



Innovation Resource Document

I. INTRODUCTION

The following is an initial articulation of a definition, priorities, principles, and criteria for MHSA Innovative Programs. The document includes:

- a) The foundation for Innovation Programs articulated in the *Mental Health Services Act (MHSA)*, including *funding priorities*
- b) A *definition* of innovation, with *examples*. The definition answers the question: what makes a proposed approach innovative?
- c) *Scope* of innovation: the broad range of areas of possible application for innovative programs and approaches
- d) *Principles*: proposed building blocks to successful innovation; categories for criteria.
- e) *Criteria*: initial examples of indicators that proposed innovation will be successful and support MHSA priorities.

The Innovation Committee (MHSOAC INN Comm.) will recommend definition, scope of work, principles, and criteria for Innovative Programs that achieve the purposes articulated in the MHSA. The Commission will use the Committee's recommendation to help shape requirements for Innovation Programs.

II. MHSA LANGUAGE REGARDING INNOVATIVE PROGRAMS

A key overall purpose of the Mental Health Services Act is to “reduce the long-term impact on individuals, families and state and local budgets resulting from untreated mental illness” and “to expand the kinds of successful, innovative service programs for children, adults, and seniors begun in California, including culturally and linguistically competent approaches for underserved populations. These programs have already demonstrated their effectiveness in providing outreach and integrated services, including medically necessary psychiatric services, and other services to individuals most seriously affected by or at risk of serious mental illness.” (Section 3, b and c).

The Mental Health Services Act, Part 3.2 Innovative Programs, Section 5830 (a.1-4)

states: Innovative programs shall have the following purposes:

- a) Increase access to underserved groups
- b) Increase the quality of services, including better outcomes
- c) Promote interagency collaboration
- d) Increase access to services.

In addition, the MHSA (Part 3.7, Section 5845 d.5) requires the MHSOAC to

- e) Develop strategies to overcome stigma.

It is recommended that these five goals constitute the *Priorities for Innovative Programs*.

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.”

III. WHAT IS INNOVATION?

Definition

The MHSOAC INN Committee’s definition of innovation provides a framework for discussion and decision-making and locates innovation within the MHSA.

The Committee defines innovation as a practice, approach, strategy, or research that introduces Californians to novel ways to reduce the long-term adverse impact from untreated serious mental illness and serious emotional disturbance.

Innovation includes:

- a) Introduction of a new approach,
- b) Substantial transformation of an existing approach, and/or
- c) Adapting and/or modifying a successful practice for new populations or demographics.

Innovation:

- d) Leads to learning and development, and
- e) Improves statewide mental health delivery and outcomes.

Merely addressing an unmet need is not sufficient for innovation funding. Further, and by their very nature, not all innovations will be successful.

Examples

Innovative approaches, in addition to being new, often

- a) Challenge existing paradigms
- b) Are original and creative
- c) Communicate about mental illness and mental health in different words

- d) Think in different categories
- e) Reflect voices not often heard in mental health policy and practice
- f) Occur in settings not traditionally defined as mental health
- g) Involve people and partners in unfamiliar relationships and roles.

IV. SCOPE OF INNOVATION

Innovative programs for designated MHSA priorities are available for a broad scope of possible approaches, including the following:

- a) Apply to all age groups
- b) Occur across the spectrum of mental health interventions: prevention, early intervention, services and support, and recovery
- c) Include innovations in services, systems, research, and/or policies
- d) Include county, regional, multi-county (to reflect varying sizes and demographics) and/or statewide approaches.

All of these can be considered Innovative Programs.

V. PRINCIPLES AND CRITERIA

The INN Committee recommends the following principles to guide innovation funding: Proposed criteria are beginning suggestions, to be developed by members of the INN Committee.

- a) **Principle:** Innovation programs are **aligned with the transformational values** identified in the *Mental Health Services Act*, as well as SAMHSA's *National Consensus Statement on Mental Health Recovery*, California DMH's *Vision and Guiding Principles of the MHSA*, the President's *New Freedom Commission Report*, and the Institute of Medicine's *Improving the Quality of Health Care for Mental and Substance-Use Conditions*.

Criteria (examples)

- i. Addresses a significant need in one or more Innovation Priorities
- ii. Represents an effort to increase access to un-served and underserved communities; defines and provides a rationale for who is un-served and underserved
- iii. Provides a rationale that the proposed innovation will lead to transformation of California's mental health system in directions defined by the MHSA

- b) **Principle:** Proposed innovations are guided by a **sound rationale**

Criteria (examples)

- i. Describes current baseline practice, service, system, or policy, to be changed by the proposed innovation; explains why status quo needs to be changed

- ii. Documents significant, diverse stakeholder input that supports the proposed need/priority, approach, evaluation, and dissemination
 - iii. Provides a rationale that the proposed Innovative Program is a good way to address the need (quality of approach) and meet the goals (outcome), based on theory, practice, research, cultural tradition, or other method
 - iv. Demonstrates awareness of existing successful state-of-the-art approaches to address the identified problem or need. Explains rationale for adapting successful approach or for creating new approach
 - v. Includes context for innovation: an explanation of why proposed approach is appropriate in community, setting, or other context; for adapted approaches, explains how program will be substantially changed to reflect community or other relevant context
- c) **Principle.** Innovation programs demonstrate **cultural competency** and capacity to **reduce disparities** in mental health services and outcomes

Criteria (examples)

- i. Documents evidence that all elements of planning for innovation reflect the perspectives and participation of diverse stakeholders, including but not limited to definition and priority of need to be addressed, rationale for design and delivery, plan for ongoing assessment and course correction, and design of evaluation and dissemination
 - ii. Documents evidence that all elements of delivery of innovation reflect the ongoing involvement of diverse stakeholders, including but not limited to direct roles in implementation, staffing, evaluation, and dissemination
 - iii. Incorporates culturally competent approaches to recovery, wellness, and resilience, with involvement at all levels of people to be served
- d) **Principle.** The perspective and experience of **consumers and family members** is a significant part of Innovation programs.

Criteria (examples)

- i. Documents evidence that all elements of planning for innovation reflect the perspectives and participation of diverse consumers and family members, including but not limited to definition and priority of need to be addressed, rationale for design and delivery, plan for ongoing assessment and course correction, and design of evaluation and dissemination
- ii. Documents evidence that all elements of delivery of innovation reflect the ongoing involvement of diverse consumers and family members, including but not limited to direct roles in implementation,

staffing, evaluation, and dissemination

- iii. Demonstrates significant involvement, decision-making, and leadership of people to be served

e) **Principle.** Proposed innovation includes necessary **supports**

Criteria (examples)

- i. Includes strong leadership to increase the probability that innovation will be supported and sustained, including support from and for leaders; includes people to be served as leaders
- ii. Includes realistic assessment of resources and supports needed for all elements of innovation, including, but not limited to, identifying state-of-the art approaches, planning, outreach, implementation and delivery, baseline and ongoing assessment, outcome evaluation, and dissemination

f) **Principle.** Innovations initiate, support, and expand **collaboration and linkages**, including linkages with systems, services, communities, and individuals **not traditionally defined as mental health**

Criteria (examples)

- i. Includes a plan to create and/or expand links with people, organizations, and/or systems beyond traditional mental health (such as schools, primary care, housing and homeless services, first responders, employment programs or employers, law enforcement, social services, spiritual organizations, community and tribal leaders, other statewide collaboratives or initiatives, etc.).
- ii. Includes a plan to document increased collaboration, and the impact of this change.
- iii. Documents a relationship between proposed innovation and one or more MHSA components (community services and supports, prevention and early intervention, education and training, capital facilities and technology)

g) **Principle.** Innovation includes sound, **culturally relevant evaluation**

Criteria (examples)

- i. Embedded within all Innovations is a plan to measure success of innovation (it did what it said it would do), learning (it changed in response to experience) and outcomes (positive, negative, and mixed).
- 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 of success that incorporate perspectives of

consumers and family members of what constitutes success

h) Principle. Innovation programs balance **risk and safety**

Criteria (examples)

- i. Defines necessary risks and planned safeguards for participants, including protecting confidentiality
- ii. Protects people involved in research or evaluation efforts

i) Principle. Proposed innovation **replicates successes** and builds on **lessons learned**

Criteria (examples)

- i. Includes plan to disseminate results of innovation, including replicating successful approaches and sharing lessons learned to other locations, settings, and people
- ii. Participates in local, regional, and statewide efforts to learn from innovation efforts to transform mental health delivery and improve outcomes

j) Principle: Proposed innovation **leverages resources** to maximize impact (waivers, private funding, inter-agency collaboration)

Criteria (examples)