce Education and Training (WET) money. MCBH has opted to use INN funds instead of WET funds because the department is very interested in learning more specifically about how to implement a successful collaborative among some of the smallest of the small counties and how the lessons learned about barriers, facilitators, and the exchange of ideas might be applied in other counties. Additionally, Mono County is the “hub” of the program both geographically and idealistically – MCBH’s director first approached the other directors with the idea of a collaborative. In this way it makes sense that MCBH would spearhead the innovative learning component of this training.

Each county will sign an MOU, which will outline funding and other responsibilities. MCBH recognizes that the MOU development process may be difficult and complex (a bureaucratic barrier), and the department plans to clearly outline the process used and the lessons learned in its learning goal deliverables. From a financial perspective, Mono County will be responsible for \$85,000 of the training itself, while Inyo and Alpine counties will be responsible for \$110,000 and \$55,000 of the training costs, as well as costs related to staff travel and time.

From a responsibility perspective, Inyo, Mono, and Alpine will each be responsible for different aspects of the planning and implementation process, but all counties' staff will participate in the training and coaching sessions. Given that MCBH proposes to use Innovation funds for this project, MCBH will take responsibility for creating the regional collaboration work plan, which will also include guidelines, recommendations, and other lessons learned. This work plan will outline every task that needs to be accomplished to get the Eastern Sierra Learning Collaborative up and running; it will also serve as a template for other counties that wish to implement a county-driven regional collaborative.

It is estimated that the Collaborative planning process will take approximately four months, the sessions will take place over the following eighteen months, and evaluation will wrap up in two months; in total, this Innovation project will be complete in 24 months. All sessions will be facilitated by an expert trainer/coach from the California Institute for Behavioral Health Solutions (CIBHS) and the location will rotate between the three counties with all staff traveling to that location (i.e. for session #1, all Inyo and Mono staff will travel to Alpine County). Alternating between the counties will also allow team members to view the work environment and resources available to their peers.

The Eastern Sierra Strength Based Learning Collaborative will be a hybrid of the Breakthrough Series Collaborative Model developed by the Institute for Healthcare Improvement and the Strengths Model, which is described briefly below. The training will implement several components of the Collaborative Model which are focused on systems change; these include topic selection, enrolling staff, pre-work, and engaging in learning sessions. Combining these two models will promote both system change and clinical change. Where most other models focus on either systems change or clinical change, this Collaborative will target both equally to ensure that the systems are in place to support clinical change, and that the clinical practice is in place to lead to systems change. Inyo, Mono, and Alpine Counties predict that this hybrid approach will be even more effective given the regional focus and customization.

***Strengths Model Overview:***

“The University of Kansas School of Social Welfare developed the Strengths Model in the mid-1980s as a response to traditional deficit-oriented approaches in mental health. The Strengths Model is both a philosophy of practice and a set of tools and methods designed to enhance recovery. While the tools of the model (i.e. Strengths Assessments and Personal Recovery Plans) are used primarily by community-based direct service workers (e.g. case manager, care manager,

care coordinator, community health worker, etc.), the principles of the model have agency-wide application.

The Strengths Model rests on six core principles [that provide both a philosophical base as well as day-to-day guidance for tasks and goals] (Rapp & Goscha, 2012):

- Principle # 1: People with psychiatric disabilities can recover, reclaim and transform their lives;
- Principle #2: The focus is on an individual's strengths rather than deficits;
- Principle #3: The community is viewed as an oasis of resources;
- Principle #4: The client is the director of the helping process;
- Principle #5: The relationship is primary and essential;
- Principle #6: The primary setting for our work is in the community."

The Strengths Model is also the curriculum that will be used to train staff. Learning sessions will be focused on recovery goals, engagement, and strengths assessment; group supervision and building recovery-oriented treatment plans from the strengths assessment; developing the personal recovery plan; and naturally-occurring resources and supporting independence from the system. This model is proven to improve outcomes in the areas of housing, employment, education, and increased community involvement, all of which directly correlate to the needs identified in Mono County's Community Program Planning process.

*B) Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).*

The approach taken will be to make a change to an existing practice in the field of mental health. Training and professional development are common existing practices in the field of mental health; however, Mono County is introducing an innovative change by collaboratively planning and implementing the training with other rural counties in the region. Moreover, the collaborative will be built upon the specific needs and expectations of the three counties involved, ensuring a bottom-up rather than top-down approach.

*C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply to mental health a practice from outside of mental health, briefly describe how the practice has been applied previously.*

MCBH has determined that this approach is appropriate because it directly addresses the need for skill development in Mono County. More importantly, however, this approach will also meet the needs that Inyo and Alpine Counties have identified. This Innovation Plan will allow these three remote counties to overcome the rural barrier to skill development. It will also allow the counties to leverage their resources and create an environment for collaboration while increasing localized knowledge.

## Innovative Component

*What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?*

Professional development, continuing education, and training are all common to the fields of mental health. It is common for state agencies, national organizations, and other wide-reaching entities to plan and host trainings or educational events. It is even common for county mental health plans to identify needs and either send staff to trainings or bring in an on-site trainer. It is uncommon for counties to work together across funding and bureaucratic barriers to find common needs and pool resources to address those needs, especially when inviting community partners to the table. These bureaucratic barriers could range from challenges related to Boards of Supervisors, to composing complex MOUs, to project funding, to political differences between agencies and partners.

What makes the Eastern Sierra Learning Collaborative innovative is the fact that the identification of needs and the planning and implementation of the Collaborative has all been county-driven and that it will also invite community partners to the learning sessions. It is Mono County's hope that inviting these community partners to the table will not only create a better infrastructure for collaboration, but also build the foundation for more common approaches in the future. The development of this Collaborative has been a regional grassroots effort; where other trainings may be grassroots, they are likely not regional and where they are regional, they are rarely grassroots.

As a result of this Innovation project, Inyo, Mono, and Alpine Counties will all have a common need met through a Collaborative that is specifically adapted to the remote, rural environment and includes both systems change and clinical change elements. Moreover, this Innovation project serves as a learning opportunity for how counties can improve their collaborative work and leverage resources to meet common county-identified needs. Finally, it serves as a way to learn more about working with other community partners and developing a common approach to serving clients across organizational boundaries.

## Research on Innovative Component

*Describe the efforts have you made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address?*

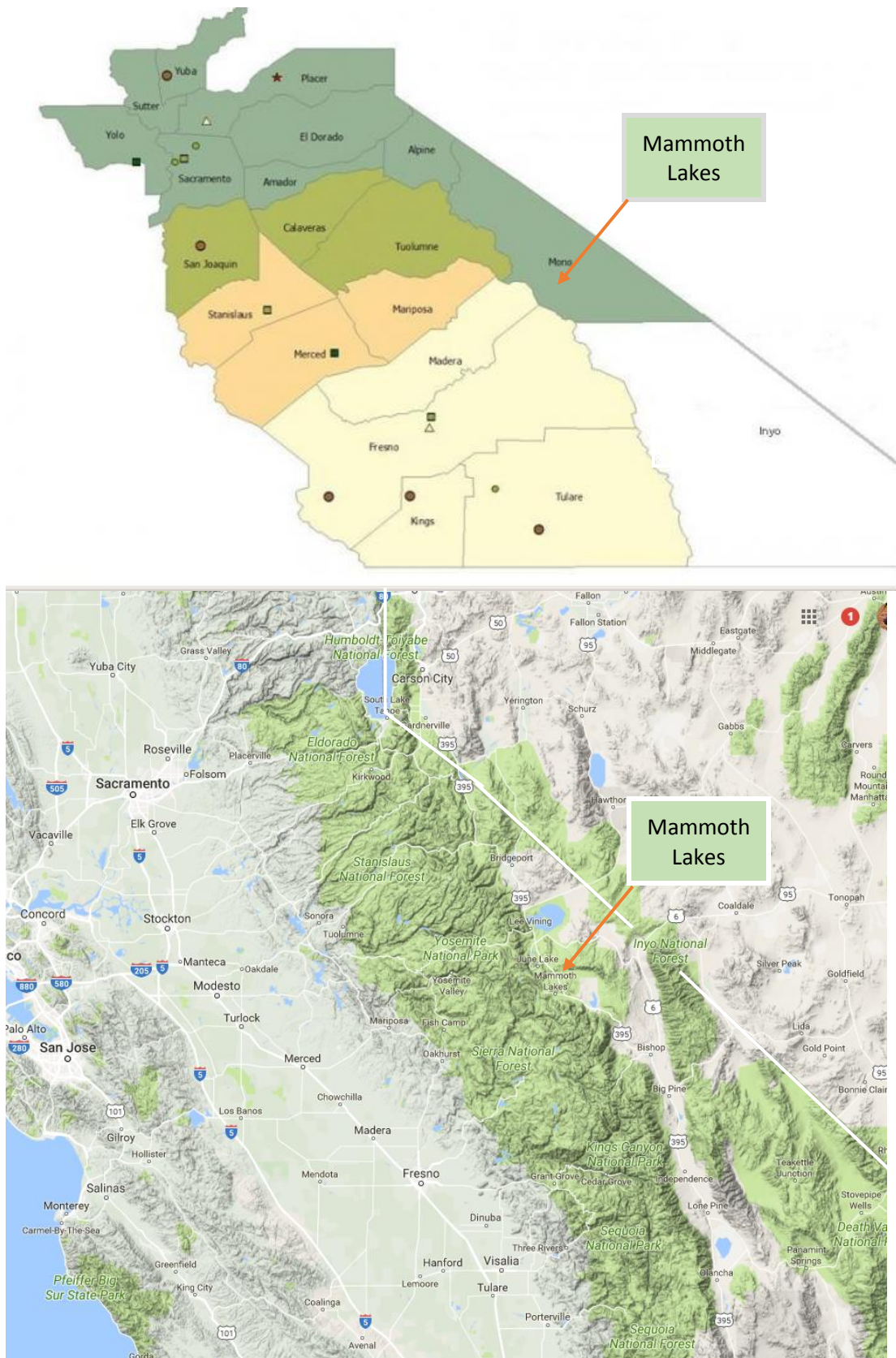
The MCBH MHSA Coordinator made a meaningful effort to investigate existing models of learning collaboratives, regional training centers, and county-to-county learning during the planning process for the INN Plan. One existing project this is close to the proposed project is the CIBHS Workforce Education and Training (WET) Regional Partnership Toolkit 2009. This toolkit provides a broader look at the creation of a Regional Partnership, questions to ask around identifying priorities, and planning meetings. While this information is certainly useful, the material is not

only older (2009) and references the Department of Mental Health, it also does not take into account the bureaucratic and physical barriers associated with collaboration, or the challenges related to bringing community partners into the mix and developing common approaches for client service.

Moreover, this toolkit is focused on the Regional Partnerships that were developed based on the geographic regions designated by the California Mental Health Directors Association. In this designation, Inyo, Mono, and Alpine Counties are part of the Central Region, which includes a broad range of very different counties with very different needs. In addition to the Central Region being geographically long and fairly wide, it is separated by the Sierra Nevada Mountains (See Figure 1 below). These differences and natural divisions make regional work much more challenging than it may appear. The primary way that the Eastern Sierra Learning Collaborative will be different from existing Regional Partnerships is that it will focus on the rural, remote needs of the three counties involved rather than using the existing large partnership model that has been implemented. As mentioned above, the Learning Collaborative will also focus more on learning about strategies to overcome bureaucratic barriers.



Figure 1. Regional Partnership Map: Central Region: County Map vs. Topographic Map



After researching the CIBHS WET Regional Partnership Toolkit, the MHSA Coordinator turned to the internet. A search of Google and Google Scholar for such keywords as "rural learning collaborative," "county to county learning," "regional training," and "cross county training." These searches did reveal some results similar to this Innovation project; however, none of the models or approaches found were truly county-driven and designed to specifically address regional needs:

- For example, MCBH researched the San Diego Regional Training Center and the Greater Bay Area Mental Health & Education Workforce Collaborative, both of which are a county-run centers that were formed to meet regional training needs. Although these centers are county-driven and require cross-county collaboration, they were essentially created as a permanent entity with dedicated staff that could facilitate trainings.
- In another example, counties in Colorado can take advantage of the Collaboration Incentive, which aims to encourage county departments of human/social services to collaborate with at least three approved partners at least once per quarter. While this is certainly a valuable initiative, the parameters ("approved partners," etc.) that the state places around the Incentive are very different from what MCBH is proposing.
- MCBH also discovered literature about inter-agency collaboration *within* the county setting. While the lessons taken from these articles are interesting, important, and relevant to the proposed Innovation project, again, MCBH is planning to take collaboration a step farther: going beyond county lines.

These examples are very different from the multi-county, self-planned Innovation project that MCBH is proposing. Other collaboratives that were researched are largely run or regulated by state/national entities, consulting firms, or other agencies and then counties can choose to participate. As described above, the Eastern Sierra Learning Collaborative takes a more grassroots rather than top-down approach.

Lastly, MCBH queried other MHSA Coordinators from the CBHDA MHSA Committee, as well as other fiscal staff to learn whether cross-county collaboratives had been done elsewhere. There was no affirmative response from the more than 100 people emailed. Additionally, MCBH spoke with a consulting firm in Colorado that coordinates several state and national learning collaboratives, as well as staff from CIBHS who both confirmed that they believe the county-driven regional learning collaborative proposed in this plan to be innovative.

### Learning Goals/Project Aims

*The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices.*

*A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?*

MCBH's first goal is to learn or better understand how to facilitate cross-county and inter-agency collaboration. We want to learn exactly what steps need to take place for counties to come together and identify needs, identify solutions, and implement those solutions using shared resources. What additional steps need to be taken to include other county partners in such collaboratives?

Deliverable: The resulting findings will be used to create a cross-county collaboration template or checklist.

MCBH's second goal is to learn or better understand what factors serve as facilitators or barriers to cross-county collaboration, specifically from a bureaucratic standpoint. This will allow MCBH to understand the what systems or resources need to be in place for such a Collaborative to be successful.

Deliverable: The resulting findings will be used to create a "Lessons Learned" Factsheet and a Feasibility Checklist/Readiness Assessment.

MCBH's third goal is to learn or better understand the benefits of such a collaboration in remote, rural environments. What is the value of "cross-pollinating" staff within these three small departments and the community partners? Will staff be better equipped to leverage resources and make referrals to services across county lines (especially related to local agencies that already have a cross-county presence like IMACA and Wild Iris)? What other unforeseen benefits might this collaboration have?

Deliverable: The resulting findings will be used to create a "Lessons Learned" Factsheet.

We have prioritized these learning goals because they will provide a process by which Mono, Inyo, and Alpine Counties can meet their current identified needs and recognize facilitators and barriers to meeting those needs. Additionally, these learning goals will allow MCBH to create tools that can guide future collaboration for our three counties and other counties that wish to increase their cross-county collaboration outside existing Regional Partnerships, and outline the benefits of such a collaboration.

*B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?*

Our learning goals are directly related to the innovative component of this Innovation plan. The innovative component of this plan is that the Eastern Sierra Learning Collaborative is a county-driven collaborative that crosses county and inter-organizational barriers. Our learning goals will ensure that we are able to successfully implement the collaborative and that by documenting the process we help make innovative cross-county collaboratives more common in the future.

## Evaluation or Learning Plan

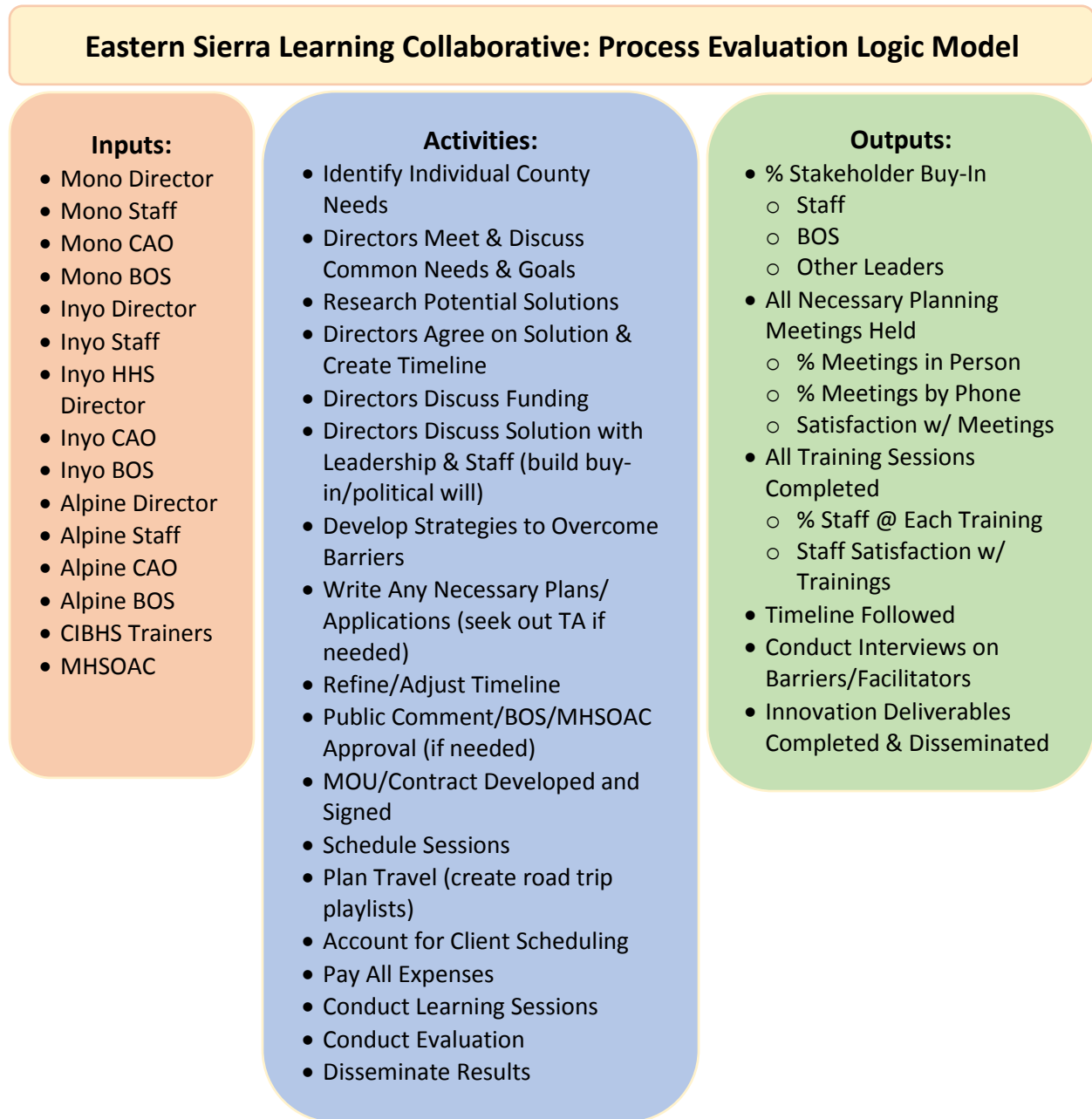
*For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met.*

MCBH will primarily use a process evaluation to track the implementation of the Eastern Sierra Strengths Based Learning Collaborative. The hypothesized process logic model is included below (see Figure INN.1). The MCBH MHSA Coordinator and CIBHS facilitators will share responsibility for tracking all activities and outputs. As the implementation process proceeds, they will also build out the logic model further by adding items to the activities and outputs where necessary. This process evaluation will also include focus groups and interviews with key stakeholders (inputs); these interviews will take place throughout the implementation process and during a “Harvest” debriefing at the end of the Collaborative. The Harvest will also include questions about the benefits of the Collaborative.

Data to measure the inputs, activities, and outputs will be collected by attending planning meetings and sessions (participant observation), conducting qualitative interviews and focus groups, and holding a “Harvest” debriefing session. The MHSA Coordinator and CIBHS facilitators will then code the data and work with key stakeholders from all counties to analyze the findings and develop the three learning goal deliverables outlined above: 1) cross-county collaboration template/checklist; 2) “Facilitators and Barriers: Lessons Learned” Factsheet and a Feasibility Checklist/Readiness Assessment; 3) “Benefits of Collaboration: Lessons Learned” Factsheet.

MCBH will also be tracking the outcomes of the Strengths Model itself to ensure that the training is impacting client outcomes such as housing, employment, education, and community involvement; however, that evaluation falls outside the scope of this Innovation Plan.

Figure INN.1.



## Section 2: Additional Information for Regulatory Requirements

### Contracting

*If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships.*

The County's MHSa Coordinator and Fiscal Services Officer will allocate resources to manage the County's relationship to the contractor. This team will use process evaluation to ensure that all contracted learning sessions take place and the Fiscal Services Officer will ensure regulatory compliance. Additionally, all staff who attend the learning sessions will complete satisfaction questionnaires to ensure the quality of the sessions.

### Certifications

*A) Adoption by County Board of Supervisors. Please present evidence to demonstrate that your County Board of Supervisors has approved the proposed project.*

*Evidence may include explicit approval as a stand-alone proposal or as part of a Three-Year Plan or Annual Update; or inclusion of funding authority in your departmental budget.*

To be attached upon approval.

*B) Certification by the County mental health director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA).*

*Welfare and Institutions Code (WIC) 5847(b)(8) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and nonsupplantation requirements."*

To be attached upon approval.

*C) Certification by the County mental health director and by the County auditor-controller if necessary that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA.*

*WIC 5847(b)(9) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act."*

To be attached upon approval.

Additionally, Mono County has submitted all required ARERs to the MHSOAC.

## Community Program Planning

*Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or underserved populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.*

MCBH combined its Community Program Planning (CPP) process for its Innovation Plan with the CPP for its 2017-2020 MHSA Three-Year Plan. Please see the Community Program Planning portion of the Three-Year Plan (available at [monocounty.ca.gov/MHSA](http://monocounty.ca.gov/MHSA)) for a complete summary of the CPP process used and community members who participated. Through this process, many critical needs were identified and potential community solutions proposed. In the Community Survey, for example, participants were invited to share innovative program ideas (see MHSA Community Survey Results – also available [online](#)). MCBH is still assessing the feasibility of some of these ideas for future Innovation projects. Many other needs that arose through the CPP process could be met through smaller scale interventions based upon proven practices that fall into other MHSA funding categories

For the 2017-2020 Three-Year Plan and 2017-2018 Innovation Plan, MCBH decided to target a training need that was identified by the MCBH Director, Behavioral Health Advisory Board, and Quality Improvement Committee, which includes the Director, Clinical Supervisor, Fiscal Services Officer, Quality Assurance Coordinator, Fiscal Technical Specialist, and MHSA Coordinator. As mentioned above, the need for skill development was also identified by Inyo and Alpine Counties.

## Primary Purpose

*Select one of the following as the primary purpose of your project.*

- a) Increase access to mental health services to underserved groups
- b) Increase the quality of mental health services, including measurable outcomes
- c) Promote interagency collaboration related to mental health services, supports, or outcomes**
- d) Increase access to mental health services

## MHSA Innovative Project Category

*Which MHSA Innovation definition best applies to your new INN Project (select one):*

- a) Introduces a new mental health practice or approach.

- b) **Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.**
- c) Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

## MHSA General Standards

*Using specific examples, briefly describe how your INN Project reflects and is consistent with all potentially applicable MHSA General Standards set forth in Title 9 California Code of Regulations, Section 3320. (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standard could not apply to your INN Project, please explain why.*

The services that will ultimately result from this Innovation project will reflect and be consistent with all the MHSA General Standards. Enhanced organizational capacity and cross-county coordination of services is one of the primary goals of our Innovation project. These activities closely align with the general standards. All services will be culturally and linguistically competent. We will utilize bilingual, bicultural services, whenever possible. In addition, we will strive to provide culturally-sensitive services to all clients in an effort to support optimal outcomes. Services will be client and family driven, and follow the principles of recovery, wellness, and resilience. These concepts and principles of recovery incorporate hope, empowerment, self-responsibility, and an identified meaningful purpose in life. Services will be recovery oriented and promote consumer choice, self-determination, flexibility, and community integration, to support wellness and recovery. Evaluation activities will collect information on these demographics to identify if services are effective across these diverse cultural and ethnic populations.

## Continuity of Care for Individuals with Serious Mental Illness

*Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.*

Individuals with serious mental illness (SMI) will not receive services as a direct result of the proposed project.

## Cultural Competence and Stakeholder Involvement in Evaluation

*Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.*

Neither this Innovation Plan nor its evaluation plan target any ethnic/racial/linguistic minority groups. The target of this Innovation Plan is staff members from the three counties. With this in mind, the MCBH MHSA Coordinator plans to create an evaluation workgroup that will include staff members from Inyo, Mono, and Alpine Counties. This will ensure that the evaluation is culturally competent in terms of the differences between each of the three counties and it will provide an opportunity for meaningful stakeholder participation in the evaluation. If possible,



the evaluation work group will contain at least one bicultural/bilingual Latino staff member and one Native American staff member.

## Innovation Project Sustainability

*Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion.*

The Eastern Sierra Strengths Based Learning Collaborative will be finished after 24 months, therefore it will not need to be sustained without Innovation funds. That said, it is the hope of MCBH that this Innovation Plan will help foster a strong working relationship between Inyo, Mono, and Alpine Counties, as well as a template that will guide future regional collaboration. With the groundwork laid and infrastructure built by this Innovation Project, MCBH believes that such collaboration will be implemented even more quickly and easily. Additionally, this Collaborative focuses on increasing localized knowledge and core practice capability, with a great emphasis placed on supervisor coaching. These components of the Collaborative will help sustain the changes catalyzed over this 24-month period and provide staff with the skills they need to train new team members.

## Communication and Dissemination Plan

*Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.*

*A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?*

By the nature of this project, MCBH will be disseminating information to stakeholders within Mono, Inyo, and Alpine Counties. These findings will be disseminated by the members of the evaluation workgroup at staff in-services in each of the three counties. The deliverables that will be generated by this Innovation Plan are designed to be easy-to-digest checklists and fact sheets. This will make broader dissemination efforts even more valuable. MCBH will also plan to disseminate findings to the Behavioral Health Advisory Board, which includes several different community leaders, and will post its findings on its website. Additionally, CIBHS will post the findings on its website, which is accessed by counties across the state.

*C) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.*

1. Collaborative
2. Strengths based
3. Rural learning

## Timeline

*A) Specify the total timeframe (duration) of the INN Project:*

24 Months

*B) Specify the expected start date and end date of your INN Project:*

Start Date: 10/1/2017

End Date: 10/1/2019

*C) Include a timeline that specifies key activities and milestones:*

### ***Completed Activities as of mid-June 2017:***

- Identify Individual County Needs
- Directors Meet & Discuss Common Needs & Goals
- Research Potential Solutions
- Directors Agree on Solution & Create Timeline
- Directors Discuss Funding

### ***Ongoing Activities as of mid-June 2017:***

- Directors Discuss Solution with Leadership & Staff (build buy-in/political will) *Ongoing*
- Develop Strategies to Overcome Barriers *Ongoing*
- Refine/Adjust Timeline *Ongoing*
- Write Any Necessary Plans/Applications *Goal: Complete by July 7, 2017*

### ***Future Activities as of mid-June 2017:***

- Directors Discuss Solution with Leadership & Staff (build buy-in/political will) *Ongoing*
- Develop Strategies to Overcome Barriers *Ongoing*
- Refine/Adjust Timeline *Ongoing*
- Public Comment/BOS/MHSOAC Approval (if needed) *Goal: Complete by October 1, 2017*
- MOU/Contract Signed *Goal: Complete by November 1, 2017*
- Schedule Sessions *Goal: Complete by December 1, 2017*
- Plan Travel *Goal: Complete by January 1, 2018*
- Account for Client Scheduling *Goal: Complete by January 1, 2018*
- Pay All Expenses *Goal: Complete by January 31, 2018*
- Conduct Learning Sessions *Goal: February 1, 2018-August 1, 2019*
- Conduct Evaluation *Goal: August 1, 2019-September 1, 2019*
- Disseminate Results *Goal: Complete by October 1, 2019*

### *Section 3: INN Project Budget and Source of Expenditures*

#### Budget Narrative:

##### **Innovation Work Plan Budget Narrative 2017-2018**

The Innovation Project Budget is based on the 24-month Eastern Sierra Strengths-Based Learning Collaborative Plan. The plan requested total is \$259,046.00 over a 24-month period (October 1, 2017 through September 30, 2019).

Personnel Costs include salary and benefits attached to staff members that will be participating in the Eastern Sierra Strengths Model Learning Collaborative. The positions included are:

- Executive Leader
- Team Supervisor/Data Lead
- Clinical Supervisor
- Direct Service Providers (Clinicians and Case Managers)

Personnel Costs for the above Team Members is based on a percentage of time that will be spent directly on the project based on the Project Schedule provided in the Eastern Sierra Strengths Model Learning Collaborative Proposal. The percentage of each team member's time was then applied to their monthly salary and benefits.

Operating Costs/Indirect will cover items such as rent, utilities, supplies, and other aspects associated with program operations. This line item will also cover the expenses of administrative staff services attached to the project.

Consultant Costs/Contracts are based on the proposal provided by the California Institute for Behavioral Health Solutions.

Outcomes Tracking and Evaluation will be completed by the consulting CIBHS Contractors as well as Mono County's Data Lead. These costs are encompassed by the Consultant Costs/Contracts and the Personnel Costs.

This Innovation Budget will cover the funds expended during the Learning Collaborative and will support the change that Mono County and its regional partners are hoping to attain.

## Budget by Fiscal Year and Specific Budget Category

<b>A. New Innovative Project Budget By FISCAL YEAR (FY)*</b>					
<b>EXPENDITURES</b>					
<b>PERSONNEL COSTS (salaries, wages, benefits)</b>		<b>FY 17-18 9 Months</b>	<b>FY 18-19 12 Months</b>	<b>FY 19-20 3 Months</b>	<b>Total 24 Months</b>
1.	Salaries	56,754.00	75,672.00	18,918.00	151,344.00
2.	Direct Costs				
3.	Indirect Costs				
4.	Total Personnel Costs	56,754.00	75,672.00	18,918.00	151,344.00
<b>OPERATING COSTS</b>		<b>FY 17-18</b>	<b>FY 18-19</b>	<b>FY 19-20</b>	<b>Total</b>
5.	Direct Costs				
6.	Indirect Costs	8,513.00	11,351.00	2,838.00	22,702.00
7.	Total Operating Costs	8,513.00	11,351.00	2,838.00	22,702.00
<b>NON-RECURRING COSTS (equipment, technology)</b>		<b>FY 17-18</b>	<b>FY 18-19</b>	<b>FY 19-20</b>	<b>Total</b>
8.					
9.					
10.	Total Non-recurring costs				
<b>CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)</b>		<b>FY 17-18</b>	<b>FY 18-19</b>	<b>FY 19-20</b>	<b>Total</b>
11.	Direct Costs	31,800.00	42,492.00	10,708.00	85,000.00
12.	Indirect Costs				
13.	Total Consultant Costs	31,800.00	42,492.00	10,708.00	85,000.00
<b>OTHER EXPENDITURES (please explain in budget narrative)</b>		<b>FY 17-18</b>	<b>FY 18-19</b>	<b>FY 19-20</b>	<b>Total</b>
14.					
15.					
16.	Total Other expenditures				
<b>BUDGET TOTALS</b>		<b>FY 17-18</b>	<b>FY 18-19</b>	<b>FY 19-20</b>	<b>Total</b>
Personnel (line 1)		56,754.00	75,672.00	18,918.00	151,344.00
Direct Costs (add lines 2, 5 and 11 from above)		31,800.00	42,492.00	10,708.00	85,000.00
Indirect Costs (add lines 3, 6 and 12 from above)		8,513.00	11,351.00	2,838.00	22,702.00
Non-recurring costs (line 10)					
Other Expenditures (line 16)					
<b>TOTAL INNOVATION BUDGET</b>		<b>97,067.00</b>	<b>129,515.00</b>	<b>32,464.00</b>	<b>259,046.00</b>

*\*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.*