

Recommendations Regarding Draft Innovation Guidelines

November 7, 2008

OAC staff and the OAC Innovation Committee recommend the following changes to the draft guidelines for the MHSA Innovation component.

1. Include more focus on prevention, in addition to treatment. This recommendation applies particularly to references to clients and family members: please specify that “clients” include participants in prevention programs. Examples of instances where such references could be added include bullet two describing the community program planning process (p. 4) and the description of a client/family-driven mental health system (p. 6). Also, the first bullet under definition of Innovation (p. 5) should be written as follows to make it explicit that Innovation includes prevention and early intervention: “Introduces new mental health practices/approaches (including promotion/prevention) that have never been done before.”
2. Please add the Requirements for Community Planning (Section 3300) to the Guidelines. This could be a boxed or otherwise clearly marked section to identify the adopted regulations that apply to all MHSA components. We are also making changes to our revised Exhibit B (form that county fills out to request funds for Innovations) and the OAC Review Tool to conform to the community planning requirements in Section 3300.
3. Please add language to make it clear that the definition of “underserved” includes “inappropriately served.”
4. The current draft guidelines (Definition of Innovation) include this language: “makes a change to an existing mental health practice/approach, including adaptation for a new setting or community” (p. 5). Please add “substantive” before “change.” The word “substantive” is used frequently in State regulations: for example, Title 9, Division 1, Chapter 14, Section 3300.
5. Please add language that specifies that Guideline references to “individuals” include people of all ages, including children, youth, adults and older adults, and references to “service users” include individuals of all ages and, for children and youth, their families (self-defined) and caregivers (self-defined).
6. Please add the following language to the Scope section (after sentence that ends “multi-generational practices/approaches”, p. 6): “Innovations may be particularly appropriate for people facing severe socio-economic challenges, such as homelessness.”
7. The current draft confuses the Innovation Work Plan (the information the county drafts and submits as the Innovation component of its Three-Year

Plan) with the Innovation (the actual novel, creative approach to be tested). I have provided below a table in which I list the specific instances where I believe using a different term would be more accurate in context.

8. The current three Exhibits B, C, and D do not provide the information that MHSOAC needs to assess and approve Innovation Work plans. We have created a revised Exhibit B that is intended to be the single form that counties submit. Revised Exhibit B is consistent with the guidelines, simpler for counties (one form instead of three), and provides MHSOAC with the information we need to review and approve Innovation Work Plans, consistent with our MHSA responsibilities. We respectfully ask that this form be substituted for current Exhibits B, C, and D.

9. Submission Guidelines and Work Plan Approval: Please ask the County to submit a copy of the plan in Word format as well as PDF

Sentence and page number	Recommended Term
Demonstrates engagement of the leadership of the community potentially impacted by the Work Plan (p. 4)	Innovation
Demonstrates inclusion of representatives of the community who are impacted by the proposed Work Plan (p. 4)	Innovation
Counties and communities are encouraged to be creative as to how to best communicate the results and lessons learned from the INN work plan .(p. 4)	Innovation
Work Plans must be designed for voluntary participation. (p. 5)	Innovation
Counties must select one or more of these purposes for each Work Plan . The selected purpose(s) will be the key focus for learning and change for the Work Plan . (p. 5)	Innovation
A practice that has been successful in one community mental health setting cannot be funded as a Work Plan in a different community... (p. 5)	Innovation
Work Plans that have previously demonstrated their effectiveness... (p. 6)	Innovation
...a Work Plan supports, is consistent with...the Five	Innovation

Sentence and page number	Recommended Term
General Standards... (p. 6)	
... Work Plans may impact, for example,... (p. 7)	Innovation
...a Work Plan should be completed within a time frame that is sufficient... (p. 7)	Innovation
...some elements of a Work Plan might not work as originally envisioned. (p. 7)	Innovation
...conclude that a Work Plan is not meeting design and outcome expectations... (p. 7)	Innovation
...progress on each of their Work Plans... (p. 8)	Innovation
A description of the Work Plan , including the purpose (p. 8)	Innovation
An analysis of the effectiveness of the Work Plan ... including the perspective of the Work Plan participants... (p. 8)	Innovation
Whether the Work Plan will be continued... (p. 8)	Innovation
...lessons learned and Work Plan results... (p. 8)	Innovation
Counties can work together on a joint Work Plan ... (p. 9)	Innovation
The Work Plan must transition to a different funding source... (p. 9)	Innovation
...Counties should consider integrating a successful INN Work Plan into other components when planning for the future. (p. 9)	Innovation
Readiness to implement Work Plan ... (p. 10)	Innovation
All requirements for the planning, implementation and funding of the Work Plan have been met... (p. 10)	Innovation

Sentence and page number	Recommended Term
...any individual's participation in any Work Plan is voluntary... (County Certification, p. 11)	Innovation
Also provide the name and contact information...for all matter related to this Innovation , along with the name of the Work Plan (County Certification, p. 11)	INN Work Plan