

EXHIBIT C
S.F. INNOVATION WORK PLAN: INN-8

Innovation Work Plan Narrative

Date: 2/5/2010

County: San Francisco County

Work Plan #: INN-8

Work Plan Name: Collaboration with the Faith Community

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).

Despite having a robust faith community in San Francisco, CBHS, in general, does not have a strong collaborative relationship with this sector of society, and engagement of mental health consumers and family members with this crucial source of support for recovery and well-being could be increased.

At this point CBHS does not have a clear idea why there is a disconnect between the department and the faith community, but we are clear that it exists. The proposed *Collaboration with the Faith Community* project seeks to better understand the existing situation and to pilot a yet-to-be-developed collaborative project, in partnership with the faith community, to support individuals in our community who are suffering from mental illness to recover and become better integrated and functioning members of the community. The primary purpose is to learn how to **promote interagency collaboration** between the faith and behavioral health systems.

The proposed project will have a planning year to explore strengths and barriers to collaboration and a pilot year to put collaboration to the test. This will allow the faith and mental health communities to better understand the opportunities and practical challenges of collaboration.

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)

Project Description. Understanding the current situation will be accomplished in Year One by: 1) convening leaders of the faith community and leaders of the behavioral health care community through a facilitated process to explore the strengths and opportunities afforded through collaboration and identifying the barriers to collaboration; 2) key informant interviews of CBHS leadership, CBO leadership, and faith community leadership will also add to this knowledge base; 3) consumer focus groups will explore the benefits and challenges associated with being a consumer and interacting with the faith community; and 4) beginning to plan one or more pilot projects that inherently require collaboration between the two sectors.

EXHIBIT C
S.F. INNOVATION WORK PLAN: INN-8

In Year Two, one or more pilot projects will be launched, primarily to explore the working relationships and to better understand the factors that facilitate collaboration and those that impede it. We anticipate that these pilots will be designed to ensure that they are fully collaborative and involve mutual assistance and day-to-day interaction – with the end goal of helping mental health consumers with recovery and wellness. This type of close working relationship will allow issues to emerge and be resolved in the course of project implementation. Our goal will be to take our learning beyond personalities and historical issues and to candidly look at systemic barriers, differences in perception and world view, and issues related to expectations and social return on investment (SROI).

An evaluator will work with CBHS and the lead representatives of the faith community to develop a logic model, theory of change, and an evaluation plan during Year One. The evaluator will conduct surveys, focus groups and key informant interviews with representatives of the faith and mental health communities in Year Two to determine whether the pilot was implemented as planned in Year One and to determine what strengths, resources and barriers affected the pilot projects and the systemic relationships as a whole.

Expected Outcome/Positive Change:

- The faith community, in all its diversity, and the public mental health system will adopt a common mission to support consumers and family members toward recovery and wellness; and the collaboration will develop actionable ways to express that common mission in pragmatic terms.

Title 9 General Standards: The Collaboration with the Faith Community project will apply the following general standards.

Community Collaboration. This project is expressly focused on developing collaboration with the faith community which has traditionally not been closely linked with the CBHS system of services. We intend to discover the opportunities for greater collaboration and the barriers to collaboration so that we can strengthen this relationship to better serve the mental health consumers and families of San Francisco.

Cultural Competence. The faith community of San Francisco is extremely diverse – representing all of the cultures and language groups in our community. This project will attempt to reach as broadly as possible into that diverse array of churches, temples, synagogues, mosques, and non-institutional faith groups. This is the power of this potential alliance – to reach virtually every segment of the community to support mental health in the entire community.

Wellness, Recovery and Resilience Focus. A key reason for engaging the faith community is to help to spread the philosophy of recovery more broadly in the community and to combat stigma associated with mental illness. This topic will be a critical part of the collaboration building that is being done in Year One – especially addressing the evolving science of recovery and discussing it in the context of traditional healing and beliefs about mental illness.

Integrated Service Experience. The faith community is a critical player in the system of care for individuals dealing with mental health challenges and their families. Faith leaders and communities are often the first place that a family or individual will go to discuss emerging problems in their lives. The faith community is in a position to be extremely helpful by triaging the situation and making appropriate referrals as needed. The faith community can also be an

