



EXAMPLE INNOVATIONS

These are a few examples of innovative approaches, for inspiration, imagination, and discussion. Please note that many of these examples could be included in more than one category. Inclusion on this list does not imply that an approach would be eligible for innovation funding.

EXAMPLE INNOVATIONS: INCREASE ACCESS TO SERVICES

- Stigma and discrimination programs that increase access to mental health services
- Consumers and family members hired to transport people to services, planning meetings, and other relevant gatherings and events; supporting consumers to develop a transport business, with this contracted service as a key component
- Innovative mental health services provided at home, in nursing homes, or in assisted living facilities for older adults with mental health issues
- Home visit program to provide counseling, support, and links to community resources for families with young children who have witnessed violence and experienced trauma
- Mental health staff located at one-stop career support centers for transition-age youth
- Telemedicine programs through community clinics, to extend mental health services in rural areas
- Youth mental health interventions in collaboration with organizations focused on art, music, poetry, martial arts, or dance as expressions of trauma, healing, and community building

EXAMPLE INNOVATIONS: INCREASE ACCESS TO UNDERSERVED GROUPS

- Outreach programs such as the Promotoro model, in which community members offer support, information, and contact; initial connections usually occur wherever people congregate, such as grocery stores, places of worship, health fairs, laundromats, gas stations, neighborhood meetings, beauty salons, youth recreation events, cultural gatherings, school events, etc.
- Transition-age youth welcome centers, particularly for gay, lesbian, and transsexual youth newly arrived to a community, to help them find support, jobs, education, housing, and meaningful roles
- Concrete supports, healing relationships, and links to housing and services for people who are homeless and affected by trauma and mental illness
- Community paraprofessionals who screen and offer mental health services and supports, including, crisis intervention, referral, and consultation combined with supervision and culturally-specific traditional sensibilities, in rural communities too small and isolated to otherwise offer access to behavioral health professionals (similar to programs that have demonstrated success in Alaska's rural Indian communities)
- Programs in partnership with churches and mosques to combat stigma, screen for mental illness, provide services and supports, and coordinate medical and social services for African refugees and immigrants (similar to Project ESSEA)
- Peer support groups for refugees who have experienced war, violence, and trauma, in their countries of origin and in the United States

EXAMPLE INNOVATIONS: INCREASE QUALITY AND OUTCOMES OF SERVICES

- Innovative approaches to self-directed care, such as providing funds for individuals to purchase mental health services based on their preferences and priorities
- Consumer/family-run peer support and crisis respite centers
- Employment and supports for consumers and family members, including benefits counseling and resources
- Housing programs, including for consumers who are not homeless, not currently part of the public mental health system, and/or who are employed and low-income
- Consumer-run alternative unemployment or under-employment program, for people fearful of losing SSI, Medi-Cal, or Medicare if they enter or re-enter the workforce
- A consumer- and family-run Quality Assurance Board, to recommend quality improvements, investigate complaints, and ensure a focus on culturally appropriate recovery, resilience, and wellness
- A trailer park to serve as a drop-in service center, crisis program, and transitional supportive housing.

- Dissemination of the American Indian Community Suicide Prevention Assessment Tool, designed to assess suicide risk of a community as a basis for building community supports and resources
- Business loans to purchase a farm where people with mental illness from rural communities, such as Hmong, could work, including raising animals to be used by indigenous healers in rituals
- Making emerging technology available to people with mental health concerns: for example, an Internet program to help people with mental illness reconnect with lost family members or friends
- Supports for caregivers of older relatives with dementia, particularly those from cultures for whom out-of-home care is unacceptable, even in late stages of dementia
- Community building and outreach projects designed and conducted by Indian people, such as California's Feather River Tribe, which has designed and delivered a comprehensive treatment program for children with serious emotional problems and their families
- Locating prevention practitioners in classrooms to prevent and address students' mental health problems (similar to the RALLY Program, among others)
- Clinical coordinators (therapists, nurses, or paraprofessionals) located in primary medical settings to support people with depression and other mental illnesses, especially older adults and people with co-occurring chronic physical illnesses, and their families
- Career development and flexible and comprehensive support services before and after employment for consumers (not limited to employment in mental health)

EXAMPLE INNOVATIONS: PROMOTE INTER-AGENCY COLLABORATION

- Community/family support centers and/or clubhouses with range of services and supports, such as employment, housing, legal aid and benefits counseling, parenting, language learning, elder care, peer support, advocacy, concrete assistance (clothing exchanges, blankets, meals, etc.), gardening, art, cultural activities, economic development, preventive health care, and mental health/substance-use recovery
- Innovative interagency, client, family, and community collaborations: for example, between supported employment services and community treatment teams
- Fiscal policies that encourage county-to-county/regional collaboration to share resources among several counties, to develop more substantial innovative programs
- Dissemination of information and supports about successful interagency and community collaboration in support of replicating positive outcomes
- Collaborative efforts to provide mental health, job training and employment, housing supports, education, and life skills for transition-age youth
- Programs to link people released from jail to mental health and other services, including supports for family members

- Re-structuring services, systems, and recovery supports for people with co-occurring mental health and substance-use disorders, including all levels of support, treatment, and recovery
- Resource sharing in rural communities to fund multi-agency geriatric mental health specialists
- A medical “home” that includes primary medical care, specialty mental health treatment, drug and alcohol services, and care coordination, jointly funded by behavioral health, primary care, and long-term care services (similar to Washington Medicaid Integration Partnership)

EXAMPLE INNOVATIONS: REDUCE STIGMA AND DISCRIMINATION

- Stigma and discrimination programs that increase access to mental health services, especially for underserved groups
- Efforts that recognize and respond to multiple levels of stigma, such as gender, sexual orientation, and immigration status
- Enhanced mental health education and services in middle school, particularly targeted to boys, who, by adolescence, demonstrate greater stigma with regard to accepting help and support or use of mental health resources, and to parents, whose own stigma or approval of mental health services is a critical variable for their children
- Dissemination of information from existing and new research on reduction of stigma and discrimination to statewide anti-stigma and anti-discrimination programs: for example, targeted to employment and housing
- Developing alliances of consumers and neuroscientists to combat stigma, advance research, and transform the mental health system