



I. INTRODUCTION

The following are the Innovation Committee's recommendations to the Mental Health Oversight and Accountability Commission (OAC) for Mental Health Services Act (MHSA) funding for Innovative Programs. The document includes:

- a) *Funding priorities* based on the purposes for Innovative Programs articulated in the *MHSA*
- b) *A definition* of innovation
- c) *Scope* of innovation: the range of potential application for innovation funding
- d) *Principles*: essential building blocks to successful innovation that promote transformation
- e) *Criteria*: indicators that proposed innovation will be successful and support MHSA priorities.

The Innovation Committee believes that these priorities, definition, scope, principles and criteria for Innovative Programs best support the creativity of communities that is essential to transform California's mental health delivery as envisioned by the MHSA.

II. MHSA PRIORITIES FOR INNOVATIVE PROGRAMS

The MHSA, Part 3.2 Innovative Programs, Section 5830 a.1-4 specifies that funds for Innovative Programs are for the following purposes:

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services.

The Innovation Committee recommends that these constitute the Priorities for Innovative Programs and that counties select one or more of these purposes as the primary priority or priorities to be addressed for each Innovation Program. The selected priority or priorities will be the overall goal and the key focus of learning and change expected to result from the Innovative Program.

These four MHSA-specified purposes are also included as elements of recommended principles described later in this document. Because Innovation Programs need to address all Innovation principles, they will necessarily also address all four purposes regardless of the priority(ies) selected.

According to the MHSA (Part 4.5, Mental Health Services Fund, Section 5892 a.6), “5% of the total funding for each county mental health program for Parts 3 [adults and seniors], 3.6 [prevention and early intervention], and 4 [children] shall be utilized for Innovative Programs after approval of the proposed programs by the MHSOAC.” The Innovation Committee recommends that the source of Innovation funds should not define or limit Innovation programs and that Innovation funding priorities, scope, principles and criteria should be independent of requirements and priorities adopted for Community Services and Supports and Prevention Early Intervention.

III. DEFINITION OF INNOVATION

The Innovation Committee defines Innovative Programs as novel, creative, ingenious mental health approaches developed within communities in ways that are inclusive and representative, especially of un-served, underserved and inappropriately served individuals. Innovation promotes recovery and resilience, reduces disparities in mental health services and outcomes and leads to learning that advances mental health in California in the directions articulated by the MHSA. Merely addressing an unmet need is not sufficient for innovation funding. Further, and by their very nature, not all innovations will be successful.

Innovative approaches, in addition to being new, often:

- Offer creative approaches to persistent, seemingly intractable challenges
- Build on successful approaches not currently considered part of mental health delivery
- Challenge existing paradigms; change the status quo in fundamental ways
- Experiment and take risks
- Communicate about mental illness and mental health in different words
- Think in different categories
- Reflect multiple voices and perspectives, especially those not often heard in mental health policy and practice
- Engage and support people who are not currently being served or who are being served inappropriately
- Occur in accessible, welcoming settings
- Involve people in unfamiliar relationships and roles.

The following are some notes on terminology used throughout this document:

- References to “service users” include individuals of all ages and, for children and youth, their families (self-defined) and caregivers (self-defined).
- References to “individuals” include people of all ages, including children, youth, adults and older adults, that reflect the demographic of their community, including people currently un-served, under-served and inappropriately served by the mental health system.

- References to “mental health services” to be part of Innovative Programs refer to services that are chosen voluntarily.
- References to “mental health services” include prevention and early intervention.
- All lists of examples are intended as “including but not limited to”; they do not preclude other examples that are not on the list.

IV. SCOPE OF INNOVATION

Innovative Programs for designated MHSA priorities are available for a range of approaches, including but not limited to:

- Introduction of a new mental health practice
- Substantial change of an existing mental health practice, including significant adaptation for a new setting or community
- New application to the mental health system of a promising community approach or an approach that has been successful in non-mental health contexts or settings.

Approaches that have been successful in one community cannot be funded as an Innovative Program in a different community even if the approach is new to that community, unless it is changed in a way that contributes to learning. Programs that have previously demonstrated their effectiveness and that do not add to substantial learning or development of new models can be considered for funding under MHSA Community Services and Supports.

Innovative Programs cumulatively support individuals and families/caregivers across all life stages and all age groups, includes multi-generational approaches.

Innovation funds are available for various levels of intervention, including but not limited to individuals, families (self-defined), neighborhoods, tribal and other communities, counties, multiple counties, regions and the State.

Innovation funds can support a wide range of interventions in addition to services and programs: for example (but not limited to), advocacy, outreach, capacity and community development, planning, prevention, early intervention, policy and system development and change, public educational efforts, education and training for service providers (including people not currently defined as mental health practitioners) and research.

Availability of funding for this broad range does not imply that a specific proposal must address all categories or the entire range in any category.

V. PRINCIPLES AND EXAMPLE CRITERIA

The Innovation Committee recommends the following principles to guide Innovation funding. It is expected that funded Innovative Programs will reflect all principles. Criteria are examples; Innovative Programs are not expected to meet all criteria.

- a) Innovative Programs are aligned with the transformational values identified in the *Mental Health Services Act* and the *Vision Statement and Guiding Principles for DMH Implementation of the Mental Health Services Act*.

Criteria (examples)

- i. Increases access to un-served, underserved and inappropriately served communities and individuals
- ii. Provides a rationale that the proposed innovation will lead to transformation of California's mental health system in directions articulated by the MHSA
- iii. Has potential to create significant positive change in communities
- iv. Proposes innovative approaches to reduce stigma and discrimination

- b) Recommended Principle: Proposed innovations are developed at the grass-roots level with inclusive participation of potential and actual service users, their families and caregivers and service providers or other representatives; these stakeholders reflect the demographics of the community. This principle applies to any statewide or regional programs, as well as county programs.

Criteria (examples)

- i. Demonstrates significant leadership by people to be served
- ii. Documents culturally and linguistically appropriate outreach and accessibility to support inclusion of diverse stakeholders, including current service users, their families and caregivers, people un-served, underserved and inappropriately served by the mental health system, and service providers or other representatives of un-served communities.
- iii. Documents a fair, inclusive, respectful, and effective process for community input, including at least proportional participation of un-served, underserved and inappropriately served individuals and service recipients of diverse race, language, ethnicity, tribe, age, mobility, sexual preference etc.
- iv. Documents evidence that all elements of delivery of innovation reflect the ongoing involvement of diverse users of services and family members, including but not limited to significant roles in implementation, staffing, evaluation, and dissemination.

- c) Recommended Principle: Proposed Innovative Program has high potential for promoting recovery and increased resilience and health.

Criteria (examples)

- i. Communicates a clear and compelling strategy; provides a rationale that the proposed Innovative Program is a good way to address the need (quality of approach) and is likely to meet the goals (outcome), based on theory, practice, research, cultural tradition or other method

- ii. Demonstrates awareness of existing successful state-of-the-art approaches to address the identified problem or need, such as peer-run programs. Explains rationale for adapting successful approach, funding successful approach previously not included in formal mental health system or creating new approach
 - iii. Explains why proposed approach is appropriate in community, setting or other context; for adapted approaches, explains how program will be substantially changed
 - iv. Includes strong leadership to increase the probability that innovation will be supported and sustained (includes as “leaders” people to be served); uses leadership development strategies to increase potential impact of change
 - v. Includes plan to gain access to resources and supports needed for all elements of innovation
 - vi. Demonstrates a history of community development that creates a positive context for proposed Innovation
 - vii. Approach is cost-effective
 - viii. Includes evidence of waivers or other policy changes needed to support innovation
- d) Recommended Principle: Innovative Programs demonstrate cultural competency and capacity to reduce disparities in mental health services and outcomes

Criteria (examples)

- i. Identifies disparities in mental health services and outcomes and offers sound plan to reduce or eliminate these disparities
- ii. Prioritizes service providers and recipients not currently part of the mental health delivery system in planning, designing, delivering and benefiting from proposed innovation
- iii. Increases capacity for un-served, underserved and inappropriately served individuals and communities to plan, develop and deliver innovative approaches
- iv. Incorporates culturally competent approaches to recovery, wellness and resilience
- v. Addresses needs of people who are undocumented and/or who are ineligible for other mental health services
- vi. Includes sound plan to increase access to services and supports
- vii. Includes culturally appropriate approaches to reducing stigma and discrimination against people affected by mental illness, including combating internalized oppression.

- e) Recommended Principle. Innovations initiate, support and expand collaboration and linkages, especially connections with systems, organizations, healers and practitioners not previously defined as mental health

Criteria (examples)

- i. Creates and/or expands links with people, organizations and/or systems not designated as mental health (including but not limited to schools, primary care including community clinics and health centers, housing and homeless services, first responders, traditional healers, employment programs, law enforcement, social services, spiritual organizations, youth programs, supports for elders, food programs, community and tribal leaders, family resource centers and family strengthening organizations, childcare, businesses, alcohol- and substance-abuse services, other statewide collaboratives or initiatives etc.)
 - ii. Creates and/or expands links among mental health delivery systems
 - iii. Brings people together to address their common problems or concerns; includes a plan to document increased collaboration, and the impact of this change.
 - iv. Fosters collaborative leadership, especially among service users and their families and caregivers
 - v. Documents a relationship between proposed innovation and other MHSA components (community services and supports, prevention and early intervention, education and training, capital facilities and technology)
- f) Recommended Principle: Innovation includes plan for relevant, appropriately scaled evaluation that reflects the perspective of diverse service users, is informed by recovery and prevention principles and can contribute to knowledge about transformed mental health services

Criteria (examples)

- i. Clearly describes current baseline practice, service, system and/or policy to be changed by the proposed innovation; explains why status quo needs to be changed
- ii. Identifies expected changes and outcomes as a result of proposed innovation, and how these will be assessed
- iii. Expresses culturally appropriate approaches to learning and evaluation that incorporate relevant community values
- iv. Includes definitions and measures of success based on the perspectives of users of services and if relevant, their family members and caregivers, affected communities, etc.

- v. Evaluation identifies lessons learned and supports program improvement as well as accountability
 - vi. Evaluation findings contribute to knowledge of what works for service users and for previously un-served, under-served and inappropriately served communities
 - vii. Emphasizes involvement of diverse community members before, during and after evaluation; examples of such involvement include and are not limited to selection of desired outcomes and goals, selection of methods of data collection, design or selection of evaluation instruments, conducting surveys or focus groups, interpretation of data, communication of evaluation results, etc.
 - viii. Evaluation and results of evaluation benefit program participants
- g) Recommended Principle. Proposed innovation includes plan to communicate successes and build on lessons learned in order to disseminate successful practices and transform mental health system

Criteria (examples)

- i. Includes innovative plan to communicate successful approaches and lessons learned to diverse audiences, including service users and potential service users
 - ii. Includes plan to communicate learning from Innovation in a way that contributes to the reduction of stigma and discrimination against people facing mental health challenges
 - iii. Documents and/or includes plan to participate in local, regional, and statewide efforts to communicate about Innovative Programs, including their impact on mental health services and outcomes
- h) Recommended Principle: Proposed innovation leverages resources to maximize impact

Criteria (examples)

- i. Creates opportunities for building capacity
- ii. Brings or includes plan to generate additional resources, such as in-kind support, other sources of funding, etc.
- iii. Extends its reach and impact through collaboration with community partners
- iv. Includes linkages or collaborations among counties with similar priorities
- v. Collaborates with State agencies, programs, and initiatives, such as First Five, Employment Development Department, Department of Education, Department of Alcohol and Drug Programs, Department of Aging, Department of Social Services, Department of Rehabilitation and others to maximize access and extend resources

- i) Recommended Principle: Proposed innovation is time-limited
 - i. Includes an appropriate time frame to allow learning to occur and to demonstrate feasibility of Innovation
 - ii. Includes a plan to transition to stable funding or other form of sustainability for Innovation, if applicable

VI. OTHER KEY RECOMMENDATIONS

The following are other key recommendations of the Innovation Committee

- a) Innovation Plan Requirements should be concise. The review and approval process for Innovative Programs should be efficient and user-friendly without impairing or short-circuiting the input of stakeholders, which, as emphasized throughout this document, is essential. Plan Requirements should be based on this Resource Paper; the transition from Resource Paper to Plan Requirements should be timely and support the prompt release of Innovation funds.
- b) Nothing in these recommendations is intended to usurp or contradict existing community, institutional, state and federal requirements related to clinical service, administrative practice and research designed to protect and secure the well being of individuals.
- c) Although the Committee recommends that each Innovation Program identify one or more Innovation priority, it expects that cumulatively statewide all four priorities will be addressed. If this breadth does not occur through “natural selection,” the Committee suggests a different approach in subsequent funding cycles to ensure that statewide all four priorities are implemented in Innovation programs.

The Innovation Committee discussed two possibilities for additional focus: pooling funds for statewide or regional programs, which would require agreement of counties, or focusing on one or more priority goals or topics. The Committee acknowledged and affirmed competing values: maximizing the potential impact of limited funds through focus vs. supporting local communities to determine their own priorities.