



**EXHIBIT 1**

**INNOVATION PROPOSAL FACE SHEET**

(Must be typed or completed in ink)

County: \_\_\_\_\_

Program Name: \_\_\_\_\_

County Mental Health Director: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

Email Address: \_\_\_\_\_

**County Contact**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

Email Address: \_\_\_\_\_

**County Certification**

**I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for \_\_\_\_\_ County and that, the following are true and correct:**

1. Mental Health Services Act funds were used in compliance with Title 9 California Code of Regulations (CCR) Section 3410, Non-Supplant.
2. This program has been developed with the participation of stakeholders, in accordance with CCR Sections 3300, 3310, 3315, the public and our contract service providers. The draft Program Proposal was circulated for 30 days to stakeholders for review and comment. All input was considered, with adjustments made, as appropriate.
3. All participation by individuals in the Proposed Program is voluntary.
4. All documents in the attached Innovation Proposal are true and correct.

\_\_\_\_\_  
Signature (County Mental Health Director)

\_\_\_\_\_  
Date

Executed at: \_\_\_\_\_

**EXHIBIT 2**

**INNOVATIVE PROGRAM PROPOSAL**

**Date:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Purpose of Proposed Innovation (check all that apply)**

Indicate which of the four purposes was/were selected as the Innovation’s primary goal(s) (See Part III, Section 2) and the basis and process for this selection.

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

*(final format will provide space for one-half typed page page, but not limited to this space)*

**Community Planning**

Describe how the County’s community program planning for Innovation met relevant regulation requirements. At a minimum, please explain how: a) stakeholders, including representatives of un-served and underserved (including inappropriately served) populations and their family members, stakeholders that reflect the diversity of the demographics of the County, and clients with serious mental illness and/or serious emotional disturbance and their family members, had the opportunity to participate in all aspects of the community program planning process; and b) the Community Program Planning Process served as the basis for developing this Innovation Work Plan

*(final format will provide space for one typed page, but not limited to this space)*

**Program Description**

Provide a concise overall description of the proposed Innovation. (See Part V (B) (3)(b)). Describe how County’s proposed Innovation meets relevant Guideline requirements, including the principles listed in the section Definition of Innovation.

*(final format will provide space for one typed page, but not limited to this space)*

## Contribution to Learning

Describe how the Innovation will contribute to learning that can inform future mental health practices and strategies, consistent with one of the three definitions provided in the Guidelines. (See Part V (B) (3)(c)).

State the goal of the Innovation and describe plan to assess lessons learned and success.

Describe how Innovation participants will be involved in the ongoing monitoring and assessment of the Innovation.

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## Timeline

Provide a timeline in the box below for the anticipated completion of the Innovation. Provide a brief explanation about why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation being tested.

**Timeline:** \_\_\_\_\_  
MM/YY – MM/YY

*(final format will provide space for one typed page, but not limited to this space)*

## Defining and Measuring Success

Describe how and by whom the Innovation will be assessed. Describe how the assessment of the Innovation will reflect the perspective of diverse service users and contribute to knowledge about transformed mental health services (See Part V (B) (3)(d)).

*(final format will provide space for one typed page, but not limited to this space)*

## Communicating Results

Describe how the County will work with stakeholders and Innovation participants to understand and communicate about the Innovation's impact, highlighting successful approaches and lessons learned. Proposed communication should include County and State audiences. (See Part V (B) (3)(e)).

*(final format will provide space for one typed page, but not limited to this space)*

## Funding and Resources

Describe how the Innovation builds on community resources to maximize impact.

Describe the County's plan to sustain the Innovation, if indicated: for example, through long-term funding or other creative approaches

Describe any community resources to be contributed to this Innovation (if any)

*(final format will provide space for one typed page, but not limited to this space)*

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MENTAL HEALTH SERVICES ACT (MHSA)  
THREE-YEAR PROGRAM and EXPENDITURE PLAN  
INNOVATIVE PROGRAM PROPOSAL

DRAFT