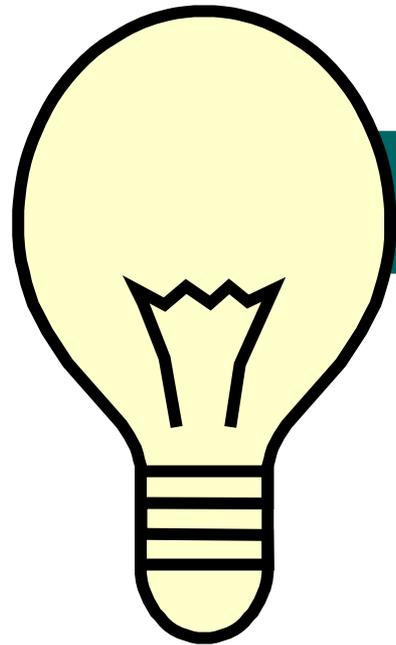


Mental Health Services Act



Innovation

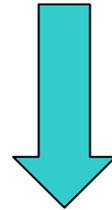
MHSA Innovation History

- **MHSOAC Innovation Committee formed October 2006**
- **MHSOAC Innovation Committee Policy Recommendations approved by MHSOAC November 16, 2007**
- **DMH Innovation Guidelines Issued February 3, 2009**
- **February 29, 2009, MHSOAC 1st read of Draft Innovation Review Tool and delegates Innovation Planning approval authority to MHSOAC staff**

MHSA on Innovation

Section 5892 (a) (6)

5% of County PEI & CSS Funds



Innovation Program

\$71 m for FY 08/09

\$71 m for FY 09/10

Innovation Funding Priorities

MHSA 5830(a)

Increasing Access for Underserved Groups	Promoting Interagency Collaboration
Increasing Access to Services	Increasing Quality & Outcome of Services



Innovation Resource Paper

Scope of Programs

- **New Mental Health Approaches**
- **Adaptation of Existing Mental Health Approaches**
- **Introduces Community Approaches to Mental Health Settings**



Counties are **ONLY** responsible to meet Innovation Guidelines.

The Draft Innovation Review Tool reflects the Innovation Guidelines.



Draft Innovation Review Tool

- **Vetted with Stakeholders
and**
- **MHSOAC Services Committee**

Review Tool for OAC: Innovations

Community Program Planning
1.Outreach to clients with serious mental illness and/or serious emotional disturbance, and their family members, to ensure the opportunity to participate
1.Involvement of clients with serious mental illness and/or serious emotional disturbance and their family members in all aspects of the Community Program Planning Process
1.Stakeholder participation included representatives of unserved and/or underserved populations and family members of unserved/underserved populations
1.Stakeholders that reflect the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, and race/ethnicity had the opportunity to participate in the Community Program Planning Process
1.Stakeholders (individuals or entities with an interest in mental health services in California) had the opportunity to participate in community program planning. Stakeholders included, but were not limited to, providers of mental health and/or related services such as physical health care and/or social services; educators; representatives of law enforcement; and any other organization that represents the interests of individuals with serious mental illness and/serious emotional disturbance, and/or their families
1.The community program planning process was the basis for development of the Innovation Work Plan and updates
1.Documentation of methods used to circulate, for the purpose of public comment, a copy of the draft Three-Year Program and Expenditure Plan, or annual update, to representatives of stakeholders' interests and any other interested parties who request the draft

Review Tool for OAC: Innovations

Innovation Description
<i>1. Innovation work plan is consistent with Guidelines/regulations</i>
1. An Innovation project is defined, for purposes of these guidelines, as one that contributes to learning rather than a primary focus on providing a service. An Innovation contributes to learning in one or more of the following three ways: a) introduces new mental health practices/approaches including prevention and early intervention that have never been done before, or b) makes a change to an existing mental health practice/approach, including adaptation for a new setting or community, or c) introduces a new application to the mental health system of a promising community-driven practice/approach or a practice/approach that has been successful in non-mental health contexts or settings
1. Description of each proposed project, including services to be provided, if applicable, along with the features of the project that further the goals of the MHSA. If applicable, a description of the population(s) to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity and language spoken as well as situational characteristic(s) of the population to be served.
1. Increases resilience and/or promotes recovery and wellness, only if applicable
1. Demonstrates cultural competency and capacity to reduce disparities in access to mental health services and to improve outcomes, only if applicable
1. Includes the ongoing involvement of clients (including participants of prevention programs) in roles such as, but not limited to, implementation, evaluation, staffing and dissemination, only if applicable
1. Includes the ongoing involvement of family members in roles such as, but not limited to, implementation, evaluation, staffing, and dissemination, only if applicable
1. Initiates, supports and expands collaboration and linkages, especially connections with systems, organizations, healers and practitioners not traditionally defined as part of mental health care, only if applicable
1. Encourages and provides for access to a full range of services provided by multiple agencies, programs and funding sources for clients and family members, only if applicable
1. Regional collaboration, only if applicable

Review Tool for OAC: Innovations

Defining and Measuring Success

1.Expected outcome(s) (positive changes)

1.How the project will be reviewed and assessed

1.Definition and measures logically relate to selected primary purpose

1.How the county included the perspectives of stakeholders in the review and assessment.

1.Timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the project

Budget/Resources

1.County's proposed expenditures for Innovation do not exceed allocation for this purpose and logically relate to proposed program(s)

1.Resources to be leveraged, if applicable (not required)