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INNOVATION PLAN POLICY & COMPONENTS DISCUSSION DOCUMENT

I. DEFINE INNOVATION, NEEDS, and RESPONSE

1. The MHSOAC will want to identify the needs that current practices are not successfully meeting—in both Prevention/Early Intervention and Community Supports and Services (PEI & CSS). The Commission will want to determine where there is currently a lack of knowledge, standards, or models for addressing the identified needs. The Innovation Committee must propose the criteria for identifying a need for innovation, and the criteria for assessing whether the proposed response to this need is truly innovative.
2. The Committee will need to define innovation criteria in a manner that distinguishes innovative needs from known unmet needs, considering the following factors:
   - To a great extent, we do know what people need, but do not provide it.
   - For the most part, adults and older adults do not receive adequate, timely, and appropriate treatment because of chronic under-funding.
   - Children and adolescents do not receive timely and adequate treatment for somewhat different fiscal and programmatic reasons such as categorical funding that result in fitting the child into a pre-ordained rather than a tailored treatment plan.
   - Counties throughout the state, rural, suburban and urban, north, south, and central, report that virtually all mental health consumers in public mental health systems are underserved or inappropriately served.
3. To consider the essential Innovation Plan Components, the Committee will develop a shared understanding of terms that we will define for our working purposes. FOR INSTANCE:

   INNOVATION IS…

   A new practice for one or more of the Act's specified purposes, that is untested in community mental health in California, but is founded upon a body of research and knowledge and has broad support from mental health consumers and family members.

   INNOVATION NEED IS…

   A need for innovative change in a system, service, or policy because current practices, under the best of circumstances, are not successful in meeting stated goals. Innovation need is also established where there are no developed

models, standards, or promising practices that could be implemented with success.

INNOVATIVE RESPONSE IS….

Change that meets a test of: moving a new idea, method, or service from the field of study and knowledge to the field of practice; meeting a need for which there is no established practice; transforming a failing program into one that can meet its objectives; developing strategies and/or services for an unrecognized need. An innovative response is a program that addresses a long-standing, intractable service, system, or policy problem, utilizing a new strategy. An innovative response is established where change can increase quality of service within an existing budget or change will maintain a high quality of service for less money.

II. MEET CRITERIA FOR INNOVATION NEED

1. The county plan must explain how the proposed program(s) meet clearly defined criteria for innovation funding.
2. The Commission/Department must define an innovation need and explain the process for identifying the need, consistent with the purpose defined in the Act.
3. What are the criteria for defining an Innovation Need? "to effect a change…a new idea, method, or device" are Merriam Webster definitions of "innovation."
4. Should the need for innovation be linked to gaps in knowledge, experience, models of service? Should these gaps be identified by the State?
5. Should the Commission/Department assist in providing research and analyses to the counties regarding innovation needs?
6. Should the Commission emphasize or encourage system innovation, over service or policy innovation?

III. CRITERIA FOR INNOVATIVE RESPONSE

1. Once establishing the need for innovation in a particular service or system or policy, the county plan must meet criteria demonstrating that the response is innovative.
2. What is the test of whether the proposed service or new approach is truly innovative?
3. Is it innovative if the service is new to County A, while it is widely demonstrated to be successful in County B, C, D?
4. Should all innovation programs address needs where better models, practices, or services clearly must be developed?

IV. INTEGRATION WITH CURRENT SYSTEM/MHSA PLANS

1. In 2009, counties will need to submit one MHSA plan that integrates all of the individual plans, such as prevention and early intervention, community supports and services, and innovation.
2. Should the Commission request that innovation plans include an explanation of how the innovation fits within and strengthens the existing mental health/behavioral health service delivery system?

V. INNOVATION WITHOUT END

1. Funds from the MHSA will be used to support infinite innovation.
2. The MHSA does not limit the length of time something is considered innovation.
3. Should the Commission request that innovation plans includes an explanation of how long it will take to determine whether or not their innovation works?
4. Should the Commission request that a process be established for transitioning an "innovation" to something "standard" that is supported with another source of funds?

VI. EVALUATION AND PROMULGATION

1. The MHSA does not address whether or not "innovations" are evaluated and if they are, how those findings will be used to improve the mental health system.
2. Should the Commission request that innovation plans include a description of how an innovation is evaluated to determine whether or not it produces the intended outcomes and how it operates to produce those outcomes?
3. Should the Commission request that a process be established for gathering and disseminating those innovations that produce the desired outcomes?

VII. FOCUSING THE IMPACT OF INNOVATION

1. The MHSA identifies four purposes for the innovation funds
    - Increase access to underserved groups
    - Increase the quality of services, including better outcomes
    - Promote interagency collaboration
    - Increase access to services
2. Should all innovation funding go to a clearly identified need for innovation that exists throughout the state? A need where model programs and evidence of success must be developed, such as serving Transition Age Youth, providing culturally competent services, or providing effective services to people with co-occurring disorders.
3. Should the commission establish program or policy parameters for the next five years?
4. Should the Commission state that research and investigations establish the most critically needed areas for innovation?
5. Should innovation funds be devoted to specific areas for each age group?
6. Innovation can be employed in changing services, systems, or policies. Should the Commission recommend an emphasis on one aspect of change over another? <u>Examples of different categories of innovation:</u>

SERVICES: Is innovation needed where services aren't available to meet identified needs and/or serve a particular population?

- For example, there may not be any services available to meet the needs of transition age youth. There are few to no options to increase quality of services and improve outcomes for some adults living in IMD's or placed in Board and Care homes.

SYSTEMS. Is innovation needed where the system is not set up to meet identified needs and/or serve a particular population?

- For example, a teacher may be able to recognize children who could benefit from mental health services, but there may not be a systemic process or structure through which the teacher may connect the child with appropriate mental health services.

POLICIES. Is innovation needed where existing policies prevent children, adults, and/or older adults from receiving adequate, timely, and/or appropriate services?

- For example, some youth who are involved in juvenile hall may not receive mental health services because of federal Medicaid regulations. For adults, the penalties for incarceration often include many challenging obstacles to regaining Medicaid/MediCare.

EXAMPLES OF PROSPECTIVE INNOVATIVE CHANGES:

- Extend a span of Full Service Partnership services/recovery for the most severely ill mental health consumers, such as a path from inpatient to outpatient to independence.

- Prevention programs for the very young, pre-school and kindergarten, which include stigma reduction.

- Incorporate into an existing community-based service, innovative perspectives such as recognition of the whole person (body, mind and spirit), or recognition of non-traditional support networks.

- Fiscal policies that encourage county to county collaboration, sharing of resources among several counties, so that more substantial innovative programs can be developed.

- Integration and evaluation of transformative practices that are driven by consumers, family members, and by cultural and linguistic competency.

- Seek ways to break down, revise, or overcome existing barriers to treating the whole person—barriers that are often entrenched in regulations/statutes that govern state and private services.