SOCIAL FINANCE

MHSOAC INNOVATION INCUBATOR SYSTEMS ANALYSIS PROJECT

APRIL 2021

Subcommittee on Innovation Meeting

PREPARED FOR:

MHSOAC
Mental Health Services
Oversight & Accountability Commission

650 California Street, Floor 7, San Francisco, CA 94108

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REFRESHER: PROJECT BACKGROUND AND OBJECTIVES

Developing recommendations and tools for furthering the mission and effectiveness of the Innovation Incubator

Background

- The Mental Health Services Oversight and Accountability Commission's (MHSOAC) Innovation Incubator is working with Multi-County Collaboratives to **develop new and stronger systems to support mental health**
- MHSOAC would like to strengthen statewide **capacity for continuous improvement**—attempting to disseminate tools and knowledge that would reach a wider array of Counties (which may not yet be involved in the Incubator's work); to support practice transformation at scale; and to form a clearer mutual understanding between California mental health stakeholder of innovation and continuous improvement

Objectives

1. To **assess learnings** across the Innovation Incubator's projects, to more clearly define the **role of continuous improvement and innovation,** to understand the value of Multi-County Collaboratives in supporting change at the community scale, and to **identify common barriers** experienced by Counties in pursuing system-level improvements
2. To distill and refine those learnings into a pragmatic **continuous improvement framework** that Counties can use to improve outcomes, including through MHSA Innovation projects
3. To **inform and guide changes** within MHSOAC and its state agency partners for continuous improvement and innovation in community mental health services

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REFRESHER: KEY BARRIERS TO INNOVATION

At the last Subcommittee on Innovation meeting, we shared a draft list of barriers to innovation that Counties face, grouped into the categories below

Limited County Capacity

Unclear What "Good" Looks Like

Complex County Politics & Local Relationships

Uneven Stakeholder Engagement

Incomplete Evaluation & Data

Volatile One-Time Funding Source

Burdensome Plan Approval Process

A summary of themes from the barriers list is in Appendix I of this document; the complete list shared at the last Innovation Subcommittee meeting can be found here

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SELECT IDEAS TO OVERCOME KEY BARRIERS

Since the last meeting, we have summarized recommendations and resources to help overcome those barriers

Improve access to resources and knowledge

- **Lift up project learnings and examples** by highlighting successful case studies; organizing annual convening; conducting annual reviews of lessons learned.
- Make Innovation **resources more accessible** through curated resource library (esp. practical materials) and hotline support (to navigate resources).

Optimize plan development and review process

- **Clarify guidance**: supplement with guidelines and examples; describe requirements and signals of quality; define standards for community engagement.
- Enable Commissioners to provide **feedback on plans earlier in the process** and give counties input on whether the proposed plan meets the definition of innovation.
- **Develop a rubric** that clarifies how plans are evaluated during the approval process.

Expand and deepen technical assistance

- **Strengthen support functions** to meet county needs (esp. for smaller counties), providing targeted technical assistance (e.g., to enhance CPP processes).
- Disseminate **resources and toolkits** describing best-practice approaches.

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HOW WE'RE COLLECTING INPUT

Input	Description
Phase I interviews & follow ups	64 interviews with stakeholder advocacy groups (19), county leaders (15), MHSOAC staff (11), Incubator technical assistance providers (7), consumers & ACCESS Ambassadors (5), state partners (5), and Commissioners (2)
Written feedback on barriers list	Detailed written feedback from ~8 interviewees on the barriers list (see Appendix II)
Published reports	Literature scan of available resources (e.g., 2018 report from CPEHN, California Primary Care Association, & #Out4MentalHealth; ACCESS California MHSA Resources)
Innovation Plan review	Analysis of key elements from 102 Innovation Plans (e.g., target population, evaluation budget)
"Discussion Group" meetings	Input from 3 meetings with a 16-member focus group composed of people who are engaged with different parts of the Innovation system (see participants in Appendix III)
CBHDA MHSA Committee Meetings	Verbal and written feedback from two CBHDA Meetings; survey of MHSA Coordinators
Collaboration with contracted partners	Subcontract with former County BHD, CAMHPRO, and NAMI CA
Interviews on Innovation case studies	Conversations with MHSA Coordinators and other partners to draft case studies on Innovation
Attending Commission meetings	Incorporating insights from presentations and comments at OAC Commission and subcommittee meetings
Interviews with public innovation leaders	6 Interviews with experts on innovation in the public sector (e.g., CBHL, NCBH)
Research on public innovation	Secondary research on innovation in the public sector to support mental health
Research on multi-stage approval processes	Secondary research on approval processes in other sectors
Focus groups (OAC staff, Cty Coordinators, and NAMI members / affiliates)	Focus groups with less than 5 participants to gauge feedback on toolkit & recommendations
Innovation Subcommittee meeting	Today! Gather feedback from Commissioners and meeting attendees

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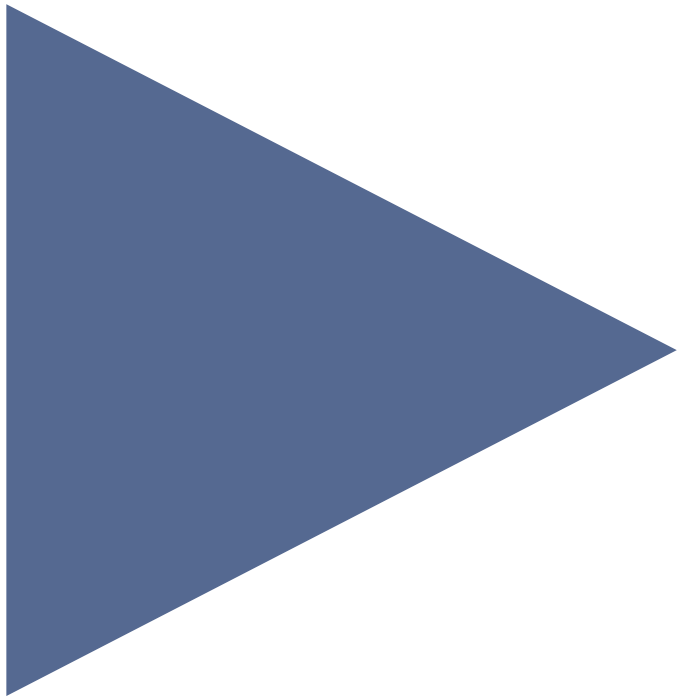
SPOTLIGHT: MHSA COORDINATOR SURVEY



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MHSA COORDINATOR SURVEY

We asked MHSA Coordinators to rate potential resources on how useful they would be for developing Innovation Plans and implementing projects

Survey Overview

Goal: Understand perceived level of usefulness for different potential resources designed to help develop Innovation Plans and implement projects

Audience: MHSA Coordinators (i.e., primary users of many of the potential tools and resources); n=55

EXAMPLE QUESTION

A short document explaining the Innovation Project approval sequence, what steps must be taken and when.

Extremely Useful	Very Useful	Moderately Useful	Slightly Useful	Not at all Useful

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MHSA COORDINATOR SURVEY RESULTS SUMMARY (1/2)

% of respondents who rated potential resource "extremely" or "very useful"

1. A simplified **INN application template** with redundancies removed — 98%
2. A short document explaining the Innovation Project **approval sequence**, what steps must be taken and when — 89%
3. A standardized scorecard or **rubric that Commissioners use** during (or before) meetings to assess proposed innovation plans — 85%
4. A **database of the outcomes and/or other lessons learned** that counties have tracked in their Innovation projects — 82%
5. An **annual convening** of MHSA Coordinators, BHDs, and others to share learnings across Innovation Projects (e.g., after-action reports from plans that are winding down, workshops about areas of mutual interest) — 76%
6. **Evaluation training**, technical assistance, and support — 75%
7. A list of strategies and examples for **conducting robust community needs assessments** to understand where Innovation Plans should focus — 73%

N=55

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MHSA COORDINATOR SURVEY RESULTS SUMMARY (2/2)

% of respondents who rated potential resource "extremely" or "very useful"

8. A set of **"marketing materials"** (e.g., flyers, videos) explaining how MHSA Innovation works for counties to share with **community members**

9. A guide for identifying unexpected challenges and making **ongoing adaptations** or course corrections after an Innovative project launches

10. A collection of examples and practices from across the state of **how counties have engaged community stakeholders** when developing Innovation Plans (including what resources were required)

11. A guide to **working with external evaluators** in Innovation Projects (e.g., when and how to engage/procure evaluators, what questions to ask them, how much to budget)

12. A list of **current "Commission priorities"** for Innovation Plans (e.g., priority populations and outcomes) based on state-wide efforts to understand CA mental health needs (e.g., CRDP)

13. A **directory of various partners** (e.g., TA providers, stakeholder advocacy groups) and counties with experience and interest by target population/intervention/issue area

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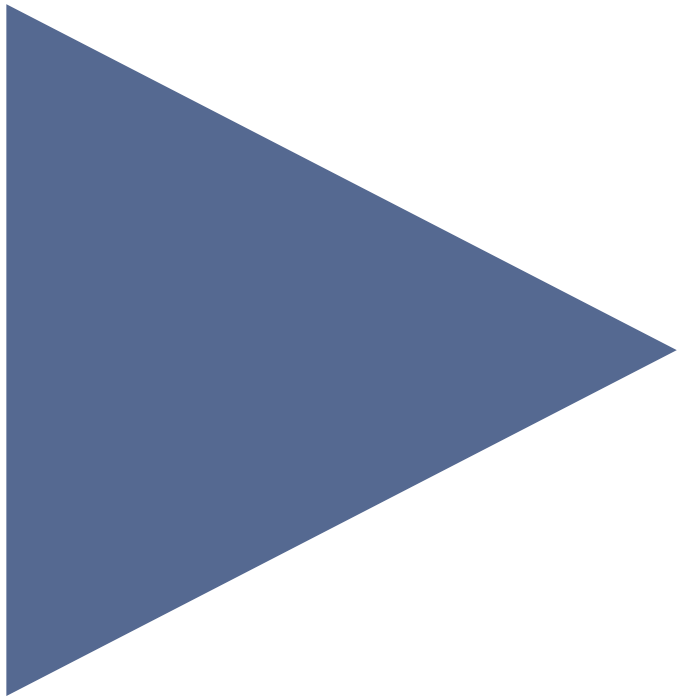
SPOTLIGHT: INNOVATION CASE STUDIES



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SPOTLIGHT: INNOVATION CASE STUDIES

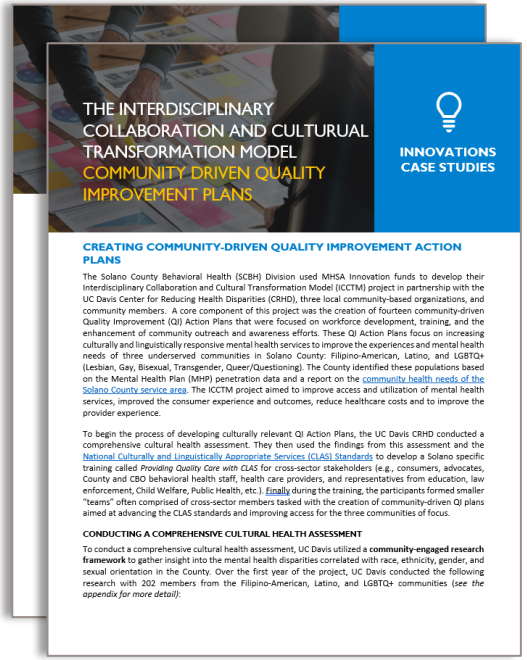
Innovation case studies aim to share lessons learned about projects across Counties; further case studies can be developed by others in the future

About Case Studies

- Case studies are 3-to-4-page documents that highlight examples of **practices** and **processes** Counties have used to draft Innovation Plans and implement projects
- They highlight **lessons learned** and **ways of working** that could be applicable to other Counties

Example Case Study Topics

- Using Human-Centered Design to Uplift Innovative Ideas
- Collaborating with a School District to Implement an Innovation Project
- Creating Community-Driven Quality Improvement Plans



A draft example case study is included in the Materials Packet for this meeting

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NEXT STEPS

Ongoing work will focus on additional ways to highlight project learnings, disseminate resources, and recommend process improvements by…

Developing additional case studies highlighting lessons learned…

Recommending more ways to share project learnings, including an annual convening…

Aggregating and recommending tools & resources…

Proposing ideas for adjusting the Innovation Plan approval process (e.g., multi-stage approval)…

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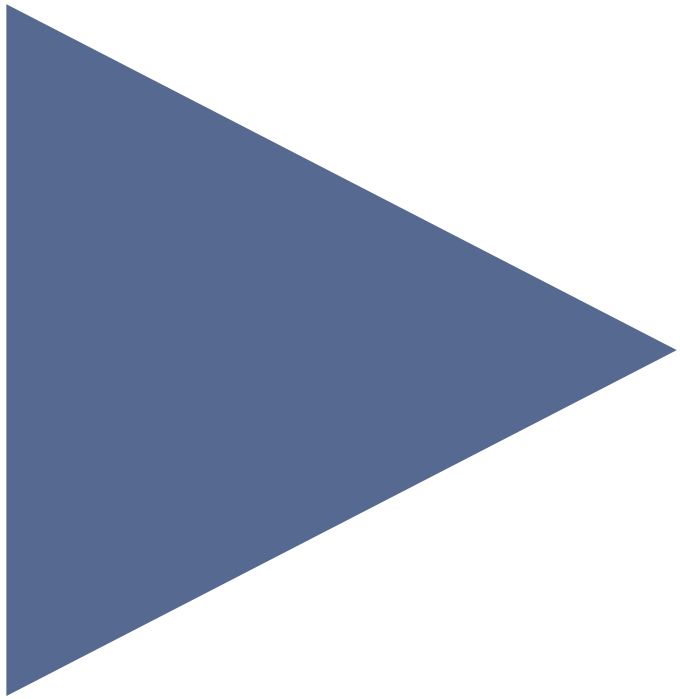
DISCUSSION: POTENTIAL FOR USING A RUBRIC TO ASSESS PLANS



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DISCUSSION TOPIC: POTENTIAL INNOVATION PLAN RUBRIC

A proposed recommendation as part of the Innovation Action Plan is to consider developing a public guide Commissioners can use to assess plans

HOW: *What could a rubric do?*	**WHY**: *What barriers would it address?*	**LIMITATIONS**: *What couldn't it do?*
A rubric could aim to provide clarity on: • The **key elements** that Commissioners are looking for in plans • What **questions Commissioners might ask themselves** to determine if key elements are met • Why a plan is **approved or denied** by the Commission	The rubric would aim to help address the following barriers (surfaced through Phase I interviews):  **Unclear What "Good" Looks Like**  **Burdensome Plan Approval Process**	• The rubric would not address the barrier that Counties desire earlier feedback about whether an idea for a plan is "innovative" before it is presented for approval • We are working on developing other recommendations that might alleviate that barrier

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POTENTIAL INNOVATION PLAN RUBRIC: WHAT WE'VE HEARD SO FAR

We are eager to get feedback from this group (and from others)!

Discussion Group

- A rubric could be a **detailed guide for qualitative review**, rather than used to explicitly score plans
- Include metrics that **measure authentic community engagement**
- OAC staff could use the rubric to replace or supplement the "Staff Analysis" document, and **serve as an indication of plan feedback**
- Include criteria around "**what is innovative**" to take some subjectivity out of the approval process
- Content should be **centered around the MHSA general standards**
- Subject matter experts, including peers, could be engaged to evaluate plans
- It would be helpful to **engage Commissioners in the design** of a rubric, because as the primary end users of the tool, it will need to work for their needs

MHSA Coordinator Survey & Focus Groups

- **85%** of MHSA Coordinator survey respondents noted a **standardized rubric** that Commissioners use during (or before) meetings to assess proposed innovation plans would be extremely or very useful
- In focus groups, some MHSA Coordinators indicated that a rubric would be **useful if it was closely followed** by Commissioners when evaluating plans
- It could be **difficult to standardize certain aspects** of the process (e.g., community engagement) because different counties operate very differently

Innovation Subcommittee

Discuss today (and provide feedback on an ongoing basis)!

Going forward

Going forward, we will continue to solicit feedback from other stakeholders involved in MHSA innovation

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DISCUSSION: WE WANT YOUR INPUT!

We are eager to discuss– your insights will be helpful for a potential rubric alongside other potential resources (e.g., modified approval process)

What are the key elements to include?

- What are **key elements** that could be considered?
- Should the focus be on the merits of the **"innovative idea,"** or how that idea has been **formed into a plan** (e.g., CPP process, evaluation plan)?
- To what extent could / should elements be **measured?**

How could a rubric be operationalized?

- Should this be a set of **guiding discussion questions**, or a **numerical scorecard**?
- How should the rubric be **developed and updated** over time?

What are some of the pros/cons of the approaches?

- What are **potential challenges** of implementing a rubric?
- Would a rubric **limit the bounds** of innovation?
- Would a rubric limit **Commissioners' ability to deliberate** on plans?

Sample rubric question! (related to Community Engagement)

1. How does the proposal show **evidence of shared power and decision making** with individuals with lived experience in the generation and development of the Innovation project?

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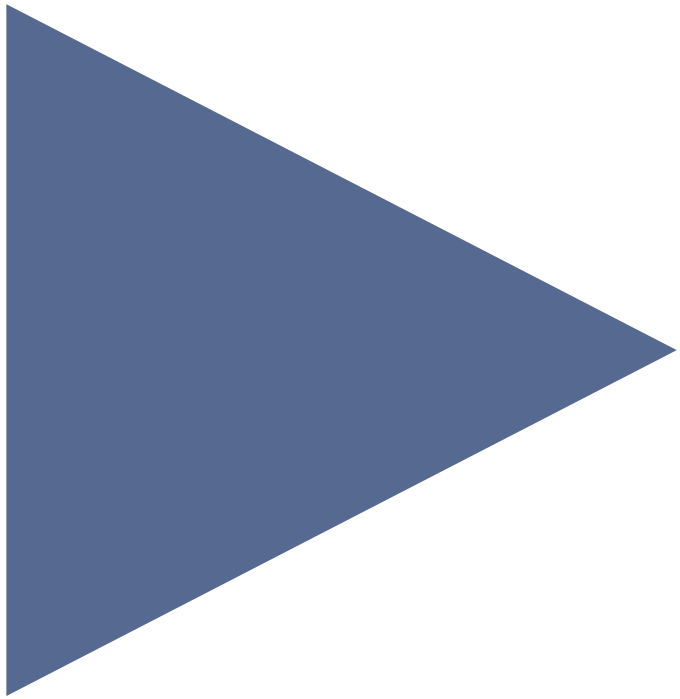
NEXT STEPS



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NEXT STEPS & CONTACT INFO

Over the next few months, we will focus on aggregating project findings into an "Action Plan" for the OAC

Next Steps

- Incorporating feedback from today's discussion and presentation
- Continuing to build resources and recommendations, including (but not limited to):
  - Innovation case studies
  - Ideas for multi-stage Innovation Plan approval processes
  - Ideas for sharing learnings across Innovation Projects
- Aggregating resources and recommendations into an "Innovation Action Plan," to be shared at a future Subcommittee on Innovation Meeting

For recommendations and/or questions, please reach out to:

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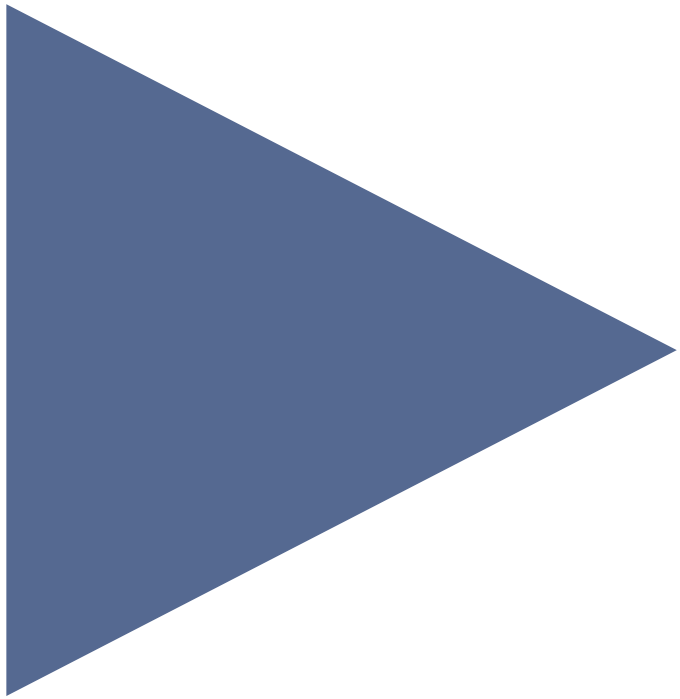
APPENDIX 1: SUMMARY OF KEY THEMES FROM BARRIERS LIST



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EMERGING THEMES: BARRIERS (1 / 3)

Need for more effective community engagement recognized as critical by all interviewees

Mismatch in relative priorities

- Relative to the amount of funding available, **County leaders spend more time and energy on INN Plans** compared to other funding sources (in other words, County leaders' "ROI" for INN is low)
- For some programs and groups, though, **INN funding is the most accessible (or only) way to access PMH dollars**; therefore, the ROI (and importance) of obtaining INN dollars is enormous
- This contributes to a key tension: **many counties feel overwhelmed by the CPP**, but many stakeholders feel like the **process isn't nearly robust enough**

Challenges with identifying innovative ideas

- County behavioral health departments are **designed first for public mental health service delivery**, and not necessarily with "innovation" at their core
  - Some County leaders highlighted that their **training and experience as clinicians** means that the tasks required of INN are "out of their wheelhouse"
- Advocacy groups emphasize that innovative ideas **do exist within County communities**, but there are disconnects that prevent these ideas from seeding Innovation Plans, including:
  - County leaders often don't have the capacity or resources to complete the task of engaging all relevant stakeholders in an **authentic, non-extractive, culturally competent way**
  - Plans must ultimately be approved by local Boards of Supervisors and the MHSOAC, prompting County leaders to source ideas **based on what they think approval bodies want to hear**

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EMERGING THEMES: BARRIERS (2 / 3)

Interviewees cite a need for greater clarity

Need for a deeper understanding for how INN dollars *have been* used

- Interviewees consistently expressed a desire for a **more robust way to track, evaluate, and learn** from Innovation Projects after launch
  - Underscoring this desire, many interviewees considered **"learning something new" as their ideal use** for innovation dollars
- Counties (especially smaller ones) **do not always have the technical capacity to create robust evaluation plans** for their INN projects, and may lack the **data infrastructure** to identify key data driving community needs, track health disparities, and evaluate outcomes performance
- Few opportunities to share lessons learned combined with turnover among County leadership can **limit learning / "shorten the memory"** for past projects

Need for a deeper understanding for how INN dollars *can be* used

- County leaders expressed frustration that **guidance is unclear and/or shifts over time** about "what a good innovation project looks like"—including focus area, process, and outcomes tracking
  - Commission's "degree of toughness" when measuring Innovation Plans against the requirements in the regulations[1] has been inconsistent
- **Persistent misconceptions about allowable funding use:**
  - *Overly focused on novelty:* Many still of the mindset that "innovation has to be something that's never been done in the world before," although most acknowledged that this requirement has shifted
  - *Technology heuristic:* Some interviewees equated "innovation" with "technology"

[1] California Code of Regulations, Title 9, Division 1, Chapter 14, Article 9, Section 3910

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EMERGING THEMES: BARRIERS (3 / 3)

Counties seek more consistent, nuanced, and earlier feedback in the Innovation Plan approval process

Tension between efficient approval process and the importance of plan details

- Counties complete many steps (CPP process, plan development and iteration, local approval) before presenting plans to the Commission and **feel the nuance and entirety of the plans is not always appreciated** during approval meetings
- **Commissioners serve on a part-time basis** and do not always conduct thorough reviews of each plan before voting for or against its approval
- While OAC staff can help communicate the details of the plans to Commissioners (particularly via staff analyses), this has given rise to two additional barriers:
  - **Staff cannot perfectly predict** which components of the plan Commissioners will focus on during approval meetings because there is no standardized review format[1]
  - Advocacy groups feel that this **shifts some of the decision-making** from Commissioners (appointed positions) to OAC staff (non-appointed positions)

Need for Commissioner feedback earlier in the Innovation Planning process

- Counties noted that sometimes plans are denied for reasons that they could have addressed had they received **earlier feedback from the Commission** on the high-level structure of the plan
  - The option to apply for INN funding for planning has alleviated this barrier somewhat, but not all Counties are aware of this option, and some view it as a burdensome "planning for the planning" step in an already lengthy process

[1]Other than the guidance in *California Code of Regulations, Title 9, Division 1,* Chapter *14, Article 9, Section 3910*, which as noted previously has been interpreted differently at different times and not referred to in a systematic way during approval meetings

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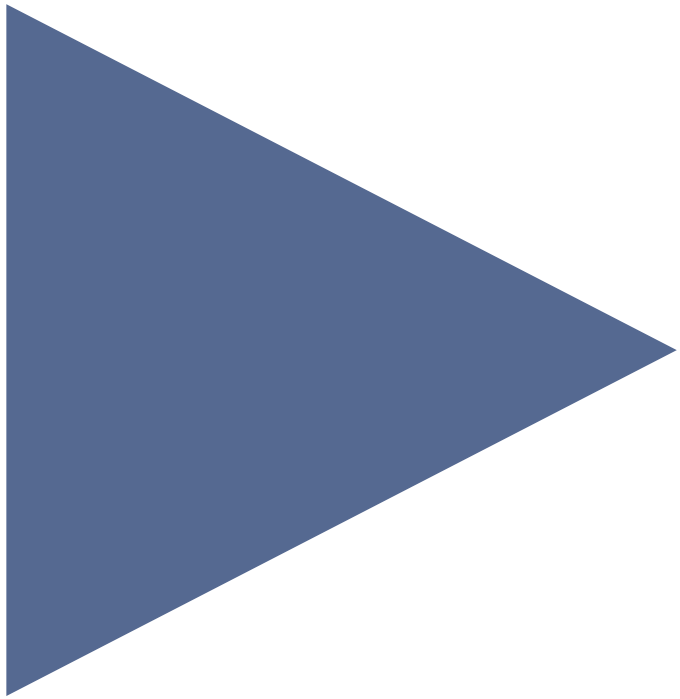
APPENDIX II: FEEDBACK ON BARRIERS LIST & ACCELERATION AGENDA



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STRUCTURE OF APPENDIX OF FEEDBACK

Social Finance requested feedback from interviewees and Innovation Subcommittee meeting attendees on the draft barriers list

- The team received **written feedback from ~8 interviewees**, which provided **additional context** and **recommendations** regarding the barriers and solutions per the barriers list
- The written feedback is **summarized in subsequent slides**, and primarily contains quotes received from feedback providers
- Some unique and specific pieces of written feedback have been **incorporated into the barriers list** above – **all feedback will be incorporated into recommendations** in Phase 2 and Phase 3

Written feedback was organized into the following groups

For each category of barriers

- **Additional feedback on barriers identified** *(additional context on identified barriers)*
- **Additional solutions suggested for identified barriers** *(additional solutions suggested for identified barriers)*
- **Feedback/prioritization of identified solutions** *(additional context on identified solutions / recommendations)*

★ *When soliciting feedback, Social Finance **requested that interviewees share solutions to prioritize.** Solutions **specifically flagged for prioritization** in feedback have been marked with a star* ★

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ADDITIONAL FEEDBACK ON BARRIERS IDENTIFIED

Rec'd from	Barrier	Feedback
Advocate or Consumer	Due to limited capacity, Counties often take funding ideas from partners in their network, making it an exclusive club to try to infiltrate as a CBO who's on the outside	*This creates tension during the stakeholder process.* ***The issue is that the idea is cooked up before the stakeholders had a chance to weigh in****, so the county is not coming to stakeholders to be thinking partners but more to try to win their approval for a plan they've already created. Again, the county maybe taken this approach due to staff capacity limitations, perhaps if they had more staff or less work maybe they could focus more on INN.*
Advocate or Consumer	County leaders often don't have the capacity or resources to complete the task of engaging all relevant stakeholders in an authentic, non-extractive, culturally competent way	*This should not be an issue for larger CA counties like Los Angeles County and San Diego. And it's actually* ***more needed in such areas of larger stakeholder populations and areas of significant cultural and ethnic diversity****. Particular attention needs to be done, especially now due to the impact of COVID-19 to Latinx, Native American, Black, API, Disabled, immigrant/undocumented/refugee/asylum populations, and LGBTI2S communities.*
Advocate or Consumer	Limited capacity of Commission staff results in not enough TA for Counties, lack of tracking of Plans, and untimely feedback	***This is a county issue that each board of supervisors needs to address, not the MHSOAC.*** *But counties do have a responsibility to ensure that basic services for these meetings take place: including ADA disability accommodations, technical support, linguistic services, and staff support. This is an important part to get certified peers and/or peer advocates as items for each county.*
Advocate or Consumer	Limited County capacity	*…****should not be an issue at all for larger counties or counties that have been obtaining funding for additional staff through MHSA****. Counties should not be allowed to say that they cannot provide ADA accommodations and or language support services for stakeholders to participate in these processes.*
Advocate or Consumer		*MHSA currently allows for* ***5% of their yearly MHSA funds for the CPP, yet the majority have not done so****. For some counties, this is millions of dollars.*

Note: *Italicized language* contains quotes received from stakeholders – some of which have been lightly edited for clarity. Most of the language has been preserved to maintain integrity of feedback, though bolding is ours and added for emphasis.

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ADDITIONAL SOLUTIONS SUGGESTED FOR IDENTIFIED BARRIERS

Rec'd from	Barrier	Potential Solution & Feedback
Advocate or Consumer	Lack of effective knowledge hub to learn about innovation projects, and few tools to support counites in developing strong plans	***Utilize regional and ethnic/community groups to provide direct education and stakeholder engagement**, similar to what LACDMH has with the UsCC's and SALTS. Also, have a state-level contractor rather than a county and or regional contracting system for subject matter experts and facilitators to engage stakeholders in utilizing current and existing information repositories within MHSOAC and other state agencies like OSPED, and the state mental health planning council.*
Advocate or Consumer	Counties lack the infrastructure to appropriately identify and understand all of community's needs, including the capacity to institute a robust CPP	*Provide incentives for stakeholders to participate and contribute ideas. **Have a contest** to see what idea makes it all the way with the most stakeholder feedback and community participation.*
Advocate or Consumer	Once an Innovation Plan is approved, reporting requirements can be onerous for Counties	***Have counties provide support for stakeholders to participate in the interaction that the OAC and counties have** in this process to offer more education, transparency, and engagement. This sectional also needs to consider an intersectional approach to identifying needs of the community. We are all more than one issue.*
TA Provider	Counties (esp. smaller ones) do not always have the technical capacity to create robust evaluation plans for their INN projects	*This is where **the multi-county, cohort model has very much benefited lower-capacity counties** on our project -- having a shared evaluator (RAND) and evaluation plan has overall reduced this burden for counties like Siskiyou and San Mateo, who have had lower capacity…*

Note: *Italicized language* contains quotes received from stakeholders – some of which have been lightly edited for clarity. Most of the language has been preserved to maintain integrity of feedback, though bolding is ours and added for emphasis.

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ADDITIONAL SOLUTIONS SUGGESTED FOR IDENTIFIED BARRIERS

Rec'd from	Barrier	Potential Solution & Feedback

Advocate or Consumer	Limited County capacity	***Capacity building for Counties to support community-based organizations***:
		*…Focus on **building the capacity for counties to become public-facing technical assistance providers** to small and mid-size community-based organizations interested in participating and/or proposing innovation projects to the most vulnerable communities of color and LGBTQ+ communities…*
		• *MHSOAC should provide a selected administrator to:*
		  • *Provide additional technical assistance to counties on the following key topics necessary to the development and implementation of an innovative program;*
		  • *Work with counties to provide technical assistance to community-based organizations on the following key topics necessary to the development and implementation of an innovative program.*

Advocate or Consumer		*Have **more staff dedicated to certain components of the MHSA**. To have a true stakeholder process it takes time to plan the event, invite folks, create the agenda and materials for the meeting, etc. Counties don't seem to have the staff capacity to do this effectively.*
Advocate or Consumer	Rural Counties have a limited set of providers to carry out interventions	***Establish a communication network to facilitate this process.** This needs to be part of the needs assessment, getting more access to the internet and/or other remote communication services is an essential service. IT education as Mental Health Education.*

Note: *Italicized language* contains quotes received from stakeholders – some of which have been lightly edited for clarity. Most of the language has been preserved to maintain integrity of feedback, though bolding is ours and added for emphasis.

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FEEDBACK/PRIORITIZATION OF IDENTIFIED SOLUTIONS

Rec'd from	Solution	Feedback
Advocate or Consumer	Break down the challenges faced by Counties to focus on root causes and specific population needs	*Acknowledge the history of racism, experimentation, exploitation, and exclusion in health care and how that affects the quality of care that people of color, individuals with disabilities, and LGBTQ+ people both experience and perceive today…use innovations to develop and evaluate new and innovative programs and practices as well as modalities that have **cultural and population-specific significance outside of the delivery system**…even when their possibility of failure.*
Advocate or Consumer	Change the law to allow entities other than the county to apply for funding	*In addition to the county. Perhaps a **percentage of the funds can go to support CBOs and the clients they serve** to lessen some of the planning burden from the county; instead of the county developing a plan on their own they give it to the CBOs to plan and the county approves.* • *Counties may find it helpful to start this work by working with stakeholders to determine gaps in care and TOGETHER determine priorities for INN funds. Then CBOs submit proposals in how to meet the plan and the county decides how to divide the funds (but it MUST be shared with the CBOs who are caring for the same population).*
Advocate or Consumer		***Strongly opposed to changing the law to allow entities other than the county to apply for funding**; private hospitals and others have been after MHSA funds for years.*
Advocate or Consumer	Offer additional technical assistance to Counties	***Counties should be provided TA and administrative assistance to help think through all the elements of the INN process**, including creating a robust and engaging stakeholder meeting. This means having stakeholders & the county work TOGETHER determine priorities for using these funds.*

Note: *Italicized language* contains quotes received from stakeholders – some of which have been lightly edited for clarity. Most of the language has been preserved to maintain integrity of feedback, though bolding is ours and added for emphasis.

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ADDITIONAL FEEDBACK ON BARRIERS IDENTIFIED

Rec'd from	Barrier	Feedback
Advocate or Consumer	Plans must ultimately be approved by local Boards of Supervisors and the MHSOAC, prompting County leaders to source ideas based on what they think approval bodies want to hear	***Commissioners need to be trained on what the innovation process is like and for.*** *Many have limited understanding of MHSA sections and requirements like the CPP and Innovation and oftentimes make voting decisions without this information. Also, the utilization of educational services from state organizations who are composed of commissioners does not really address the information needs of non-commission stakeholders who are involved in these processes.*
Advocate or Consumer		***This is also based on local politics*** *– boards of supervisors in the north and central part of the state tend to be more conservative.*
Advocate or Consumer		• *This is an interesting dynamic to consider -- especially since many county boards of supervisors tend to be heavily male and white -- and how it could overall reduce equitable, community-driven outcomes of an INN project. County INN plans turn into lengthy, sometimes jargony, documents that are not always very accessible for the public.* • *Similarly, the 30-day public comment period is ineffective. We received no comments on our INN plan in any county during this public comment period — likely* ***because public consumers don't know where to find INN plans (or know what they even are), and because the documents are so unwieldy they are not easy for the public to provide feedback on****.* • *The way that INN plans need to be structured (i.e., having thoroughly scoped project plans and timelines upon plan submission) limits how much iteration and modification (particularly based on stakeholder feedback) can happen later on during project execution.*

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ADDITIONAL SOLUTIONS SUGGESTED FOR IDENTIFIED BARRIERS

Rec'd from	Barrier	Potential Solution & Feedback
Advocate or Consumer	Counties have low risk tolerance and face barriers to change	*The problem with this is the **Tech Suite as an example of a bad collaborative** that could not be stopped and has wasted millions of dollars that could have been used to help people.*
Advocate or Consumer	Complex county politics	***This is a transparency issue.** Stakeholders have to have access to the same information in a similarly timely fashion in order to provide the necessary stakeholder input.*
TA Provider		*There is a very specific **irony of counties having to apply and get approved for funding that is already theirs**---or else it reverts. Is it really theirs, if they have to apply for it? And it looks bad on counties when it doesn't get spent. There's kind of a public shaming element to it.*

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ADDITIONAL SOLUTIONS SUGGESTED FOR IDENTIFIED BARRIERS

Rec'd from	Barrier	Potential Solution & Feedback
Advocate or Consumer	Plans must ultimately be approved by local Boards of Supervisors and the MHSOAC, prompting County leaders to source ideas based on what they think approval bodies want to hear	***Utilization of a stakeholder advocacy agency like CalVoices to do statewide regional Innovation education****-that is both accessible to the needs of people with disabilities and linguistically available in Spanish.*
Advocate or Consumer	It is difficult to foster coordination and relationships with other agencies and across sectors within a given County; frequent turnover makes building these cross-agency relationships more difficult	***Have different commissions from similar fields collaborate.*** *Like from the health department, TAY departments, and their various stakeholder groups.*
Advocate or Consumer		***County government agencies need to take the lead*** *on this type of coordination.*
Advocate or Consumer	Local mental health boards feel shut out innovation planning process, as more is coordinated by the County and the same stakeholders each year	*In some counties, stakeholders have little or no trust in some MH commissions. In LA County for example many stakeholders struggle to have dialogues with commissioners or at commission meetings and the relationships are hostile. Maybe* ***creating some opportunities for some commissions and or commissioners to build trust with the communities*** *they represent and their stakeholders.*

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FEEDBACK/PRIORITIZATION OF IDENTIFIED SOLUTIONS

Rec'd from	Solution	Feedback
Advocate or Consumer	Use Incubator / multi-County collaboratives to make Innovation component less risky by sharing planning and evaluation workload across multiple partners	*I think that both the OAC commission can develop partnerships within counties on special projects, counties can develop partnerships with other countries when stakeholders have requested for this. But only if stakeholders have made a recommendation for these partnerships. Sometimes counties make cross county partnerships on innovation projects- like the Tech Suite-and do not do a CPP nor make an intentional effort to involve stakeholders*
★ Advocate or Consumer	*1. Use Incubator / multi-County collaboratives to make Innovation component less risky by sharing planning and evaluation workload across multiple partners.* *2. Offer training through CALBHB/C for advisory board members on MHSA INN.* *3. Develop forum(s) to share learning, ideas, and results of innovations to date, including a library of resources, directory of potential partners and interests of various Counties, an MHSA Innovations peer-reviewed journal, and annual convenings to discuss findings.*	

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ADDITIONAL FEEDBACK ON BARRIERS IDENTIFIED

Rec'd from	Barrier	Feedback
Advocate or Consumer	Counties do not partner with evaluators (or other TA providers) at the right point in the planning phase	*This is true in LA County, **especially when it comes to incorporating stakeholders/consumers from the CPP**.*
TA Provider	Interviewees consistently expressed a desire for a more robust way to track, evaluate, and learn from Innovation Projects after launch. Underscoring this desire, many interviewees considered "learning something new" as their ideal use for innovation dollars	• *…My sense was that "learning or doing something new" was a necessary requirement of INN plans. I remember getting feedback on our INN plan draft that we needed to better articulate how this project was new / different…to some extent, **this over-emphasizes "chasing shiny objects" syndrome rather than focusing on what works**.* • *More acutely, **it is really hard to catalog and identify what is new/what isn't**.*
Advocate or Consumer	Counties (esp. smaller ones) do not always have the technical capacity to create robust evaluation plans for their INN projects, and may lack the data infrastructure	*Per the MHSA, **recovery outcomes are required**.*
Advocate or Consumer	Incomplete evaluation & data	*Data gaps and a failure to compare results with baselines… A comparison group is helpful, but when you don't know how a particular group—veterans or children in the child welfare system—are doing in mental health systems, you don't know the critical "compared to what" question for the total caseload, rather than a small pilot project caseload.*

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ADDITIONAL SOLUTIONS SUGGESTED FOR IDENTIFIED BARRIERS

Rec'd from	Barrier	Potential Solution & Feedback
Advocate or Consumer	Interviewees consistently expressed a desire for a more robust way to track, evaluate, and learn from Innovation Projects, and many considered "learning something new" as their ideal use for innovation dollars	*The need for up-to-date information is essential, especially since COVID-19 and the social justice issues have changed the mental health landscape.* ***New needs assessments are needed*** *to help know what are the needs of the community as well as the strengths and weaknesses of the different counties. ALSO, no more waste of money like the Tech Suite. Our countries need resources not waste of money that can be used to really help.*
Advocate or Consumer	Counties do not have the capacity or expertise to develop and conduct high-quality evaluation	***Provide education and support for stakeholders to be part of this process.*** *If necessary, offer reimbursement and/or stipend to assist with this very important process. Have it be carried by the same group of stakeholders from the consultation process, delivery, and evaluation phases.*
Advocate or Consumer	Evaluation metrics and measurement tools are not always culturally appropriate	*Included in here* ***Sexual Orientation and Gender Identity (SOGI) data as well disability related data****.*
Advocate or Consumer	It is challenging to access and aggregate data across numerous sources	*Have* ***all counties provide this information in an updated and accessible format on their webpages*** *and available for solicitation at operated service clinics.*

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ADDITIONAL SOLUTIONS SUGGESTED FOR IDENTIFIED BARRIERS

Rec'd from	Barrier	Potential Solution & Feedback
Advocate or Consumer	Counties lose expertise in data due to turnover within departments	*Stakeholders and consumers don't have such turnover rates.* ***Employ and utilize them in these processes.***
Advocate or Consumer	Incomplete evaluation & data	*At the state level, create information hubs sharing lessons learned from prior county INN plans,* ***gather and ANALYZE data*** *to learn improvements made by INN projects, and opportunities for peer to peer sharing between counties and their subcontractors.*
Advocate or Consumer	There are no standardized outcome metrics across the State	***Utilize peer recovery standards*** *from SAMHSA and OSHPED and Mental Health America.*
Advocate or Consumer	Counties consistently use the same evaluators, regardless of their past performance	***Utilize various stakeholders in this process and compensate them*** *for their expertise on the matter as well as for their contributions.*

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FEEDBACK/PRIORITIZATION OF IDENTIFIED SOLUTIONS

Rec'd from	Solution	Feedback
Advocate or Consumer	Promulgate set of priority outcomes and measures	***Prioritize racial equity and the discovery/incorporation of community-defined evidence practices (CDEP),*** *an important population-specific intervention for reducing mental health disparities* and ***prioritize disparities-sensitive measures*** *and outcomes…include an evaluation of the differences in effects of the project by demographic, ethnographic, condition, intervention, strategy, and/or delay in receiving interventions* and ***engage their served communities*** *to develop programs and metrics used to measure success* and *should stratify outcomes and measures by race, ethnicity, language, sexual orientation and gender identity, and other categories… so that projects can be held accountable to their stated disparities reduction goals*
Advocate or Consumer		*When developing outcome measurement metrics,* ***incorporate Recovery outcomes****.*
Advocate or Consumer	Provide broad evaluation TA, or financial support for evaluation TA, to Counties	*The reality, as your framework notes, is weak local data—but all the more reason that* ***this should be an area of both intensive TA, going far beyond a "list of indicators you should collect,"*** *as well as a major factor in choosing sites.*
Advocate or Consumer	Where possible, partner with universities to strengthen innovation capacity	• *An existing capacity or some leadership to build it, seems critical.* ***Universities, as you point out, can be a resource, but two problems seem to recur****: a too-academic view of evaluation that gets deep into the trees and misses the forest, and an inability to penetrate the crucial arena between front line staff who collect the data and agency staff who file it away without analysis.* • *The needs are for university people who can get past those walls of datalessness to getting the data and showing how it can be used—and ideally leaving some real capacity behind in the agency instead of taking it back to academia.*

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FEEDBACK/PRIORITIZATION OF IDENTIFIED SOLUTIONS

Rec'd from	Solution	Feedback
Advocate or Consumer	Create stronger feedback loops to discuss not only project plans, but project implementation and results	*Make sure to **include peers and consumers**.*
★ Advocate or Consumer	1. *Develop forum(s) to share learning, ideas, and results of innovations to date, including a library of resources, directory of potential partners and interests of various Counties, an MHSA Innovations peer-reviewed journal, and annual convenings to discuss findings* *2. Provide broad evaluation TA, or financial support for evaluation TA to Counties* *3. Train Counties on how to best engage with consumers, focusing on cultural competency (CALBHB/C's "Unconscious Bias" Training, "Listening Session" information may be helpful)* *4. Provide to Counties "evaluation basics" training, framework, and resources including on: conducting and designing evaluations, relationship-building and procurement, when and how to engage evaluation support, how to partner with academic institutions, and estimated cost of external evaluation*	

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ADDITIONAL FEEDBACK ON BARRIERS IDENTIFIED

Rec'd from	Barrier	Feedback
TA Provider	Counties are not required to use consistent template, and the sample template does not spur creativity	• *Absolutely. Namely: certain sections feel redundant; it's intimidatingly long; there's a lot of false precision.* • *The way the current INN plan process works forces counties to put false precision into project plans before the project even begins... thereby (quite ironically)* ***limiting the amount of "innovation" that can happen throughout the course of the project****.* • *It's written in a way that is geared toward individual county projects and service-related projects ("Estimate the number of individuals expected to be served annually and how you arrived at this number" and "Describe the population to be served, including relevant demographic information").* • *It seems to implicitly discourage multi-county or capacity-building projects, and encourage direct services, even though these other types of projects are helpful for rural and capacity-constrained counties.*

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ADDITIONAL SOLUTIONS SUGGESTED FOR IDENTIFIED BARRIERS

Rec'd from	Barrier	Potential Solution & Feedback
Advocate or Consumer	Some meeting participants may use public comment period to lobby against a plan, sometimes with limited information and/or motivations not entirely relevant to the Innovation Component	*This goes again towards some of the distress that some stakeholders have towards commissions and some commissioners. There needs to be a safe space where people feel safe to make comments, even the wrong ones, with the fear of retribution and or harassment.* ***There really needs to be an intentional effort to create safe spaces that practice trauma infrared practices.*** *Oftentimes, many stakeholders can become injured and develop traumas which impact their right to participate in these processes.*
Advocate or Consumer	Burdensome innovation plan approval process	*Utilize state and county* ***Access Ambassadors to facilitate these processes****.*
TA Provider	One vision is that initial INN plans are simple (just a few pages?!), visionary documents that are easily accessed and understood by the public	• ***This would allow more time and space for robust community engagement*** *throughout the course of the project to inform the project vision and direction (rather than the very top-down directive nature that currently exists).* • *It would also help these projects be more iterative and human-centered, thereby getting closer to "innovation"*
Advocate or Consumer	Commissioners don't or can't fully participate in the Innovation Plan process as a result of limited capacity and meeting time	*Some counties have commissions that have committed members. Require that in order for a commissioner to vote that they demonstrate attendance at these stakeholder events, or have supervisors re-evaluate whom they appoint to commission. Most commissions are not representative of the community nor do they always have stakeholders as commissioners.* ***There may need to be a state solution and redo the way that commissions are formed*** *and to have some sort of enforcement element to ensure that MHSA plans and Innovation plans actually meet all requirements, including commission membership, attendance, and participation.*

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ADDITIONAL SOLUTIONS SUGGESTED FOR IDENTIFIED BARRIERS

Rec'd from	Barrier	Potential Solution & Feedback
Advocate or Consumer	The process is constantly changing and it can be hard for Counties to keep up	***Counties should have a calendar template that they can use and/or obtain from the OAC*** *perhaps that gives folks a timeline of how processes need to take place, and also have an alternative calendar/timeline on those occasions when the OAC has developed partnerships with counties to share on a project..*
Advocate or Consumer	Disagreement on the intent of innovation funding within MHSA, who the funding is intended to serve, and what is considered a priority mental health challenge to be addressed by Innovation Plans.	***Really do a focus on high disparity issues.*** *Especially in the Latino community which is highly represented by the general population of the state, and by their high numbers within the mental health delivery systems. Making services representative of the community and the high needs.*
Advocate or Consumer	Counties complete many planning steps and feel the nuance and entirety of the plans is not always appreciated during approval meetings	*Have some sort of* ***tracking system to log the comments and recommendations from the CPP*** *with some sort of reference to the person or type of community representative that gives such information. Many county commissioners do not have good communication with stakeholders either because of lack of accessibility and or cultural barriers as well as limitation to participate in the CPP now with COVID-19.*
Advocate or Consumer	The amount of time/effort to create plans and get them approved is disproportionate to the size of funds, and the process takes too long	*Recommend an* ***adaptation to meet the needs of the different counties based by size and amount of money seeking****. This in no way should be an excuse for later counties which have a bigger responsibility to its larger and diverse stakeholder groups.*

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FEEDBACK/PRIORITIZATION OF IDENTIFIED SOLUTIONS

Rec'd from	Solution	Feedback
★ Advocate or Consumer	1. *Create user-friendly tools and guides. (CALBHB/C's CPP One-Pager might be good to include.)* 2. *Provide guidance for Counties regarding how to engage meaningfully with consumers (including by ensuring consumers and stakeholders are aware of meetings, offering stipends to engage stakeholders and consumers, giving space for stakeholder presentations, holding community training and listening sessions, and giving funding for tech/internet access, child care, food, outreach, translation services, etc. for participating consumers) (CALBHB/C's "Listening Session" information and CPP One-Pager may be helpful.)*	
★ Advocate or Consumer	• *Develop clearer regulations and shared understanding of what innovation means, meaningful stakeholder engagement processes, and allowable funding uses. Clarify the requirements of Innovation Plans, create robust and clear requirements for the CPP, and set benchmarks on spending across categories.* • *Develop standardized templates to promote consistency among Counties, and allow side-by-side Plan comparison.* • *Provide guidance for Counties regarding how to engage meaningfully with consumers (including by ensuring consumers and stakeholders are aware of meetings, offering stipends to engage stakeholders and consumers, giving space for stakeholder presentations, holding community training and listening sessions, and giving funding for tech/internet access, child care, food, outreach, translation services, etc. for participating consumers).*	

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ADDITIONAL FEEDBACK ON BARRIERS IDENTIFIED

Rec'd from	Barrier	Feedback
Advocate or Consumer	Technology heuristic: Some interviewees equated "innovation" with "technology"	*This can be **even more challenging due to limited bandwidth in rural counties**.*
Advocate or Consumer	Commissioners have different vantage points; as a result of their interests, Commissioners can focus on unanticipated, granular aspects of a Plan during meetings	***Take into consideration conflict of interest issues between commissioners and innovation plans** and processes that will benefit the financial interest of their business and/or other group interest.*
TA Provider	There is urgency to maximize services, resulting in a narrow focus on service-based innovations over others focused on learning, process improvement, or data	• *Another way of describing this insight is the challenge and **tension of getting stakeholder support for projects that are more "capacity-building"-related instead of service-related**.* • *This may already be encompassed by "Counties struggle to articulate the problem they are trying to solve, and to identify new treatment models and interventions" but could be more explicit.*
Advocate or Consumer	Many Counties associate innovation with technology; there is a focus on tech/digital innovations, which can be a challenge for consumers who are not tech-savvy	*COVID-19 has shown that **many consumers and Counties lack the technology and infrastructure**.*
Advocate or Consumer	Few people involved in the Innovation component have sufficient training to understand the intent of the MHSA	***This includes consumers.***
Advocate or Consumer	The system is too adult-driven and oftentimes does not focus on children	***51% of PEI is child-focused.***
Advocate or Consumer	*Much of the written guidance contains jargon and/or does not translate easily to all audiences*	**Strongly Agreed Upon Barrier.**

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ADDITIONAL SOLUTIONS SUGGESTED FOR IDENTIFIED BARRIERS

Rec'd from	Barrier	Potential Solution & Feedback
Advocate or Consumer	Staff cannot predict what Commissioners will focus on – and stakeholders feel that some decision making authority has been shifted to MHSOAC staff	*The **composition of the commissioners of the OAC needs to be updated**, commissioners need to be more representative of the diverse populations of CA especially its larger groups. Right now, Commissioners who represent peers have been on for too long and these types of representative positions, like parents/caretakers, should not be for more than 2 terms of 2 or 4 years each. This can help with diversity, representation, and to adjust the turnover rate of the commission staff. This is where standardized training and information for commissioners and staff needs to be implemented since there does tend to be a disconnect that oftentimes lives out the important feedback and recommendations from stakeholders.*
Advocate or Consumer	Many Counties associate innovation with technology	*The MHSOAC does really need to have clear ways to measure, vote, and evaluate these new projects. **Have some well-defined standards in place for counties and stakeholders to work.** Have these made informed to the whole state or by population size. The lack of clarity and uniformity contribute to county frustration and CPP issues with stakeholder disengagement.*
Advocate or Consumer		*There is a focus on tech/digital innovations, which can be a challenge for consumers who are not tech-savvy: **There is a great opportunity here to do IT education as Mental Health education.***

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ADDITIONAL SOLUTIONS SUGGESTED FOR IDENTIFIED BARRIERS

Rec'd from	Barrier	Potential Solution & Feedback
TA Provider	Counties noted that sometimes plans are denied for reasons that they could have addressed had they received earlier feedback from the Commission on the high-level structure of the plan	*… could see how this would be a real challenge. Having **OAC review of outlines, drafts, etc. and meetings to align on project priorities was helpful to have before final deliverable submission**.*
Advocate or Consumer	Unclear what "good" looks like	***Innovation should include local practices that are working for that County and that can be replicated in other counties** – emerging practices.*
Advocate or Consumer	Much of the written guidance contains jargon and/or does not translate easily to all audiences	*Here is where there needs to be **an intentional request to provide materials in "PLAIN LANGUAGE"** as both an accessibility accommodation but also to ensure that stakeholders are being given access to accurate information that they can use to make recommendation or provide comments in these processes.*

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FEEDBACK/PRIORITIZATION OF IDENTIFIED SOLUTIONS

Rec'd from	Solution	Feedback
Advocate or Consumer	OAC should offer separate funding stream for non-service based initiatives	*OAC should offer such **separate funding but only when there has also been significant and meaningful stakeholder engagement in these processes**. This is also an opportunity to do more state regional projects that deal with intersections and high disparities. Like doing a state-level project based on Latino mental health needs, or similarly one for homelessness. Or one for foster youth. Perhaps align these projects to complement the three service areas of the state's Cal AIM work (homelessness, foster youth/TAY, criminal justice involved populations). Or even do service areas that were not addressed by the proposed work of CalAim. This could be an opportunity to either complement the state's work or use this opportunity to reach needs that are of critical importance.*

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ADDITIONAL FEEDBACK ON BARRIERS IDENTIFIED

Rec'd from	Barrier	Feedback
Advocate or Consumer	Uneven stakeholder engagement	*Transparency is needed in all aspects of planning.*

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ADDITIONAL SOLUTIONS SUGGESTED FOR IDENTIFIED BARRIERS

Rec'd from	Barrier	Potential Solution & Feedback
Advocate or Consumer	It is difficult to manage all the stakeholders in the plan approval process	***Providing ADA disability accommodations is also important.***
TA Provider	Advocacy groups emphasize that innovative ideas do exist within County communities, but there are disconnects that prevent these ideas from seeding Innovation Plans	• *…conduct robust stakeholder (i.e., provider, client, and caregiver) engagement at the start of our project scoping process to inform and guide [the] Innovation Plan.* • *For a TA provider, the question is then how we can **ensure our scope/budget supports that stakeholder engagement during the planning process**, before the INN funds are released.* • *…the county contracting process is so difficult that it's hard to imagine an easy road to a TA provider doing all that stakeholder engagement. How can INN projects support that engagement, rather than being fully baked before the engagement happens?*
Advocate or Consumer	ROI for innovation is low, and counties feel overwhelmed by the CPP, with stakeholders finding the process incomplete	*Counties have facilitated this process by using peers to help with stakeholder engagements**. Countries can also vendor with state ACCESS and regional Ambassadors** who are both community brokers have established CPP networks and strategies that can assist culturally and ethnically diverse populations. With Peer Certification now in way counties can actually design some items to MHSA advocacy and CPP focus peer positions.*
Advocate or Consumer	Providers are left out of the stakeholder process	*In LA County some LACDMH contract providers bring all their paid staff to make comments and vote. Most do not bring their consumers or stakeholders. This has led in the disenfranchisement and even harassment and violence towards consumers by these employers and their employees that wish to advance the financial interest of their business. **Have only 1 vote or representative from contacting agencies.***

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ADDITIONAL SOLUTIONS SUGGESTED FOR IDENTIFIED BARRIERS

Rec'd from	Barrier	Potential Solution & Feedback
Advocate or Consumer	Some meeting participants may use public comment period to lobby against a plan, sometimes with limited information and/or motivations not entirely relevant to the Innovation component	***Use consensus building voting***. [Social Finance note: Seek to build consensus among participants, rather than choosing based on highest number of votes]
Advocate or Consumer	Train Counties on how to best engage with consumers, focusing on cultural competency	*..and **humility**.*
Advocate or Consumer	Guidance on what constitutes innovation is too broad, and Counties struggle to determine what is considered innovative and what is allowable replication	*It's like everyone has legal assistance to argue some of these vague points and questions. Everyone BUT stakeholders. **How about having a state peer advocacy program assist us with this so counties don't have to.***
Advocate or Consumer	It is difficult to get certain consumers engaged due to stigma, location of meetings, fear of public speaking, and lack of cultural competency. Data collected through certain outreach strategies is often self serving and does not provide effective information	*…**repeated messaging is very important**.*

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ADDITIONAL SOLUTIONS SUGGESTED FOR IDENTIFIED BARRIERS

Rec'd from	Barrier	Potential Solution & Feedback
Advocate or Consumer	Uneven stakeholder engagement	***Counties should contract with local non-profits that serve those that they are trying to reach*** *– trusted by their communities.*
Advocate or Consumer		*Consider creating* ***statewide guidelines "for how stakeholder meetings are to be convened*** *(making sure its at a location that folks can easily access with public transportation, creating the ability to register to an email list to be notified of upcoming meetings, providing child care and/or food to facilitate participation)."*
Advocate or Consumer		***More TA, including statewide standards that detail out how counties should be approaching stakeholder meetings.*** *This would also include providing staff support to carry out this work.*
Advocate or Consumer		*Offer stakeholder reimbursements for cost of internet, Wi-Fi, and tech that stakeholders need to purchase and maintain in order to participate in these types of processes.*

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FEEDBACK/PRIORITIZATION OF IDENTIFIED SOLUTIONS

Rec'd from	Solution	Feedback
Advocate or Consumer	Develop clearer regulations and shared understanding of what innovation means, meaningful stakeholder engagement processes, and allowable funding uses. Clarify the requirements of Innovation Plans, create robust and clear requirements for the CPP, and set benchmarks on spending across categories	***Have stakeholders define and educate counties and other stakeholders about the MHSA terms, standards and requirements.***
Advocate or Consumer	Provide CPP planning grants to Counties, which could be required to be utilized to engage the community in developing Innovation Plans	***Have this done when possible by stakeholders*** *(peer organizations that can target the representation of the communities they are in). Counties already have CPP allotment but often do not have a unified or recommended way to do this. Look at best practices from the state now and create a list of options and suggestions for counties to use when implementing CPP initiatives.*
Advocate or Consumer		*Note that* ***5% of funding is already available for this****.*
★ Advocate or Consumer	*1. Foster a welcoming environment for* ***all stakeholders****, including accessible times and location, non-intimidating atmospheres and peer-run meetings and focus groups. Encourage Counties to use available funding for transportation or other costs for consumers. [Bolding included by the commentor.]* *2. Provide guidance for Counties regarding how to engage meaningfully with consumers (including by ensuring consumers and stakeholders are aware of meetings, offering stipends to engage stakeholders and consumers, giving space for stakeholder presentations, holding community training and listening sessions, and giving funding for tech/internet access, child care, food, outreach, translation services, etc. for participating consumers) (CALBHB/C's "Unconscious Bias" Training, "Listening Session" information and CPP One-Pager may be helpful.)*	
★ Advocate or Consumer	*States should offer more funding for stakeholder groups.*	

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FEEDBACK ON BARRIERS IDENTIFIED

Rec'd from	Barrier	Feedback
Advocate or Consumer	Volatile one-time funding source	*Funding Sustainability, Overlapping Patterns. The sustainability issue also raises the **question of what non-MH partners are essential for responding to co-occurring conditions.** "Who do we need to succeed" analysis is infrequent, and the identification of shared caseloads—clients who may need two services at once, or who may be referred to MH from another caseload--is also infrequent, leading to MH providers and planning groups getting stuck in MH-only funding streams.* • *Co-occurrence with SUDs is a widespread overlapping pattern, but SUD treatment often ends up a very junior or missing partner in poorly labeled "behavioral health" agencies.* • *The remedy you note of links to substance use specialists is one appropriate response, but so is more thorough diagnosis, using tools that go beyond narrowly defined MH.*
Advocate or Consumer	Volatile one-time funding source	*We also need to have our partners in the managed care industry. This type of work can not be all funded by MHSA, **private insurances also need to provide a level of connection and/or a bridge** for when their clients are no longer able to afford paying for their services and need to come into the public option.*
Advocate or Consumer	Volatile one-time funding source	***Small providers do not have the capacity to go into reimbursement contracts** due to limited cash flow.*

Note: *Italicized language* contains quotes received from stakeholders – some of which have been lightly edited for clarity. Most of the language has been preserved to maintain integrity of feedback, though bolding is ours and added for emphasis.

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ADDITIONAL SOLUTIONS SUGGESTED FOR IDENTIFIED BARRIERS

Rec'd from	Barrier	Feedback
Advocate or Consumer	The budget shortfall is making MHSA more political	***Stick to law as written.***
Advocate or Consumer	Counties want to use innovation funding to fill service gaps, and may be incentivized to do so even more during periods of fiscal constraints	*Here is an opportunity to do Innovations around COVID-19 and Mental Health. There is a big **need to do a whole statewide needs assessment**.*
Advocate or Consumer	Volatile one-time Funding Source	***Pay for Success Financing.** I was surprised, given the landmark work Social Finance has done in pay-for-success, that this method of financing was not mentioned. [Bolding included by the commentor.]*

Advocate or Consumer	Volatile one-time funding Source	*Sustainability – other funding streams. the finding that there is "generally no sustainable funding" may be how local MHSA staff see it from their silos, but **there are a few broad-based funding inventories that go beyond MH resources to resources that have preventive and co-occurring impact.***
		• *The Family First Prevention Services Act specifically mentions MH, as well as SUD treatment, and should be referenced.*
		• *Your references to Medicaid restrictions are appropriate, but the remedy would seem to be careful documentation of what these recurring barriers are and then exploring whether regulatory, legislative, or waiver options would be helpful.*
		  • *When leveraging Medicaid for such services as targeted case management is mentioned in some sites and projects, the immediate uninformed response has been that would be double-dipping, rather than a willingness to explore how Medicaid could be complementary to MHSA funding.*
		  • *Perhaps a brief guide to such uses would be helpful.*

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FEEDBACK/PRIORITIZATION OF IDENTIFIED SOLUTIONS

Rec'd from	Barrier	Feedback
★ Advocate or Consumer		*1. Expand MHSA training **and resources** to Counties to ensure they are aware of funding streams and requirements, with a section on sustainable funding availability and options. Consider holding a leadership academy for Counties. [Bolding included by the commentor.]* *2. Aim to build relationships with other county and state agencies, and identify opportunities to braid funding from multiple agencies to deliver effective cross-agency interventions.*
★ Advocate or Consumer		*State should allow Counties more flexibility in procurement structures - enabling upfront payments to providers to limit cash flow challenges.*

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EXAMPLES OF WHAT "GOOD" LOOKS LIKE

Raised up by…	Project
Stakeholder Advocacy Group	***The "Healing the Soul- Curando el Alma - Na Sándaeé Inié " Program of Ventura County:*** *Led by the Mixteco / Indigenous Community Organizing Project, the Healing the Soul - Curando el Alma - Na Sándaeé Inié Program aims to authenticate, validate and integrate indigenous healing practices traditionally used by Mixteco / indigenous communities in Mexico in Ventura County to improve symptoms of mental health associated with stress, anxiety and depression.*
Stakeholder Advocacy Group	***Interdisciplinary Collaboration and Cultural Transformation Model of Solano County****: The Solano County BH requested for INN funding, in partner with UC Davis Center for Reducing Health Disparities. They were able to set quality improvement action plans and expanded the stakeholders to include BROADER community partners—including law enforcement, child welfare, social services, schools, faith communities, providers, and consumers. They also narrowed the focus of the population to three- Latinx, Filipnos, and LGBTQ. It's an excellent model of population-specific interventions.*
Stakeholder Advocacy Group	***"Understanding the Mental Health Needs of the American Canyon Filipino Community" Program of Napa County:*** *Born out of the many barriers to understanding the mental health needs in the Filipino community, this project pilots an intergenerational, community-building approve to understanding the mental health needs of Filipino students and their families in American Canyon. The learning will address changes in screenings and supports for Filipino youth and their families administered by school district staff and mental health providers.*
Stakeholder Advocacy Group	***One-stop health clinic with Community Health Clinic "CHC."*** *This helped create a true no wrong door approach into the system since both county and the CHC were working alongside each other to remove silos and allow for greater coordination between the care systems. This helped ensure that patients didn't get lost when referred between county and CHC system.*

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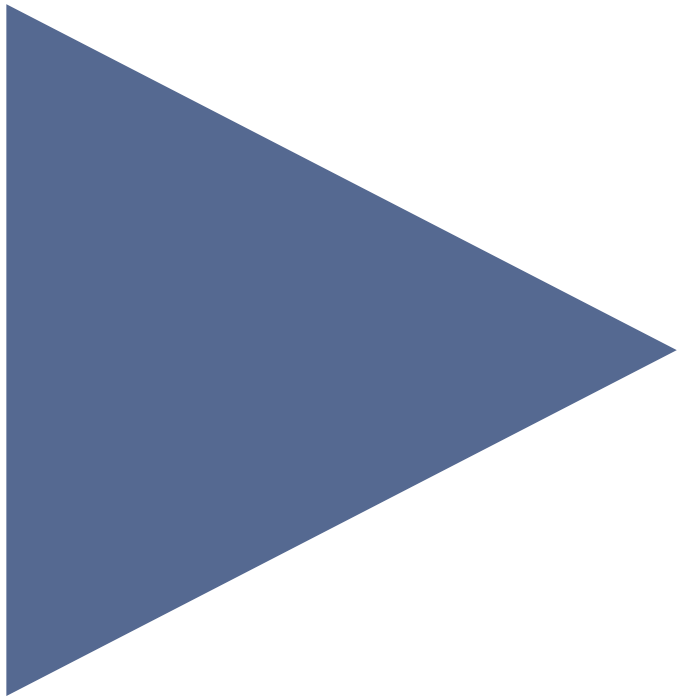
APPENDIX III: DISCUSSION GROUP MEMBERS



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DISCUSSION GROUP PARTICIPANTS

Alfredo Aguirre	**Former Behavioral Health Director**, San Diego County
Andrea Wagner	**Program Manager,** Lived Experience, Advocacy, and Diversity Program, CAMHPRO
Brenda Grealish	**Executive Officer,** Council on Criminal Justice and Behavioral Health, CDCR
Elia Gallardo	**Director,** Government Affairs, CBHDA
Jim Gilmer	**Co-Coordinator,** African American/People of African Descent Strategic Planning Work Group (components of the California Reducing Disparities Project)
Jim Mayer	**Former Chief of Innovation Incubator,** MHSOAC
John Aguirre	**ACCESS Ambassador,** Stanislaus County
Karen Larsen	**HHSA Director, Mental Health Director, and Alcohol and Drug Administrator,** Yolo County
Kylene Hashimoto	**Youth Innovation Committee Member; Founder,** The Wildfire Effect
Matthew Diep	**Youth Innovation Committee Member; Founder,** Psypher LA
Norma Pate	**Deputy Director of Administrative and Legislative Services,** MHSOAC
Phebe Bell	**Behavioral Health Director,** Nevada County
Sarah Eberhardt-Rios	**Health and Human Services Branch Director,** Sutter-Yuba County
Sharmil Shah	**Chief of Program Operations,** MHSOAC
Sharon Ishikawa	**MHSA Coordinator,** Orange County
Tanya McCullom	**Program Specialist,** Office of Family Empowerment, Alameda County
Travis Lyon	**MHSA Coordinator,** Tehama County

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