



Innovation Committee

October 10, 2006; 10:00 AM – 12:00 PM

Attendees-

- a) Committee Members:
- b) Committee Staff: Chuck Anders, Deborah Lee
- c) MHSOAC Staff: Jennifer Clancy, Sheri Whitt
- d) DMH Staff: Emily Nahat

<p>Sources of Information</p>	<p>Committee members suggested useful sources of information for the research document and the public forum. Staff agreed to find and utilize useful sources.</p>	<p>Locate and incorporate useful information from (by Oct. 26 meeting)</p> <ul style="list-style-type: none"> ▪ National homeless collaboratives ▪ University of California ▪ California Mental Health Planning Council ▪ California Institute of Mental Health ▪ DMH call logging system ▪ SAMHSA ▪ NAMI ▪ Client networks and organizations: local, state, and national ▪ President's New Freedom Commission ▪ Mental Health: Culture, Race, and 	<ul style="list-style-type: none"> ▪ Staff
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Information		<p>Ethnicity. A Supplement to Mental Health: Report of the Surgeon General</p> <ul style="list-style-type: none"> ▪ Institute of Medicine: Examining the Health Disparities Research Plan of the National Institutes of Health: Unfinished Business ▪ NIMH and CIMH ▪ HUD Continuum of Care grants ▪ Little Hoover Commission report:: Being There, Making a Commitment to Mental Health ▪ Commonwealth Fund 	
Topics to increase knowledge	<p>Committee members delineated topics in which they want additional information to increase their knowledge about mental health innovation.</p>	<ul style="list-style-type: none"> ▪ Definitions and theories of innovation ▪ Innovation approaches with the potential to transform mental health system ▪ Innovative approaches to housing, education, parenting, and family development ▪ Culturally competent innovative mental health programs ▪ Innovative approaches outside of traditional mental health systems ▪ Linkages between stigma and discrimination; effective approaches from consumer/family perspective ▪ Estimated number of untreated people at various ages at risk for serious mental illness ▪ Economic impact of undetected or underserved individuals with 	<ul style="list-style-type: none"> ▪ OAC staff to incorporate where possible as committee moves forward.

		<p>unaddressed mental health needs</p> <ul style="list-style-type: none">▪ Innovations related to the impact of poverty and its relationship to motivation to seek and ability to gain access to services▪ Citizen engagement and innovation▪ Practical applications of successful innovative policy-level inter-agency collaboration▪ Innovative graduate and training programs for new and existing practitioners; successful approaches to combating stigma and discrimination by mental health practitioners.▪ Clarify definitions of under-served communities: ethnic communities, homeless, socio-economic, rural, etc.▪ Population data on distribution of services	
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