

EXHIBIT A INNOVATION PLAN

INNOVATIVE STRATEGIST NETWORK (ISN)

Building Recovery in a System through Innovative Practices
“Imagine an Innovative Community”

Helping Our Community through the Spin of a Wheel



EXECUTIVE SUMMARY

“Imagination is more important than knowledge”. -Albert Einstein

OVERVIEW

Merced is a medium-sized rural county in Central California. Located in the heart of the San Joaquin Valley, Merced is part of the world’s most productive agricultural areas. The County has six incorporated cities, and 18 additional census-designated places. Merced County’s population has grown by almost 100,000 people since 2000. In 2015, the population estimate of Merced County was 268,455 people. Since 2000, the population has grown by over 50,000 people, or 26.6%. Though considered a rural county, the majority of the residents in Merced County (85.7%) live in urban centers. Merced County is a very diverse county. The majority (58.2%) of residents are Hispanic or Latino, 28.9% are White, 4.1% are Black, and 8.1% are Asian. The Merced County Hispanic/Latino population has grown at an even faster pace than the general population—46.7% between 2000 and 2010. 51.9% of Merced residents report speaking a language other than English at home.

SOCIAL DETERMINENT OF HEALTH

The proportion of people in poverty (<200% Federal Poverty Level, or FPL) is much higher in Merced County (53.1%) than California (35.9%) or the US (34.2%). This pattern holds regardless of cutoff used for poverty (e.g., <100% FPL—Merced County: 25.4%, CA: 15.9%, US: 15.4%). This pattern also holds for children: 67.1% of Merced. A majority of all residents, and 2 out every 3 children in Merced County, are living in poverty (less than 200% FPL). Merced County also has a lower rate of educational attainment, with 32.0% of residents aged 25 years or older having no high school diploma, compared to 18.5% in California, and 13.7% in the U.S. 32% of County residents 25 years and older do not have a high school diploma. The Hispanic/Latino population has higher rates of no diploma (50.0%) than non-Hispanic/Latinos (14.7%), while only 20.2% have an associate’s degree or higher, compared to 38.8% in California and 37.2% in the US. 100% of Merced County is a Health Professional Shortage Area (HPSA). Merced County ranks 43rd out of 59 California counties on Primary Care Physician (PCP) to patient ratio, with 2,334 residents for every PCP. 25.9% of Merced County residents characterize local healthcare services as “fair” or “poor” which may be caused by lack of access to services.

MENTAL HEALTH

Suicide mortality in Merced County has decreased in recent years, but is not yet back to the pre-recession rate. Merced County has lower suicide rates (11.1) than the US (12.5), but higher than the state (10.2). Only 16.2% of Merced County adults have been diagnosed with a depressive disorder, though 36.1% have experienced symptoms of chronic depression, where the respondents indicated feeling depressed or sad on most days, for periods of two or more years.

The Mental Health service capacity dropped by 4,335 providers/locations (8.9%) between 2013 and 2014 (from 48,462 to 44,127). The local Medi-Cal plan, Central California Alliance for Health, contracted with Beacon Health Strategies to provide behavioral health support to its members. In 2014, Beacon Mental Health Services reported a penetration rate of 4.22%, with an average of 3.6% per unique user of the system. (Public Health Report)

MHSA-Proposition 63

Since the passing of Proposition 63 in November 2004 and the Mental Health Services Act (MHSA) becoming a statute in January 1, 2005, Merced County has been dedicated to infusing the essential elements of MHSA into all programs. This is an on-going movement towards transformation, a step-by-step process that has been accomplished through diligent planning, collaborating and implementing programs through a shared responsibility and vision that supports the overall well-being of the whole person. MHSA programs promote wellness, recovery and resilience while delivering culturally responsive care from the viewpoint of cultural humility and lifelong learning.

Merced County has set the stage for Innovation with their first innovative plan, by testing out the Strengthening Families Model to improve access to services and to increase the quality of services for better quality outcomes. The overall goal of Strengthening Families was to increase the Mental Health Department's presence in the community by developing resources that are culturally and linguistically appropriate. The implementation of the project included addressing the issues of individuals ineligible for other services, increasing awareness of the community resources, providing training in early screenings to identify developmental milestones, developing culturally responsive approaches and improving the mental health of the community. This project sparked Innovation in our community and it is now time to further develop an Innovative Community. The cost of depression in Merced County, which includes direct medical costs as well as absenteeism from work or school, is estimated to be \$49,939,206 annually. In Merced County 12.6% of all adults report needing help for emotional or mental health problems, or substance use in the past year. Of these adults 44.4% received no treatment. Concurrently, 27.7% of Merced County teens report needing help for emotional or mental health problems, with only 5.7% receiving counseling in the past year.

STAKEHOLDER VOICES

In Merced County the stakeholders are very valuable and have an important voice, which leads to an imperative role in identifying the needs of the community and advocating for unidentified mental health community needs. Two important elements of health care are whole-person health and the dimensions of wellness and health equity. The community has an on-going need for culturally sensitive and responsive innovative thinkers with strategies that can be implemented in a cost-effective and efficient manner. The focus is on strategies that promote positive systemic change, improve service delivery and lead to outcomes that promote healthy children and families throughout the community. The overall grand strategy is to place the health and wellness of our community as the number one priority for establishing innovative services and supports.

ACTIVE STAKEHOLDER PROCESS

The stakeholder process is on-going and interwoven into the organizational framework. The stakeholders' feedback will be utilized as the foundation and building blocks for creating this innovative project. The community stakeholder process included: a kick-off meeting and power point presentation, focus groups, key informant interviews, public comment and feedback at monthly MHSA planning council meetings, information received through email and telephone calls.

What the voices of our stakeholders are saying:

FRAGMENTED SYSTEM WITH SCATTERED RESOURCES

Merced County stakeholders continue to highlight and advocate a strong opinion that the system continues to be inadequate, lacking infrastructure and the capacity to provide the services needed for the community. There is an on-going need for improved system flow and communication to ensure increased access to services and improved quality of services, including better outcomes. The stakeholders are advocating for a program to build upon the existing resources and collaborations that currently exist with faith-based communities, law enforcement, schools, healthcare, social services and existing mental health programs. This innovative project will focus efforts on building a system of innovative, unique and relevant strategies. Innovation will be the essential tool and means for achieving strategic goals and system improvement and sustainability. As a result of the development of this innovative plan, key aspects of the service delivery system will be redesigned and infused with innovative strategies and thinkers to build an innovative community.

GOALS

- Infuse the system with Innovative thinkers and build an organizational and program structure to provide improved services for adults and children with mental health problems.
- Build system capacity for wellness and recovery, infusing the mental health system with recovery oriented practices, approaches and services.
- Improve overall system and service capacity through care coordination for children, transition age youth and adults.
- Develop multiple non-traditional pathways to health and wellness

INNOVATIVE STRATEGIST NETWORK

The proposed Innovation Plan will be referred to as the Innovative Strategist Network (ISN). A network comprised of innovative thinkers and strategists utilizing appreciative inquiry, developing and building community and program capacity, increasing care coordination and infusing wellness and recovery. This innovative plan will adopt and build on the principles from Appreciative Inquiry (A), Building Capacity (B) and Care Coordination (C) developing and utilizing a community model referred to as the “ABC Innovative Framework Model.” The result is a simple approach designed to foster “BIG” change.

BIG CHANGE

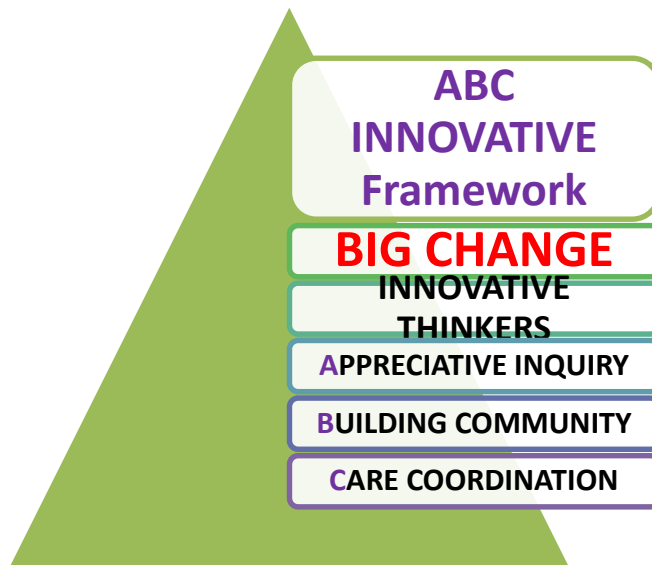
The goal is to turn the conversation about mental health into results by creating a strategic framework and innovative pathway to improving mental health care. Providing a barrier-free service delivery strategy by giving the client exactly what they want offering a more whole health, open and customizable version of mental health service delivery.

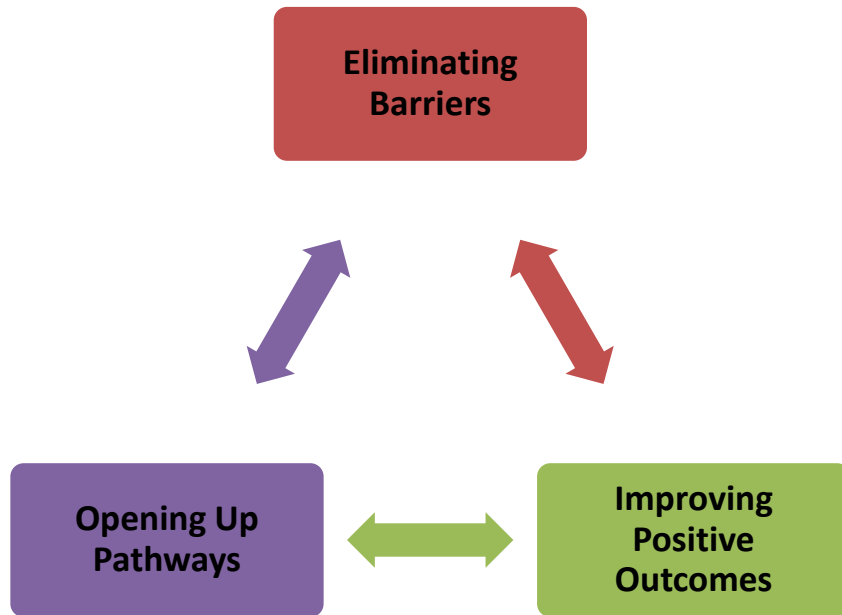


The Innovative Strategist Network will cultivate hope and commitment to improving health outcomes through the development of an innovative mindset in Merced County. Innovation will be present in each aspect of hope and recovery as we build the Innovative Strategist Network through collaboration between Merced County, churches, community groups, cultural institutions, law enforcement, health organizations and community-based organizations. All members of the community will be encouraged to think of themselves as creators of Merced County's future.

Innovation Funding Request and Time Line

Merced County is requesting \$6,862,288 in Innovation funding over five (5) years to fund an internal (\$5,597,288) and external (\$1,265,000 RFP) Innovative Strategist Network. The project will be implemented in four (4) phases and will begin in January of 2017 and end in December of 2021.





Changing the Approach from Problem Solving to Appreciative Inquiry

Problem Solving Ideas: "Felt Need", Identification of Problem, Analysis of Causes , Analysis of Possible Solutions, "What we most want", Action Planning, "What will be"
BASIC ASSUMPTION: LIFE IS A PROBLEM TO BE SOLVED

Compared to

Appreciative Inquiry Ideas: Appreciating, The Best of "What is", Imagining What Might be", Shared Dialogue, "What we most want", Innovating, "What will be"

BASIC ASSUMPTION: LIFE IS A MYSTERY TO BE EMBRACED

Note: From D. L. Cooperrider and Associates (1996).

Appreciation is the process of valuing,” he is reminding us that it takes more than just the facts to make effective choices about the world.

PROBLEM-SOLVING VS. APPRECIATIVE INQUIRY

In Western culture it is highly counter-intuitive to understand how affirming strengths and values can lead to transformational change. Most leaders would feel remiss if they failed to engage in a rational process using problem solving methods to identify ways to improve the cost effectiveness of internal systems. Carl Jung, early 20th Century psychological researcher and therapist, noticed that a person’s problems faded when they were confronted with a new or stronger interest. He asserted that the greatest and most important problems in life were fundamentally unsolvable and could only be outgrown (Jung 1923). For Jung, Cooperrider and others, problem solving appeared inherently conservative, limiting and slow.

The philosophy and approach they sought to introduce instead focused on the future of the system as a whole, on engaging participants in collectively imagining new possibilities for their future, and on bypassing the process of solving yesterday’s problems. Thomas White, President of GTE Telephone Operations, expressed his concerns with the limits of problem solving by asking this question: “Should we demoralize a successful group by concentrating on their failures, or help them over the remaining hurdles by building a bridge with their successes?” He felt that using Appreciative Inquiry helped GTE attain much better results than just trying to fix problems – that by shifting their internal conversation away from its focus on negative problems and toward valuing their capabilities, the re-energized organization improved financial results beyond what was expected with traditional problem solving alone (White, 1996).

Section 1	Innovation Work Plan Narrative
Section 2	Innovation Work Plan Description
Section 3	Innovation Funding Request
Section 4	Innovation Projected Revenues and Expenditures Worksheet
Section 5	Innovation Proposed 5-Year Budget Detail
Section 6	Stakeholder Participation List

SECTION 1

INNOVATION WORK PLAN NARRATIVE

Description of Community Program Planning and Local Review Processes

County Name: Merced

Work Plan Name: **Innovative Strategist Network (ISN)**

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 Plan development.

- 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 Merced County Innovation Plan was developed with community input over a 15-month period. The MHSA Ongoing Planning Council, which is made up of community stakeholders oversaw the process. The key focus areas discussed were the needs for:

- Increased mental health professionals in community
- More family support
- A referral process to all mental health programs
- Increased sensitivity and responsiveness to client and consumers
- Mental health aftercare team

The Mental Health Services Act (MHSA) Innovation community planning process kick-off meeting was held on July 21, 2015 from 3:00 pm-5:00 pm at 1137 B Street in Merced County.

The opening presentation was a video entitled Landfilled Harmonic where garbage is transformed into beauty. This documentary follows an Orchestra as it takes its inspiring spectacle of trash-into-music around the world. It follows the lives of a garbage picker, a music teacher and a group of children from a Paraguayan slum that out of necessity started creating instruments entirely out of garbage. This film is a beautiful story about the transformative power of music, which also highlights two vital issues of our times: poverty and waste pollution turned into Innovation.

In attendance at the meeting there were 22 local stakeholders, who represented many diverse areas of interest. At this meeting a presentation was provided with information regarding the MHSA Innovation Component. The community planning process was reviewed and discussed and explained to the community. A schedule for focus groups, key informant interviews and planning meetings was presented, and an invitation to stay involved was extended to those in attendance. From August 20, 2015 forward a discussion began regarding the Innovation Regulations at each monthly MHSA Ongoing Planning Council meeting to inform stakeholders of the new regulations and changes to receive ongoing input and feedback. The Merced County community continues to provide on-going opportunities to provide valuable feedback and contributions to inform the implementation and

development of Innovative Projects. Merced County's Innovative Projects include the Strengthening Families Program and Strengthening Families Expansion Project Juvenile Behavioral Health Court program.

The Strengthening Families Program was developed and submitted on July 15, 2010 to the MHSOAC and the MHSOAC approved the innovative plan August 26, 2010. The implementation of the plan started in August of 2011. On August 27, 2014 a Community Learning Conference was held to determine program success and the benefit to the community. The community responded that the program was a success and innovative for the community. On July 1, 2015 the program was transferred to Prevention and Early Intervention funding and has served the community for 5 years. The Strengthening Families Expansion Project Juvenile Behavioral Health Program was approved by Merced County Board of Supervisors in March 2012 and tested out as an Innovative Project. The project was moved under Community Services and Support Component January 1, 2016.

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

The Community Program Planning included a total of 92 participants which included representation from: Healthcare, Education, Probation, Veterans, Public Health, Healthy House Cultural Preservation Organization, Rural Health Clinic, Mental Health staff, Early Education, Social Services, Blue Shield Insurance, Mental Health Board, Regional Center and many Community members. The list of stakeholders is attached as Appendix 1 of this document.

3. 30-Day Public Comment and Review and Public Hearing

The 30-day stakeholder review/public comment period and the public hearing for the Innovation Plan will be included in the process for Merced County's 2016-2017 MHSA Annual Update. All substantive comments from the 30-day review period and from the public hearing will be included in Appendix 13 of the Annual Update.

SECTION 1 Continued
Innovation Work Plan Narrative

Date: 09/22/16

County: Merced

Work Plan #: 1

Work Plan Name: Innovative Strategist Network (ISN)

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS (NOT CHECKED)
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES (NOT CHECKED)
- PROMOTE INTERAGENCY COLLABORATION (CHECKED)
- INCREASE ACCESS TO SERVICES (CHECKED)

Briefly explain the reason for selecting the above purpose(s).

INTRODUCTION

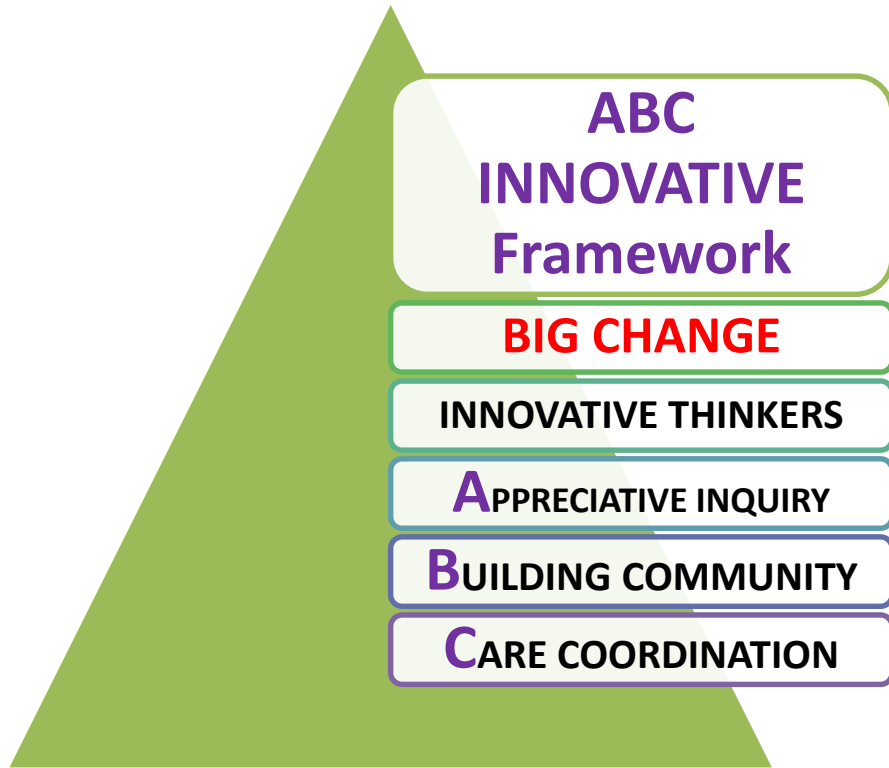
Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be (Healthy People 2020 (www.healthypeople.gov)). Access to high quality health care is a basic human right. Our entire county has a shortage of primary care doctors and mental health professionals.

COMMUNITY NEED

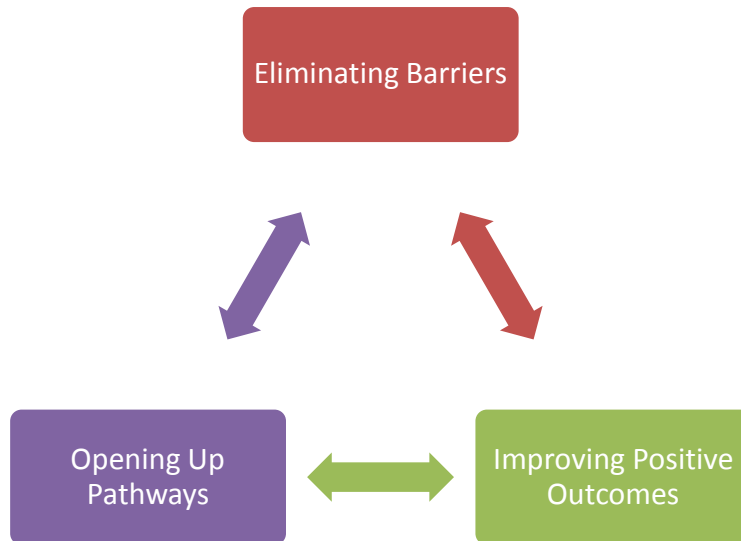
In every community something works. Change can be managed through the identification of what works, and focus on how to build on it. Focusing on what works as opposed to the problems the community is having differentiates from traditional problem solving approaches. The current service delivery system has been enhanced since 2006 with the expansion of mental health programs and services through Mental Health Services Act (MHSA) funds. The MHSA programs have sparked life, opened up pathways and improved service delivery. The current need is to build on this momentum and further ignite that spark by testing out additional innovative approaches to improve and enhance the standards of care.

The community is in need of a catalyst to support more innovative program development. There is a need for more early intervention care coordination services. Merced County values the health and wellness of all citizens,

and realizes the imminent opportunity to provide assistance to the estimated seven hundred (700) clients with mild to moderate symptoms of mental illness who experience barriers to accessing services. The Merced community is in need of fresh new innovative strategies that provide a safety net for individuals that have mild to moderate signs and symptoms of mental illness. Such a safety net would improve quality of life and provide for better health and wellness outcomes. This innovative project will develop a strategic framework and strategic approach to open up pathways of wellness and eliminate barriers to healthcare. This will be accomplished through the development of an Innovative Strategist Network (ISN) which follows the “ABC Innovative Framework Model.”

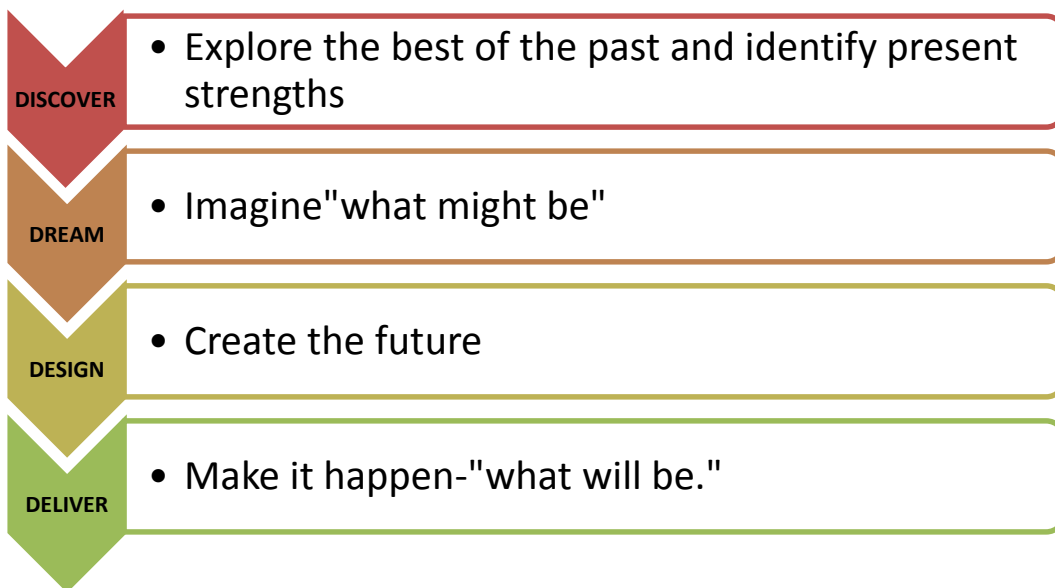


In 2015 Mercy Medical Center conducted a Community Health Needs Assessment for Merced County. A total of 20.5% of Merced County adults are limited in some way or in some activities due to a physical, mental or emotional problem. Merced County has the great opportunity to develop an innovative program with impact through structuring a program with open pathways to recovery. The goal is to focus on Specialty Services in real time. These services would address the immediate needs of clients by assigning them an Innovative Strategist with a proven track record of building on strengths, improving client care with an Appreciative Inquiry positive approach. The hope of this new Innovation program is to take the valuable words of our stakeholders and turn them into the building blocks and stepping stones that lead to a great innovative program with a proven track record of success.

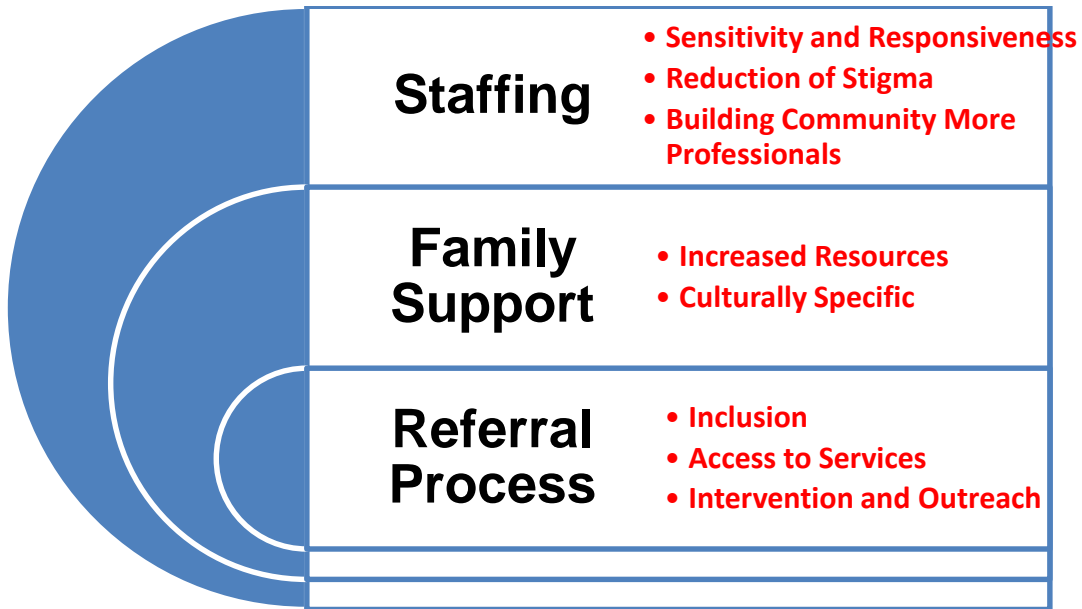


APPRECIATIVE INQUIRY

Appreciative Inquiry is an approach to human organizing and change grounded in the belief that the most effective way to create positive action is through a relational process of inquiry, grounded in affirmation and appreciation. The appreciative inquiry approach is 4-D cycle.



KEY STAKEHOLDER AREAS OF CONCERNS



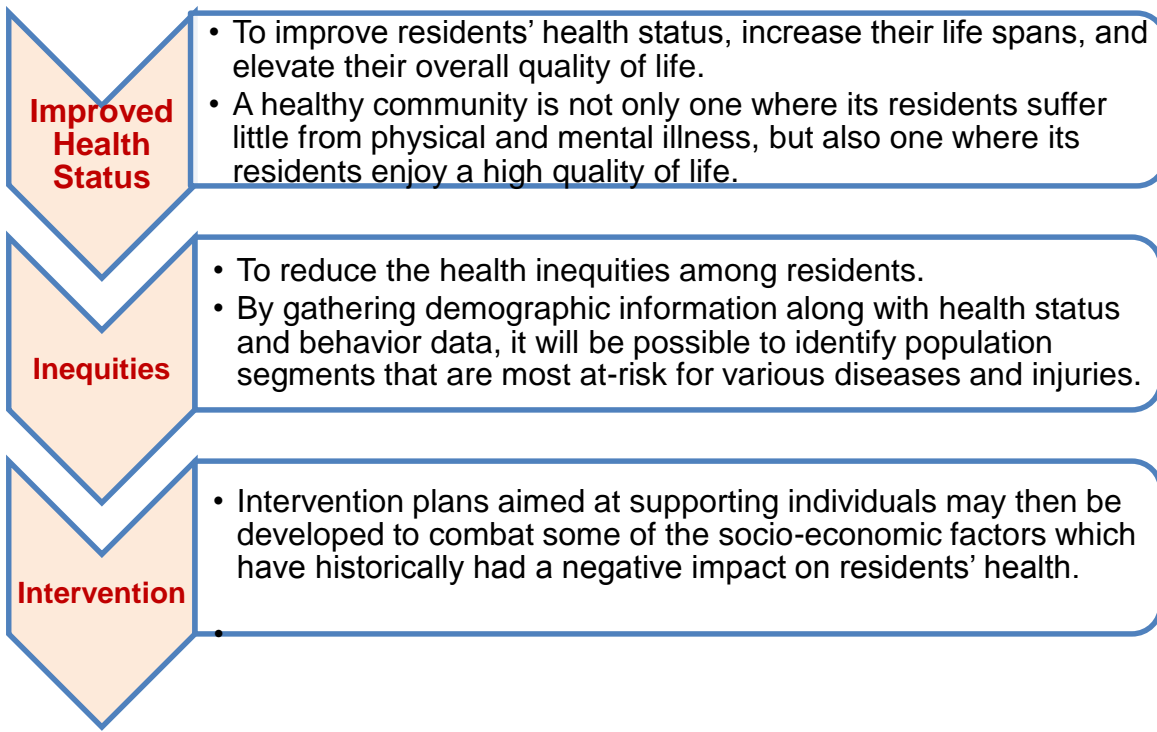
This Innovative Project will be the “Great Shift” for Merced County Behavioral Health and Recovery Services (MCBHRS) by developing an “ABC Innovative Framework Model” based on listening to the voices of the community, understanding the value of collaborations across sectors and guiding individuals toward making informed health decisions.

Increase Access to Services

The project aim is to develop a network of Innovative thinkers and strategist that can readily identify strategies and coordinate care that lead to positive outcomes and improved wellness and recovery. This Innovative Strategist Network (ISN) will communicate the belief that people with serious behavioral health conditions can, and should, be productive members of society and provide a natural setting for support. The ISN will increase accessibility to innovative services for all community residents.

More accessible innovative services will prove beneficial in accomplishing improved health status, increasing life spans, and elevating the quality of life as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of innovative care. The ISN will have the #1 core value of timely care and uncomplicated entry into services. This ISN will be the first program of its kind introduced and implemented in the Merced Community.

The focus of the Innovative Strategist Network will be the following:



Interagency Collaboration

The Merced County stakeholders continue to highlight and advocate the need for an improved, efficient and organized culturally responsive service delivery system. The voices continue to verbalize that the standards of care, scope of competence and system flow needs improvement. There is a lack of infrastructure, and workforce capacity to provide services needed to promote improved mental health outcomes for the community. The service delivery system is being described as a fragmented system with disjointed parts and with scattered resources. There is an ongoing need for improved communication flow and knowledge of available resources to ensure timely access to service, and to increase access to services. The stakeholders are advocating for building on existing promotion of interagency collaboration and believe in whole person health and the positive benefits of building upon the resources and collaborations that currently exist with faith-based, law enforcement, schools and existing mental health programs. This innovative project will focus efforts on developing an implementation model to address the identified issues and concerns.

The Innovative project will set the stage for the shift to whole person health leading to a further integration of behavioral health, physical health and co-occurring treatment. The goal of this ISN will be the evolution of care where there will be a better experience of care, improved population health and lower costs. There is a universal agreement that serving the whole person is critical in meeting the needs of the person being served. The framework will be developed through the lens of appreciative inquiry, building capacity and care coordination thus producing the ABC Model of care.

The Innovative Strategist Network (ISN) will refocus, rebuild, and reconnect and promote interagency collaboration by identifying a framework that highlights effective care, equity and efficiency. *Effective* care leads to improve functioning and quality of life, that strives for *Equity* ensuring care is provided to all those who would benefit from it, and *Efficiency* is thoughtful allocation and management of resources in such ways that maximize access and effectiveness and minimize barriers and wasted time. Individuals with serious mental health disorders die on an average 25 years earlier than those who do not have disorders and a high percentage of healthcare beneficiaries have co-occurring, physical health and behavioral health disorders. However people with mental health and substance use conditions individuals continue to experience stigmas as well as inequities in access and quality of care.

The research demonstrates that a trusting relationship with a provider is one of the most important predictors of a positive outcome. Providers need to go beyond doing no harm and include ensuring safety, cultivating trusting relationships and valuing the strengths of the person being served in the overall approach to treatment.

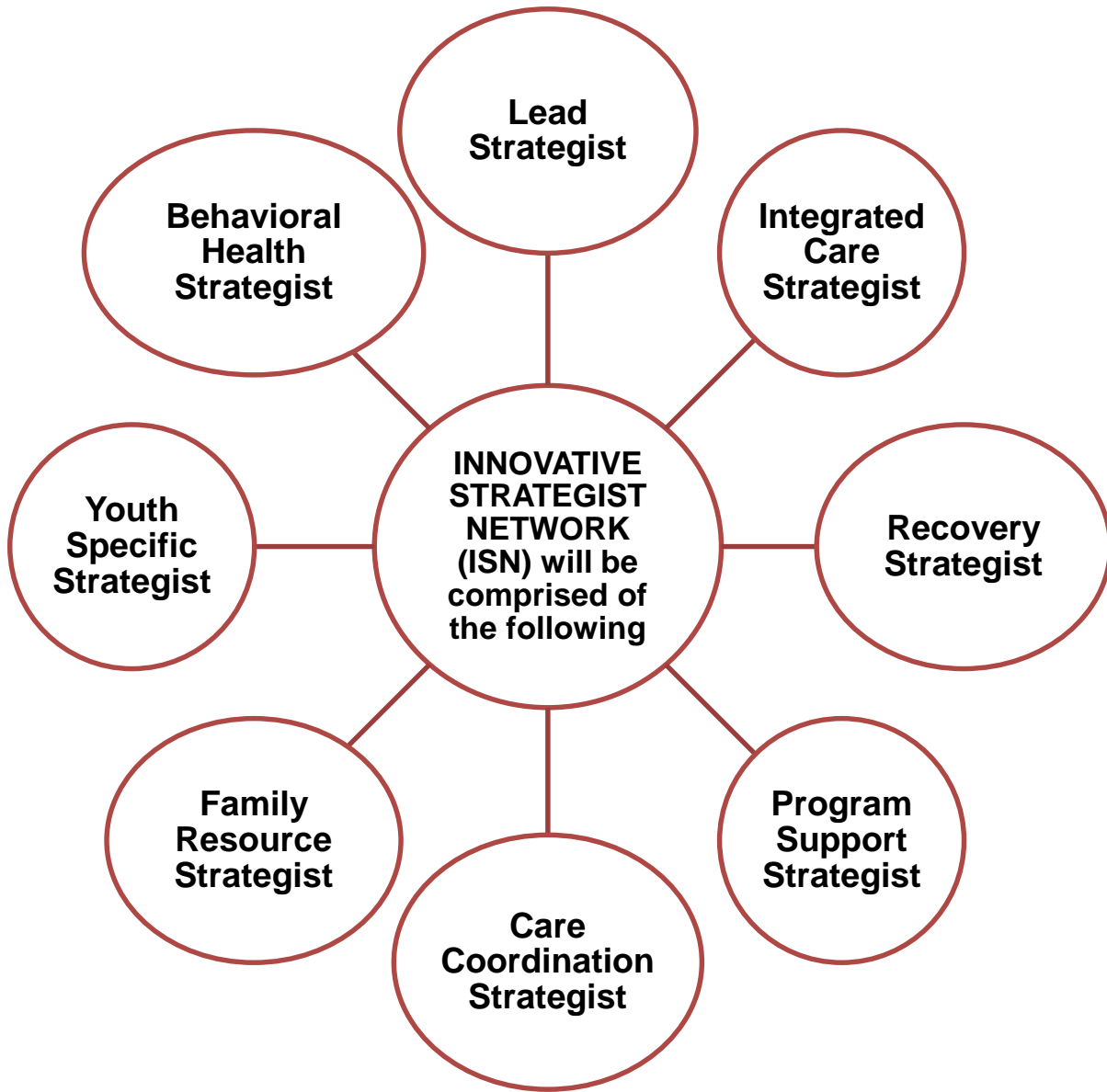
In reviewing recovery and innovation, it is clear that they belong together to promote positive change and this premise will be the foundation for the implementation of this innovative plan.

RECOVERY AND INNOVATION

RECOVERY is: Hope, Person-Driven, Many Pathways, Holistic, Peer Support, Relational, Culture, Addresses Trauma

INNOVATION is: Innovation comes from anywhere, Focus on the user, Aims to be ten times better, They have a high capacity for creativity, They're confident in their problem-solving abilities, Default to open processes, They strive for excellence, not perfection, They seek a good challenge.

INNOVATIVE STRATEGIST NETWORK List of Strategists



SECTION 1 Continued

Innovation Work Plan Narrative

Project Description

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

These words by Google CEO Eric Schmidt emphasize that innovation is about turning a vision into new products or services. Innovation gives us the ability to re-imagine things that already are and to build leaders who have the ability to turn new ideas and strategies into assets that will transform a system.

The aim of this project is to develop an ABC Innovative Framework Model that will improve access to services for individuals who lack a connection to skilled strategist who can support the improvement of their mental health and build capacity through the promotion of interagency collaboration. This project will study how the introduction of a model that utilizes principles from Appreciative Inquiry, Building Capacity and Care Coordination can lead to opening the pathways to care and healing strategies. In Merced County there needs to be increased opportunities to engage Medication only clients in Wellness Recovery Action Plans to increased positive health outcomes.

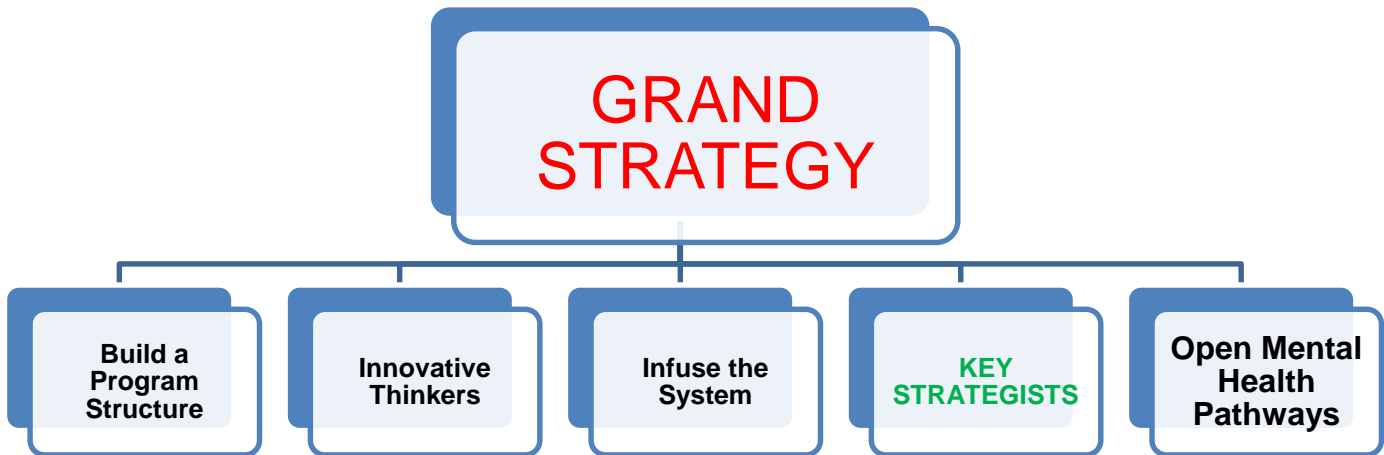
The project will place an Innovative Strategist Network in the Merced Community that will build the network by utilizing the tools of appreciative inquiry, building capacity and care coordination. The referral criteria for the ISN would be anyone who has been overcome with multiple barriers in their mental health care and is in need of a strategist to provide support, identify their current strengths and improve their quality of life by restoring wholeness of spirit.

The Strategist/innovators will be dedicated to diversity and have a point of view that is strength based focused on creativity and opportunities. The network will offer support for complex situations and allow for creative solutions. The network will break beyond conventional wisdom that cause people to think within a box and will contribute unconventional ideas and solutions. The Innovative Strategist Network will apply to the mental health system a promising community driven practices or approach that have been successful in non-mental health contexts or settings through the development of the ABC model utilizing:

The Innovative Strategist Network will be about doing things differently creating an environment where tools and resources are developed to challenge the status quo and push boundaries to achieve growth. The network will focus on recruiting authentic innovative leaders committed to dynamic change passionate about their work. The project will focus on building active and vibrant networks where each strategist will have key roles and responsibilities.

Clients would complete a 4-D Cycle plan with the assistance of their assigned Strategist/Innovator. "The characteristic of great innovators and great companies is they see a space that others do not. They don't just listen to what people tell them; they actually invent something new, something that you didn't know you needed,

but the moment you see it, you say, ‘I must have it.’” The Strategist/Innovator will utilize a process that helps the client to: Discovery, Dream, Design and Deliver.



Grand Strategy

To develop for the Merced Community a high quality promising community driven practice or approach that has been successful in non-mental health contexts or settings building on these approaches by developing an ABC Innovative Implementation model with the key focus:

- To infuse the system with Innovative thinkers and build a program structure to provide improved services for adults who need their mental health improved.
- To develop key Strategist positions to further build a strength-based mental health and alcohol and drug system infrastructure for improved quality care and services.

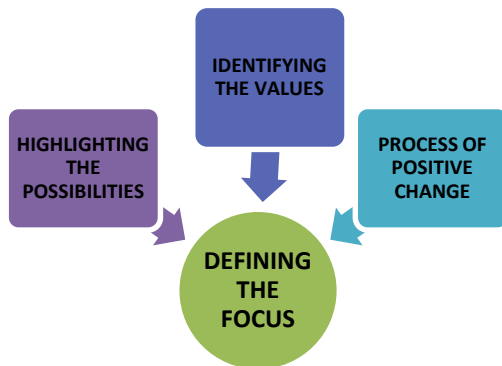
Selection of ISN Network

Selection of members of the ISN will be selected based on appreciative inquiry. “[Appreciative Inquiry] deliberately seeks to discover people’s exceptionality – their unique gifts, strengths, and qualities. It actively searches and recognizes people for their specialties – their essential contributions and achievements. And it is based on principles of equality of voice – everyone is asked to speak about their vision of the true, the good, and the possible. Appreciative Inquiry builds momentum and success because it believes in people. It really is an invitation to a positive revolution. Its goal is to discover in all human beings the exceptional and the essential. Its goal is to create organizations that are in full voice!”

The stakeholders have spoken and it is time for Merced County to change from traditional to innovative “The traditional approach to change is to look for the problem, do a diagnosis, and find a solution. The primary focus is on what is wrong or broken; since we look for problems, we find them. By paying attention to problems, we emphasize and amplify them. ...Appreciative Inquiry suggests that we look for what works in an organization. The tangible result of the inquiry process is a series of statements that describe where the organization wants to be, based on the high moments of where they have been. Because the statements are grounded in real experience and history, people know how to repeat their success.”

Components of the ABC Innovative Framework

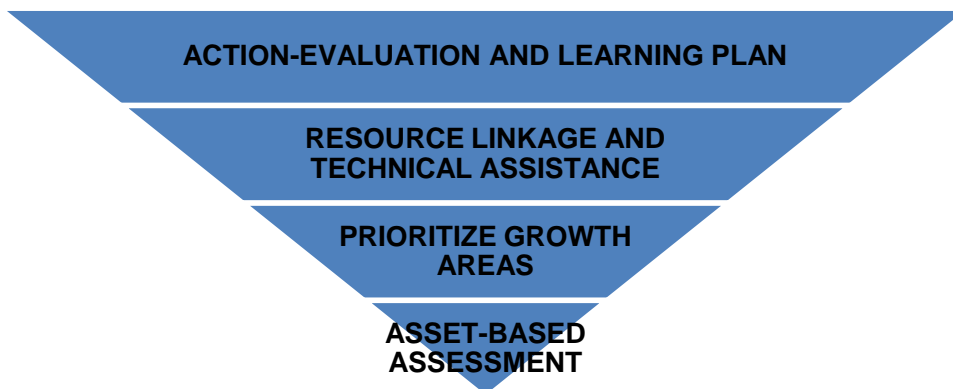
Strategy 1: APPRECIATIVE INQUIRY



Appreciative Inquiry is a theory and practice for approaching change from a holistic framework. Based on the belief that human systems are made and imagined by those who live and work within them, AI leads systems to move toward the generative and creative images that reside in their most positive core – their values, visions, achievements, and best practices.” “AI is both a world view and a practical process.

In theory, AI is a perspective, a set of principles and beliefs about how human access to high quality health care is a basic human right. The Merced County community has a shortage of mental health providers to help people with emotional issues. Merced County is in need of innovative thinkers and strategist to build access to services and to improve the organizational infrastructure and system with the hope for recovery, and recovery oriented care which is innovative care.

STRATEGY #2: BUILDING CAPACITY



Building Capacity involves developing a process of core activities including a combination of standard and tailored approaches utilizing the following:

- Assessment
- Asset-based forms and processes designed to assist in pinpointing current status and goals
- Completing the assessment and reviewing the results
- Developing an action plan by establishing priorities and goals
- Measuring progress through Action Plan Implementation
- Resource Linkage and Technical Assistance. The action plan, will assist with identifying resources, allow for choosing from a range of options and include evaluation and learning.

Strategy 3: CARE COORDINATION

Defining Characteristics of Care Coordination

1. Patient and Family Centered
2. Proactive Planned and Comprehensive
3. Promote self-care skills and independence
4. Emphasizes cross organizational relationships

Care Coordination Competencies

Develop partnerships

Proficient communicator

Uses assessment for intervention

Integrate all resource knowledge

Possesses goal outcome orientation

Approach adaptable and flexible

Desires continuous learning

Applies solid team building skills

Adept with information technology

Care Coordination Functioning

Provide separate visits and CC interactions

Manage continuous communications

Complete/analyze assessment

Develop care plans

Manage track tests, referrals and outcomes

Coach patient and family skills

Support/facilitate all care transition

Use health information technology for Care Coordination

Care Coordination

The goal of care coordination is to improve patient health status and reduce the need for expensive medical services. Care Coordinators manage/coordinate referrals, interactions with specialists, (i.e. making appointments, tracking appointments, reducing no-show rates, tracking client referrals and outcomes). This position is also sometimes referred to as a referral coordinator. Care Coordinators should possess good listening and communication skills, with attention to detail and client improvement.

The ISN project is aligned with the following MHSA General Standards:

Community Collaboration

The Innovative Strategist Network (ISN) will improve and promote further care coordination, collaboration and provide added support for clients. It will expand behavioral health service capability and partnerships. The ISN will encourage and build on community service capacity and linkage to other systems. The network will highlight and maximize existing programs and resources providing increased awareness, organization and system flow of available services. The ISN will allow for more culturally specific and responsive approaches through Strategist/Innovators within the network reaching out and building culturally responsive collaborations and bridges.

Cultural Competence

The ISN will normalize cultural competence as a priority, and organize the internal infrastructure and partnerships to think cultural health first. The ISN will operate under cultural humility developing a safe and welcoming environment for learning, critical self-reflection and monitoring of inequities and disparities. The ISN will build cultural competence utilizing the dimensions of wellness:

- Emotional
- Environmental
- Financial
- Intellectual
- Occupational
- Physical
- Social
- Spiritual

Client Driven Mental Health System

“It is a time for re-thinking human organization and change. Deficit based modalities are increasingly falling short. And cynicism, about the very idea of planned change, is rampant.”- David Cooperrider

To ensure the client and family member worldview and perspective is a part of the ISN a designated strategist/innovator will be on the strategist team. The goal of having a team member or strategist with lived experience is to provide a balanced approach and to create a culture of inclusion.

Family Driven Mental Health System

The project proposes to utilize family members of consumers in the development of the Recovery Strategies part of the ISN, which includes the ongoing involvement of family members in roles such as, implementation, staffing, evaluation and dissemination.

Wellness, Recovery and Resilience Focus

The innovative project will utilize the Eight Dimensions of Wellness:

1. Emotional—Coping effectively with life and creating satisfying relationships
2. Environmental—Good health by occupying pleasant, stimulating environments that support well-being
3. Financial—Satisfaction with current and future financial situations
4. Intellectual—Recognizing creative abilities and finding ways to expand knowledge and skills
5. Occupational—Personal satisfaction and enrichment from one's work
6. Physical—Recognizing the need for physical activity, healthy foods, and sleep
7. Social—Developing a sense of connection, belonging, and a well-developed support system
8. Spiritual—Expanding a sense of purpose and meaning in life

Integrated Service Experience

Merced County has many programs geared toward providing community services and client support, but it lacks a dedicated unit to coordinate care and provide linkages throughout the systems of care. Through the development of the ISN, as it addresses the dimensions of wellness and recovery, the ISN will increase access to a full range of services and connect to multiple agencies, programs and funding sources for clients and family members.

SECTION 1 Continued

Innovation Work Plan Narrative

ISN Staffing, Job Descriptions and Work Flow

Innovative Strategist Core Area	MCBHRS Position Title
Lead Strategist	MCBHRS Position Title: BHRS Program Manager
Integrated Care Strategist	MCBHRS Position Title: Psychiatric Staff Nurse
Behavioral Health Strategist	MCBHRS Position Title: Mental Health Clinician
Care Coordination Strategist	MCBHRS Position Title: Mental Health Worker
Family/Resource Strategist	MCBHRS Position Title: Family/Community Development Partner
Recovery Strategist	MCBHRS Position Title: Extra-Help CAW or Peer Specialist
Program Support Strategist	MCBHRS Position Title: Quality Assurance Specialist
Youth-Specific Strategist	Youth Program to be implemented by a contracted provider

The ISN would be staffed by key Strategists, and each strategist would be responsible for provision of services in their assigned area of the ISN as well as the implementation and on-going improvement of the ISN program as a whole.

The duties of each Strategist may include, but not be limited to, the following descriptions:

BHRS Program Manager (Lead Strategist):

- Plans, organizes, manages and directs the activities of the Innovative Strategist Network Program.
- Supervises ISN staff and oversees program implementation
- Develops strategies to:
 - Create and enhance ISN referral process
 - Connect individuals to the ISN
 - Provide quality ISN services
 - Grow the ISN Program
- Develop agreements for collaborative relationships with partner agencies to build the ISN
- Oversee collection of program data, reporting of outcomes and preparation of quarterly reports pursuant to Mental Health Services Act requirements
- Responsible for developing innovative strategies to enhance the program and improve services to clients
- Implement the “ABC Framework Model” in accordance with the ISN Plan
- Outreach to the community about the ISN Program and create linkages and coordination of services
- Develop and grow participation in the ISN Program over the 5-Year implementation period
- Report on and make presentations on the ISN Program’s successes and challenges
- Develop a plan of continued sustainability of the program once the Innovation funding period ends

- Responsible for the Administration of the ISN Program, including budget, justification of changes and expenditure controls.
- Assist with grant preparation, grant management, and compliance with reporting requirements.
- Directs the gathering of statistical information and the preparation of a variety of reports.
- Represents an assigned program with community organizations, government jurisdictions.
- Deals with the most sensitive public complaints and issues.
- Provides technical assistance to schools, courts, law enforcement and correctional agencies, social welfare and health agencies and related community groups.
- Identifies community mental health needs and objectives and provide information on services.
- Locates appropriate resources and assists with developing or modifying community agencies to meet mental health goals.
- Writes and edits a variety of informational and educational brochures and other publications.
- Develops information for the news media to promote understanding of mental health activities.

Psychiatric Staff Nurse (Integrated Care Strategist):

- Plan and oversee client care in the ISN Program with a skilled approach to the integration of behavioral health and physical health
- Provide assessments and evaluations of clients to develop both medical and behavioral health strategies to ensure clients receive necessary treatments
- Provide services to the ISN client population, both in the office setting and in the client's natural settings out in the community (home-visits, community center, faith-based center)
- Implement the "ABC Framework Model" in accordance with the ISN Plan
- Outreach to the community about the ISN Program and create linkages and coordination of services
- Implement patient medical care plans as developed and prescribed within MCBHRS guidelines and policies.
- Provide direct care for regular and individual special treatments or procedures.
- Observe and evaluate patients' signs, symptoms, and reactions to therapy in efforts to identify or interpret significant findings or changes requiring attention or notification of other professional staff.
- Assists with special treatments, tests, and administering prescribed medications, making constant adjustments commensurate with a patient's condition.
- Instruct and interact with patients and/or relatives concerning home care.
- Initiate appropriate emergency measures, requiring independent judgment to sustain life, as necessary.
- Assist with evaluating and improving services of the ISN Program.
- Provide linkages to appropriate avenues of care when client's problems are not within the scope of the ISN Program
- Assists with the development of procedures and methods to improve ISN services

Mental Health Clinician (Behavioral Health Strategist):

- Provide assessments and evaluations of ISN clients to develop an ISN Plan with goals and strategies to meet their individual needs and build strengths
- Meet with ISN clients and groups, including families, to assist them with understanding complex mental and emotional problems and with developing realistic plans to resolve them.
- Develop and facilitate groups beneficial to ISN Program
- Modify care plans dependent upon appropriate and success-oriented strategies
- Advises ISN clients on the availability of community resources.
- Interprets ISN clients' needs and problems, assisting them with environmental adjustment.
- Works with ISN clients' relatives to secure cooperation in treatment programs.

- Implement the “ABC Framework Model” in accordance with the ISN Plan
- Outreach to the community about the ISN Program and create linkages and coordination of services
- Assists with training other ISN staff in diagnosis and treatment methods.
- Develop and conduct training and informational presentations on the ISN Program
- Serve as an ISN consultant for other community agencies.
- Develop and implement ISN based treatment plans; develops and prepares extensive records, complex reports, progress notes, and correspondence.

Mental Health Worker (Care Coordination Strategist):

- Interviews referred and walk-in clients and makes appropriate referrals to ISN specific services or to other services as appropriate.
- Gather intake data and completion of enrollment forms for further determination of service strategy by ISN team.
- Plans, develops, and evaluates activities for ISN clients under the guidance of ISN Clinical staff.
- Carries out socializing/rehabilitation activities in an innovative framework.
- Provides ISN client supervision and assistance as necessary, including transportation.
- Observes ISN client behavior, prepares reports and serves as a client advocate.
- Conducts and participates in ISN specific community meetings and conducts ISN related presentations.
- Conducts home visits and wellness checks for ISN clients.
- Conduct meetings with ISN client’s family members to further support and improve the ISN care plan.
- Administer program measurement tools and surveys to track and report program data and outcomes
- Participates in planning, development, and evaluation sessions for ISN clients.
- May have assigned responsibility for development/implementation of a specific rehabilitation activity.
- Implement the “ABC Framework Model” in accordance with the ISN Plan
- Outreach to the community about the ISN Program and create linkages and coordination of services
- Performs a variety of ISN program support assignments.

Family/Community Development Partner (Family/Resource Strategist):

- Provide bi-lingual support in Spanish to ISN Program.
- Interview referred and walk-in clients and makes appropriate referrals to ISN specific services or to other services as appropriate.
- Gather intake data and completion of enrollment forms for further determination of service strategy by ISN team.
- Interview community members and participate in educational settings.
- Lead ISN related activity groups in a community setting.
- Identify and utilize appropriate community agencies for referral of ISN clients.
- Work in non-traditional settings such as community shelters, outreach programs, etc.
- Prepare routine reports and correspondence and maintain ISN client records.
- Participates in ISN in-service or other training courses and staff meetings.
- Assist in the development of a community consortium to help families and the community.
- Delivers education on mental health resources and healthy lifestyles in the community.
- Conducts follow-up phone calls and home visits to clients, families and community members, including collaboration with Marie Green and CSU Programs to assist with client care post-discharge.
- Provides social support and relationship-building for ISN clients.
- Assists in the documentation of ISN program and community activities
- Administer program measurement tools and surveys to track and report program data and outcomes
- Facilitate ISN outreach and education in outlying areas.

- Implement the “ABC Framework Model” in accordance with the ISN Plan
- Outreach to the community about the ISN Program and create linkages and coordination of services
- Performs a variety of ISN program support assignments.

Extra-Help CAW or Peer Specialist (Recovery Strategist)

- Interview referred and walk-in clients and makes appropriate referrals to ISN specific services or to other services as appropriate.
- Assist ISN clients to complete forms.
- Learns to assist ISN staff in linking consumers with resources, distribution of flyers and brochures
- Learns to lead ISN activity groups while promoting ISN Program and the “ABC Framework Model”
- Learns to identify and utilize appropriate community agencies for referral of ISN clients.
- Administer program measurement tools and surveys to track and report program data and outcomes
- Prepare routine reports and correspondence and maintain ISN client records.
- May work in non-traditional settings such as community shelters, outreach programs, etc.
- Participates in in-service or other training courses and staff meetings.
- May assist consumers in various skills needed for craft activities and transport to various activities.
- Helps provide an Innovative climate for patients by listening and socializing with them.
- May link ISN clients to services/resources for personal care.
- Outreach to the community about the ISN Program and create linkages and coordination of services

Quality Assurance Specialist (Program Support Strategist)

- Plans and organizes administrative studies and quality assurance standards related to the ISN Program activities
- Establishes data collection and program reporting procedures, including SMART Goals of program.
- Collects ISN Program data, reports on outcomes and prepares quarterly reports pursuant to Mental Health Services Act requirements
- Develops ISN Program compliance review reports, identifying problems/issues needing corrective actions.
- Prepares and conducts ISN Program presentations.
- Monitors service delivery capacity, accessibility and client satisfaction of ISN Program.
- Updates compliance review guidelines/instructions and makes changes to ensure compliance.
- May provide information to or serve on the Quality Improvement Committee.
- Provide technical assistance to ISN staff on administrative and analytical matters.
- Identify training needs necessary to ensure compliance of ISN staff.
- Conduct training on compliance review procedures.
- Maintains records and statistics.
- Prepares technical reports, correspondence, and other written materials.
- Supports the ISN program and team as needed.

Contracted Providers (Youth-Specific Strategist)

In order to build on the community-based focus of the ISN the Youth-Specific Strategist (YSS) services will be developed and implemented through one or more contracts with community-based agencies skilled in the provision of services to the youth population, ages 0-17. The provider(s) will be selected through a Request for Proposal (RFP) process, pursuant to County requirements.

The selected provider(s) will plan, organize, manage and direct the activities of a Youth-Specific Innovative Strategist Network Program in coordination and collaboration with the MCBHRS ISN Program staff and in alignment with the overall structure and goals of the ISN Program.

Proposed ISN Services Flow Chart

- Step 1: ISN receives walk-in service requests or referrals from community or partners**
- Step 2: ISN staff (strategists) work with clients to complete paperwork/intake of data**
- Step 3: ISN Staff or Team determine appropriate avenue of care**
- Step 4: ISN is not appropriate for client and client is referred to other services, OR**
- Step 5: ISN is appropriate for client and client is connected to appropriate Strategist**
- Step 6: Client meets with assigned Strategist**
- Step 7: Client receives on-going ISN services and continues until other referral made or appropriate and successful discharge**
- Step 8: Strategist may link client to other ISN services as needed based on level of care required**
- Step 9: ISN client continues in program until discharge, OR**
- Step 10: Referrals made to higher level of care as needed**

SECTION 1 Continued
Innovation Work Plan Narrative

Contribution to Learning

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

Merced County has been described in negative terms: poor economy, high unemployment rates, lack of resources, cultural of poverty, lack of family activities, epicenter of the foreclosure market, isolated areas and as the murder capital of California. This Innovative Plan will adapt from the new applications or practices/approaches that have been successful in non-mental health contexts principles of Appreciative Inquiry, Building Community and Care Coordination to build an Innovative Framework known as the “**ABC Innovative Framework Model.**” This framework hopes to shift the focus of the conversation, from what is negative to what is appreciated and improves life.

The Innovative Plan will be developed and implemented over a five-year timeframe with the goal of testing out what happens when you appreciate what you do have and work together to create a better more accessible avenue of care. The ISN will operate with a specific emphasis on transforming system accountability, restructuring pathways, encouraging collaborations across sectors, guiding individuals toward making informed health decisions, opening up pathways and opportunities and measuring the impact of innovative strategies.

This Innovative Project, the ISN, will work to remove silos and open up pathways by developing collaborations which with agencies, including: Law Enforcement, Education, Faith Communities, Community Based Programs, Mental Health Programs, Primary Care, Public Health and more. The ISN will be built on the foundation of Appreciation which has to do with both recognition and enhancing value. It is about affirming past and present strengths, assets, and potentials. Inquiry refers to both exploration and discovery. It is about asking questions, study, and learning. **Appreciative Inquiry** is a positive way to embrace organizational change based on a simple assumption: Every organization has something that works right—something that gives life when it is most alive, effective, successful, and connected in healthy ways to its stakeholders and communities. Appreciative Inquiry begins by identifying what is positive and then connecting to that positivity in ways that heighten energy and vision for change.

Merced County will learn how to value and recognize the best in people and the community affirming past and present strengths, successes, and potentials; to perceive those things that give life (health, vitality, excellence) to living systems and to ask questions; to be open to seeing new potentials and possibilities. The most successful providers carry a deep respect for their clients’ ability to build their own capacity.

The Learning questions are as follows:

Process Question 1: How does the design of an Innovative Strategist Network, with the focus on strength based strategies to open pathways to wellness, impact improved access to services and linkages to other providers?

Process Question 2: How will developing an “ABC Innovative Framework Model”, inclusive of the 4D-Cycle approach, impact positive client outcomes and stigma reduction?

Process Question 3: How does the development of a professional and knowledgeable Strategic/Innovative team

build community capacity and care coordination?

Outcome Question 1: How does this Innovation Project increase the number of adults being served and provided adequate resources and services?

Outcome Question 2: Does the Innovation Project impact adults desiring improvements in their mental health and wellness by identifying resources and connections to appropriate care?

If successful the project will provide a new framework and methodology for serving the Merced County communities. This framework will develop effective innovators who have a high level of expertise that can make a difference in the way referrals are made and how services are offered. The result will be an effective network of proactive community providers to refer clients to the ISN. The ISN will be a team of innovative strategists who can provide tangible support to each other and can act together to support the community.

The aim of this project is to value innovation enough to encourage and support an innovative culture filled with creativity by rewarding new and successful ideas. The foundation of the innovative project will be built upon appreciative inquiry, balanced scorecard, and capacity building. The development of this model will adapt simple approaches that lead to great results, benefits and impactful innovation. It is believed that creating an environment of Innovative thinkers will lead to recovery, wellness and positive outcomes. By hiring specific strategists, the ISN will encourage improvements and innovation, encourage diversity in thinking and will ultimately lead to greater innovations and improved services to the community.

SECTION 1 Continued

Innovation Work Plan Narrative

Timeline

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

Implementation/Completion Dates: January 2017 – December 2021

December 2016

- Approval from MHSOAC
- Establish Community Innovative Strategist Advisory Committee
- Work with Collaborative Partners to plan and design the program infrastructure and implementation plan

January 2017

- Hire internal staff and develop program pamphlets, outreach and engagement materials
- Order and Purchase Program materials and supplies
- Complete all necessary training
- Develop and release Request for Proposal for ISN Youth-Specific Strategist service provider

February 2017- December 2021

- Begin Innovative Strategist Network
- Meet quarterly to assess progress towards learning goals, modify project model, assess challenges and make recommendations

July 2017- December 2021

- Begin contract with ISN Youth-Specific Strategist service provider

July 2021

- Present draft report with recommendation for inclusion of lessons learned

October 2021

- Present final project report with initial feasibility for sustaining, integrating or replicating project services or lessons learned to Mental Health Leadership, Mental Health staff, Mental Health clients, Behavioral Health Board and Stakeholder Committee.

<u>Phase</u>	<u>Activities</u>	<u>Core Areas</u>
<p align="center"><u>Phase I</u></p> <p align="center"><u>DISCOVERY PHASE</u></p>	<ul style="list-style-type: none"> • Collaborative act of crafting appreciative interview questions • Constructing an appreciative interview • Developing interview questions to recruit the ISN • Recruiting and training ISN staff • Developing the foundation for the project 	<ul style="list-style-type: none"> • Planning/Organizing • Identifying key community resources • Designing the program utilizing Appreciative Inquiry Interviewing and hiring of Strategists • Initial Presentation of the Program
<p align="center"><u>Phase II</u></p> <p align="center"><u>DREAM PHASE</u></p>	<ul style="list-style-type: none"> • Exploring hopes and dreams to guide the work • Engage in thinking big, and thinking out of the boundaries of what has been in the past. • Identify and spread generative, affirmative and hopeful images of the future. 	<ul style="list-style-type: none"> • Using the Inquire, Imagine, and Innovate phases: • Inquire – Identifying the “best of what is” • Imagine – Identifying images of a desirable future • Translating the vision into actionable statements • Implement – Making the provocative propositions become reality
<p align="center"><u>Phase III</u></p> <p align="center"><u>DESIGN PHASE</u></p>	<ul style="list-style-type: none"> • Identify choices about “what should be” within the service delivery system. • Develop conscious re-creation or transformation, of systems, structures, strategies, processes and images. • Aligned with the organization’s positive 	<ul style="list-style-type: none"> • Designing evaluation sharing learning • Accountability to constituencies • Translating the vision into actionable statements • Implement – Making the provocative propositions become reality

	strengths and highest potential.	
<p><u>Phase IV</u></p> <p><u>DESTINY PHASE</u></p>	<ul style="list-style-type: none"> • Take inspired actions • Support ongoing learning and innovation—or “what will be. • Personal and organizational commitments and • Open up paths forward which result in changes in organizational systems, structure, processes or procedures 	<ul style="list-style-type: none"> • Evaluation and Feedback

SECTION 1 Continued

Innovation Work Plan Narrative

Project Measurement

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

The Merced County Behavioral Health and Recovery Services will establish an Innovative Strategist Advisory Committee which will be formally established after the approval by the MHSOAC. The members will serve in an advisory capacity to the ISN staff. The Advisory Committee will be reflective of the areas of each ISN member:

Innovative Strategist Core Area
Lead Strategist
Integrated Care Strategist
Behavioral Health Strategist
Care Coordination Strategist
Family/Resource Strategist
Recovery Strategist
Program Support Strategist
Youth-Specific Strategist

The Innovative Strategist Community Dream Team will identify the critical tasks: finalizing project success measures, monitoring tools and reporting infrastructure to ensure clearly defined objectives and measurement tools.

During implementation of the project the Innovative Strategist Community Dream Team will meet quarterly to review the projects progress and outcome data. This will include appreciative inquiry, opportunities for building capacity and care coordination. The ISC will highlight what is giving life to the project.

The Innovative Strategist Community Dream Team will review the project’s progress and outcome data. In this role the committee will assist the ISN to implement the project by advising on operational issues which including reviewing data, performance indicators, appreciative inquiry, reviewing reports and connecting clients to other services. The ISCDT will make recommendations on how to modify services or activities if objectives are not being met.

The ISCDT will further build capacity by providing feedback to strengthen the program design, monitor for community impact, identify and leverage program strengths, identify and modify ineffective practices and produce credibility and visibility.

The ISN Project report and recommendations will be presented at a Learning Conference and disseminated to Community Partners and stakeholders, integrating the practices or replicating services based on lessons learned.

Measures for each proposed Learning Question

Process Question 1: How does the design of an Innovative Strategist Network with the focus of strength based strategies to open pathways to wellness impact improved access to services and linkages to other providers?

- Asset Mapping
- Administer a Survey for program participants quarterly
- Demographic Sheets
- Identify number of linkages to providers

Process Question 2: How will developing an ABC Innovative Framework Model inclusive of the 4D-Cycle approach impact positive client outcomes and stigma reduction?

- Client Satisfaction surveys and report

Process Question 3: How does the development of a Strategist/Innovative team who has specific expertise build community capacity and care coordination?

- Identify assets developed
- Tracking of services provided
- Number of individuals served

Outcome Question 1: How does this innovation increase the number of adults being served and provided adequate resources and services?

Measures the number of adults being screened by each strategist/innovator and the number of adults engaged in services.

Outcome Question 2: Does the Innovation impact adults desiring improvements in their mental health and wellness in identifying resources and connections to appropriate care?

Measure Survey adults on the ISN method and the capacity to provide strength based innovative strategic approaches and provide appropriate levels of services and supports.

Innovative Strategist Network	Number Served	Total Funding	Cost per client
Projection for FY 16/17 (6 months)	250 Number to be served	\$719,210 in funding	\$2,877 cost per client
Projection for FISCAL YEAR 17/18	500 Number to be served	\$1,307,114 in funding	\$2,614 cost per client
Projection for FISCAL YEAR 18/19	600 Number to be served	\$1,337,343 in funding	\$2,229 cost per client
Projection for FISCAL YEAR 19/20	700 Number to be served	\$1,368,480 in funding	\$1,955 cost per client
Projection for FISCAL YEAR 20/21	800 Number to be served	\$1,400,550 in funding	\$1,751 cost per client
Projection for FISCAL YEAR 21/22 (6 months)	450 Number to be served	\$729,591 in funding	\$1,621 cost per client

<u>Program Goals</u>	<u>Key Objectives</u>
Through the development of the Innovative Strategist Network (ISN) Merced County will be able to provide more specialty services that will open the pathway to mental health care by building on the strengths of client and utilizing a framework that gives life and recovery	<p>By 2021 the Merced Community will be familiar with the ABC Innovative Framework philosophy which will have documented benefits of promoting recovery and wellness.</p> <p>By June 2021 there will be an increase of mild to moderate clients receiving innovative specialty care.</p> <p>By June 2021 the pathways to healthcare will be open with few barriers.</p>
<u>Key Outcomes</u>	<u>Measurement Methods</u>
<p>Innovation will be a common philosophy and approach to mental health service delivery in Merced County</p> <p>Innovative services will be infused into the Merced Community bringing about "BIG CHANGE."</p> <p>The innovative approach will lead to a paradigm shift to what gives life and recovery in the Merced Community.</p> <p>Understand how to reframe common issues and questions using affirmative language</p>	<p>Satisfaction Survey</p> <p>Tracking of SMART Goals</p> <p>Tracking of Unduplicated/Duplicated clients served</p>

SECTION 1 Continued
Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources

This project will leverage and connect to resources that are in the community through the use of the:

- Merced County 211
- Network of Care
- Approved MHSA Programs

The project will explore options to leverage Medi-Cal dollars to build a foundation of sustainability.

The Innovative Strategist Community Dream Team will leverage the strengths and knowledge of Community Partners.

SECTION 2

Innovation Work Plan Description

County Name

Merced County

Annual Number of Clients to be Served

Total: **800 per year**

Work Plan Name

Innovative Strategist Network (ISN)

Population to Be Served (If Applicable)

The Innovative Strategist Network (ISN) proposes to support individuals of all ages who are experiencing mental health issues, ranging from mild/moderate symptoms to severe mental illness and are faced with ongoing barriers to healthcare that are in need of an Innovation to open the pathways to improve care and positive outcomes. The ISN will also be able to focus on current MCBHRS clients open to medication support only, offering innovative strategies and supports.

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

The Innovative Strategist Network will be a response to the voices of our stakeholders to “Think Big Change” by developing and ISN network that includes multiple Strategists with innovative thinking. The project will highlight the development and inclusion of the **ABC Innovative Framework** into the Merced Community and service delivery system which will be built from the core elements of **Appreciative Inquiry**, **Building** Community Capacity and **Care** Coordination. The project will recruit individuals to the ISN with a mindset and proven track record of being innovative and demonstrating “BIG CHANGE.” The ABC Innovative Framework will be based on performance and timeliness. This network will support the client with this profile:

- Limited Availability of Medication and Health Professionals
- Limited Affordability
- Policy Limitations
- Lack of Family and Community Support
- Stigma and Discrimination
- Disconnect with Service Providers

SECTION 3

Mental Health Services Act

Innovation Funding Request

County: Merced County

Date: 09/22/2016

Innovation Work Plans		Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No.	Name		Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	Innovative Strategist Network	\$5,967,207 MHSA	\$1,100,000 to children and youth	\$1,000,000 to transage youth	\$2,867,207 to adults	\$1,000,000 To older adults
2						
3						
4						
5						
6						
7						
8	Subtotal: Work Plans	\$5,967,207 MHSA funding	\$1,100,000 to children and youth	\$1,000,000 to transage youth	\$2,867,207 to adults	\$1,000,000 To older adults
9	Plus County Administration	\$895,081				
10	Plus Optional 10% Operating Reserve	0				
11	Total MHSA Funds Required for Innovation	\$6,862,288				

SECTION 4

Innovation Projected Revenues and Expenditures

County: Merced

Fiscal Year: 2016-2022

Work Plan #: 1

Work Plan Name: Innovative Strategist Network

New Work Plan Checked Box

Expansion unchecked box

Months of Operation: January 2017-December 2021
MM/YY - MM/YY

Column order as follows:	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	\$4,678,007	0	\$1,045,000	\$5,723,007
2. Operating Expenditures	\$130,200	0	\$55,000	\$185,200
3. Non-recurring expenditures	\$59,000	0		\$59,000
4. Training Consultant Contracts				\$0
5. Indirect Expense (15%)	\$730,081	0	\$165,000	\$895,081
6. Total Proposed Work Plan Expenditures	\$5,597,288	\$0	\$1,265,000	\$6,862,288
B. Revenues				
1. Existing Revenues	\$3,049,736	0	0	\$3,049,736
2. Additional Revenues (Estimates)				
a. 16/17 MHSA-INN	\$668,913	0	0	\$668,913
b. 17/18 & 18/19 MHSA-INN	\$1,400,000	0	0	\$1,400,000
c. 19/20, 20/21 & 21/22 MHSA INN	\$2,100,000	0	0	\$2,100,000
3. Total New Revenue	\$4,168,913	\$0	\$0	\$4,168,913
4. Total Revenues	\$7,218,649	\$0	\$0	\$7,218,649
C. Total Funding Requirements	\$5,597,288 to Mental Health Dept	\$0 to other governmental agencies	\$1,265,000 to contract providers	\$6,862,288 total

SECTION 5											
Merced County Mental Health Services Act											
PROPOSED 5-Year Budget Detail for Innovative Strategist Network											
Program Name	Innovative Strategist Network										
Mental Health Staffing Detail											
Column Order: Job Classification	Step	Number of FTEs	Existing or Additional Position	Position Salary and Benefit Costs	Year 1 16-17 6 months	Year 2 17-18 +3%	Year 3 18-19 +3%	Year 4 19-20 +3%	Year 5 20-21 +3%	Year 6 21-22 (6 Months) +3%	
BHRS Program Manager	Step 5	1.00 FTE	Add	\$ 164,267 per year	\$82,134 Year 1	\$169,195 Year 2	\$174,271 Year 3	\$179,499 Year 4	\$184,884 Year 5	\$95,215 Year 6	
Psychiatric Staff Nurse II	Step5	1.00 FTE	Add	\$ 141,665 per year	\$70,833 Year 1	\$145,915 Year 2	\$150,292 Year 3	\$154,801 Year 4	\$159,445 Year 5	\$82,114 Year 6	
Mental Health Clinician II	Step5	1.00 FTE	Add	\$ 145,396 per year	\$72,698 Year 1	\$149,758 Year 2	\$154,251 Year 3	\$158,878 Year 4	\$163,644 Year 5	\$84,277 Year 6	
Mental Health Worker II	Step 5	2.00 FTE	Add	\$ 106,364 per year	\$106,364 Year 1	\$219,110 Year 2	\$225,683 Year 3	\$232,454 Year 4	\$239,427 Year 5	\$123,305 Year 6	
Quality Assurance Specialist	Step5	1.00 FTE	Add	\$102,895 per year	\$51,448 Year 1	\$105,982 Year 2	\$109,161 Year 3	\$112,436 Year 4	\$115,809 Year 5	\$59,642 Year 6	
Family/Community Development Partner	Step3	1.00 FTE	Add	\$ 83,742 per year	\$41,871 Year 1	\$86,254 Year 2	\$88,842 Year 3	\$91,507 Year 4	\$94,252 Year 5	\$48,540 Year 6	
Extra-Help Consumer Assistance Worker		0.625 FTE	Add	\$ 18,707 per year	\$9,354 Year 1	\$18,707 Year 2	\$18,707 Year 3	\$18,707 Year 4	\$18,707 Year 5	\$9,634 Year 6	
Total Program Positions		7.625 FTE			\$434,700 Year 1	\$894,921 Year 2	\$921,207 Year 3	\$948,282 Year 4	\$976,169 Year 5	\$502,72 Year 67	
Mental Health Services and Supplies											
Column Order: Account	Description				Year 1 Start-up Amount	Year 2 Amount	Year 3 Amount	Year 4 Amount	Year 5 Amount	Year 6 Amount	
20610	Communication-Internal Services				\$3,600 Yr. 1	\$3,600 Yr. 2	\$3,600 Yr. 3	\$3,600 Yr. 4	\$3,600 Yr. 5	\$3,600 Yr. 6	
20900	Household Expense				\$1,500 Yr. 1	\$1,500 Yr. 2	\$1,500 Yr. 3	\$1,500 Yr. 4	\$1,500 Yr. 5	\$1,500 Yr. 6	
21300	Maintenance Expense				\$1,000 Yr. 1	\$1,000 Yr. 2	\$1,000 Yr. 3	\$1,000 Yr. 4	\$1,000 Yr. 5	\$1,000 Yr. 6	

21700	Office Expense-General (Desks, chairs, office supplies)	\$10,000 Yr. 1	\$5,000 Yr. 2	\$5,000 Yr. 3	\$5,000 Yr. 4	\$5,000 Yr. 5	\$5,000 Yr. 6
21701	Office Expense-Computers/Printers/Scanners	\$15,000 Yr. 1	\$1,000 Yr. 2	\$1,000 Yr. 3	\$1,000 Yr. 4	\$1,000 Yr. 5	\$1,000 Yr. 6
21710	Office Expense-Postage	\$300 Yr. 1	\$300 Yr. 2	\$300 Yr. 3	\$300 Yr. 4	\$300 Yr. 5	\$300 Yr. 6
21800	Live Scan/Physicals	\$300 Yr. 1	\$300 Yr. 2	\$300 Yr. 3	\$300 Yr. 4	\$300 Yr. 5	\$300 Yr. 6
21812	Data Processing	\$3,000 Yr. 1	\$3,000 Yr. 2	\$3,000 Yr. 3	\$3,000 Yr. 4	\$3,000 Yr. 5	\$3,000 Yr. 6
22300	Special Dept. Expense	\$1,000 Yr. 1	\$1,000 Yr. 2	\$1,000 Yr. 3	\$1,000 Yr. 4	\$1,000 Yr. 5	\$1,000 Yr. 6
22500	Transportation & Travel	\$1,500 Yr. 1	\$1,500 Yr. 2	\$1,500 Yr. 3	\$1,500 Yr. 4	\$1,500 Yr. 5	\$1,500 Yr. 6
22500	Transportation & Travel-County Vehicle	\$1,500 Yr. 1	\$1,500 Yr. 2	\$1,500 Yr. 3	\$1,500 Yr. 4	\$1,500 Yr. 5	\$1,500 Yr. 6
22600	Utilities	\$2,000 Yr. 1	\$2,000 Yr. 2	\$2,000 Yr. 3	\$2,000 Yr. 4	\$2,000 Yr. 5	\$2,000 Yr. 6
Fixed Assets	Vehicles for ISN	\$40,000 Yr. 1	\$0 Yr. 2	\$0 Yr. 3	\$0 Yr. 4	\$0 Yr. 5	\$0 Yr. 6
Total Services and Supplies		\$80,700 Yr. 1	\$21,700 Yr. 2	\$21,700 Yr. 3	\$21,700 Yr. 4	\$21,700 Yr. 5	\$21,700 Yr. 6
Contracted Programs							
Column Order: Contractor Account	Description						
21810	Sub-Contractor(s) to implement/coordinate/support ISN in the community-pursuant to RFP process	\$110,000 Yr. 1	\$220,000 Yr. 2	\$220,000 Yr. 3	\$220,000 Yr. 4	\$220,000 Yr. 5	\$110,000 Yr. 6
Total Contracted Costs		\$110,000 Yr. 1	\$220,000 Yr. 2	\$220,000 Yr. 3	\$220,000 Yr. 4	\$220,000 Yr. 5	\$110,000 Yr. 6
Sub-Total Direct Costs		\$625,400 Yr. 1	\$1,136,621 Yr. 2	\$1,162,907 Yr. 3	\$1,189,982 Yr. 4	\$1,217,869 Yr. 5	\$634,427 Yr. 6
Program Administration (15%)		\$93,810 Yr. 1	\$170,493 Yr. 2	\$174,436 Yr. 3	\$178,497 Yr. 4	\$182,680 Yr. 5	\$95,164 Yr. 6
TOTAL PROGRAM COSTS		\$719,210 Yr. 1	\$1,307,114 Yr. 2	\$1,337,343 Yr. 3	\$1,368,480 Yr. 4	\$1,400,550 Yr. 5	\$729,591 Yr. 6
						5-Year Total:	\$6,862,288 Yr. 6

SECTION 6

Stakeholder Participation List

#	Name	Agency/Other
1	Rubinpreet Awesome	MHSA Staff
2	Alma Pastrano	Aspiranet
3	Cheryl Hixson	Memorial Hospital
4	Fernando Granados	Sierra Vista
5	Iris N. Mojica de Tatum	MHB/Planning Council
6	Isaac Gaddon	Provider
7	Jenn Souza	Aspiranet
8	Rebecca McMullen	Aspiranet
9	Alejandro Jaramillo	Community Member
10	Alfonso de Avelar Fuentes	Community Member
11	Alicia Rodriguez Quizguy	Community Member
12	Andrea Tovar	MHSA Staff
13	Art Chilcoat	Community Member
14	Austin Bradley	Community Member
15	Bao Yang	Community Member
16	Bennie Tusing	Community Member
17	Bernadette Cook	Community Member
18	Carlos Ochoa	Community Member
19	Carole Roberds	Community Member
20	Caroline Moreno	Community Member
21	Charles Pond	Community Member
22	Chong Ma Lee	Community Member
23	Christina Krainbar	Community Member
24	Christina Nishihama	MHSA Staff
25	Crystal Guerrero	MHSA Staff
26	Curtis Mook	Community Member
27	Daniel Martinez	Community Member
28	DeAnna Leaman	CCAH-Alliance
29	Debbie Glass	Merced Adult School
30	Dennis Jone	Community Member
31	Elaine Policicchio	Community Member
32	Elida Silva	Community Member
33	Emilia Garbay	Community Member
34	Erica Cabrera	MHSA-Community Development Partner
35	Erick Mendoza	Golden Valley Cultural Broker
36	Evette Cuadras	Community Member
37	Frances Garcia	Community Member
38	Geovanni Orto	Community Member
39	Gloria M. Mockus	Community Member
40	Gloria M. Sandoval	Community Member

41	Guadalupe Lomeli	Community Member
42	Heidi Szakala	Probation
43	Hilda Sandoval	Community Member
44	Janice Guerrero	Community Member
45	Jennifer Mockus	Central California Alliance for Healthcare
46	John Ceccoli	H.S.A.Veterans
47	Ka Her	Community Member
48	Karen Black	Beacon
49	Katy Oestman	Merced County Public Health
50	Kenny Locker	Community Member
51	Kia Xiong	Community Member
52	Kirsti Lindsey	Community Member
53	Kristi Rieg	Community Member
54	Kristynn Sullivan	Merced County Public Health
55	LaVerne Davis	Healthy House
56	Leticia Guillen	Community Member
57	Ligaya Santos	Rural Health Clinic
58	Linda Rising	Community Member
59	Lisa Maples	Probation
60	Liz Freitas	Community Member
61	Louise Sandoval	Community Member
62	Marcus Ramirez	Community Member
63	Maria Azevedo	Mental Health Analyst
66	Mary Ellis	Community Member
64	Mary Hoffman	Community Member
65	Michelle Bliss	Merced Adult School
66	Monica Adrian	MCOE Caring Kids
67	Nou Chang	MCOE Caring Kids
68	Nhia Bee Lee	Community Member
69	Nwal Abullan	Community Member
70	Olivia Gomez	Community Member
71	Prudy Mook	Community Member
72	Richard Luvian	Community Member
73	Richard McCall	Community Member
74	Robert Bauer	United Way
75	Rosie Martinez	MCOE/H.S.A.
76	Sally Ragonut	Community Member
77	Salvador Vargas	Community Member
78	Sharon Jones	MHSA Coordinator
79	Sharon Mendonca	Mental Health
80	Stacy Andreson	Blue Shield
81	Steven Wilson	Community Member
82	Terri Rolling	CURC
83	Tony Moreno	Community Member
84	Tria Vang	MCOE

85	Valerie Moreno	Community Member
86	Veronica Chavez	Livingston Community Health
87	Victor W. Cook	Community Member
88	Vince Ramos	MCBHB
89	Yasmin Ayala	Community Member
90	Yee Vang	Community Member
91	Yer Thao	Community Member