

EXHIBIT A

INNOVATION WORK PLAN
COUNTY CERTIFICATION

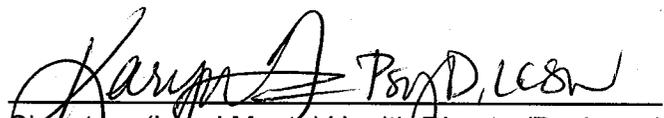
County Name: City of Berkeley

County Mental Health Director Name: Dr. Karyn Tribble Telephone Number: (510) 981-5213 Email: KTribble@ci.berkeley.ca.us	Project Lead Name: Karen Klatt Telephone Number: (510) 981-5222 Email: KKlatt@ci.berkeley.ca.us
Mailing Address: City of Berkeley Mental Health Administration 1947 Center St., 3 rd Floor Berkeley, CA 94704	Mailing Address: City of Berkeley Mental Health Administration 1947 Center St., 3 rd Floor Berkeley, CA 94704

I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws, and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 3410, Non-Supplant.

This draft Work Plan has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft Work Plan is being circulated for 30 days to stakeholders for review and comment and a public hearing will be held by the local Mental Health Commission on February 23rd, 2012. All input will be considered and adjustments will be made, as appropriate. Any draft Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed Work Plan is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

All documents in the attached Work Plan are true and correct.


Signature (Local Mental Health Director/Designee)

1/18/12
Date

MANAGER of MENTAL HEALTH
Title

Exhibit B

INNOVATION WORK PLAN

Description of Community Program Planning and Local Review Processes

County Name: City of Berkeley

Work Plan Name: Innovation Work Plan

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

1. Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input

Innovation planning for the City of Berkeley began with an internal meeting to delineate Division direction and priority populations for this funding component. Meeting attendees were as follows: Manager of Mental Health, Quality Improvement Program Supervisor, Fiscal Manager, and MHSA Coordinator. Division priorities were then vetted through the MHSA Advisory Committee where member feedback was integral in shaping the course of the Community Planning Process. The following un-served, underserved, or inappropriately served populations were prioritized: African Americans in South Berkeley; Latinos in West Berkeley; Ex-Offender Re-entry population; Asian Pacific Islanders; Senior Citizens; LGBTQ; Veterans; and Transition Age Youth (TAY).

Announcements were mailed, emailed and widely distributed to attain participation at seven Innovations meetings (three for Berkeley Mental Health staff, and four for Community Members). The meetings were held to inform staff, community leaders, stakeholders, consumers, family members, and individuals from identified target populations on the Innovations guidelines, and to elicit input regarding local Mental Health needs to be potentially addressed and strategies to be potentially implemented, through this funding source. An "Innovations Community Strategy Form" was also developed and distributed widely to provide an additional way those interested could provide input into the process.

All input received during the Innovations and previous MHSA Community Program Planning processes were compiled into a presentation to the MHSA Advisory Committee who, per each targeted population, prioritized needs with strategies received, and made recommendations to the Division for inclusion in the Innovations Plan.

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

Stakeholders involved in the Community Program Planning Process included the following: Mental Health Consumers; Family Members; Community Advocates; Mental Health Commissioners; Berkeley Councilmen; Berkeley Mental Health staff; Berkeley and Albany Unified School District staff; Community members and leaders representing African Americans Latinos, Asian Pacific Islanders, LGBTQ, Transition Age Youth, Senior Citizens, Ex-Offenders, and Veterans; Representatives from local collaboratives and Community Agencies including; African American Black Professionals and Community Network, Art Ambassadors, Berkeley Food and Housing Project, Berkeley Pool of Consumer Champions, Berkeley Youth Alternatives, Black Infant Health, Building Opportunities for Self-Sufficiency (B.O.S.S.), Community Health for Asian Americans (CHAA), GOALS for Women, Islamic Medical Association of North America (IMANA), Imani Addictions Services, Options Recovery Services; Pacific Center for Human Growth; Reach out Alameda County-Alameda County Network of Mental Health Clients, Somos Familia, Therapeutic Nursery School/East Bay Agency for Children, Women's Employment Resources Corporation, Youth Engagement Advocacy Housing (YEAH), and Youth Spirit Artwork.

3. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

The 30-day stakeholder review was held from January 19, 2012 through February 17, 2012 and was followed by a Public Hearing at the local Mental Health Commission on February 23, 2012 at 7:00pm. Input received during the 30-Day Public Review period and at the Public Hearing was around implementation and will be utilized to inform individual projects. Input did not warrant any substantive changes to the Draft Plan.

EXHIBIT E

**Mental Health Services Act
Innovation Funding Request**

County: City of Berkeley

Date: 1/18/2012

Innovation Work Plans			FY 08/09 & 09/10 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No.	Name	Children, Youth,		Transition Age Youth	Adult	Older Adult	
1	4	LGBTQ quality improvement	49999		10000	27999	12000
2	7	TAY Holistic Health Care	49999		49999		
3	6	Seniors	49999				49999
4	3	Ex Offender & Veteran Re-entry	49999		5000	34999	10000
5	1	African Americans	49999		10000	22999	17000
6	2	API Wellness	49999		8000	25999	16000
7	5	Board and Care Nutrition	49999			25000	24999
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26	Subtotal: Work Plans		\$349,993	\$0	\$82,999	\$136,996	\$129,998
27	Plus County Administration		\$ 79,607				
28	Plus Optional 10% Operating Reserve						
29	Total MHSA Funds Required for Innovation		\$429,600				

EXHIBIT C

Innovation Work Plan Narrative

Date: January 18, 2012

County: City of Berkeley

Work Plan #: INN-01

Work Plan Name: African American Community Empowerment Academy

Purpose of Proposed Innovation Project (check all that apply)

INCREASE ACCESS TO UNDERSERVED GROUPS

INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES

PROMOTE INTERAGENCY COLLABORATION

INCREASE ACCESS TO SERVICES

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

This project will address the following purposes:

- 1.) Increase access to Mental Health Services for African Americans especially those residing in the South Berkeley neighborhood.
- 2.) Increase the quality of Mental Health services for African Americans, including achieving better outcomes.

Data has shown that African Americans are inappropriately served in the Mental Health system in the City of Berkeley. While there is a high representation of African Americans in the Mental Health system, concerns remain regarding inequities and disparities around culturally competent and appropriate treatment services for this population. Although strategies have been implemented to begin to improve services for this group, MHSA Community Program Planning processes continue to reveal a lack of culturally appropriate Mental Health resources for African Americans and a scarcity of service providers who are culturally competent and linguistically astute. Frequently conveyed, is the additional concern around stereotyping and labeling of African Americans in need of mental health services. Another re-occurring issue is the missing voice and perspective of African Americans in the planning, development and implementation of services to this community, as is evidenced by minimal representation of this population on Community Forums and State and local Mental Health Advisory Panels. All of these issues in turn affect the quality of services and outcomes for this population, and has an impact on whether those not currently involved in the mental health system, will seek access to services and supports as needed.

EXHIBIT C

Innovation Work Plan Narrative

Project Description

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

During the Innovations Community Program Planning process, many ideas and recommendations emerged that focused on improving the quality of, and access to, services for African Americans including the following:

- Develop an Afro-Centric Model that incorporates cultural, social, genetic, and spiritual aspects into treatment and addresses the historical trauma of slavery.
- Create a training workshop program where African Americans learn about their culture and the differences that affect their Mental Health.
- Develop peer and mentoring programs conducted by African Americans who understand the needs of the population.

A large part of improving services to ethnic populations involves listening to what communities need and incorporating cultural perspectives into the services that are provided. However, there is minimal ethnic and cultural diversity when it comes to community, consumer, and family member advocates in the Mental Health field in Berkeley. It is therefore essential that African Americans have a voice at local and state “decision-making tables” in order to express their knowledge and life experiences to inform the development of services in their community.

This innovative project incorporates aspects of several of the above community recommendations and will seek to address the lack of available culturally congruent services and supports for African Americans; and the minimal representation of African Americans on Community Forums and State and local Mental Health Advisory Panels.

A community based agency with a proven history of providing culturally competent services to the African American population, will implement a “Community Empowerment Academy” to provide education and supports for youth, Adults, and Older Adults in South Berkeley. The Academy will consist of an 8-12 week training program where psycho-educational activities will focus on empowering participants around social, cultural and spiritual aspects of the African American heritage. Academy participants will be able to explore key cultural issues such as “Post-Traumatic Slavery Syndrome” in a safe, non-threatening environment.

In an effort to empower and support the development of community, consumer and family member advocates, a Leadership Skill Building training component will serve as an integral part of the Academy. The project will also include a special focus on utilizing consumer, family member and community advocates as peer mentors and upon completion of the training program, participants can continue to be involved with the Academy through mentoring

EXHIBIT C

Innovation Work Plan Narrative

opportunities. Throughout their involvement with the Academy, any individual in need of more resources will be identified and referred for additional services and supports.

It is anticipated that if effective, this project will enhance resiliency in the South Berkeley African American community around wellness, recovery, and advocacy and will empower those interested to become involved in peer mentoring opportunities and social justice activities.

This project is consistent with the general standards set forth in the MHSA and Title 9, CCR, section 3320 in the following ways:

Community Collaboration: Existing and new community partnerships will be utilized for service referrals and outreach to participants.

Consumer and Family Member Driven: Consumer and family member input were instrumental in the inclusion of this project in the Innovations Plan. Consumers and family members involved in the project will be provided with opportunities to serve in mentoring roles to other participants and to become consumer and family member advocates. Consumers and family members participating in the project will also have opportunities to provide constructive feedback on the services they received. Consumers and Family Members active on the MHSA Advisory Committee will also review the outcomes of the project and will provide recommendations to the Division on future actions.

Cultural Competence: This project will empower participants through a Cultural Heritage Training model where social, cultural and spiritual aspects of the African American community will be explored in a safe, supported setting. At local, State and Federal levels decisions around the development and implementation of mental health services and supports should be informed by a diverse cultural and ethnic stakeholder group. Therefore a key focus of this project will be on Leadership Skill Building to support the development of community, consumer and family member advocates.

Wellness, Recovery and Resilience Focused: This project will promote wellness and resiliency through community and cultural empowerment and the development of peer mentors and community, consumer and family member advocates.

EXHIBIT C

Innovation Work Plan Narrative

Contribution to Learning

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

The Community Empowerment Academy will contribute to learning through the introduction of a new mental health approach for the South Berkeley African American population that will utilize cultural heritage to empower residents, create peer mentors, and develop community and consumer advocates. This project will contribute to learning in the mental health field through the following objectives:

1. To understand whether participating in a Cultural Heritage Training model that is offered in a supportive environment by peers, builds resiliency and increases positive outcomes for African Americans.
2. To understand whether participating in Cultural Heritage and Leadership Skill Building training activities increases the numbers of African American Consumer and Community Advocates in the Mental Health field.
3. To assess whether the implementation of a Community Empowerment Academy in South Berkeley will improve the mental health of African American consumers, increasing access for those who are not currently receiving services.

Timeline

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

Implementation/Completion Dates: 06/12-06/13
MM/YY-MMY

It is anticipated that projects will run for a year to begin with, throughout which at key designated time points, results and lessons learned will be assessed by the MHSA Advisory Committee and the Mental Health Division. Projects will begin in June 2012. Prior to this date, Requests For Proposals (RFP's) will be written, reviewed and awarded and the city contracting process will be initiated.

Project continuance following the initial year will be determined prior to June 30, 2013 and will be presented in a future update to this plan.

EXHIBIT C

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 City of Berkeley MHSA Advisory Committee will review the progress of this Innovation Project on a regular basis and will provide recommendations to the Division on how the project is progressing on the following learning objectives:

- To understand whether participating in a Cultural Heritage Training model that is offered in a supportive environment by peers, builds resiliency and increases positive outcomes for African Americans.
- To understand whether participating in Cultural Heritage and Leadership Skill Building training activities increases the numbers of African American Consumer and Community Advocates in the Mental Health field.
- To assess whether the implementation of a Community Empowerment Academy in South Berkeley will improve the mental health of African American consumers, increasing access for those who are not currently receiving services.

The MHSA Advisory Committee is comprised of various community, consumer, and family member stakeholders. The committee provides oversight on all MHSA activities and serves in an advisory role to the City of Berkeley Mental Health Division.

Leveraging Resources (if applicable)

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

Not applicable.

EXHIBIT D

Innovation Work Plan Description (For Posting on DMH Website)

County Name

City of Berkeley

Annual Number of Clients to be Served (if Applicable)

30-50 Total

Work Plan Name

Community Empowerment Academy

Population to Be Served (if applicable):

African Americans in South Berkeley.

Project Description: Provide a concise overall description of the proposed Innovation.

A community based agency with a proven history of providing culturally competent services to the African American population, will implement a “Community Empowerment Academy” to provide education and supports for youth, Adults, and Older Adults in South Berkeley. The Academy will consist of an 8-12 week training program where psycho-educational activities will focus on empowering participants around social, cultural and spiritual aspects of the African American heritage. Academy participants will be able to explore key cultural issues such as “Post-Traumatic Slavery Syndrome” in a safe, non-threatening environment.

In an effort to empower and support the development of community, consumer and family member advocates, a Leadership Skills training component will serve as an integral part of the Academy. The project will also include a special focus on utilizing consumer, family member and community advocates as peer mentors and upon completion of the training program, participants can continue to be involved with the Academy through mentoring opportunities. Throughout their involvement with the Academy, any individual in need of more resources will be identified and referred for additional services and supports.

It is anticipated that if effective, this project will enhance resiliency in the South Berkeley African American community around wellness, recovery, and advocacy and will empower those interested to become involved in peer mentoring opportunities and social activism.

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Berkeley

Fiscal Year: 08/09 & 09/10

Work Plan #: INN-01

Work Plan Name: African American Community Empowerment Academy

New Work Plan

Expansion

Months of Operation: 06/12 - 06/13
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures				\$0
2. Operating Expenditures			4,999	\$4,999
3. Non-recurring expenditures			45,000	\$45,000
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$0	\$0	\$49,999	\$49,999
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$0	\$0	\$49,999	\$49,999

Prepared by: Gail Feldman

Date: 1/18/2012

Telephone Number: (510)-981-5232

EXHIBIT C

Innovation Work Plan Narrative

Date: January 18, 2012

County: City of Berkeley

Work Plan #: INN-02

Work Plan Name: Wellness Strategy for Asian Pacific Islanders

Purpose of Proposed Innovation Project (check all that apply)

INCREASE ACCESS T O UNDERSERVED GROUPS

INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES

PROMOTE INTERAGENCY COLLABORATION

INCREASE ACCESS TO SERVICES

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

The Asian Pacific Islander (API) population consists of a broad range of cultures and communities. Some cultures (such as Cantonese, Mandarin and Vietnamese) are considered as threshold populations for community agencies to serve and therefore tend to have more resources available than those who do not meet threshold level. As such, the API population is considered as both un-served and underserved in the Mental Health system in Berkeley and Albany.

Input received during MHSA Community Program Planning processes consistently reveal the following issues affecting the API population: Disparities in access to appropriate mental health services; Lack of service providers that are culturally competent and linguistically proficient; Stigma of mental illness and receiving mental health treatment; High Incidence of Domestic Violence; High parental expectations for academic achievement and success, leading to a secondary or nonexistent focus on the well-being of youth; Multi-generations of families caught between two cultures: the country of origin and America; Cultural stress around immigration and integrating into a new culture; Gambling, substance abuse and eating disorders; API LGBTQ individuals are either ignored or met with stigma and discrimination; Increased risk of suicide; High depression rates among women and TAY.

Although some projects have been implemented to begin to improve resource availability, there is still much work to be done to increase the access to and quality of mental health services for the API population.

EXHIBIT C

Innovation Work Plan Narrative

Project Description

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

Recommendations received during MHSA Innovations Community Program Planning primarily focused on the following strategies to increase the access to and quality of Mental Health Services for the API Population: Inter-generational approaches to help with acculturation and stress in families; the implementation of peer models in working with new immigrants; and utilizing activities, groups, celebrations not focused on Mental Health issues, to create a space where Mental Health supports can be accessed.

This innovative project will institute culture-based outreach, cultural wellness practices and culture-based mental health consultation in order to address the following:

1. Issues affecting access to Mental Health Services: Including reducing the disparities that exist in accessing appropriate mental health services and combating the cultural stigma around mental illness and mental health treatment.
2. Issues affecting the quality of Mental Health Services: Including having service providers who are culturally competent and linguistically proficient and increasing resources and supports that are culturally sensitive and appropriate.

A community agency with expertise in providing culturally competent mental health services to the API population will implement this project to help address barriers as identified by consumers, family members, and community leaders in accessing and utilizing mental health services. Un-served and underserved API communities will be targeted to receive culturally appropriate alternative mental health services and supports. Strengths within each community will be highlighted and utilized to assist participants in the creation and adoption of wellness practices that will reduce stress and enhance well-being. Treatment interventions will be culturally competent and will be delivered by providers with a demonstrated proficiency in serving the API population.

By locating appropriate services and supports at trusted community sites routinely frequented by API communities, it is anticipated that one outcome of this project will be the creation of a bridge between API communities and mental health services. For instance, meditation and spiritual practices are often at the core of many API communities and as such can be utilized as a vehicle to gather individuals around a shared practice where cultural based outreach, wellness practices and Mental Health consultation can take place. Additional community activities, groups, and celebratory events can serve as similar meeting venues.

EXHIBIT C

Innovation Work Plan Narrative

Other projected outcomes are as follows:

- Reduction in stress around acculturation issues.
- Reduction in stigma around Mental Health issues.
- Increased awareness of stress triggers and healthy coping mechanisms.

This project is consistent with the general standards set forth in the MHSA and Title 9, CCR, section 3320 in the following ways:

Community Collaboration: By locating appropriate services and supports at trusted community sites routinely frequented by API communities, it is anticipated that one outcome of this project will be the creation of a bridge between API communities and mental health services.

Consumer and Family Member Driven: Consumer and family member input were instrumental in the inclusion of this project in the Innovations Plan. Once implemented, consumers receiving services from this project will be involved in the development and implementation of individualized and group wellness strategies and will have opportunities to provide constructive feedback on the services they receive. Additionally, Consumers and Family Members on the MHSA Advisory Committee will review the outcomes of the project and will provide recommendations to the Division on future actions.

Cultural Competence: A community agency with expertise in providing culturally competent mental health services to the API population will implement culture-based outreach, cultural wellness practices and culture-based mental health consultation to help address barriers as identified by consumers, family members, and community leaders in accessing and utilizing mental health services. Un-served and underserved API communities will be targeted to receive culturally appropriate alternative mental health services and supports.

Integrated Experience: This project will provide an integrated experience for API individuals in need through targeted outreach and the co-location of Mental Health services at natural meeting venues where other positive supports are already being received by members of this population.

Wellness, Recovery and Resilience Focused: This project promotes resiliency through the implementation of culturally congruent strengths based wellness strategies and by offering multiple venues where API can go to receive Mental Health services and supports that are culturally sensitive and appropriate.

EXHIBIT C

Innovation Work Plan Narrative

Contribution to Learning

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

This innovative project will increase the access to and quality of mental health services and supports for the API population through a new mental health approach that will co-locate Mental Health services where they are already being provided and will utilize cultural based outreach and wellness activities to promote healing. The project will contribute to learning in the mental health field through the following objectives:

1. To understand the main challenges to accessing and utilizing mental health for un-served and underserved API's living in the Berkeley/Albany area.
2. To understand the impact of cultural wellness strategies in addressing mental health issues.
3. To determine whether culturally based activities that foster intergenerational interaction, support continuity in community narratives, build intercultural alliance, improve the quality and density of social support, can result in a reduction of acculturative stress and promote healthy integration and wellness for underserved and un-served APIs in Berkeley/Albany.

These learning objectives will ideally allow the mental health field to:

- Understand challenges API experience in accessing and utilizing mental health services.
- Determine cultural wellness strategies available for APIs.
- Determine the impact culturally based alternative mental health activities have on acculturative stress and healthy integration.

EXHIBIT C

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.

Implementation/Completion Dates: 06/12-06/13
MM/YY-MMY

It is anticipated that projects will run for a year to begin with, throughout which at key designated time points, results and lessons learned will be assessed by the MHSA Advisory Committee and the Mental Health Division. Projects will begin in June 2012. Prior to this date, Requests For Proposals (RFP's) will be written, reviewed and awarded and the city contracting process will be initiated.

Project continuance following the initial year will be determined prior to June 30, 2013 and will be presented in a future update to this plan.

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 City of Berkeley MHSA Advisory Committee will review the progress of this Innovation Project on a regular basis and will provide recommendations to the Division on how the project is progressing on the following learning objectives:

- To understand the main challenges to accessing and utilizing mental health for un-served and underserved API's living in the Berkeley/Albany area.
- To understand the impact of cultural wellness strategies in addressing mental health issues.
- To determine whether culturally based activities that foster intergenerational interaction, support continuity in community narratives, build intercultural alliance, improve the quality and density of social support, can result in a reduction of acculturative stress and promote healthy integration and wellness for underserved and un-served APIs in Berkeley/Albany.

The MHSA Advisory Committee is comprised of various community, consumer, and family member stakeholders. The committee provides oversight on all MHSA activities and serves in an advisory role to the City of Berkeley Mental Health Division.

EXHIBIT C

Innovation Work Plan Narrative

Leveraging Resources (if applicable)

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

The main resource to be leveraged will be meeting spaces in community agencies and public venues where API individuals normally gather for other services and events.

EXHIBIT D

Innovation Work Plan Description (For Posting on DMH Website)

County Name

City of Berkeley

Annual Number of Clients to be Served (if Applicable)

30-50 Total

Work Plan Name

Wellness Strategies for Asian Pacific Islanders

Population to Be Served (if applicable):

Asian Pacific Islanders in Berkeley and Albany

Project Description: Provide a concise overall description of the proposed Innovation.

This innovative project will institute culture-based outreach, cultural wellness practices and culture-based mental health consultation in order to address issues affecting access to and the quality of Mental Health Services for the API population.

A community agency with expertise in providing culturally competent mental health services to the API population will implement this project to help address barriers as identified by consumers, family members, and community leaders in accessing and utilizing mental health services. Un-served and underserved API communities will be targeted to receive culturally appropriate alternative mental health services and supports. Strengths within each community will be highlighted and utilized to assist participants in the creation and adoption of wellness practices that will reduce stress and enhance well-being. Treatment interventions will be culturally competent and will be delivered by providers with a demonstrated proficiency in serving the API population.

By locating appropriate services and supports at trusted community sites routinely frequented by API communities, it is anticipated that one outcome of this project will be the creation of a bridge between API communities and mental health services. Other projected outcomes include: A reduction in stress around acculturation issues; A reduction in stigma around Mental Health issues and increased awareness of stress triggers and healthy coping mechanisms.

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Berkeley

Fiscal Year: 08/09 & 09/10

Work Plan #: INN-02

Work Plan Name: Wellness Strategy for Asian Pacific Islanders

New Work Plan

Expansion

Months of Operation: 06/12 - 06/13

MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures				\$0
2. Operating Expenditures			4,999	\$4,999
3. Non-recurring expenditures			45,000	\$45,000
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$0	\$0	\$49,999	\$49,999
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$0	\$0	\$49,999	\$49,999

Prepared by: Gail Feldman

Date: 1/18/2012

Telephone Number: (510)-981-5232

EXHIBIT C

Innovation Work Plan Narrative

Date: January 18, 2012

County: City of Berkeley

Work Plan #: INN-03

Work Plan Name: Re-entry Systems Synergy (RSS) for Ex-Offender and Veteran populations

Purpose of Proposed Innovation Project (check all that apply)

INCREASE ACCESS TO UNDERSERVED GROUPS

INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES

PROMOTE INTERAGENCY COLLABORATION

INCREASE ACCESS TO SERVICES

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

The purpose of this project is to utilize interagency collaborations to increase access and outcomes for Ex-offenders, Veterans and their families.

According to research the prevalence of mental illness is two to four times higher for those incarcerated than those in the general population and approximately 75-85 percent of inmates have substance abuse disorders. MHSA Community Program Planning processes identified the following issues for the Ex-offender population: Stigma around addressing Mental Health issues and accessing needed services; a lack of a family support system or "broken" family ties; a scarcity of competent and knowledgeable service providers; high rates of substance abuse; difficulties integrating back into the community; experiences of social oppression and a lack of employment and educational opportunities.

Military Veterans integrating back into the community from being deployed also suffer from Mental Health and Substance Abuse disorders. Current research on veterans estimates a 50 percent increase in various Mental Health disorders, larger numbers of those with Substance Abuse problems, and an increased suicide rate for those returning from deployment (with data revealing approximately 950 suicide attempts each month). Input received from MHSA Community Program Planning processes mirror these issues with the following areas of concern frequently mentioned for this population: Post-traumatic Stress Disorders (PTSD); depression; increased suicide risk; substance abuse disorders; difficulty re-entering back into the community after being deployed; issues of grief and loss as a result of returning home from war as a changed person, mentally and/or physically.

On October 1, 2011 the State of California instituted Assembly Bill 109, Public Safety Realignment, which shifted the responsibility and funding for non-serious, non-violent, non-sex offenders from the state to the local level in order to reduce overcrowded prisons, and increase the oversight and rehabilitation of offenders. Also with the war ending in Iraq and troops being withdrawn from Afghanistan, Military Veterans are returning back to their communities. With increased Ex-offenders and Veterans re-entering local communities, there is a high need for

EXHIBIT C

Innovation Work Plan Narrative

well integrated services and supports to be in place in order to effectively address issues and concerns that affect these populations.

Projection Description

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

Recommendations received during the Innovations Community Program Planning process to assist those re-entering back into society included: creating support groups; developing peer mentoring opportunities including encouraging the involvement of those who have experienced and can “speak the language” of others; implementing an effective re-entry service delivery system; and providing supports for family members. This innovative project integrates the above community recommendations and will seek to improve service outcomes and address issues around re-entry into the community for Ex-offenders and Military Veterans.

Through building on strengths within the Substance Abuse and Mental Health fields, a community agency with expertise in serving the targeted populations will implement the “Re-entry Systems Synergy (RSS)” model to create a successful re-entry project for Ex-offenders, and Veterans who are struggling with Mental Health and/or Substance abuse disorders.

Informal mutual support and self-disclosure in groups are hallmarks of therapeutic communities, 12-step recovery, day treatment and similar well-established programs in the Substance Abuse and Mental Health arenas. RSS will utilize proven aspects of these programs that help expand the degree of informal supports between consumers, also known as “community-building.” Narrative experiences of “telling your story” and being heard and celebrated by a peer group, are familiar among “wellness and recovery” communities to significantly contribute to healing and a sense of belonging and as such will be incorporated into this project. Peer mentors from each field, will also be utilized within the project to improve and expand access to services, increase peer-to-peer services, and to implement educational and self-directed consumer activities. A key component of the project will be to encourage and support those who participate in RSS to become peer mentors to new participants.

Groups and activities will be held separately for Ex-offenders and Veterans in order to more fully address issues that aren’t unique to each population. At any time, those in need of additional community resources will be provided with supported referrals. A family component will also be implemented to support family members of the targeted populations. Services for both will operate in the same manner, with separate groups and activities for each population and where informal community-building and peer mentoring are the main cornerstones of the program.

EXHIBIT C

Innovation Work Plan Narrative

If effective, it is anticipated that RSS will increase resiliency, improve outcomes, promote positive family relationships and offer an innovative approach for doing so that could be replicable.

This project is consistent with the general standards set forth in the MHSA and Title 9, CCR, section 3320 in the following ways:

Community Collaboration: RSS will collaborate with and incorporate proven aspects of successful practices in many community agencies in the Substance Abuse and Mental Health fields and will utilize existing and new partnerships for referrals and outreach.

Consumer and Family Member Driven: Consumer and family member input were instrumental in the inclusion of this project in the Innovations Plan. Once implemented, RSS will help expand the degree of informal supports between consumers, also known as “community-building.” Peer mentors from each field, will also be utilized within the project to improve and expand access to services, increase peer-to-peer services, and to implement educational and self-directed consumer activities. A key component of the project will be to encourage and support those who participate in RSS to become peer mentors to new participants. Consumers and family member participants will have opportunities to provide constructive feedback on the services they receive. Additionally, Consumers and Family Members on the MHSA Advisory Committee will review the outcomes of the project and will provide recommendations to the Division on future actions.

Wellness, Recovery and Resilience Focused: RSS will promote wellness and build resiliency through activities such as “Narrative Story Telling” that offer opportunities to be heard and celebrated by a peer group, which significantly contribute to healing and the sense of belonging.

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.

RSS will contribute to learning through the introduction of a new mental health approach for Ex-Offenders and Veterans and their families that will utilize informal community-building, and peer mentoring to improve outcomes for these populations. This project will contribute to learning in the mental health field through the following objectives:

1. To understand the extent to which participating in informal community-building activities that are offered in a supportive environment by peers, builds resiliency, promotes successful re-entry into the community, and increases positive outcomes for Ex-offenders and Veterans.

EXHIBIT C

Innovation Work Plan Narrative

2. To assess the extent to which participating in informal community-building activities that are offered in a supportive environment by peers, increases knowledge and awareness, and promotes positive relationships for Ex-Offenders, Veterans and their families.

Timeline

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

Implementation/Completion Dates: 06/12-06/13
MM/YY-MMY

It is anticipated that projects will run for a year to begin with, throughout which at key designated time points, results and lessons learned will be assessed by the MHSA Advisory Committee and the Mental Health Division. Projects will begin in June 2012. Prior to this date, Requests For Proposals (RFP's) will be written, reviewed and awarded and the city contracting process will be initiated.

Project continuance following the initial year will be determined prior to June 30, 2013 and will be presented in a future update to this plan.

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 City of Berkeley MHSA Advisory Committee will review the progress of this Innovation Project on a regular basis and will provide recommendations to the Division on how the project is progressing on the following learning objectives:

- To understand the extent to which participating in informal community-building activities that are offered in a supportive environment by peers, builds resiliency, promotes successful re-entry into the community, and increases positive outcomes for Ex-offenders and Veterans.
- To assess the extent to which participating in informal community-building activities that are offered in a supportive environment by peers, increases knowledge and awareness, and promotes positive relationships for Ex-Offenders, Veterans and their families.

EXHIBIT C

Innovation Work Plan Narrative

The MHSA Advisory Committee is comprised of various community, consumer, and family member stakeholders. The committee provides oversight on all MHSA activities and serves in an advisory role to the City of Berkeley Mental Health Division.

Leveraging Resources (if applicable)

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

Not applicable.

EXHIBIT D

Innovation Work Plan Description (For Posting on DMH Website)

County Name

City of Berkeley

Annual Number of Clients to be Served (if Applicable)

30-50 Total

Work Plan Name

Re-entry Systems Synergy

Population to Be Served (if applicable):

Ex-offenders, Veterans and their families.

Project Description: Provide a concise overall description of the proposed Innovation.

Through building on strengths within the Substance Abuse and Mental Health fields, a community agency with expertise in serving the targeted populations will implement “Re-entry Systems Synergy (RSS)” that will seek to create a successful re-entry project for Ex-offenders, and Veterans who are struggling with Mental Health and/or Substance abuse issues.

RSS will implement proven aspects of behavioral healthcare programs that help expand the degree of informal supports between consumers, also known as “community-building.” Peer mentors from each field, will be utilized within the project to improve and expand access to services, increase peer-to-peer services, and to implement educational and self-directed consumer activities. A key component of the project will be to encourage and support those who participate in RSS to become peer mentors to new participants.

Groups and activities will be held separately for Ex-offenders and Veterans in order to more fully address issues that aren’t unique to each population. At any time, those in need of additional community resources will be provided with supported referrals. A family component will also be implemented to support the family members of the targeted populations and will operate in the same manner, with separate groups and activities for each population and where informal community-building and peer mentoring are the main cornerstones of the program.

If effective, it is anticipated that RSS will increase resiliency, improve outcomes, and promote positive family relationships.

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Berkeley

Fiscal Year: 08/09 & 09/10

Work Plan #: INN-03

Work Plan Name: Re-entry Systems Synergy (RSS) for Ex-Offender and Veteran populations

New Work Plan

Expansion

Months of Operation: 06/12 - 06/13
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures				\$0
2. Operating Expenditures			4,999	\$4,999
3. Non-recurring expenditures			45,000	\$45,000
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$0	\$0	\$49,999	\$49,999
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$0	\$0	\$49,999	\$49,999

Prepared by: Gail Feldman
Telephone Number: (510)-981-5232

Date: 1/18/2012

EXHIBIT C

Innovation Work Plan Narrative

Date: January 18, 2012

County: City of Berkeley

Work Plan #4: INN-04

Work Plan Name: Improve the Access and Quality of Mental Health Services for Lesbian, Gay, Bi-Sexual, Transgender, Queer (LGBTQ) individuals.

Purpose of Proposed Innovation Project (check all that apply)

INCREASE ACCESS TO UNDERSERVED GROUPS

INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES

PROMOTE INTERAGENCY COLLABORATION

INCREASE ACCESS TO SERVICES

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

The LGBTQ population is underserved in the Mental Health system in Berkeley and Albany. Input and data received through current and previous MHA Community Program Planning processes has consistently shown the following to be issues for this population: Lack of service providers who are competent in LGBTQ issues; Lack of service provider knowledge around who is being served in this population; Societal isolation, marginalization and oppression; Stigma and discrimination related to sexual orientation; Lack of sensitivity and acceptance of LGBTQ individuals in various immigrant and ethnic communities; Bullying of youth who identify as LGBTQ/or who have parents who are LGBTQ; Increased risk of Substance Abuse; Increased Suicide Risk. While some services exist, there still remains a high need for additional collaborative efforts that provide culturally sensitive and appropriate supports for this population.

This innovative project will address the following purposes:

1. Through targeted outreach and the co-location of Mental Health services at agencies where other supports are already being received by members of this population, this project will increase access for un-served and underserved Berkeley and Albany LGBTQ residents including the following: individuals from immigrant and ethnic communities that openly discriminate against LGBTQ people, transition age youth, seniors, transgender individuals, and veterans.
2. Through the implementation of "no-cost" Mental Health supports by service providers who are culturally sensitive and appropriate and are well trained in LGBTQ issues, this project will increase the quality of services, including achieving better outcomes for those who could not normally afford such services and/or who may otherwise distrust or avoid mental health resources altogether.
3. Through the outsourcing of Mental Health providers to community agencies in underserved regions in order to improve cultural sensitivity, competency and the quality of services, this project will promote interagency collaboration.

EXHIBIT C

Innovation Work Plan Narrative

Project Description

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

Through collaborations with existing services at community agencies, this innovative project will seek to improve the access and quality of mental health services for the LGBTQ population in Berkeley and Albany. A lead community agency with demonstrated expertise in serving the LGBTQ population will provide no-cost mental health services and supports to LGBTQ-identified residents at collaborating offsite agencies where other public social services are being provided and as such, will adapt a service approach that has been successful with other populations and apply it to the LGBTQ community.

Services will be provided at no cost to LGBTQ clients, by MFT, MSW, PhD and PsyD student interns supervised by licensed mental health providers from the lead agency. A set number of hours every week will allow interns to provide regular psychotherapy to LGBTQ clients at each collaborating partner agency. In an effort to enhance awareness and competencies, the lead agency will also provide at least one staff training on LGBTQ-specific mental health issues per year to each collaborating agency.

The project will also utilize at least two intern paid stipend positions. These individuals will focus on outreach and service provision to individuals underserved in the local community including LGBTQ Latino and African American residents in West and South Berkeley; and at-risk subsets of the local LGBTQ community in Berkeley/Albany including transition age youth, seniors, Asian Pacific Islanders, and veterans. In addition to providing mental health services for these at-risk individuals, these interns will gain knowledge in helping clients further navigate publicly funded behavioral health services and linkages to other community social services. Interns who mirror the ethnic and cultural characteristics of the targeted populations will be recruited for these stipend positions, thus expanding the range of LGBTQ trained clinicians in the field.

This project will be implemented through mutual partnerships with selected service organizations in Berkeley and Albany that will be created based on the following criteria:

- LGBTQ clients have been identified by staff at the collaborating agency as needing additional mental health services beyond the normal scope of services offered.
- Collaborating agency lacks staff competencies or resources to appropriately serve LGBTQ clients and could benefit from education and skill building trainings.
- Space can be made available at the collaborating agency for interns to provide weekly psychotherapy and supportive services to LGBTQ clients.

The lead agency will be responsible for the following: creating and managing the Cooperative Agreements with each collaborating agency, training and supervising interns, and program administration and oversight.

EXHIBIT C

Innovation Work Plan Narrative

This project is consistent with the general standards set forth in the MHSA and Title 9, CCR, section 3320 in the following ways:

Community Collaboration: This project includes collaborations with multiple community agencies and as such increases the amount of Mental Health services that are provided to LGBTQ individuals in need and the locations where services are provided.

Consumer and Family Member Driven: Consumer and family member input were instrumental in the inclusion of this project in the Innovations Plan. Once implemented, consumers receiving services from this project will also have opportunities to provide constructive feedback on the services they received. Additionally, Consumers and Family Members on the MHSA Advisory Committee will review the outcomes of the project and will provide recommendations to the Division on future actions.

Cultural Competence: This project improves the access to and quality of services for un-served and underserved LGBTQ individuals through the utilization of service providers who are well trained on LGBTQ issues and are able to implement culturally competent and appropriate services and supports to those in need. This project also implements a training component for collaborating agencies that will enhance cultural competency and sensitivity on LGBTQ issues.

Integrated Experience: This project will provide an integrated experience for LGBTQ individuals in need through targeted outreach and the co-location of Mental Health services at agencies where other supports are already being received by members of this population.

Wellness, Recovery and Resilience Focused: This project promotes wellness by offering multiple venues where LGBTQ can go to receive Mental Health services and supports that are culturally sensitive and appropriate. The respect, validation and acceptance that services implemented through this project will engender, could in turn, promote resiliency.

Contribution to Learning

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

This innovative project will make a change to the existing Mental Health practices of outsourcing and co-locating services. The changes involve the utilization of interns and a staff training component. Additionally, aside from partnerships for education in the school system, outsourcing and competency training to improve the quality of Mental Health services to the LGBTQ population has not been implemented in Berkeley and Albany.

EXHIBIT C

Innovation Work Plan Narrative

It is anticipated that this project will contribute to learning in the Mental Health field through the following objectives:

1. To better understand the needs of those who are marginalized from multiple perspectives and gauge whether they will be more accepting of mental health services when culturally competent individuals meet them in their own settings (i.e., agencies where they are already accessing other services).
2. To ascertain whether those who receive services through this type of accommodation 1) have a better experience with the mental health system than when they try to “fit in” with providers with whom they have little in common, and 2) would be more likely to return for services if needed in the future.
3. To determine if providing competency training on LGBTQ mental health issues for agencies that do not specifically provide such services, improves outcomes for their LGBTQ clients.

Timeline

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

Implementation/Completion Dates: 06/12-06/13
MM/YY-MMY

It is anticipated that projects will run for a year to begin with, throughout which at key designated time points, results and lessons learned will be assessed by the MHSA Advisory Committee and the Mental Health Division. Projects will begin in June 2012. Prior to this date, Requests For Proposals (RFP's) will be written, reviewed and awarded and the city contracting process will be initiated.

Project continuance following the initial year will be determined prior to June 30, 2013 and will be presented in a future update to this plan.

EXHIBIT C

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 City of Berkeley MHSAs Advisory Committee will review the progress of this Innovation Project on a regular basis and will provide recommendations to the Division on how the project is progressing on the following learning objectives:

- To better understand the needs of those who are marginalized from multiple perspectives and gauge whether they will be more accepting of mental health services when culturally competent individuals meet them in their own settings (i.e., agencies where they are already accessing other services).
- To ascertain whether those who receive services through this type of accommodation 1) have a better experience with the mental health system than when they try to “fit in” with providers with whom they have little in common, and 2) would be more likely to return for services if needed in the future.
- To determine if providing competency training on LGBTQ mental health issues for agencies that do not specifically provide such services, improves outcomes for their LGBTQ clients.

The MHSAs Advisory Committee is comprised of various community, consumer, and family member stakeholders. The committee provides oversight on all MHSAs activities and serves in an advisory role to the City of Berkeley Mental Health Division.

Leveraging Resources (if applicable)

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

It is anticipated that the lead agency will provide LGBTQ Competency Trainings to the collaborating agencies in an exchange for the meeting spaces interns will utilize for Mental Health services and supports to the designated population.

EXHIBIT D

Innovation Work Plan Description (For Posting on DMH Website)

County Name

City of Berkeley

Annual Number of Clients to be Served (if Applicable)

50-75 Total

Work Plan Name

Improve the Access and Quality of Mental Health Services for LGBTQ Individuals

Population to Be Served (if applicable):

Lesbian, Gay, Bi-Sexual, Transgender, Queer (LGBTQ) Population

Project Description: Provide a concise overall description of the proposed Innovation.

Through collaborations with existing services at community agencies, this innovative project will seek to improve the access and quality of mental health services for the LGBTQ population in Berkeley and Albany. A lead community agency with demonstrated expertise in serving the LGBTQ population will provide no-cost mental health services to LGBTQ-identified residents at collaborating offsite agencies where other public social services are being provided and as such, will adapt a service approach that has been successful with other populations and apply it to the LGBTQ community.

Services will be provided at no cost to LGBTQ clients, by MFT, MSW, PhD and PsyD student interns supervised by licensed mental health providers from the lead agency. A set number of hours every week will allow interns to provide regular psychotherapy to LGBTQ clients at each collaborating partner agency. Additional interns will be used to outreach and provide services to underserved individuals in the local community. Recruitment for these interns will be based on ethnic and cultural characteristics akin to the targeted populations they will serve, thus expanding the range of LGBTQ trained clinicians in the field. In an effort to enhance awareness and competencies, the lead agency will also provide at least one staff training on LGBTQ-specific mental health issues per year to each collaborating agency.

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Berkeley

Fiscal Year: 08/09 & 09/10

Work Plan #: INN-04

Work Plan Name: LGBTQ Access and Quality

New Work Plan

Expansion

Months of Operation: 06/12 - 06/13
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures				\$0
2. Operating Expenditures			4,999	\$4,999
3. Non-recurring expenditures			45,000	\$45,000
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$0	\$0	\$49,999	\$49,999
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$0	\$0	\$49,999	\$49,999

Prepared by: Gail Feldman

Date: 1/18/2012

Telephone Number: (510)-981-5232

EXHIBIT C

Innovation Work Plan Narrative

Date: January 18, 2012

County: City of Berkeley

Work Plan #: INN-05

Work Plan Name: Adult /Older Adult Mental Health Clients Board and Care Nutrition Project

Purpose of Proposed Innovation Project (check all that apply)

INCREASE ACCESS T O UNDERSERVED GROUPS

INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES

PROMOTE INTERAGENCY COLLABORATION

INCREASE ACCESS TO SERVICES

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

Research has shown that individuals with mental illness live 20-25 years less than the general population. In many cases this is due to medical conditions that are treatable. However, individuals living with Mental Illness don't often access the physical health resources they need and in turn, can suffer from poor nutrition and self-care practices. Additionally, some of the medicines prescribed to treat various mental health disorders can cause weight gain, among other negative health symptoms.

Input from City of Berkeley MHSA Community Program Planning processes have consistently mirrored these concerns, with health, exercise, self-care and nutritional needs frequently mentioned as issues for mental health consumers. A new approach that would utilize interagency collaborations to increase better health outcomes for this population was therefore highly prioritized.

Project Description

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

This innovative project will create a partnership between Board and Care staff, Berkeley Mental Health clients and staff, and a local Culinary School in an effort to improve and/or prevent serious medical conditions and increase positive health outcomes for Adults and Older Adults. The project will target Board and Care residents in the South Berkeley neighborhood who are severely mentally ill and at risk of developing multiple health conditions such as hypertension, obesity, diabetes, etc., due to poor nutrition and the physical effects of taking anti-psychotic medications.

Clients and staff from Russell Street Board and Care, Dwight Way Women's Shelter, and other Board and Care facilities serving Berkeley Mental Health clients will participate in a 12 week

EXHIBIT C

Innovation Work Plan Narrative

cooking class that will provide nutrition education and teach skills on how to prepare low cost, healthy meals that can be easily prepared. Berkeley Mental Health nurses will monitor vital health information (such as weight, blood pressure, heart rate, etc.) of the clients involved in the program in order to measure progress.

It is anticipated that, if effective, this program will help prevent and/or improve many life debilitating medical conditions, improve overall treatment outcomes, increase the lifespan of individuals with mental illness, and increase wellness and resiliency. If effective, this project could create a model that other agencies could implement with area Board and Care facilities.

This project is consistent with the general standards set forth in the MHSA and Title 9, CCR, section 3320 in the following ways:

Community Collaboration: This project includes collaborations with multiple community agencies and it will assist Mental Health clients in achieving better health outcomes.

Consumer and Family Member Driven: Consumers and family members input were instrumental in the inclusion of this project in the Innovations Plan. Once implemented, consumers receiving services from this project will be actively involved and will also have opportunities to provide constructive feedback on the services they received. Additionally, Consumers and Family Members on the MHSA Advisory Committee will review the outcomes of the project and will provide recommendations to the Division on future actions.

Wellness, Recovery and Resilience Focused: This project promotes wellness and resiliency by offering opportunities for Mental Health clients to acquire better health habits and overall outcomes.

Contribution to Learning

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

This innovative project will implement a new approach in the mental health field that will collaborate with Board and Care facilities and a local Culinary school to assist mental health clients in creating better nutrition habits, which in turn, should create better overall treatment outcomes. Many clients at Board and Care facilities have bad nutritional habits and minimal activity. Therefore, if clients learn to prepare and eat healthier foods, they will begin to feel better physically and emotionally, which can lead to improved self-care and good health habits.

EXHIBIT C

Innovation Work Plan Narrative

It is anticipated that this project will contribute to learning in the Mental Health through the following objectives:

1. To create a change in knowledge as it relates to healthy foods and nutrition information.
2. To increase skills around acquiring and preparing healthy meals.
3. To have a positive change in Physical health, as demonstrated through vital health signs.
4. To increase self-care, as demonstrated by changes in health habits.

Timeline

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

Implementation/Completion Dates: 06/12-06/13
MM/YY-MMYY

It is anticipated that projects will run for a year to begin with, throughout which at key designated time points, results and lessons learned will be assessed by the MHSA Advisory Committee and the Mental Health Division. Projects will begin in June 2012. Prior to this date, Requests For Proposals (RFP's) will be written, reviewed and awarded and the city contracting process will be initiated.

Project continuance following the initial year will be determined prior to June 30, 2013 and will be presented in a future update to this plan

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 City of Berkeley MHSA Advisory Committee will review the progress of this Innovation Project on a regular basis and will provide recommendations to the Division on how the project is progressing on the following learning objectives:

- To create a change in knowledge as it relates to healthy foods and nutrition information.
- To increase skills around acquiring and preparing healthy meals.
- To have a positive change in Physical health, as demonstrated through vital health signs.
- To increase self-care, as demonstrated by changes in health habits.

EXHIBIT C

Innovation Work Plan Narrative

The MHSA Advisory Committee is comprised of various community, consumer, and family member stakeholders. The committee provides oversight on all MHSA activities and serves in an advisory role to the City of Berkeley Mental Health Division.

Leveraging Resources (if applicable)

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

Depending on community partnerships and collaborations, opportunities for leveraging may exist in the form of in-kind services.

EXHIBIT D

Innovation Work Plan Description (For Posting on DMH Website)

County Name

City of Berkeley

Annual Number of Clients to be Served (if Applicable)

25-45 Total

Work Plan Name

Adult and Older Adult Mental Health Client Board and Care Nutrition Project

Population to Be Served (if applicable):

TAY, Adults and Older Adult Mental Health Clients

Project Description: Provide a concise overall description of the proposed Innovation.

This innovative project will create a partnership between Board and Care staff, Berkeley Mental Health clients and staff, and a local Culinary School in an effort to prevent serious medical conditions and improve outcomes. The project will target Board and Care residents in the South Berkeley neighborhood that are severely mentally ill and at risk of developing multiple health conditions such as hypertension, obesity, diabetes, etc., due to poor nutrition and the physical effects of taking psychotropic medications.

Clients and staff from Russell Street Board and Care, Dwight Way Women's Shelter, and other Board and Care facilities serving Berkeley Mental Health clients will participate in a 12 week cooking class that will provide nutrition education and teach skills on how to prepare low cost, healthy meals that can immediately be prepared. Berkeley Mental Health nurses will monitor vital health information (such as weight, blood pressure, heart rate, etc.) of the clients involved in the program to measure progress.

It is anticipated that, if effective, this program will help prevent or improve many life debilitating medical conditions, improve overall treatment outcomes, increase the lifespan of individuals with mental illness, and increase wellness and resiliency.

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Berkeley

Fiscal Year: 08/09 & 09/10

Work Plan #: INN-05

Work Plan Name: Board and Care Nutrition

New Work Plan

Expansion

Months of Operation: 06/12 - 06/13
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures				\$0
2. Operating Expenditures			4,999	\$4,999
3. Non-recurring expenditures			45,000	\$45,000
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$0	\$0	\$49,999	\$49,999
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$0	\$0	\$49,999	\$49,999

Prepared by: Gail Feldman

Date: 1/18/2012

Telephone Number: (510)-981-5232

EXHIBIT C

Innovation Work Plan Narrative

Date: January 18, 2012

County: City of Berkeley

Work Plan #: INN-06

Work Plan Name: Senior 2 Senior

Purpose of Proposed Innovation Project (check all that apply)

INCREASE ACCESS TO UNDERSERVED GROUPS

INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES

PROMOTE INTERAGENCY COLLABORATION

INCREASE ACCESS TO SERVICES

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

Senior Citizens continue to be an underserved population in the Mental Health System in Berkeley and Albany. Yet as consistently identified through multiple MHSA Community Program Planning processes, this population faces many issues that would benefit from Mental Health interventions and/or supports, including the following: Experience of grief due to increasing losses of family, friends, mobility and self-determination; Increased physical illnesses; Isolation and loneliness; Loss of independence and autonomy; Elder Abuse and other safety concerns; Prescription medication misuse or abuse; Suicide Risk; Stigma of mental illness and accessing mental health services; Negative feelings about self-worth and usefulness; Depression. It is therefore important that projects that promote collaborative resources that increase access for Senior Citizens be prioritized.

Project Description

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

At the initial MHSA Community Program Planning Process, the Berkeley MHSA Older Adult Workgroup, (a group that was convened during the first MHSA planning process to assess mental health needs for Senior Citizens), identified isolation as one of the two most significant issues that impact older adults with mental health issues. This has remained a prevalent concern for the Senior Citizen population as frequently identified in subsequent MHSA planning efforts.

Through partnering with a local manufacturer to obtain smartphone and portable tablet technologies, and utilizing local expertise to provide training in an informal support group

EXHIBIT C

Innovation Work Plan Narrative

setting, this innovative project will attempt to address issues of isolation and loneliness in the Senior Citizen population. Many isolated senior citizens often have not made the shift to technology as a way to increase social connections but could benefit from learning to use current technologies to more easily connect with friends, neighbors, family members and if desired, physicians and other Service Providers.

This project will create the opportunity for interested Senior Citizens to have access to new technologies while participating in a series of support groups that will provide education and supports on the following: how to use technologies such as computers, cell phones, tablets, how to use social networking, safeguards when using technologies, and comparative information about service plans. Seniors in the support group will be provided with opportunities to “buddy up” in a relaxed setting to practice using the technology while at the same time receiving informal peer supports. Another technology project that could be implemented through this project is creating “Family Trees” through Genealogy websites such as Ancestry.com. Seniors could team up in groups and spend a designated amount of time per participant helping each other create their Family Tree. It is anticipated that if successful, this project will be effective in decreasing isolation and promoting wellness and resiliency.

This project is consistent with the general standards set forth in the MHSA and Title 9, CCR, section 3320 in the following ways:

Community Collaboration: This innovative project will utilize community partnerships and collaborations to provide access to and supports for senior citizens around the uses of smartphones and portable technologies.

Consumer and Family Member Driven: Consumer and family member input were instrumental in the inclusion of this project in the Innovations Plan. Once implemented, consumers receiving services from this project will also have opportunities to provide constructive feedback on the services they received. Additionally, Consumers and Family Members on the MHSA Advisory Committee will review the outcomes of the project and will provide recommendations to the Division on future actions.

Wellness, Recovery and Resilience Focused: This project will promote self-esteem, and wellness and resiliency by offering senior citizens a safe place to learn about and obtain supports around the usage of new technologies.

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Innovation Work Plan Narrative

Contribution to Learning

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

This innovative project represents a new approach to reduce isolation and increase access to services for Senior Citizens. This project will contribute to learning through seeking to understand whether issues of isolation and loneliness in the Senior Citizen population can be reduced through training and access to social media technologies and associated peer support.

Timeline

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

Implementation/Completion Dates: 06/12-06/13
MM/YY-MMY

It is anticipated that projects will run for a year to begin with, throughout which at key designated time points, results and lessons learned will be assessed by the MHSA Advisory Committee and the Mental Health Division. Projects will begin in June 2012. Prior to this date, Requests For Proposals (RFP's) will be written, reviewed and awarded and the city contracting process will be initiated.

Project continuance following the initial year will be determined prior to June 30, 2013 and will be presented in a future update to this plan.

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 City of Berkeley MHSA Advisory Committee will review the progress of this Innovation Project on a regular basis and will provide recommendations to the Division on how the project is progressing on the following learning objective:

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Innovation Work Plan Narrative

- To understand whether issues of isolation and loneliness in the Senior Citizen population can be reduced through training and access to social media technologies and associated peer supports.

The MHSA Advisory Committee is comprised of various community, consumer, and family member stakeholders. The committee provides oversight on all MHSA activities and serves in an advisory role to the City of Berkeley Mental Health Division.

Leveraging Resources (if applicable)

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

Depending on community partnerships, leveraging opportunities may exist in the form of shared meeting spaces and technology access.

EXHIBIT D

Innovation Work Plan Description (For Posting on DMH Website)

County Name

City of Berkeley

Annual Number of Clients to be Served (if Applicable)

30-50 Total

Work Plan Name

Senior to Senior

Population to Be Served (if applicable):

Project Description: Provide a concise overall description of the proposed Innovation.

Through partnering with a local manufacturer to obtain smartphone and portable tablet technologies, and utilizing local expertise to provide training in an informal support group setting, this innovative project will attempt to address issues of isolation and loneliness in the Senior Citizen population. Many isolated senior citizens often have not made the shift to technology as a way to increase social connections but could benefit from learning to use current technologies to more easily connect with friends, neighbors and family members.

This project will create the opportunity for interested Senior Citizens to have access to new technologies while participating in a series of support groups that will provide education and supports on the following: how to use technologies, how to use social networking, safeguards when using technologies, and comparative information about service plans. Seniors in the support group will be provided with opportunities to “buddy up” in a relaxed setting to practice using the technology while at the same time receiving informal peer supports. It is anticipated that if successful, this project will be effective in decreasing isolation and promoting wellness and resiliency.

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Berkeley

Fiscal Year: 08/09 & 09/10

Work Plan #: INN-06

Work Plan Name: Senior to Senior

New Work Plan

Expansion

Months of Operation: 06/12 - 06/13
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures				\$0
2. Operating Expenditures			4,999	\$4,999
3. Non-recurring expenditures			45,000	\$45,000
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$0	\$0	\$49,999	\$49,999
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$0	\$0	\$49,999	\$49,999

Prepared by: Gail Feldman

Date: 1/18/2012

Telephone Number: (510)-981-5232

EXHIBIT C

Innovation Work Plan Narrative

Date: January 18, 2012

County: City of Berkeley

Work Plan #: INN-07

Work Plan Name: Trauma Informed Holistic Health Care Delivery Model for Transition Age Youth

Purpose of Proposed Innovation Project (check all that apply)

INCREASE ACCESS TO UNDERSERVED GROUPS

INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES

PROMOTE INTERAGENCY COLLABORATION

INCREASE ACCESS TO SERVICES

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

Transition Age Youth (TAY) is an underserved population in the Mental Health system in Berkeley and Albany. It is comprised of youth from all ethnicities and life experiences, including but not limited to, those who have suffered from the following: homelessness; poverty; exploitation; criminal involvement and incarceration; traumatic life events; suicide risk; increased drop-out rates and school failure; victimization; mental health issues; physical, mental and/or sexual abuse; substance use, abuse, and/or co-occurring disorders; physical disabilities; street or domestic violence.

Although services have been implemented targeting this population, MHSA Community Program Planning processes continue to reveal a need for additional collaborative resources that will increase the access to and outcomes of mental health supports for vulnerable youth in Berkeley and Albany.

Project Description

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

From the first MHSA Community Planning Process community input has consistently expressed the need for a "one stop" service center for TAY Youth. Although this has often been beyond MHSA funding scopes, with interagency collaborations, this project seeks to create a TAY holistic health center that will combine the best practices in mental health with the best practices in holistic healing.

Community Agencies with expertise in serving the TAY population will collaborate together to co-locate services that utilize alternative healing modalities to increase physical, mental,

EXHIBIT C

Innovation Work Plan Narrative

emotional, and spiritual health and well-being. These agencies will integrate the physical, psychological, emotional and spiritual needs of TAY youth and will teach concrete, holistic, transformative life skills that will interrupt trauma and promote healing. The project will primarily be targeted to the following youth: those from the South and West Berkeley neighborhoods; those formerly in the foster care system; those living on the street; those who have been incarcerated or involved in the criminal justice system; those from un-served, underserved or inappropriately served populations such as Latinos, Asian Pacific Islanders, African Americans and LGBTQ; those who suffer from mental health, substance abuse, co-occurring, physical disabilities, or trauma issues; those who don't ordinarily access medical or mental health supports due to poverty, location or stigma.

Youth in need will be able to enter the center and participate in a full bio-psychosocial assessment. This assessment will take place over several visits and will evaluate details of past and present individual needs around physical, mental, community, spiritual, social, cultural, and daily health and well-being. Following the assessment the individual will be supported in setting up a plan of action to address these needs based on a triage model.

The following services will be onsite and available:

- Harm reduction in all areas, especially in mental health behaviors and drug and alcohol use
- Trauma informed CBT therapy
- Narrative therapy: using a "normalizing" of behavior and thought to reduce incidents of harm and to combat trauma by re-storying lives
- Yoga, Breathing Techniques and Meditation
- Acupuncture and acupressure
- Ayurvedic medicine
- Western medicine
- Sound healing
- Ritual and cultural ownership
- Trauma education groups: where the tricks and tactics of trauma are exposed and concrete skills are taught to fight back against negative thoughts and behaviors
- Stress reduction groups and strategies for daily living including transformative life skills
- Wellness groups: youth learn how to take care of themselves both physically and emotionally
- Service groups: where youth learn about the needs of others and how to give back to their community
- Men's groups: where young men are educated about men's issues and their own needs
- Women's groups: where young women are educated about women's issues and their own needs
- Cultural heritage groups: where youth trace their roots, identities and cultures
- Re-storying spaces: where youth re-tell and re-learn about their rich stories revealing their inherent and learned skills and knowledge's
- Speakers/elders teaching youth about how to speak out in public forums around education and advocacy for change around trauma and its negative impacts.

EXHIBIT C

Innovation Work Plan Narrative

Though a holistic approach this project will provide innovative services and healing supports around many of the issues facing TAY individuals. It will promote the need to teach history as a way to reclaim culture and belonging. The format will teach non-violence to self and others and provide ways to learn concrete skills to improve the functioning of members of our community. The center will remove cultural barriers to service, increase access to services for under-served populations, offer better quality services, and promote community collaboration.

Expected measurable outcomes will be as follows:

- A reduction in harm to self including less visits to the ER, less substance use, less psychiatric visits
- A reduction in jail, prison and court time
- A reduction in gang violence and violence in the community in general
- A decrease in medical visits to western Dr's
- An increase in self regulation of emotions and a decrease in impulsivity
- An increase in attendance at school, work and community groups
- An increase in healthy food intake and increased awareness of how nutrition affects body and mind
- An increase in civic participation, including volunteerism
- An increase in cultural awareness, belonging and advocacy

Holistic health and wellness is essential to everyone. If education, adaptation and daily execution of holistic health could be incorporated in hundreds of young peoples' lives, the results will not only benefit the individual, but the community at-large. If effective, this project could serve as a national model that is cost effective, measurable and replicable.

This project is consistent with the general standards set forth in the MHSA and Title 9, CCR section 3320 in the following ways:

Community Collaboration: Community Agencies with expertise in serving the TAY population will collaborate together to co-locate services that utilize alternative healing modalities to increase physical, mental, emotional, and spiritual health and well-being. These agencies will integrate the physical, psychological, emotional and spiritual needs of TAY youth and will teach concrete, holistic, transformative life skills that will interrupt trauma and promote healing.

Consumer and Family Member Driven: Consumer and family member input were instrumental in the inclusion of this project in the Innovations Plan. Once the project is implemented, TAY will have the opportunity to be assessed and following the initial assessment will be supported in setting up a plan of action to address individual needs through a triage model. TAY receiving services from this project will also have opportunities to provide constructive feedback on the services they received. Additionally, Consumers and Family Members on the MHSA Advisory

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Innovation Work Plan Narrative

Committee will review the outcomes of the project and will provide recommendations to the Division on future actions.

Cultural Competence: This project will promote history as a way to reclaim culture and belonging. The format will teach non-violence to self and others and the center will remove cultural barriers to service, increase access to services for under-served populations, and offer better quality services.

Integrated Experience: Though a holistic approach this project will provide innovative services and healing supports around many of the issues facing TAY individuals.

Wellness and Resiliency Focused: This holistic health approach to working with TAY that encompasses the whole person, the body and the mind, in a holistic health center will change the way that treatment is offered, provide an optimal response to trauma, and promote wellness and resiliency.

Contribution to Learning

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

This high quality, multi-disciplinary service approach based at one site focusing on supporting the healing of the whole person and also providing tangible skills to prevent future trauma is highly innovative and represents a new mental health practice for the TAY population in Berkeley and Albany.

Currently most mental health practices focus on the psychological and emotional needs of the client. This usually comprises of several treatment phases; assessment, engagement, treatment, referral and termination. Often this relationship takes place one to one with a licensed clinician or in a group therapy setting. In the assessment stage of treatment, physical, cultural and life issues are often ignored or ruled in or out of the treatment modality. The client is viewed as mentally ill and treatment is offered to stabilize the client and improve their level of functioning. Diagnosis, medication and brief therapies are often offered and if the client does not wish to participate in the treatment, they are often labeled resistant and defined by their DSM diagnosis. A holistic health approach to working with TAY that encompasses the whole person, the body and the mind, in a holistic health center would change the way that treatment is offered, and provide an optimal response to trauma.

Current trauma research and current neuroscience is showing that trauma has both a mental health and a physical health component. Trauma shows up as PTSD, reactive attachment disorder, substance use, back pain, eating disorders, fatigue, chest infections, asthma and

EXHIBIT C

Innovation Work Plan Narrative

much more. Reactions to trauma get behaviorally exhibited in the forms of high-risk behaviors such as cutting, gang violence, fistfights, sex, drugs and video games.

This innovative project will contribute to learning in the Mental Health field through the following:

1. To understand the impact and outcomes on the well-being of TAY who simultaneously receive mental and physical health interventions.
2. To understand whether various skills based interventions promote positive health practices and healing.
3. To understand the impact that receiving services in a culturally appropriate setting from an agency that provides culturally-based services has on the healing of traumatic issues.

Timeline

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

Implementation/Completion Dates: 06/12-06/13
MM/YY-MMY

It is anticipated that projects will run for a year to begin with, throughout which at key designated time points, results and lessons learned will be assessed by the MHSA Advisory Committee and the Mental Health Division. Projects will begin in June 2012. Prior to this date, Requests For Proposals (RFP's) will be written, reviewed and awarded and the city contracting process will be initiated.

Project continuance following the initial year will be determined prior to June 30, 2013 and will be presented in a future update to this plan.

EXHIBIT C

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 City of Berkeley MHSA Advisory Committee will review the progress of this Innovation Project on a regular basis and will provide recommendations to the Division on how the project is progressing on the following learning objectives:

- To understand the impact and outcomes on the well-being of TAY who simultaneously receive mental and physical health interventions.
- To understand whether various skills based interventions promote positive health practices and healing.
- To understand the impact that receiving services in a culturally appropriate setting from an agency that provides culturally-based services has on the healing of traumatic issues.

The MHSA Advisory Committee is comprised of various community, consumer, and family member stakeholders. The committee provides oversight on all MHSA activities and serves in an advisory role to the City of Berkeley Mental Health Division.

Leveraging Resources (if applicable)

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

Community collaborations will create opportunities to leverage meeting spaces and in-kind services.

EXHIBIT D

Innovation Work Plan Description (For Posting on DMH Website)

County Name

City of Berkeley

Annual Number of Clients to be Served (if Applicable)

75-100 Total

Work Plan Name

Trauma Informed Holistic Health Care Delivery Model for Transition Age Youth

Population to Be Served (if applicable):

Transition Age Youth (TAY)

Project Description: Provide a concise overall description of the proposed Innovation.

This project seeks to create a TAY holistic health center that will combine the best practices in mental health with the best practices in holistic healing. Community Agencies with expertise in serving the TAY population will collaborate together to co-locate services that utilize alternative healing modalities to increase physical, mental, emotional, and spiritual health and well-being. These agencies will integrate the physical, psychological, emotional and spiritual needs of TAY youth and will teach concrete, holistic, transformative life skills that will interrupt trauma and promote healing. Youth in need will be able to enter the center and participate in a full bio-psychosocial assessment. This assessment will take place over several visits and will evaluate details of past and present individual needs around physical, mental, community, spiritual, social, cultural, and daily health and well-being. Following the assessment the individual will be supported in setting up a plan of action to address these needs based on a triage model.

Though a holistic approach this project will provide innovative services and healing supports around many of the issues facing TAY individuals. It will teach history as a way to reclaim culture and belonging and non-violence to self and others while providing concrete skills to improve the functioning of members of our community. The center will remove cultural barriers to service, increase access to services for under-served populations, offer better quality services, and promote community collaboration.

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Berkeley

Fiscal Year: 08/09 & 09/10

Work Plan #: INN-07

Work Plan Name: TAY Holistic Care

New Work Plan

Expansion

Months of Operation: 06/12 - 06/13
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures				\$0
2. Operating Expenditures			4,999	\$4,999
3. Non-recurring expenditures			45,000	\$45,000
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$0	\$0	\$49,999	\$49,999
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$0	\$0	\$49,999	\$49,999

Prepared by: Gail Feldman

Date: 1/18/2012

Telephone Number: (510)-981-5232