INSIGHT TO ACTION

Results from the State Mental Health Commission's Innovation Incubator Evaluation

February 2023

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MHSOAC

01
INTRODUCTION

Executive Summary

Innovation is difficult. It requires taking risks on something untested. It demands that organizations step outside of their comfort zone. It also challenges business-as-usual approaches that have long held the buy-in of decision-makers, even in the absence of evidence of effectiveness. Innovation can be particularly challenging for local governments, as their resources are mainly devoted to meeting basic needs and filling critical service gaps.

Developing and delivering innovative mental health strategies was in the minds of California voters in 2004 when they approved Proposition 63, which later became the Mental Health Services Act (MHSA). The MHSA explicitly incentivizes local spending to test new approaches for delivering mental health services and supports. To help meet this goal, then Governor Jerry Brown and the California-state legislature authorized the Mental Health Services Oversight and Accountability Commission to launch a $5 million initiative, creating an Innovation Incubator in 2018.

The Innovation Incubator aimed to prevent and reduce criminal justice involvement among people with mental health challenges. It was a novel approach geared toward bolstering innovation and intentionally building the capacities of counties across California so that they could implement and test new mental health strategies. The Innovation Incubator used the $5 million to contract with subject matter experts (SMEs)/consultants to lead counties in collaborative projects to explore ways to improve their systems and meet their community's needs. Eight projects were born out of this Innovation Incubator Model; they are referred to in this report as Incubator Projects.

Once contracts with SMEs were in place, counties were given the option to join these projects, many of which ultimately became multi-county collaboratives. SMEs led all of the Incubator Projects, and counties were able to participate in as many as they wished. Descriptions of the eight projects can be found in Appendix A. The projects began between 2019 and 2021, and all projects concluded by the end of 2022.

Given that the Innovation Incubator Model was itself a promising but untested approach, the Commission launched an evaluation of it through the lens of the eight projects. This evaluation took place between August 2021 and June 2022. The evaluation's goals were to gauge the effectiveness of the model in enhancing collaboration and innovation as well as to determine how to improve the model to facilitate greater innovation in the future. To this end, the evaluation focused on two main questions:

1. Did the Innovation Incubator Model help counties enhance their capacity for designing and implementing innovative practices?

2. How can the Innovation Incubator Model be improved upon to build further capacity for innovation?

To answer these questions, Commission staff began by organizing two virtual convenings to discuss the merits of the model and identify areas for improvement. These convenings included county staff, SMEs, and others who participated in one or more of the eight projects. Between the two convenings, the Commission also surveyed county staff to gather information and insights on implementation of the model. Next, Commission staff conducted a series of interviews with county staff to gather additional information and feedback. Finally, Commission staff conducted a small number of "lived experience interviews." These interviews were conducted with individuals who participated in their county's incubator project and were also consumers of mental health services or family members of consumers.

The evaluation showed that county staff and SMEs agreed that the Innovation Incubator Model was generally effective. County staff deemed the implemented projects valuable experiences that were worth the time and effort the county invested. They and the SMEs identified several factors that contributed to the project's effectiveness, including:

- The opportunity for cross-county collaboration
- Working with consultants who understood the county context
- Establishing new collaborations within the county with a broad range of partners
- Time for a thorough project planning phase
- An ability to draw from a broad range of expertise
- Regular and consistent project engagement with partners.

The evaluation also showed that the Innovation Incubator Model helped counties work toward long-term solutions to problems rather than offering short-term fixes. Although many challenges were identified and prepared for prior to project launch, implementing the projects shed additional light on ways to mitigate potential issues and streamline the Model's process. Suggestions for improving and refining the Model in the future include:

- Educate partners on the project purpose and process before launching the project.
- Set clear project expectations and goals.
- Define project participants' roles and responsibilities.
- Collaborate with project partners (particularly other counties) early in the contracting process.
- Align timelines among partners whenever possible.

Information gathered provided insights into how the State (i.e., the Commission and other State agencies and departments) can improve collaboration with counties and other partners to advance innovative mental health strategies. The main insights were:

- The State should create more opportunities to build relationships with each county, learn their unique needs and challenges, and partner with communities in exploring systems improvements. State/county relationships should be built with one-on-one and small group interactions, bidirectional communication, and in-person site visits to the counties. These relationships should be built proactively and not as the result of a compliance issue.

- The State should prioritize sharing information statewide on how other counties are delivering mental health services and supports; the State should also create tools for identifying and elevating practices that show the most promise.
- The State should provide more opportunities for counties to collaborate with each other to address shared challenges.
- The State should make its goals, needs, and challenges clearer to county partners to further shared understanding across the state.

Finally, findings from the lived experience interviews highlighted the importance of including the perspective of consumers and family members in all the work happening in mental health. People with lived experience are often eager to act as advocates and to assist with outreach to other consumers and family members. Perhaps most importantly, integrating their perspective into planning and implementation is vital for ensuring the effectiveness of any strategies adopted or programs established.

These findings can be applied to improve upon and enhance the work happening in the Innovation component of the MHSA, but can also be applied more broadly to all of the work in which the Commission engages.

Background

The [Innovation component](#) of the [Mental Health Services Act](#) (MHSA) is intended to advance transformational change of the mental health system by providing vision and funding to test novel approaches that improve mental health outcomes for all Californians. To learn more about building an ecosystem that supports the Innovation component of the MHSA, the [Mental Health Services Oversight and Accountability Commission](#) (the Commission) launched a $5 million Innovation Incubator Model in 2018.

The Innovation Incubator Model was designed with a broad, high-level goal in mind: to learn how to best support counties in doing innovative mental health work. To keep the projects organized around a common theme, the Commission chose to focus this Model on another, more specific goal: reducing the overlap between experiencing mental health challenges and criminal justice involvement. Research shows that with the right tools and supports, people with mental health challenges can live healthy and fulfilling lives; yet, without support, a person is more likely to suffer and experience circumstances that lead to other negative consequences, one of which is criminal justice involvement.

To do this, the $5 million funding stream was used to contract with subject matter experts (SMEs) (also referred to as "consultants" by the counties) to lead counties in collaborative projects exploring ways to improve their systems and meet their community's needs. This was accomplished through the development and implementation of eight collaborative projects. These eight projects tackled problems that required creativity and "systems thinking:" an approach to solving large scale, system-wide problems that are not solvable through quick fixes or existing strategies. These projects became known as the Incubator Projects and focused on:

- Mobile crisis response
- The use of psychiatric advance directives for people at risk of incapacitation due to a mental health crisis
- Using data to advance understanding of the mental health needs of people in the criminal justice system
- Evaluating and refining the county's [Full Service Partnership (FSP)](#) program
- The use of sustainable funding to reduce criminal justice involvement among those with mental health needs

- The identification of existing revenue streams that counties can tap into to prevent and reduce criminal justice involvement among those with mental health needs
- The dissemination of lessons learned from the Innovation Incubator
- Assessing and recommending ways to support effective Innovation projects

Brief descriptions of the projects can be found in **Appendix A** and on the [Innovation Incubator webpage](#).

The SMEs led the projects based in their area of expertise. Three projects focused on statewide goals and opportunities, while the other five were multi-county collaboratives. Counties had the opportunity to join these multi-county collaborative projects with no additional financial investment. Through these multi-county collaborative projects, the SMEs deployed targeted technical assistance and facilitated learning among counties to bolster their ability to develop strategies to meet their local needs and build the capacity for system-level changes and improvement. (See Figure 1.)

This approach was a significant change from the typical Innovation project process in which counties prepare their own project proposal, submit it to the Commission for approval, and use their own MHSA funds earmarked for Innovative projects. The Incubator Model allowed the Commission to retain some ownership over the projects and continue collaborating with counties while contracting out the technical work to those with the necessary expertise. It also enabled county staff to work closely with SMEs to customize each project, tailoring them to their community's unique challenges, resources, and goals.

FIGURE 1. INNOVATION INCUBATOR MODEL AS ADOPTED BY THE COMMISSION
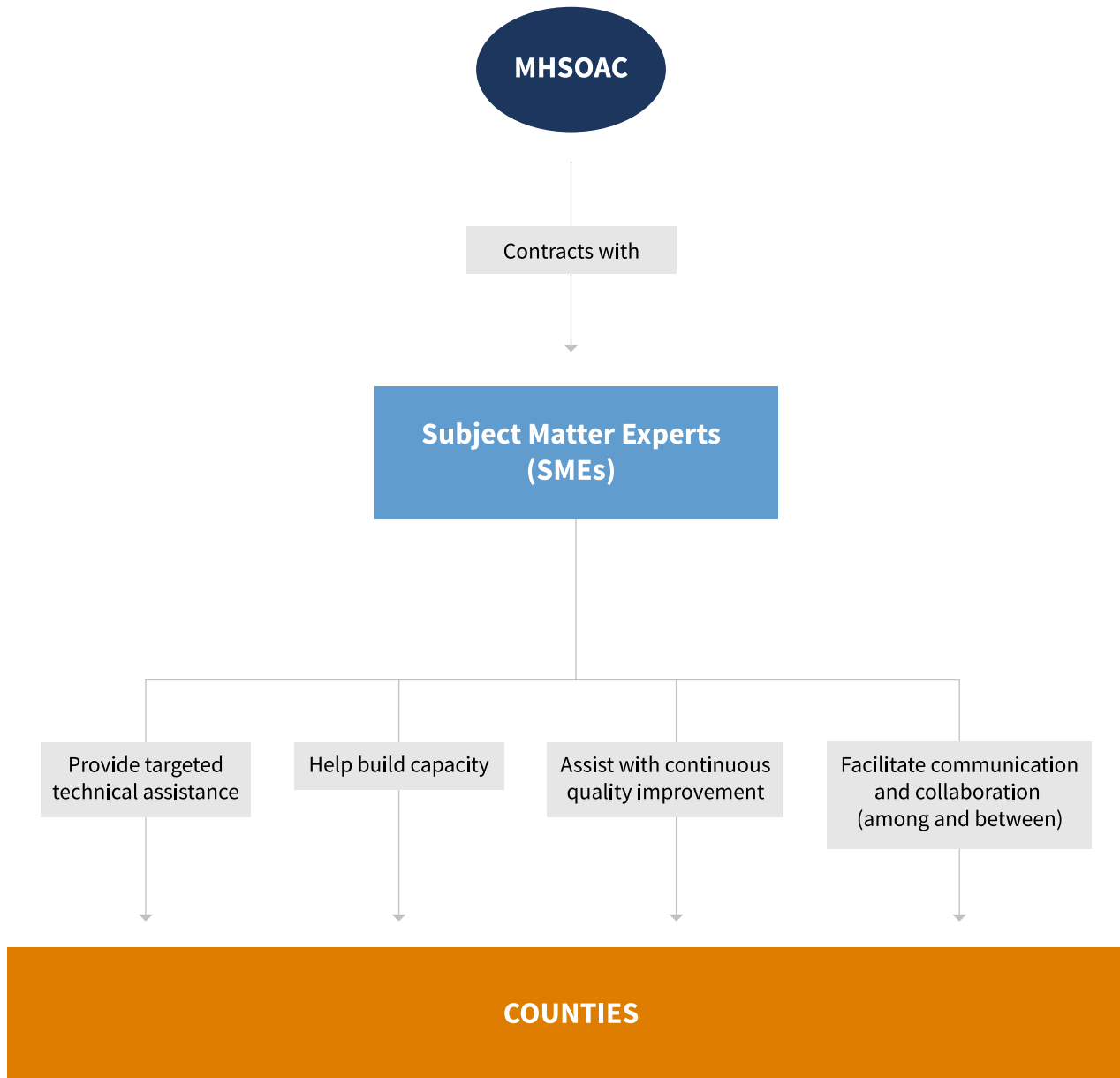
Counties were invited to join as many of the eight projects as they wished. The SMEs led the projects by organizing groups, facilitating meetings, and providing individualized technical assistance to counties. Meanwhile, behavioral health staff employed at the county level carried out project tasks, collected and explored data, engaged in learning collaboratives, and partnered with other counties to share knowledge and resources.

In total, 26 counties participated in one or more of the projects. The projects began between 2019 and 2021, and all projects concluded by the end of 2022.

02
EVALUATION PLAN

Evaluation Plan

The Commission used four qualitative methods to evaluate the effectiveness of the Innovation Incubator Model. These methods were used to gather insights about lessons learned from participation in the Innovation Incubator Model from SMEs, county staff, and mental health consumers and/or their family members. They included:

1	2	3	4
CONVENINGS	**COUNTY SURVEY**	**COUNTY INTERVIEWS**	**LIVED EXPERIENCE INTERVIEWS**
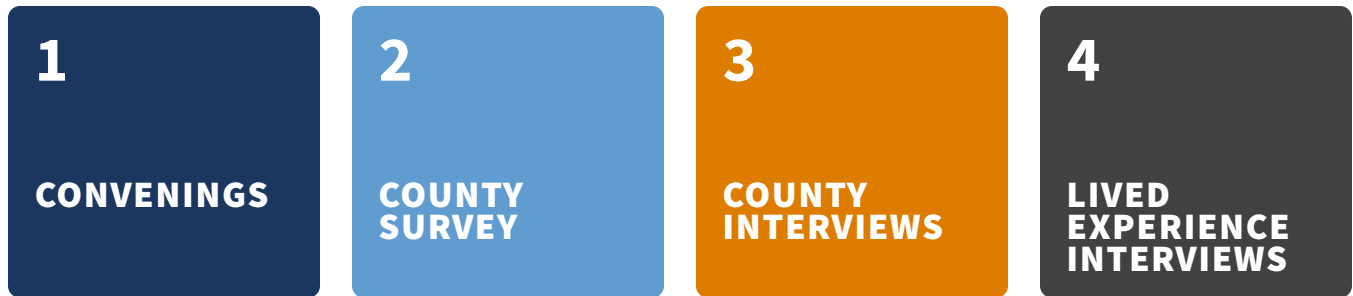
These methods allowed Commission staff to seek clarification and details about the experiences of people who participated in the Innovation Incubator Model and their guidance for how it could be applied to other areas—either within mental health or to solve other problems. Below is a detailed description of each qualitative method, the results that emerged, and the action steps revealed to advance innovative approaches in mental health. The evaluation took place between August 2021 and June 2022.

1. CONVENINGS

Commission staff organized two virtual convenings. These convenings brought together SMEs and other partners to discuss the strengths and weaknesses of the Innovation Incubator Model and identify areas for improvement. The first two-hour virtual convening, held on August 6, 2021, included Commission staff and a small group of at least one SME from each project. For the second virtual convening (held on October 7, 2021), the Commission partnered with the public policy program at the McGeorge School of Law. This two-hour meeting brought together Commission staff, the SMEs, county staff, and other thought leaders to assess what was being learned about incubating innovation and how to evolve and scale such efforts to catalyze transformational change.

These convenings identified several insights regarding what led to success when implementing the Innovation Incubator Model. These insights included:

- A solid understanding of the county context, the infrastructure, and the resources available prior to each project's launch
- A thorough planning phase that articulated the broad vision, outlined clear and achievable goals, and identified county touchpoints and project partners
- Project monitoring built into each project's design to collect data, track progress, and assess needs on an ongoing basis
- Regular and frequent partner engagement, relationship building, and collaboration throughout each project
- Cross-county information and resource sharing throughout each project
- Setting expectations for incremental learning, emphasizing a learning agenda, and making it "okay to fail."

2. COUNTY SURVEY

Staff designed the county survey to collect data on the Innovation Incubator Model from the county behavioral health perspective. Its intent was to form a baseline understanding of the model's issues, challenges, and factors for success. These were then used as a guide for collecting more in-depth information in the subsequent county and lived experience interviews.

The survey was sent out to county staff via email on October 1, 2021, and closed October 20, 2021. It was distributed to all county behavioral health contacts for the 26 counties that participated in one or more of the projects. In total, 21 individuals from 18 unique counties completed the survey.

In addition to demographic and contact information, the survey gathered information on the following topics:

- How effective the technical assistance, capacity building, and continuous improvement strategies were in meeting their project's goals – and what factors or conditions influenced them

- The right mix of group learning vs. individualized technical assistance
- Outcomes and impacts of participating in the project(s) in terms of data collection methods, relationship development with other county partners, and more
- Challenges or difficulties faced in participating in their project(s)
- Barriers for collaboration with the Commission, other counties, and other partners
- Desired support and technical assistance from the Commission
- Plans to continue their work going forward

The full list of survey questions can be found in Appendix B.

Results from the survey indicated that the Innovation Incubator Model was very effective in helping counties meet their project goals and boost their ability to plan and implement future innovation projects. According to survey respondents, the right mix of individualized assistance to group learning in these types of projects is approximately 60% individual and 40% group.

Based on the survey results, participating in the Innovation Incubator Model helped counties develop relationships with other county partners, change the way they collect and use data, and modify the way they deliver services to mental health consumers. Survey respondents indicated that collaboration with State partners was vital for improving mental health outcomes, but even within this Model, there were still collaboration barriers. These barriers included a lack of understanding of the county's unique context and needs, differing priorities among project partners, and differing timelines within and between counties.

Survey respondents also identified the following factors for success when working within the Innovation Incubator Model:

- A shared vision and purpose
- Clear and specific goals
- Dedicated staff time
- Strong leadership and guidance from qualified and knowledgeable subject matter experts

3. COUNTY INTERVIEWS

The county survey provided useful findings at a high level, but more in-depth information was required to evaluate the Innovation Incubator Model. To collect this information, the Commission conducted a series of interviews with county staff.

Most interviews were scheduled in 1.5-hour time slots and held via a Zoom video call. The two exceptions were 45-minute interviews due to scheduling challenges. Twenty-six counties engaged in at least one Innovation Incubator Project, and county staff from 24 of these counties participated in an interview, resulting in a total of 46 interview participants. All behavioral health staff who were significantly involved in the project were invited to attend their county's interview, although not all staff responded to the invitations or were able to schedule an interview.

The Interviews followed a semi-structured format with a list of 11 questions but allowed for fluid discussion and additional information from interviewees. Commission staff secured each participant's consent to record each interview for review and analysis purposes, and each interview was recorded (with one exception due to technical difficulties).

Researchers used ATLAS.ti Version 7, a qualitative analysis software, to code and analyze the interview data. A content analysis approach was applied in which qualitative interview data were coded for a broader category (an initial

set derived from findings from the convenings and survey) and a more detailed subcategory (subcategories emerged based on participants' responses). The categories generally correlated to the initial set derived from the convenings and county survey, although participants often shared insights that touched on a variety of categories across their answers. As coding continued, new categories and subcategories were added to encompass all insights that were shared.

During the interviews, participants were asked questions about the following topics:

- Their overall experience in the Innovation Incubator Model
- Their outcomes, gains, and factors for success from participating in the Innovation Incubator Model
- The support they would like from the Commission in doing Innovation work, particularly in the area of fostering meaningful community engagement
- What can be done to build and sustain relationships with the Commission, State agencies, other counties, and partners
- Suggestions for topics to be covered in learning communities
- Ways to improve the Innovation Incubator Model

The full list of interview questions can be found in Appendix C.

The following categories emerged from the data and are explored below, with subcategories itemized in tables:

- Overall Experience with the Innovation Incubator Model
- Factors for Project Success
- Challenges
- Consultant/SME Strengths and Skills
- Outcomes of the Innovation Incubator Projects
- Long-Term Value of Participation
- Gains from Project Participation
- Strengths of the Innovation Incubator Model
- Lessons Learned for Future Projects
- Collaboration Suggestions and Opportunities

- Ways to Build Effective Relationships
- Support Counties Would Like to Receive from the Commission
- Helping Counties Get Meaningful Stakeholder Engagement
- Topic Areas for Learning Communities
- General Feedback (non-specific feedback)

See the tables below for more information on the main findings by category and subcategory. The "n" refers to the number of mentions across all interviews. The tables show the most commonly reported subcategories only; a full list of all subcategories can be found in Appendix D.

CATEGORY: OVERALL EXPERIENCE WITH THE INNOVATION INCUBATOR MODEL

SUBCATEGORY	n
project was worth the time and effort invested	30
project was worth the time and effort, but results were mixed	8
county dropped out of the project or did not fully participate	4

Overall, most participants reported that the project was worth the time and effort they invested into it (n=30). Some participants reported that while their participation was generally worthwhile, there were mixed results (n=8); the mixed results were often related to the inflexibility of the SME or the model they used, or a low return on investment due to the amount of time and energy it took to participate. For example, when describing their experience, one participant said:

> "It's proving to have been valuable in that it's definitely shaped my thinking about … understanding where the crisis system writ large is moving to, nationally and at the state level. And, that is shaping my ongoing thinking about what that [is] going to mean for us locally. I will say that the actual, tangible model of the process … was kind of not individualized, that [it] didn't work well and we kind of struggled to … get people to make the two-hours every week or every other week."

Participants from four counties reported interest or initial participation in an Innovation Incubator project, but they eventually dropped out due to not having enough time to fully participate, not getting buy-in from their partners, or feeling that the topic or goal was not relevant for their county (n=4).

CATEGORY: FACTORS FOR PROJECT SUCCESS

SUBCATEGORY	n
cross-county collaboration	32
effective consultants	25
multi-county collaborative environment	14
intra-county collaboration	14
draw from broad range of expertise	9
regular project engagement	9
consultant was external	7
internal commitment	7
consultant they already knew	6
community buy-in	5
relevant/timely topics	5

Participants mentioned several factors that contributed to project success. Chief among them were cross-county collaboration (n=32). Cross-county collaboration helped participants learn about what other counties were doing and build valuable relationships. One participant noted:

> *"It's been really valuable having the meetings with the other counties because it's created the relationship where I can reach out to [behavioral health staff in other counties] … First there was the educational learning about the other counties, then making those connections to reach out to, get support, share ideas."*

Participants also cited the value of working with effective consultants who had subject matter expertise (n=23). One participant explained:

> *"As a new director who came in during COVID and had to learn a whole lot, having that sense of security from [the consultant] who has been doing it for a while, who understood the project, who wasn't afraid to tell us, 'yeah, you might want to reconsider that' but in a very kind way was very helpful and I very much appreciated it."*

Several participants also specifically noted the multi-county collaborative environment of the project (n=14), in

which they could see how other counties worked toward project goals and handled challenges, borrowed and shared resources and ideas, and asked targeted questions about specific issues. Intra-county collaboration was also cited as a factor for success (n=14) along with internal commitment (n=7), indicating that communication between county departments was also vital to success.

Participants also noted that drawing inspiration and information from a broad range of third-party expertise was valuable, including subject matter experts within the county, in other organizations, and those brought in by the contractors (n=9). Having an external consultant was also important for project success in multiple ways, including having a "bad guy" who could push county partners in ways the behavioral health department was not able or didn't want to do (n=7). However, it was also helpful for counties to already have some familiarity with the consultant (n=6).

Factors for success also included regular, frequent project engagement that was often led by the contractor (n=8), getting buy-in from the community on the project (n=5), and the relevance and timeliness of the project topic (n=5).

CATEGORY: CHALLENGES

SUBCATEGORY	n
amount of work/number of meetings	14
COVID-19	13
lack of staff time	12
aligning priorities/work between counties	11
lack of capacity to take advantage/implement ideas	11
workforce/finding staff	11
silos/lack of communication	9
staff wearing multiple hats	9
confusion about project purpose/process	8
consultant/SME/model was inflexible	8
contracting is difficult/time-consuming	7
turnover/lack of historical knowledge	7
Data Collection and Reporting (DCR) issues/State handling of data	7
getting stakeholder engagement	7
being a small/rural county	6
differing county needs/challenges (by size, rural/urban)	6
differing county timelines	6

Participants mentioned a number of challenges that made participating in their Innovation Incubator project difficult. The most frequently mentioned challenge was the amount of work and/or meetings that county staff were expected to engage in (n=15). As one participant shared, "It's great to get free resources, but it still required a lot of commitment and time." Another participant noted:

> *"The Incubator idea is one that has a lot of potential, but I do think that from a staff resource perspective, it was a bigger commitment than we realized it would be going into it."*

In this vein, there were several mentions of a lack of staff time (n=12) and difficulty finding staff to fill roles (n=12). This was on top of high turnover that led to a lack of context and historical knowledge within the county behavioral health department (n=7). Further, participants indicated that they "wear multiple hats" and juggle many different priorities (n=9). All of this led to a lack of capacity to take advantage of opportunities or implement exciting new ideas (n=11).

Participants also found it challenging to align priorities when working in a multi-county environment (n=11), especially when it came to contracting (n=7) and managing differing timelines (n=6). Counties had unique needs and challenges, making it hard to get on the same page, especially with counties of different sizes and population densities (n=6). Small and rural counties had their own unique challenges (n=6), like feeling unseen and unknown by the State, fewer resources, and difficulty bringing

people together in large but sparsely populated counties. Staff in counties of all sizes indicated that silos and communication issues within the county itself were big challenges (n=9).

Some participants also struggled with their county's Innovation Incubator project itself, either due to confusion about the project's purpose or the process (n=8) or the inflexibility of the SME/contractor or approach used (n=7). There were also several participants who mentioned issues with reporting data, either with the Data Collection and Reporting system (DCR) in particular or more general

concerns about how the State collects, handles, and shares (or fails to share) county data (n=6). Some counties also struggled with getting meaningful stakeholder engagement on this project (n=6).

Finally, participants also mentioned that the COVID-19 pandemic presented challenges in their project participation (n=13), mostly due to behavioral health staff being pulled away on more urgent work or restrictions placed on the ability to meet and collaborate.

CATEGORY: CONSULTANT/SME STRENGTHS AND SKILLS

SUBCATEGORY	n
bringing people together	15
flexibility	9
communication and facilitation skills	8
helpful resources	7
understanding of county context	7
individualized technical assistance	6
experience with MHSA	5
project management skills	5

Participants mentioned a number of strengths and skills in the consultant(s) that led to project success. The most commonly cited strength was in the consultant's ability to bring people together, including people from different levels within behavioral health, from different departments, and across counties (n=15). As one participant noted,

> "He spent time working with other department heads, probation, the sheriff, and so …they have ownership of it too."

Several participants also noted the consultant's facilitation skills (n=5) as an important factor.

Participants also indicated that the consultant's ability to be flexible (n=9) and their understanding of the county's context (n=7) — its unique needs, goals, strengths, and challenges — were vital for project success. Related to

these strengths, participants found the individualized technical assistance, grounded in an understanding of the county's unique environment and the consultant's willingness to be flexible, to be particularly valuable (n=6). One participant explained:

> "I think what has made it so valuable is he brings a combination of subject matter expertise together with individualized consulting that is responsive and adaptive to our local situation. He brings ideas to the table but he always kind of adapts them to where we're at, what we need, and how to make it work for us, but then he very gracefully connects us up with what other people, other places are doing."

The helpful resources consultants provided, including tools and guides for decision-making, also were appreciated

by county staff (n=7). Finally, having experience working in the development, evaluation, and delivery of Mental Health Services Act (MHSA) funded programs and projects (n=5) and project management skills (n=5) were also commonly cited as consultant strengths.

CATEGORY: OUTCOMES OF THE INNOVATION INCUBATOR PROJECTS

SUBCATEGORY	n
better communication within county	11
common goals within county	10
relationship building	10
perspective/mindset change	9
project-specific learning	9
leveraging project/data to apply for grants/funding	8
better understanding of the population they serve	7
continuing the work	7

Participants identified communication and collaboration within their county as positive outcomes of their Innovation Incubator project(s). The most cited outcome was better communication within the county (n=11), followed by common goals within the county (n=10) and relationship building both within and across counties and with other partners (n=10). As an example, one participant noted:

> *"As a behavioral health department, we really can't do anything without our partners in the community – law enforcement, CHP, sheriff, district attorney's office, public defender's office – all of us being willing, knowing that there's gaps in our system, and being willing to come to the table and work together – that's huge … That's kind of bled over into other areas … All the DDRP [Data-Driven Recovery Project] work really did lead us into this path where we're in statewide workgroups now … and listening to other counties."*

Outcomes were also commonly mentioned in relation to looking ahead and planning for the future. Participants indicated that the projects resulted in a perspective shift or change in mindset, often around the use of data, a focus on strengths, and a more client-centered approach (n=9). Several participants also stated that they were already moving forward and continuing the work that began in the Innovation Incubator project, some even before the project officially concluded (n=7).

Participants also mentioned project-specific learning, such as lessons learned in mobile crisis services or psychiatric advance directives (n=9). Finally, several participants noted that the projects led to a better understanding of the population their county behavioral health department serves (n=7).

CATEGORY: OUTCOMES OF THE INNOVATION INCUBATOR PROJECTS

SUBCATEGORY	n
relationship building and understanding	18
better outcomes for clients/patients	14
culture change/shift in perspective	14
data-driven approach	14
leads into/informs future projects	14
too early to tell	11
on same page within county	9
ability to report outcomes/better reporting	8
statewide, systemic change	8

When asked about the long-term value of their participation in the Innovation Incubator projects, participants again elevated relationship building and understanding as one of the most common long-term outcomes. This was true within their county, across counties, with state agencies, and with other partners (n=18). Because of its inherent uncertainty, innovation requires connection and trust; forging relationships can streamline the process and build capacity to innovate together. Further, it builds the foundation for future projects and partnerships. One participant explained the power of relationship building by saying:

> *"We went from this adversarial relationship with the hospitals and law enforcement around people placed on 5150 holds, and we were able to come together, the three entities, and talk about this as a three-legged stool… The in-fighting has stopped, we all realized we have a role. It happened in the jail, it happened in the community… it's nice to see."*

Several participants indicated that a long-term result of participating is a greater ability to report outcomes for their clients (n=8), such as graduation rates for FSP clients.

Related to this finding, participants reported that their work with the Innovation Incubator project has already led to better outcomes for the population they serve (n=14). These improvements could be linked to the data-driven

approach that these projects encouraged counties to adopt (n=14), and the culture change that the projects drove (n=14). These outcomes are likely also supported by better communication between departments, resulting in staff getting "on the same page" within the county (n=9).

Further, participants reported that the results of these projects are informing or directly leading into new projects (n=14). Though some participants indicated that while they are hopeful for positive long-term value, it is simply too early to tell (n=11); others felt this work, along with the multi-county format, is fostering the statewide, systemic change (n=8), which was the goal of the Innovation Incubator.

CATEGORY: GAINS FROM PROJECT PARTICIPATION

SUBCATEGORY	n
hands-on experience builds confidence in doing Innovation work	10
connections and communication (within & between counties)	10
helped identify gaps/needs; informed conversations	5
"soft" skills	4
seeing Innovation projects play out	4

Participants also shared some of the skills, abilities, and knowledge they gained from participating in their project – even though they were not directly related to the project's topic area. The most commonly reported gain was greater confidence in doing this type of work, which was attributed to getting hands-on experience (n=10). One participant noted "it doesn't feel like Mount Everest," referring to doing Innovation work after participating in the Innovation Incubator Model. Another commonly reported gain was greater communication both within and between counties (n=8).

Other cited gains included "soft" skills, such as negotiation and facilitation (n=4), help in identifying gaps and needs in their county (n=4), and simply seeing innovation projects play out in other counties (n=4).

CATEGORY: GAINS FROM PROJECT PARTICIPATION

SUBCATEGORY	n
allows small/frontier counties to participate	7
don't have to "reinvent the wheel"	7
allows counties to "dive deeper"	6
flexible State-sponsored support	6
having someone else write the plan	5
allows counties to try new things	4
multi-county format	4

Several factors were cited as strengths of the Innovation Incubator model that led to project success and made it a valuable experience for the county. Participants listed several ways that the model removed barriers or opened new avenues, specifically for small and rural or frontier (very low population density) counties (n=7). In particular, participants noted the multi-county format (n=4) that allowed them to learn from and share knowledge and resources with other counties, meaning they didn't have to "reinvent the wheel" to do work in innovation (n=7). As one participant explained:

> "I can see multi-county projects – especially for ourselves in a small county that is more disconnected. We have counties neighboring us that have similar issues, and so how are they addressing some of these problems and how can we help each other?"

Further, participants also appreciated that the model allowed them to "dive deeper" into particular issues or challenges within their county (n=6) and try new things without the fear of failure or pressure to succeed (n=4).

Finally, participants also appreciated the flexible State-sponsored support (n=6). They also appreciated having a third party write the project plan, which has been noted as a burden for many counties (n=5).

CATEGORY: LESSONS LEARNED FOR FUTURE PROJECTS

SUBCATEGORY	n
set expectations/define goals upfront	15
let counties lead	7
educate counties on project beforehand	6
align timelines/have counties start at the same time	5
collaborate early on multi-county contract	5
consultants need to understand county context	5
allow counties flexibility to customize in project	4
plan for the end of the project/sustainability	4

Although participants generally reported success with their Innovation Incubator project, they also shared lessons learned that can be applied to future projects. The biggest lesson learned related to setting expectations and defining the goals of the project at the beginning (n=15). As one participant noted:

> *"One of the factors that could help managing expectations that lead to success is identifying – setting this out to begin with – that the timeline should take into account laying the foundation between the participating counties."*

Related to this lesson, they noted that it is vital to educate counties on the project beforehand so that counties can make informed decisions about whether or not to join and how much staff time and resources to set aside (n=6).

Three of the biggest lessons learned were around roles and responsibilities of the county, SMEs/consultants, and other partners. First, participants felt that future projects would be more successful if counties led the effort rather than the consultants or the Commission (n=7). Second, participants felt that consultants need to have a solid understanding of the context of the county (or counties) they are working with to provide effective technical assistance (n=5). And

third, participants felt that consultants need to offer counties the flexibility to customize the project to fit their county's needs (n=4). Though 26 counties participated in Innovation Incubator projects, there are 59 counties/jurisdictions in California – and a "one size fits all" approach does not work in such a large, diverse state.

Another large set of lessons learned were related to working with other counties. Participants recommended aligning timelines across counties and attempting to have counties start their projects at the same time (n=5). They also learned that contracting takes longer than anticipated when multiple counties are involved and that the contracting process should start early in such instances (n=5).

Finally, participants emphasized the importance of planning for the end of the project and building in sustainability from the beginning (n=4). Some counties felt their project was a success but were not sure how to move forward as the project ended or wound down.

CATEGORY: COLLABORATION SUGGESTIONS AND OPPORTUNITIES

SUBCATEGORY	n
more collaboration, less punitive oversight	12
share information on other counties statewide	12
educate counties on Commission workings/goals/needs	10
more opportunities for collaboration	10
bidirectional communication/communication across roles	8
bring multiple departments/agencies together	7
facilitate broader conversations	7
fewer "strings"/mandates/hoops to jump through	7
gather counties to talk about gaps/challenges	7
regular opportunities to ask questions	7
consistent/regular communications	5
make local and cross-county connections	5

Participants had several suggestions for how the Commission can foster collaboration across the state more broadly. Chief among them were two important insights: Counties need to know what other counties are doing (n=12) and counties need to feel that the Commission is supportive and collaborative rather than focusing on what they are doing wrong (n=12). One participant explained it this way:

> *"If we can change it a little bit to be less punitive… not this sort of one-time auditing, but more of like, 'We're just really curious, what are you struggling with, what's happening here, is there any community meeting you'd like us to attend, is there a presentation that you'd like for us to come [to] and tell your staff about the work?'*

One way the Commission can focus on partnering with counties is to educate them on the Commission's goals, needs, and mandates(n=10); the more counties understand the Commission's work, the better they are able to partner. Further, counties are hoping for fewer strings attached to funds and fewer hoops to jump through when it comes to using those funds (n=7).

Participants would like more opportunities for collaboration with other counties (n=10), and more opportunities to talk with other counties about needs, gaps, and challenges (n=7). To facilitate these interactions, they would like the Commission to facilitate broader, statewide conversations (n=7) and intentionally make more local and cross-county connections (n=5).

But participants would also like to have more opportunities for bidirectional communication with the Commission (n=8) and more opportunities to interact with multiple departments and agencies (n=7). They would also appreciate having regular opportunities to ask the Commission questions (n=7) as well as consistency in overall communications (n=5).

CATEGORY: WAYS TO BUILD EFFECTIVE RELATIONSHIPS

SUBCATEGORY	n
keep it up	13
humanize the Commission	12
be responsive/available for questions	9
in-person visits/sessions/forums	9
be the linkage between counties and partners	6
communicate opportunities for collaboratives	5
help counties report out on successes	5
reach out frequently/regularly	5

Participants also had several helpful suggestions for ways the Commission can foster trust and build better relationships with counties. The most frequently cited suggestion was to "keep it up;" this specifically meant to continue reaching out, providing compassionate technical assistance, and offering opportunities for learning and collaboration (n=13).

The next most common suggestion was to humanize the Commission, meaning to help counties get to know Commissioners and Commission staff and to form meaningful relationships (n=12). As one participant noted on the importance of this sort of relationship building, "It's a lot harder to mistrust an individual than it is to mistrust an organization."

One way this can be encouraged is through more in-person/site visits and opportunities to interact (n=9). The Commission can also keep up a good relationship by being responsive and available for questions (n=6) and reaching out to counties frequently and regularly (n=5).

Participants would also like the Commission to help them work with other counties, specifically through intentionally linking counties, other State agencies, advocates, subject matter experts, and other partners (n=6), communicating opportunities for collaboration such as the Innovation Incubator projects (n=5), and helping counties report out on their successes (n=5).

CATEGORY: SUPPORT COUNTIES WOULD LIKE TO RECEIVE FROM THE COMMISSION

SUBCATEGORY	n
broad data framework/database(s)/improvements to existing database(s)	9
clarification what is innovative/innovation	8
guidance through project life cycle	7
help counties educate partners and the community on Innovation	7
help counties share out successes	6
assistance in plan development	6
assistance with engagement/Community Planning Process (CPP)	5
mentorship on MHSA and/or Innovation projects	5
more resources/education	5
sample/suggested timeline	5

The interviews captured information on ways the Commission can better support counties in doing innovation work in particular as well as work in the mental health space in general.

Participants would like some improvements to existing databases and/or some new, statewide databases that foster consistency in reporting (n=9). One participant provided an example of a statewide database that would be valuable for him and his county, stating "I can't log into a database to see how many people are coming out of DSH (Department of State Hospitals) or how many people are being released and entered into [other programs]... that there is not a statewide coordinated dashboard that will give me all the data that I need to know about referrals is frustrating for me."

Participants also requested clarification on Innovation as a component of the MHSA and, for project planning purposes, knowing specifically what counts as innovative (n=8). They also would appreciate more assistance from the Commission throughout all stages of the project process (n=7), including project plan development (n=5), the Community Planning Process (CPP) (n=5), and mentorship (n=5).

Participants also requested help educating their partners and their community on MHSA Innovation (n=7) and assistance reporting on their successes in this area (n=6). Finally, participants would appreciate more resources and education, such as the Innovation toolkit (n=5), along with more informed expectations around the project timeline (n=5).

CATEGORY: HELPING COUNTIES GET MEANINGFUL STAKEHOLDER ENGAGEMENT

SUBCATEGORY	n
county has best practices to share on engagement	10
Commission-branded education	10
sharing best practices	5
providing tools	4
brining in external voices (e.g., Commission, consultants)	3
clarifying expectations on engagement	3

Participants in several counties indicated that they were already doing well on stakeholder engagement and volunteered to present or provide resources and strategies to other counties on how to do so (n=10).

However, other participants had several ideas for ways the Commission could help them improve on their stakeholder engagement – and particularly around MHSA and Innovation-related work. First, participants would like to have Commission "branded" educational materials to present to their community during engagement meetings or events. This would help provide their stakeholders with a foundation of knowledge in MHSA and Innovation before gathering their feedback (n=10). This would add value, as one participant explained:

> *"Trainings, materials, information that counties can pass out to stakeholders on a regular basis would be helpful. And it's not that we don't do that ourselves — we do — but there's just something about having it backed by the OAC [Oversight and Accountability Commission] … [it] pulls more weight than if the county is saying it."*

Participants were also open to other tools that the Commission could provide in this area, including guidelines for inviting and engaging the community and sample questions to solicit feedback (n=4).

Another suggestion was to gather and disseminate best practices gleaned from other counties that had success engaging their communities (n=5). In addition, participants appreciated when the Commissioners and/or Commission staff attended and contributed during stakeholder engagement events (n=3).

Finally, participants believe counties would benefit from the Commission clarifying expectations around what specifically constitutes meaningful stakeholder engagement (n=3).

CATEGORY: TOPIC AREAS FOR LEARNING COMMUNITIES

stakeholder engagement/Community Planning Process (CPP)	7
CalAIM (California Advancing and Innovating Medi-Cal)	4
diversion	4
trauma-informed work	3
housing/supportive housing/homelessness	3
incompetent to stand trial (IST) population	3

Participants had dozens of ideas about topics for future learning communities. Though there was overlap among them, they spanned many topic areas.

The most commonly suggested topic area was stakeholder engagement and the Community Planning Process (n=7). Participants were also interested in learning more about how other counties are handling CalAIM changes (n=4) and diversion (n=4).

Several participants also mentioned interest in learning about doing trauma-informed work (n=3), promoting supportive housing and reducing homelessness (n=3), and managing the incompetent to stand trial (IST) population (n=3).

CATEGORY: GENERAL FEEDBACK

SUBCATEGORY	n
county would not have been able to do this work without the Innovation Incubator project	14
Innovation Incubator project required a lot of hard work to participate in	7
appreciated the interview	7
belief in the power of innovation	4

Overall, many participants noted that they would not have been able to do this important work without the support and guidance they received from participating in the Innovation Incubator project (n=14). One participant noted:

> *"It's something I would not have ever done on my own; I think I would have been too afraid of it to even begin to try."*

However, the Innovation Incubator Model was not without its challenges. Participants noted, for example, that participating in it required a lot of hard work (n=7). Several participants shared that they appreciated

being interviewed and that it was a way to connect and interact with Commission staff; they also liked having the opportunity to provide their feedback (n=7). Finally, participants emphasized their belief in the power and potential of Innovation funding through the MHSA (n=4). As one participant noted, "Innovation is a very untapped area of the MHSA."

4. LIVED EXPERIENCE INTERVIEWS

During the county interviews, staff asked for contact information for consumers and/or their family members who were involved in their county's Innovation Incubator project and would be willing to speak with Commission staff about their experience.

Through this networking, staff were connected with two individuals who identified as having lived experience (as a consumer of public mental health services, a family member of a consumer, or both) who also actively participated in their county's project. These interviews were scheduled for 45 minutes and conducted remotely via Zoom, with a promise of confidentiality for each participant. See Appendix E for the interview questions.

These interviews highlighted three key lessons about incorporating the lived experience perspective into transformational mental health work:

1. People with lived experience are eager to act as advocates on project teams, sharing their experience and building understanding.

2. It is vital to reach people with lived experience when doing community engagement. This may require doing extra outreach and offering participation incentives.

3. Consumers and family members can act as effective conduits for outreach to people with mental health challenges by more easily connecting with them and building trust.

Innovation requires a deep understanding about the problem being solved. To gain this understanding and more effectively fill gaps and address challenges in our mental health system, it is necessary to include perspectives from actual consumers and family members. Going forward, the State and its partners should conduct meaningful engagement with people who have lived experience and integrate their input into mental health strategies, policies, and programs.

03
INSIGHTS & ACTIONS

Action Steps to Advance Innovative Mental Health Approaches

Seven key insights from implementing the Commission's Innovation Incubator Model revealed actions to help advance innovative mental health approaches in California. These insights can streamline and boost the effectiveness of MHSA Innovation projects and improve future use of the Innovation Incubator Model. Some of these findings align with the findings of the Systems Analysis project, adding weight to calls for meaningful changes to the way the Commission handles projects within the Innovation component and how it engages with counties in general. They can also be leveraged to expand beyond the Innovation component and beyond the Commission itself to guide how all State partners and other organizations work with counties and community members to foster transformational change in California's mental health system.

The Innovation Incubator Model is an effective method of bringing partners together and delivering expert assistance to apply an untested approach to population mental health issues that communities are facing.

ACTION 1A

The Commission, counties, and other partners working in the mental health space can expand use of the Innovation Incubator Model to other issues and areas — both within and outside of the mental health space.

The Innovation Incubator Model can be improved upon in several ways, including educating counties and partners on their project's purpose, goals, and expectations ahead of time. Much of the findings in this area echoed what Social Finance (one of the Innovation Incubator's SMEs) gleaned from the Systems Analysis project.

ACTION 2A

The Commission can move forward with recommendations from Social Finance on refining and improving the MHSA Innovation project process.

ACTION 2B

The Commission, counties, and other partners working in the mental health space can modify the Innovation Incubator Model to improve its effectiveness based on insights from this evaluation. This includes more education and more thorough planning.

Building relationships is key to success for the Innovation Incubator Model. It is also a valuable outcome of projects within this model.

ACTION 3A

The Commission can coordinate with county behavioral health departments to create a sharable database of contact information. This database should be disseminated to counties and other partners and updated frequently.

ACTION 3B

The Commission, county behavioral health staff, and SMEs can make connections between counties and other partners that are doing similar work and/or have information and resources to share.

ACTION 3C

The Commission, State agencies, and counties can hold more in-person events to increase opportunities to make connections.

Counties lack the capacity to engage in available opportunities to experiment and learn. With improved support from their partners, they can take advantage of these opportunities.

ACTION 4A

The Commission and State agencies can foster and incentivize capacity building to help counties get the staff time, resources, and skills necessary to experiment.

ACTION 4B

The Commission, State agencies, and other partners can raise awareness about opportunities to experiment that require minimal resources (e.g., State-sponsored opportunities).

ACTION 4C

The Commission, State agencies and other partners can raise awareness about flexible funding streams (e.g., planning funds) that allow counties to engage in more innovative work.

Counties want more opportunities for collaboration and shared learning with other counties, including more multi-county collaboratives.

ACTION 5A

The Commission, State agencies, and other partners can host and publicize more events that bring multiple counties and partners together.

ACTION 5B

The Commission and State agencies can sponsor more multi-county collaboratives and share out information on these opportunities.

ACTION 5C

The Commission, State agencies, SMEs, and other partners can foster learning communities by bringing together counties that are facing similar challenges or doing similar work.

Counties are eager to learn what other counties are doing in mental health, including current projects and best practices, and also what is not working well in other counties.

ACTION 6A

The Commission can develop and share a user-friendly database of county projects in mental health, including contact information and easily searchable terms.

ACTION 6B

The Commission, State agencies, and other partners can highlight innovative or highly effective work happening around the state in emails, newsletters, through social media posts, and/or in meetings.

ACTION 6C

The Commission, State agencies, counties, and other partners can add a standing agenda item to relevant meetings for discussing what was tried and did not work well and/or faced significant challenges.

People's lived experience as consumers or family members of consumers of mental health services is vital to include in planning and implementation, and they are often eager to partner on work happening within the mental health space.

ACTION 7A

The Commission and counties can enhance their outreach and incentives for people with lived experience to participate in community engagement opportunities.

ACTION 7B

The Commission, State agencies, and other partners can invite and incentivize people with lived experience to partner on project teams and other collaborations within the mental health space.

04
CONCLUSION

Limitations

Commission staff worked diligently to collect the best possible data for this evaluation. However, the findings in this report are limited by the factors outlined below.

First, not all individuals who participated in Innovation Incubator projects — either as county staff, contracted SMEs, or other SMEs — provided feedback. Commission staff may not have had all current contact information, and not all who were contacted agreed to provide feedback. This may have introduced a bias into the information collected and potentially influenced the polarity of feedback; survey and interview respondents are generally more likely to provide feedback if they feel strongly about a topic than if they feel neutral.

Second, there may be perspectives on the Innovation Incubator Model that were not taken into consideration. For example, no feedback was collected from consumers who received mental health services that were provided or affected through Innovation Incubator projects. This would have been difficult to do in most cases, as the projects were generally systems-level and did not influence direct care. In addition, there was limited awareness of the Innovation

Incubator and its related projects. In general, only county staff, Commission staff, and contracted SMEs knew about it; there were few external stakeholders who were aware of the Incubator opportunity and who would have been able to provide informed feedback.

Third, the data collected are qualitative. These data are rich and detailed but are reflective of only the opinions and experience of those interviewed. Findings were not triangulated with quantitative data.

Finally, Commission staff conducted all of the evaluation activities, including the interviews. Though staff did so in as unbiased a way as possible, some participants may have felt apprehensive in providing negative feedback to the organization making funding decisions that affect their community.

Conclusion

The findings from the Innovation Incubator Model evaluation represent an opportunity to effect change on a grand scale. They can be applied to improve upon and enhance the work happening within the Innovation component of the MHSA and also more broadly to all work in which the Commission and its partners engage. The insights can be used to bolster collaboration and build relationships across the state, helping the State, counties, and other partners improve upon default processes and foster transformational change in the mental health system.

05
APPENDICES

Appendix A

The eight Innovation Incubator Projects are described below.

CRISIS NOW PROJECT
Ten counties – Butte, Inyo, Mono, Nevada, Placer, Plumas, Sacramento, Shasta, Solano, and Yolo – plus the city of Berkeley worked together to develop comprehensive and financially sustainable crisis response systems that were designed to better meet people's mental health needs during a crisis and reduce unnecessary incarcerations and hospitalizations.

DATA-DRIVEN RECOVERY PROJECT
Ten counties working through two cohort projects linked criminal justice and behavioral health data to better understand the mental health needs of people in the criminal justice system. The first project cohort included Sacramento, San Bernardino, Nevada, Plumas, and Yolo counties. The second project cohort included Calaveras, El Dorado, Lassen, Marin, and Modoc counties. The third project expanded on the first two by deploying new data and assessment capacities in participating counties and incorporating lessons learned to drive continuous improvement.

FISCAL MAPPING PROJECT
Three counties – Sacramento, San Luis Obispo, and Santa Barbara – participated in this project. It aimed to identify, assess, and develop existing revenue streams that counties could tap into to develop policy options that would lead to more manageable and sustainable funding streams. These funding streams would support cost-effective strategies and services to prevent and reduce criminal justice involvement among those with mental health needs.

FISCAL SUSTAINABILITY PROJECT
Three counties – Sacramento, San Luis Obispo, and Santa Barbara – assessed the effectiveness of interventions aimed at reducing the criminal justice involvement of people with unmet mental health needs and developing strategies for improving performance and financial sustainability.

FULL SERVICE PARTNERSHIPS PROJECT
Nine counties signed on to evaluate and refine their Full Service Partnerships (FSPs) to improve the results from the "whatever it takes" approach. More than $1 billion is spent annually on FSPs statewide, meaning improvements in effectiveness can have significant impacts. Fresno, Napa, Sacramento, San Bernardino, San Mateo, Siskiyou, Stanislaus, Lake, and Ventura counties worked together to assess their FSP programs and develop metrics for improvement efforts (Napa County joined the project in October 2022 after some of the evaluation activities were completed, so their experience may not be fully represented in the evaluation findings).

INNOVATION INCUBATOR LESSON DISSEMINATION PROJECT
Two projects focused on the dissemination of Innovation Incubator's learnings. The first project disseminated lessons and key issues that the Commission's multi-county collaboratives identified in seeking to reduce justice involvement of individuals with mental health needs; these were disseminated to state and county leaders.

The second project worked with other Innovation Incubator contractors, state agencies, and participating counties to develop, in consultation with state and local agencies, a policy framework to support a more coherent approach to the state agencies' policymaking and program implementation. This project provided targeted technical assistance to counties interested in deploying the practices and lessons learned through all the Innovation Incubator projects.

PSYCHIATRIC ADVANCE DIRECTIVES (PADS) PROJECT
Five counties – Fresno, Orange, Shasta, Mariposa, and Monterey counties – explored options to deploy psychiatric advance directives to improve the response from law enforcement to individuals who are in crisis, in partnership with physical health and behavioral health workers. A second project was launched to follow up and improve upon the results of the first project with the same group of counties.

SYSTEM CHANGE ANALYSIS PROJECT
The Commission partnered with Social Finance, a national nonprofit, to work with county leaders, stakeholders, and the Commission to assess and recommend ways to support effective innovation projects. Partners from multiple counties and agencies across the state participated in this project.

Appendix B

COUNTY SURVEY QUESTIONS

1. In your county's experience, how effective have the technical assistance, capacity building, and/or continuous improvement strategies been in…

    a. Helping you meet your project goals? (1 = not at all effective, 5 = extremely effective)

    b. Increasing your county's ability and confidence in developing future innovation projects? (1 = not at all effective, 5 = extremely effective)

2. What factors or conditions made the technical assistance, capacity building, and/or continuous improvement strategies effective?

3. Both group learning and individualized assistance have been identified as valuable aspects of Incubator projects. What is the right mix for your county? (slider question from 100% group learning to 100% individualized assistance)

4. What has changed in your county as a result of your participation in the Innovation Incubator? Please select all that apply.

    ☐ Changes in the way data is collected

    ☐ Developed core capacities to use data

    ☐ Developed relationships with other county partners

    ☐ Changes in the way services are delivered

    ☐ Other (please specify)

5. Please rank the following reasons why it may have been difficult to participate in Incubator projects from 1 (most difficult) to 4 (least difficult).

    a. Time available to managers and other support staff

    b. Lack of executive support

    c. COVID-related issues

    d. Other

6. What are some of the other reasons why it has been difficult to participate in Incubator projects?

7. What does your county plan to do with the knowledge and information gained through participation in the Innovation Incubator project(s)? Please select all that apply.

    ☐ Inform development of Innovation plans

    ☐ Improve system of care

    ☐ Work with other agencies within the county to improve results

    ☐ Work with neighboring counties to improve results

    ☐ Other (please specify)

8. How important is it for the State and counties to work collaboratively to build capacity and improve mental health outcomes? (1 = not at all important, 5 = extremely important)

9. What are the barriers to effective State and County collaboration?

10. What form of technical assistance does your county need the most when it comes to engaging in Innovation projects?

11. What makes for a successful multi-county collaborative environment?

12. How can the Commission support your work going forward?

Appendix C

COUNTY INTERVIEW QUESTIONS

1. Overall, was your participation in the Incubator project worth the time and effort you invested into it? How can you tell?

2. From the county survey, we learned that working with consultants who had subject matter expertise and participating in cross-county collaboration were two of the biggest factors for success. How does this finding apply in your county, if at all?

   a. What else has made your participation valuable?

   b. What support or assistance would have made it even more so?

3. What are your expectations for long-term value? What changes do you expect to see or implement based on your Incubator project experience?

   a. Do you expect to see any broad system or culture changes from your Incubator project experience?

4. The experts at Social Finance have been gathering feedback on things the Commission can do to support counties in doing innovation work. We've heard that counties would like more focus and support groups, more community engagement resources, and more clarity around innovation plan development, among other things. Does this resonate with you and your county? What else can the Commission do to help counties feel confident in the innovation space?

5. What did you learn or gain from your participation in the Incubator project that has helped build your confidence in planning and implementing other innovation projects? What skills can you bring to bear on future projects like these?

6. How can the Commission and other State partners build and sustain effective relationships and trust with counties?

7. What else can the Commission do to facilitate effective State/local collaboration?

8. What can the Commission and other State partners do to help counties effectively engage community members and local partners?

9. The Commission is exploring opportunities to engage counties in learning communities to share learning and resources and to facilitate group problem-solving. Are there any topics that you would like to see covered in learning communities like these? Are there any topics that you feel your county could contribute to?

10. We would like to interview people with lived experience and their family members to share their perspectives on and experience with Incubator projects. Is there someone we could contact who you worked with on the Incubator project?

11. Is there anything else you'd like to share about your experience participating in the Incubator project(s)?

Appendix D

TOPIC AREA	SUBCATEGORY	n
best practices in engagement	including leadership individuals as stakeholders	2
best practices in engagement	working with Community Based Organizations (CBOs) /providers/partners to engage community	2
best practices in engagement	transparency and partnership in community engagement	1
best practices in engagement	reporting back to the community	1
best practices in engagement	using wellness centers to get engagement	1
challenge	amount of work/number of meetings	14
challenge	COVID-19	13
challenge	lack of staff time	12
challenge	aligning priorities/work between counties	11
challenge	lack of capacity to take advantage/implement ideas	11
challenge	workforce/finding staff	11
challenge	silos/lack of communication	9
challenge	staff wearing multiple hats	9
challenge	confusion about project purpose/process	8
challenge	consultant/SME/model was inflexible	8
challenge	contracting is difficult/time-consuming	7
challenge	turnover/lack of historical knowledge	7
challenge	Data Collecting and Recording (DCR) issues/State handling of data	7
challenge	getting stakeholder engagement	7
challenge	being a small/rural county	6
challenge	differing county needs/challenges (by size, rural/urban)	6
challenge	differing county timelines	6
challenge	differing programs and data collection in counties	5
challenge	fires/floods/natural disasters	4
challenge	subject matter expertise not totally applicable in county	4

TOPIC AREA	SUBCATEGORY	n
challenge	aligning priorities/work within counties	3
challenge	CalAIM (California Advancing and Innovating Medi-Cal)	3
challenge	getting approval, board/council issues	3
challenge	pushback/lack of understanding from stakeholders	3
challenge	keeping leadership apprised/getting approval on transformational projects	2
challenge	lack of administrative support	2
challenge	lack of leadership understanding	2
challenge	lack of sustainable funding	2
challenge	balance between flexibility and standardization	1
challenge	counties slow to change	1
challenge	county services mostly contracted out	1
challenge	getting buy-in on the ground level	1
challenge	getting peer engagement	1
challenge	health insurance/Medi-Cal issues	1
challenge	inflexibility in funding	1
challenge	Innovation process is burdensome	1
challenge	knowing who should be involved	1
challenge	lack of funding	1
challenge	lack of leadership support/prioritization	1
challenge	lack of technical skills within county	1
challenge	turnover in consultants	1
challenge	working with data systems/databases/pulling data	1
collaboration	more collaboration, less punitive oversight	12
collaboration	share information on other counties statewide	12
collaboration	educate counties on Commission workings/goals/needs	10
collaboration	more opportunities for collaboration	10
collaboration	bidirectional communication/communication across roles	8
collaboration	bring multiple departments/agencies together	7

TOPIC AREA	SUBCATEGORY	n
collaboration	facilitate broader conversations	7
collaboration	fewer "strings"/mandates/hoops to jump through	7
collaboration	gather counties to talk about gaps/challenges	7
collaboration	regular opportunities to ask questions	7
collaboration	consistent/regular communications	5
collaboration	make local and cross-county connections	5
collaboration	ask counties to assist/present/share best practices	4
collaboration	facilitate information-sharing at multiple levels	4
collaboration	facilitate standardized data-sharing	3
collaboration	places to share resources between counties	3
collaboration	coordinate with other State agencies/partners/advocates	2
collaboration	involve counties early and during development	2
collaboration	make it okay to fail	2
collaboration	small group discussions	2
collaboration	statewide data committee (Full Service Partnership [FSP])	2
collaboration	work more closely with County Behavioral Health Directors Association (CBHDA)	2
collaboration	clarify roles (county, Commission, other partners)	1
collaboration	collect and share contact information	1
collaboration	in-person meetings	1
collaboration	invite more partners to trainings/technical assistance (TA) sessions/ webinars etc.	1
collaboration	join Stepping Up initiative as a state	1
collaboration	make connections between counties	1
collaboration	make direct/personal contact on important things	1
collaboration	provide education on MHSA	1
collaboration	send out materials prior to meetings/events	1
concern	sustainability of Incubator project(s)	2
concern	transformational change takes time, reporting might not reflect changes made yet	2

TOPIC AREA	SUBCATEGORY	n
concern	driving innovation by state, not community engagement	1
consultant	bringing people together	15
consultant	flexibility	9
consultant	communication and facilitation skills	8
consultant	helpful resources	7
consultant	understanding of county context	7
consultant	individualized technical assistance	6
consultant	experience with MHSA	5
consultant	project management skills	5
consultant	communication skills	4
consultant	framing the issue/opportunity	4
consultant	asked the right questions	3
consultant	big picture perspective	3
consultant	responsiveness	2
consultant	technical skills	2
consultant	focusing on sustainability	1
effective relationship	keeping it up	13
effective relationship	humanize the Commission	12
effective relationship	be responsive/available for questions	9
effective relationship	in-person visits/sessions/forums	9
effective relationship	be the linkage between counties and partners	6
effective relationship	communicate opportunities for collaboratives	5
effective relationship	help counties report out on successes	5
effective relationship	reach out frequently/regularly	5
effective relationship	share accurate and current information	4
effective relationship	avoid reversion	3
effective relationship	open door/open communication/being available	3
effective relationship	orientation/bootcamp for new MHSA coordinators	3

TOPIC AREA	SUBCATEGORY	n
effective relationship	understand our community	3
effective relationship	distinguish Commissioners from staff	2
effective relationship	engage multiple/small/rural counties	2
effective relationship	streamline Innovation project process	2
effective relationship	TA and support	2
effective relationship	help with budgeting/financial aspect	1
effective relationship	offer "free" money/resources	1
effective relationship	offer flexibility	1
effective relationship	require counties to do projects like these	1
effective relationship	start to build relationship early	1
effective relationship	work with California State Association of Counties (CSAC)	1
engagement	county has best practices to share on engagement	10
engagement	Commission-branded education	10
engagement	share best practices from other counties	5
engagement	providing tools	4
engagement	bringing in external voices (e.g., Commission, consultants)	3
engagement	clarifying expectations on engagement	3
engagement	facilitating cross-county sharing/collaboration	2
engagement	facilitating focus groups	2
engagement	sharing info about opportunities to engage	2
engagement	supporting with stigma reduction	2
engagement	best practices for using social media	1
engagement	expert support	1
engagement	identifying experts in Community Planning Process (CPP)	1
engagement	in-person engagement	1
engagement	listening sessions and forums	1
engagement	searchable clearinghouse of county CPP summaries	1
engagement	staffing/resources for stakeholder engagement	1

TOPIC AREA	SUBCATEGORY	n
factor	cross-county collaboration	32
factor	effective consultants	25
factor	multi-county collaborative environment	14
factor	intra-county collaboration	14
factor	draw from broad range of expertise	9
factor	regular project engagement	9
factor	consultant was external	7
factor	internal commitment	7
factor	consultant they already knew	6
factor	community buy-in	5
factor	relevant/timely topics	5
factor	individualized/customized technical assistance	4
factor	consultant experience with other counties	3
factor	shared resources between counties	2
factor	support from the "right" people	2
factor	existing connections from other counties	1
factor	State/county communication	1
gains	hands-on experience builds confidence in doing Innovation work	10
gains	connections and communication (within & between counties)	10
gains	helped identify gaps/needs; informed conversations	5
gains	"soft" skills	4
gains	seeing Innovation projects play out	4
gains	made valuable connections/built relationships	3
gains	ability and knowledge to advocate	2
gains	more engaged in MHSA	2
gains	working with data/technical skills	2
gains	experience doing non-standard agreements	1
gains	experience writing Innovation plans	1

TOPIC AREA	SUBCATEGORY	n
gains	familiarity with Commission	1
gains	more informed conversations with county/State partners	1
general	county would not have been able to do this work without the Innovation Incubator project	14
general	Innovation Incubator project required a lot of hard work to participate in	7
general	appreciated the interview	7
general	belief in the power of innovation	4
learning communities	stakeholder engagement/Community Planning Process (CPP)	7
learning communities	CalAIM (California Advancing and Innovating Medi-Cal)	4
learning communities	diversion	4
learning communities	trauma-informed work	3
learning communities	housing/supportive housing/homelessness	3
learning communities	Incompetent to stand trial (IST) population	3
learning communities	988/crisis call centers	2
learning communities	basics of MHSA	2
learning communities	Data-Driven Recovery Project (DDRP)	2
learning communities	employment support for adults with Serious Mental Illness (SMI)	2
learning communities	finances/budget for Innovation	2
learning communities	Innovation for small/frontier/rural county	2
learning communities	legislative changes	2
learning communities	mobile crisis in rural counties	2
learning communities	other Innovation projects	2
learning communities	peers/peer workforce	2
learning communities	working across agencies/departments	2
learning communities	best practices/examples	1
learning communities	building connections with primary care	1
learning communities	CalAIM and Prevention and Early Intervention (PEI)	1
learning communities	community levels of care	1

TOPIC AREA	SUBCATEGORY	n
learning communities	community trauma healing	1
learning communities	concerns about learning communities	1
learning communities	connecting children and adult systems	1
learning communities	crisis response team	1
learning communities	Department of State Hospitals (DSH) and their role	1
learning communities	extracting information from criminal justice data system	1
learning communities	hubs/collaborating with county partners	1
learning communities	Innovation plans and grant applications	1
learning communities	one on each component	1
learning communities	peer support network	1
learning communities	planning for end of project	1
learning communities	program evaluation (PEI)	1
learning communities	providing FSP services	1
learning communities	Senate Bill 317	1
learning communities	school support (through PEI)	1
learning communities	school-based/Mental Health Student Services Act (MHSSA)	1
learning communities	standardizing data definitions	1
learning communities	Strengths Model for Case Management	1
learning communities	suicide prevention	1
learning communities	training law enforcement in critical incident response	1
learning communities	treating juvenile sex offenders and their victims	1
learning communities	working with CBOs	1
learning communities	working with forensics	1
lesson learned	set expectations/define goals upfront	15
lesson learned	let counties lead	7
lesson learned	educate counties on project beforehand	6
lesson learned	align timelines/have counties start at the same time	5
lesson learned	collaborate early on multi-county contract	5

TOPIC AREA	SUBCATEGORY	n
lesson learned	consultants need to understand county context	5
lesson learned	allow counties flexibility to customize in project	4
lesson learned	plan for the end of the project/sustainability	4
lesson learned	define/standardize measures early	2
lesson learned	emphasize incremental changes	2
lesson learned	get everyone on board early	2
lesson learned	have in-county champion support external consultant	2
lesson learned	leadership support/prioritization	2
lesson learned	narrower focus/goals	2
lesson learned	need shared fiscal intermediaries	2
lesson learned	organize/collaborate by region	2
lesson learned	slow down and work together	2
lesson learned	align counties before bringing in consultant/SME	1
lesson learned	balance of individual TA and cross-county collaboration	1
lesson learned	consider different contracts for different counties	1
lesson learned	convene small groups of counties	1
lesson learned	counties should make time commitment before joining	1
lesson learned	in-person collaboration is important	1
lesson learned	meetings should be carefully planned (avoid wasting time)	1
long-term	relationship building and understanding	18
long-term	better outcomes for clients/patients	
14		
long-term	culture change/shift in perspective	14
long-term	data-driven approach	14
long-term	leads into/informs future projects	14
long-term	too early to tell	11
long-term	on same page within county	9
long-term	ability to report outcomes/better reporting	8

TOPIC AREA	SUBCATEGORY	n
long-term	statewide, systemic change	8
long-term	changes in the system of care	6
long-term	perspective shift	6
long-term	client-centered approach	5
long-term	policy/procedure updates	5
long-term	better collaboration with other counties	3
long-term	better data sharing	2
long-term	prevention focus	2
long-term	development of platform/technical tools	1
long-term	standardizing/aligning programs	1
outcome	better communication within county	11
outcome	common goals within county	10
outcome	relationship building	10
outcome	perspective/mindset change	9
outcome	project-specific learning	9
outcome	leveraging project/data to apply for grants/funding	8
outcome	better understanding of population they serve	7
outcome	continuing the work	7
outcome	data to back up intuition/anecdotes/common sense	6
outcome	data framework	4
outcome	helpful materials/resources developed through project	4
outcome	community/partners more engaged	3
outcome	focusing on data	3
outcome	better communication with State/other partners	2
outcome	process improvements	2
outcome	changing the way contracting is done	1
outcome	continuing to work with contractor	1
outcome	county staff more engaged	1

TOPIC AREA	SUBCATEGORY	n
outcome	focusing on quality improvement	1
outcome	more focused on meeting community needs	1
outcome	sustainability perspective	1
overall	project was worth the time and effort invested	30
overall	project was worth the time and effort, but results were mixed	8
overall	county dropped out of the project or did not fully participate	4
strength	allows small/frontier counties to participate	7
strength	don't have to "reinvent the wheel"	7
strength	allows counties to "dive deeper"	6
strength	flexible State-sponsored support	6
strength	having someone else write the plan	5
strength	allows counties to try new things	4
strength	multi-county format	4
strength	Commission pre-approved opportunities	3
strength	pre-identified experts	3
strength	allows for focused conversations within county	2
strength	county as lead	2
strength	shared/statewide goal(s) to guide counties	2
strength	offers collaboration opportunities for counties	1
strength	project doesn't necessarily have to be sustained	1
strength	pushes counties to get on the same page	1
strength	reduces administrative/process burden	1
strength	solutions-oriented	1
strength	voluntary/optional	1
support	broad data framework/database(s)/improvements to existing database(s)	9
support	clarify what is innovative/innovation	8
support	guidance through project life cycle	7
support	help counties educate partners and the community on Innovation	7

TOPIC AREA	SUBCATEGORY	n
support	help counties share out successes	6
support	assistance in plan development	6
support	assistance with engagement/Community Planning Process (CPP)	5
support	mentorship on MHSA and/or Innovation projects	5
support	more resources/education	5
support	offer sample/suggested timeline	5
support	help with staffing for implementation/coordination	4
support	emphasize "slow and steady" perspective	3
support	focus on sustainability	3
support	funds for administrative support	3
support	more multi-county collaboratives	3
support	more workforce development/expansion	3
support	share data benchmarks/goals to aspire to	3
support	develop peer support network	2
support	don't need more meetings	2
support	intentional relationship building	2
support	keep it up	2
support	more guidance early on	2
support	more individual/customized TA	2
support	open to anything	2
support	upfront funding/planning dollars	2
support	align Commissioner/staff feedback	1
support	annual conference on best practices	1
support	assistance in ensuring accurate reporting	1
support	county-led groups (not OAC-led)	1
support	cut down on length of Three-Year Plan	1
support	facilitate learning communities	1
support	funding for facilities	1

TOPIC AREA	SUBCATEGORY	n
support	help with evaluation	1
support	help with fiscal/avoiding reversion	1
support	legal counsel	1
support	liaison or other admin support person	1
support	more funding for services	1
support	raise awareness about resources/tools available	1
support	regular check-ins	1
support	repository of other Innovation projects	1
support	revising rejected plans	1
support	searchable clearinghouse of best practices	1
support	share information with leadership	1
support	TA and support for contracting	1

Appendix E

LIVED EXPERIENCE INTERVIEW QUESTIONS

1. Tell us a little bit about yourself. What is your story? [If they haven't addressed it yet:] What is your experience with receiving mental health services?

2. [If they haven't addressed it yet:] How did you end up working with the county? How did you end up working with this specific project?

3. [If they haven't addressed it yet:] Why did you want to get involved in this project? Did the county do outreach to get you involved?

4. [If they haven't addressed it yet:] Did you receive any compensation or incentives to participate?

5. What was your experience with this project like? How did your participation go?

6. Do you feel your expertise was valued?

7. Do you feel your participation was worthwhile? Why or why not?

8. What can we do to facilitate involvement of other people with lived experience in projects like these?

9. Is there anything else you'd like us to know?