

Innovation Regulations: Matrix (September 20, 2013 Workgroup Meeting)

Term Requiring Interpretation/ Specification or Implementation	MHSA Statute and Suggested Regulation Concepts Presented at August Workgroup Meeting And Workgroup Feedback with Staff Response
1. Innovative Programs/Projects	<p>MHSA Statute 5830: County mental health programs shall develop plans for innovative programs to be funded pursuant to paragraph (6) of subdivision (a) of Section 5892. (a) The innovative programs shall have the following purposes: (1) To increase access to underserved groups. (2) To increase the quality of services, including better outcomes. (3) To promote interagency collaboration. (4) To increase access to services. 5830(b)(1): All projects included in the innovative program portion of the county plan shall meet the following requirements: Address one of the following purposes as its primary purpose: (1) increase access to underserved groups, (2) increase the quality of services including measurable outcomes, (3) promote interagency and community collaboration (4) increase access to services.</p> <p>Staff Suggestions Presented at August Workgroup Meeting (Concepts not exact words for regulations) Innovative Programs: The MHSA uses interchangeably the terms “innovative projects,” “innovative programs,” “innovation programs,” and “program for innovations,” all of which have the same meaning, specified in 5830(a) and (b). MHSA Staff recommends using the term “Innovative Project” for these regulations.</p> <p>Rationale</p> <ul style="list-style-type: none"> • Clarify MHSA’s use of different terms to convey the same concept. • The term “Innovative Project” reinforces the time-limited and evaluation focus of MHSA Innovation funding, as distinct from ongoing programs. <p>Workgroup Feedback – None</p>
2. Primary Purpose	<p>MHSA Statute 5830(b)(1): All projects included in the innovative program portion of the county plan shall meet the following requirements: Address one of the following purposes as its primary purpose: (1) increase access to underserved groups, (2) increase the quality of services including measurable outcomes, (3) promote interagency and community collaboration (4) increase access to services.</p> <p>Staff Suggestions Presented at August Workgroup Meeting (Concepts not exact words for regulations) Primary purpose refers to one of the four purposes for which the county chooses to develop and pilot a new or changed approach, which the county will measure through its evaluation. The evaluation includes measurement of the effectiveness of the new or changed approach for the chosen primary purpose.</p>

Term Requiring Interpretation/ Specification or Implementation	MHSA Statute and Suggested Regulation Concepts Presented at August Workgroup Meeting And Workgroup Feedback with Staff Response		
2. Primary Purpose (Continued)	<p>Rationale</p> <ul style="list-style-type: none"> Maintain consistency with evaluation focus of the Innovation component: In designating one primary purpose, the county simplifies and focuses its evaluation of the Innovative Project and ensures measurement of relevant outcomes related to whatever is new or changed. <p>Workgroup Feedback</p> <table border="0"> <tr> <td data-bbox="478 448 1234 529"> <u>Suggestion</u> Encourage broader measurement. </td> <td data-bbox="1234 448 1976 529"> <u>MHSOAC Staff Response</u> This can be addressed through TA. </td> </tr> </table>	<u>Suggestion</u> Encourage broader measurement.	<u>MHSOAC Staff Response</u> This can be addressed through TA.
<u>Suggestion</u> Encourage broader measurement.	<u>MHSOAC Staff Response</u> This can be addressed through TA.		
3. Underserved Groups	<p>MHSA Statute 5830(b)(1): All projects included in the innovative program portion of the county plan shall meet the following requirements: Address one of the following purposes as its primary purpose: (1) increase access to underserved groups, (2) increase the quality of services including measurable outcomes, (3) promote interagency and community collaboration (4) increase access to services.</p> <p>Staff Suggestions Presented at August Workgroup Meeting (Concepts not exact words for regulations) Underserved Groups: Already defined in 9 CCR 3200.300</p> <p>Rationale</p> <ul style="list-style-type: none"> Maintain consistency with regulations: 9 CCR 3200.300. <p>Workgroup Feedback</p> <table border="0"> <tr> <td data-bbox="478 1000 1234 1114"> <u>Suggestion</u> The current definition is insufficient for some underserved populations. </td> <td data-bbox="1234 1000 1976 1114"> <u>MHSOAC Staff Response</u> This will be referred to DHCS for their regulations </td> </tr> </table>	<u>Suggestion</u> The current definition is insufficient for some underserved populations.	<u>MHSOAC Staff Response</u> This will be referred to DHCS for their regulations
<u>Suggestion</u> The current definition is insufficient for some underserved populations.	<u>MHSOAC Staff Response</u> This will be referred to DHCS for their regulations		
4. Measurable outcomes	<p>MHSA Statute 5830(b)(1): All projects included in the innovative program portion of the county plan shall meet the following requirements: (1) Address one of the following purposes as its primary purpose: (A) Increase access to underserved groups. (B) Increase the quality of services including measurable outcomes. (C) Promote interagency and community collaboration. (D) Increase access to services.</p> <p>Staff Suggestions Presented at August Workgroup Meeting (Concepts not exact words for regulations) Measurable outcomes: direct or indirect mental health or related functional outcomes, either individual/family or program/system, related to risk or manifestation of serious mental illness.</p>		

Term Requiring Interpretation/ Specification or Implementation	MHSA Statute and Suggested Regulation Concepts Presented at August Workgroup Meeting And Workgroup Feedback with Staff Response
4. Measureable outcomes (continued)	<p>Counties measure the achievement of outcomes using specified indicators. At least one outcome must link to the selected primary purpose. The design must allow the county to assess the impact of whatever element(s) of the Innovative Project were new/changed, compared to established practices in the field of mental health.</p> <p>Counties use research methods to determine which elements of the Innovative Project contributed to successful outcomes in order to support data-driven decisions about incorporating new or revised mental health practices into their existing systems and services and disseminating successful practices.</p> <p>Rationale</p> <ul style="list-style-type: none"> • Maintain consistency with MHSA Purpose and Intent by ensuring that all MHSA-funded Innovative Projects support mental health practices and outcomes. • Maintain consistency with evaluation focus of MHSA Innovation component. <p>Workgroup Feedback – None</p>
<p>5. New Mental Health Practice</p> <p>Change to an Existing Mental Health Practice</p>	<p>MHSA Statute 5830(b)(2): All projects included in the innovative program portion of the county plan shall meet the following requirements: ... (2) Support innovative approaches by doing one of the following: (A) Introducing new mental health practices or approaches, including but not limited to prevention and early intervention. (B) Making a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community. (C) Introducing a new application to the mental health system of a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings.</p> <hr/> <p>Staff Suggestions Presented at August Workgroup Meeting (Concepts not exact words for regulations) New mental health practices or approaches: new to the overall mental health system.</p> <p>Change to an existing mental health practice or approach: changed practice compared to practices in the overall mental health system, which have already been demonstrated to be effective. “Change” can include application to a different population or a modification to some element of the practice that the county regards as necessary to address its specific mental health challenges.</p> <p>Rationale</p> <ul style="list-style-type: none"> • Maintain consistency with overall purpose of the MHSA and supports overall purpose of Innovation component to introduce new effective practices into the California public mental health system. • Differentiate Innovation component, in which the county “innovates”, from CSS and PEI components, in which the county funds and implements practices already demonstrated to be effective.

Term Requiring Interpretation/ Specification or Implementation	MHSA Statute and Suggested Regulation Concepts Presented at August Workgroup Meeting And Workgroup Feedback with Staff Response			
5. New Mental Health Practice (Continued)	<p>Workgroup Feedback</p> <table border="0" data-bbox="478 310 1976 646"> <tr> <td data-bbox="478 310 1150 646"> <p><u>Suggestion</u></p> <p>Include new wellness practices.</p> <p>Indicate range up to groundbreaking.</p> </td> <td data-bbox="1150 310 1976 646"> <p><u>MHSOAC Staff Response</u></p> <p>This is included given the broad range of allowable INN projects, as long as the new wellness practice addresses outcomes for individuals at risk of or with potentially serious mental illness. (See draft Section 2(d) and (e).)</p> <p>There is already language included to suggest broad flexibility in the area of focus of the INN program, which implies variations in size and complexity. (See draft Section 2(d) and (e).)</p> </td> </tr> </table>		<p><u>Suggestion</u></p> <p>Include new wellness practices.</p> <p>Indicate range up to groundbreaking.</p>	<p><u>MHSOAC Staff Response</u></p> <p>This is included given the broad range of allowable INN projects, as long as the new wellness practice addresses outcomes for individuals at risk of or with potentially serious mental illness. (See draft Section 2(d) and (e).)</p> <p>There is already language included to suggest broad flexibility in the area of focus of the INN program, which implies variations in size and complexity. (See draft Section 2(d) and (e).)</p>
<p><u>Suggestion</u></p> <p>Include new wellness practices.</p> <p>Indicate range up to groundbreaking.</p>	<p><u>MHSOAC Staff Response</u></p> <p>This is included given the broad range of allowable INN projects, as long as the new wellness practice addresses outcomes for individuals at risk of or with potentially serious mental illness. (See draft Section 2(d) and (e).)</p> <p>There is already language included to suggest broad flexibility in the area of focus of the INN program, which implies variations in size and complexity. (See draft Section 2(d) and (e).)</p>			
6. Persistent Seemingly Intractable Mental Health Challenges	<p>MHSA Statute 5830(c): An innovative project may affect virtually any aspect of mental health practices or assesses a new or changed application of a promising approach to solving persistent, seemingly intractable mental health challenges, including, but not limited to, any of the following: (1) Administrative, governance, and organizational practices, processes, or procedures. (2) Advocacy. (3) Education and training for service providers, including nontraditional mental health practitioners. (4) Outreach, capacity building, and community development. (5) System development. (6) Public education efforts. (7) Research. (8) Services and interventions, including prevention, early intervention, and treatment.</p> <p>Staff Suggestions Presented at August Workgroup Meeting (Concepts not exact words for regulations) Persistent, seemingly intractable mental health challenges: A priority issue related to serious mental illness or to an aspect of the mental health service system for which the county chooses to design and test an Innovative Project, selected as the result of a community program planning process involving meaningful partnership with stakeholders. The issue addressed must be consistent with one of the four MHSA-specified primary purposes for Innovative Projects.</p> <p>Rationale</p> <ul style="list-style-type: none"> • This definition supports county flexibility through the community program planning process to define and prioritize mental health challenges that are amenable to developing and evaluating an Innovative Project. • This approach also ensures that all MHSA-funded Innovative Projects focus on mental health practice and outcomes. 			

Term Requiring Interpretation/ Specification or Implementation	MHSA Statute and Suggested Regulation Concepts Presented at August Workgroup Meeting And Workgroup Feedback with Staff Response
<p>6. Persistent Seemingly Intractable Mental Health Challenges (Continued)</p>	<p>Workgroup Feedback</p> <p><u>Suggestion</u></p> <p>Include an outcome measurement that benefits clients ultimately.</p> <p>Add an area focusing on CRDP reducing disparities.</p> <p><u>MHSOAC Staff Response</u></p> <p>This is part of the definition of outcomes – must affect consumers or the mental health delivery system. (See draft Section 2(g).)</p> <p>There is a broad range of options which could include ideas from CRDP as long as the option meets the few requirements. (See draft Section 2(d) and (e).) This should be a TA priority.</p>
<p>7. Proven to Be Successful</p>	<p>MHSA Statute</p> <p>5830(d): If an innovative project has proven to be successful and a county chooses to continue it, the project work plan shall transition to another category of funding as appropriate.</p> <p>Staff Suggestions Presented at August Workgroup Meeting (Concepts not exact words for regulations)</p> <p>Proven successful: Each Innovative Project has a start and an end date that is not less than one year and not more than five years from onset. The county designates the timeframe based on the complexity of the evaluation. An Innovative Project is not funded beyond the approved end date unless the county submits and receives approval from the MHSOAC for a work plan extension.</p> <p>The county develops and communicates a timeline that includes key milestones for (a) development, assessment, refinement, and final evaluation of the Innovative Project, (b) decision-making about whether/how to continue a successful Innovative Projects or elements of a project, with other funding if needed, and (c) for communication of the results and lessons learned to others, with a focus on dissemination of successful Innovative Projects and approaches.</p> <p>The county designs a method for analyzing the effectiveness of the Innovative Project. The Evaluation will assess both the intended outcomes and the elements that contributed to the outcomes.</p> <p>For Innovative Projects that test an adapted mental health practice, the analysis addresses the element(s) of the mental health practice that is adapted. The county collects necessary data to complete the analysis.</p> <p>Rationale</p> <ul style="list-style-type: none"> • This definition reflects MHSA mandate for time-limited Innovative Projects while supporting county flexibility to determine the time it will take to develop, refine, evaluate, make decisions about, and communicate regarding each Innovative Project, depending on its complexity.

Term Requiring Interpretation/ Specification or Implementation	MHSA Statute and Suggested Regulation Concepts Presented at August Workgroup Meeting And Workgroup Feedback with Staff Response		
<p>7.Proven to Be Successful (Continued)</p>	<ul style="list-style-type: none"> • This provides counties with a method to extend the timeline if the original timeline proves inadequate to complete the evaluation. • The timeline requirement specifies information and level of detail needed to document the county’s intentions for development and refinement, evaluation, decision-making, and dissemination of the Innovative Project. • The requirement reflects the MHSA mandate for continuation of Innovative Projects (with other funds, as applicable) only if they are “proven to be successful.” • A sound evaluation that assesses both outcomes and the new or changed elements that contributed to successful outcomes is necessary to support county decision making and dissemination of successful practices to other counties. <p>Workgroup Feedback</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Suggestion</u></p> <p>OAC should report on the findings of INN projects on an annual basis.</p> <p>Explore a four-year maximum.</p> <p>Counties will notify the OAC when (and why) they want to extend their INN project (within the timeframe).</p> </td> <td style="width: 50%; vertical-align: top;"> <p><u>MHSOAC Staff Response</u></p> <p>This is an essential policy recommendation for the OAC.</p> <p>Included 4 years with possible 1 year extension. Also changed the minimum from one year to 18 months. (See draft Section 2(f) and Section 3(b)(5).)</p> <p>OAC staff supports a requirement for approval, not just notification, if the timeframe is changed. The Commission could delegate the authority for this approval to the staff level and it would be a quick and easy process. Despite the fact that this is not currently a requirement, many counties have requested permission to extend their timelines, based on evaluation requirements and OAC staff has sent supportive documentation the same day of the request, often within a few hours. MHSOAC must verify that timeframe changes are consistent with the time-limited requirements and evaluation focus for INN. Understanding that there may be delays in implementing the INN, the timeframe language makes it explicit that the time extension is from the date of implementation, not the date of approval. (See draft Section 2(i) and Section 3(b)(5).)</p> </td> </tr> </table>	<p><u>Suggestion</u></p> <p>OAC should report on the findings of INN projects on an annual basis.</p> <p>Explore a four-year maximum.</p> <p>Counties will notify the OAC when (and why) they want to extend their INN project (within the timeframe).</p>	<p><u>MHSOAC Staff Response</u></p> <p>This is an essential policy recommendation for the OAC.</p> <p>Included 4 years with possible 1 year extension. Also changed the minimum from one year to 18 months. (See draft Section 2(f) and Section 3(b)(5).)</p> <p>OAC staff supports a requirement for approval, not just notification, if the timeframe is changed. The Commission could delegate the authority for this approval to the staff level and it would be a quick and easy process. Despite the fact that this is not currently a requirement, many counties have requested permission to extend their timelines, based on evaluation requirements and OAC staff has sent supportive documentation the same day of the request, often within a few hours. MHSOAC must verify that timeframe changes are consistent with the time-limited requirements and evaluation focus for INN. Understanding that there may be delays in implementing the INN, the timeframe language makes it explicit that the time extension is from the date of implementation, not the date of approval. (See draft Section 2(i) and Section 3(b)(5).)</p>
<p><u>Suggestion</u></p> <p>OAC should report on the findings of INN projects on an annual basis.</p> <p>Explore a four-year maximum.</p> <p>Counties will notify the OAC when (and why) they want to extend their INN project (within the timeframe).</p>	<p><u>MHSOAC Staff Response</u></p> <p>This is an essential policy recommendation for the OAC.</p> <p>Included 4 years with possible 1 year extension. Also changed the minimum from one year to 18 months. (See draft Section 2(f) and Section 3(b)(5).)</p> <p>OAC staff supports a requirement for approval, not just notification, if the timeframe is changed. The Commission could delegate the authority for this approval to the staff level and it would be a quick and easy process. Despite the fact that this is not currently a requirement, many counties have requested permission to extend their timelines, based on evaluation requirements and OAC staff has sent supportive documentation the same day of the request, often within a few hours. MHSOAC must verify that timeframe changes are consistent with the time-limited requirements and evaluation focus for INN. Understanding that there may be delays in implementing the INN, the timeframe language makes it explicit that the time extension is from the date of implementation, not the date of approval. (See draft Section 2(i) and Section 3(b)(5).)</p>		

Term Requiring Interpretation/ Specification or Implementation	MHSA Statute and Suggested Regulation Concepts Presented at August Workgroup Meeting And Workgroup Feedback with Staff Response	
7. Proven to Be Successful (Continued)	<p>Stakeholders need to be involved in decisions about what is “proven to be successful.”</p> <p>Counties should be measuring as much as possible, so don’t just specify minimum requirements for evaluation.</p>	<p>This is clear in MHSA and is reinforced in INN regulations and needs to be a priority item for the DHCS regulations recommendations. (See draft Section 2(e), (f), and (g); Section 3(b)(1), (2), and (3)(G).)</p> <p>Current requirements specify all essential elements of evaluation. (See draft Section 2(g).) Encouragement for breadth of evaluation should be accomplished through TA, taking into account variation in local priorities and resources.</p>
8. Transition to Another Category of Funding As Appropriate	<p>MHSA Statute 5830(d): If an innovative project has proven to be successful and a county chooses to continue it, the project work plan shall transition to another category of funding as appropriate.</p> <hr/> <p>Staff Suggestions Presented at August Workgroup Meeting (Concepts not exact words for regulations) The county, with meaningful involvement of stakeholders, will develop a plan to decide, whether and how successful Innovative Projects and elements of Innovative Projects will be continued with other funding sources and/or otherwise incorporated into the local mental health delivery system.</p> <p>The county, in partnership with stakeholders, may terminate an Innovative Program prior to the planned end date. In issues of risk or legal liability, the county may terminate the Innovative Program prior to the planned end date without consultation, by informing stakeholders of the decision and rationale. In either instance, the county will notify the MHSOAC.</p> <p>Rationale</p> <ul style="list-style-type: none"> • This definition reflects 5848(a) MHSA requirement that county have meaningful stakeholder involvement on 	

Term Requiring Interpretation/ Specification or Implementation	MHSA Statute and Suggested Regulation Concepts Presented at August Workgroup Meeting And Workgroup Feedback with Staff Response		
<p>8. Transition to Another Category of Funding As Appropriate (Continued)</p>	<p>mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations.</p> <ul style="list-style-type: none"> • Provide flexibility for a county to terminate an Innovative Project immediately in response to issues of risk or legal liability. <p>Workgroup Feedback</p> <table border="0"> <tr> <td data-bbox="478 448 1283 610"> <p><u>Suggestion</u></p> <p>Concerned about discharge planning at the end of an INN program. Need to look out for the clients.</p> <p>Use reserves so no client is ever dropped from INN programs.</p> </td> <td data-bbox="1325 448 1955 711"> <p><u>MHSOAC Staff Response</u></p> <p>Included language to address this concern. (See draft Section 2(f); Section 3(b)(3)(F).)</p> <p>Included language to address the concern about clients being dropped at the conclusion of INN funding for a Project. (See draft Section 2(f); Section 3(b)(3)(F).)</p> </td> </tr> </table>	<p><u>Suggestion</u></p> <p>Concerned about discharge planning at the end of an INN program. Need to look out for the clients.</p> <p>Use reserves so no client is ever dropped from INN programs.</p>	<p><u>MHSOAC Staff Response</u></p> <p>Included language to address this concern. (See draft Section 2(f); Section 3(b)(3)(F).)</p> <p>Included language to address the concern about clients being dropped at the conclusion of INN funding for a Project. (See draft Section 2(f); Section 3(b)(3)(F).)</p>
<p><u>Suggestion</u></p> <p>Concerned about discharge planning at the end of an INN program. Need to look out for the clients.</p> <p>Use reserves so no client is ever dropped from INN programs.</p>	<p><u>MHSOAC Staff Response</u></p> <p>Included language to address this concern. (See draft Section 2(f); Section 3(b)(3)(F).)</p> <p>Included language to address the concern about clients being dropped at the conclusion of INN funding for a Project. (See draft Section 2(f); Section 3(b)(3)(F).)</p>		
<p>9. Expenditure plan</p>	<p>MHSA Statute</p> <p>5847(b) The three-year program and expenditure plan shall be based on available unspent funds and estimated revenue allocations provided by the state and in accordance with established stakeholder engagement and planning requirements as required in Section 5848....(4)A program for innovations in accordance with Part 3.2 (commencing with Section 5830).</p> <p>5847(e) Each county mental health program shall prepare expenditure plans pursuant to ... Part 3.2 (commencing with Section 5830) for innovative programs...The expenditure update shall include utilization of unspent funds allocated in the previous year and the proposed expenditure for the same purpose.</p> <p>5892(a)(6): Five percent of the total funding for each county mental health program for Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division, shall be utilized for innovative programs in accordance with Sections 5830, 5847, and 5848.</p> <p>Staff Suggestions Presented at August Workgroup Meeting (Concepts not exact words for regulations)</p> <p>The budget (expenditure plan) must be consistent with the time-limited focus of the Innovation portion of a county plan or annual update. Funds should include development and refinement, piloting, evaluation (ongoing and final), decision-making, and dissemination of the Innovative Project.</p> <p>The county submits an expenditure plan (budget) for the total and annual projected cost of the Innovative Program, including both available funds and, if applicable, planned use of estimated revenue from future Innovation allocations.</p>		

Term Requiring Interpretation/ Specification or Implementation	MHSA Statute and Suggested Regulation Concepts Presented at August Workgroup Meeting And Workgroup Feedback with Staff Response
9. Expenditure plan (Continued)	<p>Counties will report both estimated and actual expenditures. See below.</p> <p>Estimates: Counties report: (1) estimated total mental health expenditures for each Innovation Project; (2) estimated INN, Medi-Cal FFP, 1991 realignment, behavioral health subaccount, and other funding used for each Innovation Projection; (3) estimated INN funding for INN administration. Counties report actual funding spent: (insert information from the ARER)</p> <p>The submitted budget for INN must show the 5% funding from PEI and 5% funding from CSS.</p> <p>Rationale</p> <ul style="list-style-type: none"> • The MHSOAC needs information about the total projected expenditures, and associated logic or rationale, for the entire life of the Innovative Project. • Planned and actual expenditures for Innovative Projects must reflect the focus on evaluation. • As the only MHSA component that provides for time-limited projects with ongoing funding, it is essential that counties have the flexibility to plan Innovative Projects based not only on available unspent funds but also on estimated revenue allocations for future years. • The estimated reporting requirements were included in the FY 2014-2015 through FY 2016-2017 MHSA Program and Expenditure Plan Instructions (3-year Plan Instructions). <p>Workgroup Feedback – None</p>
10. Expend Funds	<p>MHSA Statute 5830(e): County mental health programs shall expend funds for their innovation programs upon approval by the Mental Health Services Oversight and Accountability Commission</p> <hr/> <p>Staff Suggestions Presented at August Workgroup Meeting (Concepts not exact words for regulations) Counties must obtain MHSOAC approval of their Innovation Projects before expanding funds for those programs.</p> <p>Counties may submit a plan and budget for a new Innovative Project as part of the three-year program and expenditure plan or as part of an annual update. Counties may also submit plans and budgets as updates, separate from three-year program and expenditure plans or annual updates.</p> <p>Rationale</p> <ul style="list-style-type: none"> • Because Innovative Projects will have varying timelines, counties need flexibility about when they can submit their plans and budgets. <p>Workgroup Feedback – None</p>

Term Requiring Interpretation/ Specification or Implementation	MHSA Statute and Suggested Regulation Concepts Presented at August Workgroup Meeting And Workgroup Feedback with Staff Response
11. Oversee	<p>MHSA Statute The Mental Health Services Oversight and Accountability Commission is hereby established to oversee... Part 3.2 (commencing with Section 5830), Innovative Programs</p> <hr/> <p>Staff Suggestions Presented at August Workgroup Meeting (Concepts not exact words for regulations) Oversee: For each approved Innovative Project, the county submits to the Mental Health Services Oversight and Accountability Commission as part of a Three-Year Program and Expenditure Plan or annual update one of the following reports, as applicable: (a) for continuing Innovative Projects, an Annual Innovative Project Report that consists of a brief description of the progress of the project; (b) upon completion of an Innovative Project, a Final Innovation Project Report.</p> <p>Both reports describe: (a) any changes to the Innovative Project, and the reasons; (b) evaluation data; (c) target population and numbers and demographics of individuals and families served, if applicable; and (e) any other data the county considers relevant.</p> <p>The Final Innovation Program Report includes in addition: (a) final evaluation results, including evaluation methodology, outcomes including those related to the selected primary purpose, and assessment of project elements associated with successful outcomes; (b) how the program expressed MHSA general standards; (c) whether the county will continue the Innovative Project, the source of ongoing funding if applicable, and the reason for the decision; (d) if the project did not achieve its learning goals, a summary of what was learned; and (e) methods of dissemination to other counties, including any presentations, reports, articles, manuals, CDs, DVDs, videos, or any other materials developed to communicate lessons learned and program results.</p> <p>Rationale</p> <ul style="list-style-type: none"> • MHSOAC oversight requires annual reports on the progress of Innovation Projects, as well as a final report on the project once completed. • Ensure consistency with overall purpose of MHSA Innovation component to introduce new effective practices into the California public mental health system. <p>Workgroup Feedback – None</p>