



Innovation Action Plan

Deliverable 4, MHSOAC Incubator Systems Analysis Project

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PREPARED FOR:



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Executive Summary

Introduction

Included below is a summary of recommendations for the Mental Health Services Oversight and Accountability Commission (MHSOAC) about innovation and continuous improvement processes. We are eager for further conversation and reactions to each of the recommendations from Commissioners, members of the MHSOAC staff, County leaders, stakeholder advocates, and consumers and family members served by the public mental health system.ⁱ

At their core, these recommendations are about better collaboration and more in-depth learning. The MHSOAC's Innovation mandate is extraordinary and extraordinarily unusual: it sets aside a significant funding stream to plant the seeds for, and to test, "promising approach[es]...to persistent mental health challenges."ⁱⁱ We need these new approaches desperately, as the public mental health system has often been far too slow to translate programmatic solutions to systemic transformation,ⁱⁱⁱ and to correct persistent disparities in care and outcomes.^{iv} Through conversations with members of the Innovation community,^v we have come to understand Innovation as both a process and an outcome: a practice of holistically including community members in defining local priorities, and a call to investigate how to better achieve those priorities.

The Commission's role in this is and should be about more than approving or rejecting plans. The Commission should embrace an enhanced role in shaping an ecosystem around learning and collaboration. California's 58 counties are hugely different from one another, but what they learn (results, operations assessments, costs) and how they learn it (community engagement, evaluation planning) through Innovation programs can inform others. The Commission is uniquely positioned to support increased learning and should focus its efforts to advance this goal.

The recommendations here are in service of this grander vision. Though many of them are modest in scope, they all suggest ways that, through more supportive and effective processes, the Commission can strengthen a culture of learning and collaboration, continuous improvement, and thoughtful risk taking – while skirting the real risk of adding further complexity and process to the public mental health system.

Obstacles to Innovation

The Systems Analysis project, which these recommendations are a part of, began with a wide-ranging series of interviews to identify obstacles to innovation. We discussed these obstacles in an October 2020 meeting of the Innovation Subcommittee, and documented them—along with detailed feedback from members of the Innovation community—in the "Barriers and Acceleration Agenda" (December).^{vi}

Those we spoke with identified nearly three hundred challenges they faced in developing transformative Innovation Plans. We summarized these into seven categories: (i) limits on County capacity to invest deeply in Innovation planning, especially for small and frontier counties; (ii) complexities of local politics and alignment; (iii) limited data infrastructure, the challenges of evaluation, and slow dissemination of learning across Counties; (iv) the time, resources, and risks that go into developing Innovation Plans; (v) misalignments across Counties, Commissioners, and stakeholders about what constitutes a strong Innovation Plan; (vi) uneven stakeholder engagement across Counties and Plans; and (vii) the short-term

nature of Innovation funding. The recommendations in this document incorporate insights across these barriers, and focus on the following themes:

- Greater clarity about how Innovation funds can be used (and in particular, the definition of innovation itself^{vii}); how Innovation Plans are assessed (including stronger guidance on what a good Plan looks like that meets the requirements for Plan approval); and, especially, what Innovation Projects are learning (across counties).
- More effective and meaningful community engagement in the design of Projects, informed by an improved understanding of what can be funded through Innovation and how Innovation Plans are assessed.
- More consistent, nuanced, and earlier feedback in the Innovation Plan approval process—while still operating under the realities of a volunteer Commission and limited resources.

Summary of Recommendations

The recommendations that follow are intended to help overcome these challenges. Many of these ideas were proposed at the same time as the barriers; others came from focus groups, surveys, and input from partners, in particular the California Association of Mental Health Peer-Run Organizations (CAMHPRO) and National Alliance on Mental Illness (NAMI) California and local affiliates.^{viii} The body of this Innovation Action Plan consists of more in-depth information about each recommendation.

1. **Supplement the definition of innovation with further guidelines.**
 - a. **Create an Innovation FAQ resource** to clarify areas of ongoing uncertainty (e.g., “How is ‘new’ defined in the context of MHSA Innovation?,” “What magnitude of change or adjustment is needed to qualify as innovative learning?”).
 - b. Develop a publicly available (non-exhaustive) **list of types of projects that would qualify as “innovative.”**
2. **Expand and deepen technical assistance to Counties.**
 - a. **Strengthen support functions to meet County needs**, focusing on culturally competent community engagement, evaluation planning and performance management, and sustainability planning. In addition, work with others in the Innovation ecosystem to curate and disseminate resources to support County efforts, drawing from successful efforts from the California Reducing Disparities Project (CRDP) Phase 1 and Innovation Incubator projects.
 - b. **Consider forming an “Innovation Support Group”** made up of a rotating group of experts from the Innovation community (e.g., representatives from the Client and Family Leadership Committee [CFLC] and the Cultural and the Linguistic Competency Committee [CLCC], stakeholder advocacy group members, MHSOAC staff Innovation Team, prior or current County staff with experience in MHSA Innovation, etc.) to meet

regularly and listen to emerging County draft plan concepts—with the goal of offering perspectives and supportive early guidance to counties seeking additional support. This group should be trained on the intricacies of Innovation and compensated when appropriate.

3. **Further clarify expectations for Plan development** and highlight what the Commission is looking for in Innovation Plans.
 - a. **Simplify the [Innovative Project Plan Recommended Template](#)** by removing duplicative elements and orienting the template around key questions.
 - b. **Create a discussion guide for the Commission and others to use when assessing Plans**, closely connecting the guide to the Innovative Project Plan Recommended Template (to guide County staff) and MHSOAC Staff Analysis. The purpose of the discussion guide is to suggest sample questions for how the Commission can review Plans (in part or whole) and lift up key questions that each plan should be able to answer.
 - c. **Develop target dates for submitting Plan concepts and drafts to MHSOAC staff**, allowing enough time for meaningful technical assistance from the MHSOAC, and encourage Counties to submit Plans far in advance of reversion, deescalating the “do-or-die” last-minute approvals.
4. Develop mechanisms to **accelerate the diffusion of learnings** from Innovation Projects.
 - a. **Publish case studies of stand-out practices and processes** Counties have used to design and implement Innovation Plans to share lessons learned with the Innovation community.
 - b. **Host an annual Innovation convening.** The intention of these meetings is to accelerate cross-County learning: to present project-end synopses and lessons learned, make connections across Counties with similar challenges or developing similar projects, and attend workshops and training sessions relevant to Innovation.
 - c. **Create a database of Innovation Projects** with qualitative and quantitative project outcomes, information about the project’s population of focus, and other important elements of the project.
 - d. **Require Counties to present concise outcomes and findings summaries at Commission meetings** by adding project readouts to the meeting agenda.
5. **Test a multi-stage approval process** that provides concept approval (e.g., that a Plan is innovative, and that it has been generated through an appropriate Community Program Planning [CPP] process) earlier in the Plan development cycle, while allowing time for Counties to further develop evaluations, operations, and sustainability plans before final approval.^{ix}

6. **Develop a supplemental community engagement resource for Counties** that need additional support, that identifies tactics to strengthen local community engagement (drawing from the example CRDP Phase 1’s work among African American, Latinx, Native American, Asian and Pacific Islander, and LGBTQ priority populations to build collaborative infrastructure and practice), sets expectations on what in the Innovation Component should and can be achieved through the CPP process, and provides guidance on how to bring forward local voices and perspectives in Innovation Plans submitted to the MHSOAC.

7. **Further publicize and clarify existing flexibilities that strengthen County planning processes**, including opportunities for accessing planning fund for Innovation Projects, delegated authority and the consent process, and deeper technical assistance through the MHSOAC (e.g., through the Innovation Incubator).

8. **Develop additional orientation materials for new Commissioners.** In addition to existing onboarding resources and a staff-led onboarding session, include details on barriers to innovation and learnings from recent Innovation Projects. Encourage Commissioners to hold introductory conversations with members of the Innovation ecosystem, and to attend a selection of Committee and Subcommittee meetings to gain a better understanding of key issues facing each. Make “refresher” trainings available to existing Commissioners.

Implementing these Recommendations

In the body of the Innovation Action Plan, we have included a proposed set of next steps for each of the recommendations above. To assist the MHSOAC with deciding to what extent, when, and how to implement these recommendations, we have categorized them based on the level of effort and next steps required:

- **Recommendations that are “quick wins” and relatively easy to implement:**
 - 1a. Create an Innovation FAQ resource to clarify areas of ongoing uncertainty
 - 3a. Simplify the Innovative Project Plan Recommended Template by orienting the template around key questions
 - 3c. Develop target dates for submitting Plan concepts and drafts to MHSOAC staff
 - 4c. Create a database of Innovation Projects with qualitative and quantitative project outcomes, information about the project’s population of focus, and other important elements of the project
 - 4d. Require Counties to present outcomes and findings at Commission meetings by adding Project readouts to the meeting agenda at the conclusion of each Innovation Project
 - 7. Publicize and clarify existing flexibilities that strengthen County planning processes
 - 8. Develop additional orientation materials for new Commissioners

- **Recommendations that require convening members of the Innovation community to inform implementation:**
 - 1b. Develop a sample list of types of projects that would qualify as “innovative”
 - 2b. Consider forming an “Innovation Support Group”
 - 3b. Create a discussion guide for Commissioners and others to use when assessing plans

- 5. Test a multi-stage approval process that provides concept approval earlier in the Plan development cycle
- 6. Develop a community engagement resource for Counties, identifying tactics for deeper community engagement and lessons learned
- **Recommendations that might require asking for additional funding from the legislature:**
 - 2a. Strengthen support functions to meet County needs (funding for increased specialized technical assistance and an additional capacity to the MHSOAC staff Innovation Team)
 - 4b. Host an annual Innovation convening (funding for staff time, venue fees, speaker fees, refreshments, etc.)
- **Recommendations that could be implemented by organizations other than the MHSOAC:**
 - 2a. Strengthen support functions to meet County needs
 - 4a. Publish case studies of stand-out practices and processes Counties have used to design and implement Innovation Plans

Next Steps for the Systems Analysis Project: Resource Library

In tandem with this Innovation Action Plan, we are preparing a series of resources to support Counties in the development and planning of Innovation Projects. These resources will be packaged into a resource library ultimately available to Counties, and continuously updated to reflect new guidance and opportunities within Innovation. Recommendations for resources within this document have been noted within.

For more information about these recommendations or the Incubator Systems Analysis project generally, please contact Jake Segal (jsegal@socialfinance.org), Emily McKelvey Carpenter (ecarpenter@socialfinance.org), and Kyle Doran (kdoran@socialfinance.org).

ⁱ These recommendations draw from a range of inputs, including interviews with approximately 100 County leaders, community stakeholder advocates, consumers, family members, MHSOAC staff, and others; four meetings of a 16-person multi-sectoral project focus group; a survey of MHSA Coordinators, garnering 55 responses, and subsequent focus groups to glean more insights; and background research on analogous innovation processes and lessons from other contexts.

ⁱⁱ CCR § 3910(d).

ⁱⁱⁱ This is not unique to the public mental health system, nor to California. The average time for research evidence to become standard practice is 17 years. See, e.g., JM Westfall et al, “Practice-based research – “Blue Highways” on the NIH roadmap,” JAMA, 2007. For non-medical treatments, that timeline may be slower still. Access to and uptake of high-quality psychosocial treatments, “unlike new medications...rarely are encouraged by commercial marketing.” See, e.g., Robert Drake et al., “What Explains the Diffusion of Treatments for Mental Illness?,” Am J Psychiatry, November 2008.

^{iv} See, among many others, a recent discussion in disparate mental health outcomes among racial and ethnic minorities in McKnight-Eily “Racial and Ethnic Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and Increased Substance Use Among Adults During the COVID-19 Pandemic,” CDC’s MMWR Morb Mortal Wkly Rep, Feb 2021;70:162–166; and, among many others, a less-recent review of SAMHSA’s NSDUH results in Medley et al., “Sexual Orientation and Estimates of Adult Substance Use and Mental Health: Results from the 2015 National Survey on Drug Use and Health,” SAMHSA NSDUH Data Review, Oct 2016.

^v We define here the “Innovation community” as those involved or directly impacted by the MHSA Innovation Component (e.g., County leaders, stakeholder advocates, consumers, family members, MHSOAC staff).

^{vi} The “Barriers and Acceleration Agenda” can be found at <https://socialfinance.org/wp-content/uploads/2020.12-Systems-Analysis-Deliv.-2-Barriers-Acc.-Agenda.pdf>.

^{vii} In many ways, this is natural: innovation as a term is notoriously challenging to define (see, e.g., “Why Innovation Is Tough to Define — and Even Tougher to Cultivate,” *Knowledge@Wharton*, Aug 2013), and the MHSA itself ensures a broad set of innovation focus areas, including “administrative, governance, and organizational practices, processes, or procedures; advocacy; education and training for services providers, including nontraditional mental health practitioners; outreach, capacity building, and community development; system development; public education efforts; research; services and interventions, including prevention, early intervention, and treatment” (CCR § 3910(d)). We discuss this challenge—and the sometimes problematic heuristics many have employed in considering innovation—in more depth in the full set of recommendations.

^{viii} More information about the methods we used to solicit ideas and feedback are included in the Methodology section of the full plan.

^{ix} This concept approval would be similar to the initial approval Counties have if they sign on to a Multi-County Collaborative.

Methodology

To develop the forthcoming set of recommendations, we gathered information from a variety of sources. Our process to understand the challenges and potential solutions facing MHS Innovation surfaced a wide range of perspectives and feedback. We aimed to incorporate each of these perspectives as we built out and refined our recommendations.

- **Barriers interviews:** Conducted ~100 interviews with Commissioners, County leaders, stakeholder advocacy groups, consumers & ACCESS Ambassadors, state partners, MHSOAC staff, and Innovation Incubator technical assistance providers, to understand barriers to Innovation. Requested and reviewed detailed written feedback from ~eight interviewees on the barriers list.
- **CBHDA MHS Committee meetings:** Coordinated with CBHDA leadership to join three monthly MHS Coordinator meetings to gather verbal and written feedback regarding barriers to Innovation and potential solutions; facilitated survey of MHS Coordinators (n=55).
- **Published reports:** Reviewed literature of available published reports about MHS Innovation including a 2018 report from the California Pan-Ethnic Health Network (CPEHN) and LGBT Health and Human Services Network title “MHS Innovation Recommendations,” CALBHBC’s Community Program Planning Process Guidelines, ACCESS California’s 2019-2020 Stakeholder Inclusion and Feedback Survey, and the CRDP Strategic Plan.
- **Innovation Plan review:** Aggregated elements from 102 Innovation Plans and conducted analysis to identify trends and themes in plans submitted between 2017 and 2020.
- **Collaboration with contracted partners:** Partnered for ~12 months through subcontracts to engage in biweekly meetings with former County Behavioral Health Director, CAMHPRO, and NAMI California to leverage their expertise, and gather ongoing guidance and feedback.
- **Interviews on Innovation case studies:** Identified Innovation Projects with promising practices to develop case studies of effective Innovation projects and facilitated conversations with MHS Coordinators and other partners to draft case studies.
- **Interviews to learn about public behavioral health innovation beyond California:** Initiated six interviews with experienced leaders focused on behavioral health innovation in the public sector in communities outside of California to gather insight into additional ways to support innovation.
- **Research on public-sector innovation:** Conducted secondary research on innovation in the public sector to understand (1) continuous improvement processes aimed at assessing, monitoring, and adjusting practices to make ongoing improvements, and (2) different types of innovation, including how to define and implement them.
- **Research on multi-stage approval processes:** Conducted secondary research on best practices for approval processes in other sectors (e.g., Federal Strategic Environmental Research and Development Program; EMA Conditional Marketing Approval) to spur ideas for potential adjustments to the MHS Innovation approval process.
- **Discussion group:** Facilitated four meetings with a 16-member focus group composed of individuals who are engaged with different parts of the Innovation system (including

stakeholder advocates, consumers, family members, behavioral health directors, MHSAs Coordinators, other state leaders, and MHSOAC leadership) focused on potential solutions and recommendations to improve MHSAs Innovation through a cross-sectoral lens.

- **Focus groups (MHSOAC staff):** Facilitated three focus groups with between one and three participants of MHSOAC staff to gauge feedback on the resource library & recommendations.
- **Focus groups (MHSAs Coordinators):** Facilitated three focus groups with between one and four MHSAs Coordinators to gauge feedback on the resource library & recommendations.
- **Focus groups (community engagement):** Coordinated with CAMHPRO and NAMI California to facilitate three focus groups with over 20 members to gather input on a starter community engagement resource focusing on authentic engagement of community members.
- **Subcommittee on Innovation meetings:** Presented at two Subcommittee on Innovation meetings to gather feedback from Commissioners and meeting attendees.
- **Commission meetings:** Joined most Commission and many Subcommittee meetings and incorporated insights from presentations and comments.

Recommendation 1. Supplement the definition of innovation with further guidelines

During our project's barrier interviews, County leaders expressed a lack of clarity in interpreting the laws governing how MHSAs Innovation funds can be spent, including what qualifies a project as innovative. We have also seen this play out for other members of the Innovation community, both in Commissioner questioning during approval discussions and through public comments. To clarify this uncertainty, we recommend that the MHSOAC puts forward accessible, plain-language guidance to support understanding of how to meet requirements, and what types of projects qualify as innovative.

We recommend that this guidance take the form of two resources: (1a) an FAQ resource that directly addresses common areas of uncertainty and (1b) a list of types of project examples that would and would not qualify as innovative. Many interviewees commented on the importance of providing guidance without being overly restrictive as to how innovation can be interpreted, and we have carefully considered that perspective within the recommendations below.

1a. Create an Innovation FAQ resource to clarify areas of ongoing uncertainty

This Innovation FAQ resource would address specific areas of uncertainty expressed by members of the Innovation community—while, at the same time, attempting to reinforce core aspects of the Innovation Component of the MHSAs (e.g., the centrality of learning). The resource could serve as the main landing page about Innovation on the MHSOAC website and be printed and distributed at relevant Commission Meetings. We recommend that the resource:

- **Include a brief (two- to three-sentence) statement explaining what Innovation is and how funds are intended to be used.** Throughout interviews, members of the Innovation community shared differing views on the intended purpose of Innovation. For example, some interviewees believed that Innovation Projects need to be technology focused, while others believed that Innovation Projects are “ideas that had never been done anywhere in the world before.” We recommend that any updated description of Innovation align as closely as possible with how Innovation is described in the MHSAs, take into account observations and patterns gleaned from the years of experience the MHSOAC has with overseeing Innovation, and remain broad enough to encompass creative ideas that could meet the needs of diverse communities throughout California.

We also suggest that this new description emphasize Innovation’s potential to facilitate *learning*, which was the most frequently cited definition of Innovation we heard among interviewees. To elevate the importance of this new description, we recommend presenting it to Commissioners during a Commission meeting.

- **Give an overview of the laws governing Innovation.** Interviewees expressed confusion around what legal requirements Innovation Projects must meet (e.g., 9 CCR § 3910; 2016 amendment to WIC § 5830). The FAQ resource should gather all of the requirements in one place, including a brief explanation of how the laws governing Innovation were developed and changed over time (written in language that doesn’t require a legal background to understand).

- **Provide answers to frequently asked questions** about the interpretation and governance of Innovation requirements not covered in the above. In **Figure 1** below, we have included a starter list of questions that we heard in interviews, alongside sample answers.

FIGURE 1. Starter list of FAQs and sample answers about Innovation requirements

<p>What are some reasons an Innovation Plan would not be approved by the Commission?</p>	<p>Innovation Plans must meet several requirements in order to be approved by the Commission. Reasons an Innovation Plan might not be approved include:</p> <ul style="list-style-type: none"> • The mental health practice or approach included in the Plan has already been sufficiently tested within the population or context proposed • The evaluation plan for the project does not help assess the impact of the proposed Plan in a way that helps the County shape future mental health initiatives • It is unclear how the Plan reflects community priorities and need
<p>How is “new” defined in the context of MHSA Innovation? (I.e., is “new” in relation to my county, the state, the country, the world?)</p>	<p>An Innovative project must:</p> <ul style="list-style-type: none"> • Propose a new approach to the overall mental health system; • Adapt an existing approach used elsewhere (which includes applying that approach to a different population, setting, or community); or • Adopt a promising community-driven approach that has been successful in non-mental health contexts.¹ <p>If an approach is adapted, the County has to provide documentation about how and why the County is adapting the practice or approach.</p>
<p>If a proposed Project does not introduce a new approach, but adapts or adopts an existing approach, what magnitude of change or adjustment is needed to qualify as innovative?</p>	<p>Because Innovation Projects vary so widely in scope, it is impossible to provide a general rule about the level of change that would qualify a project as innovative. However, Counties must provide documentation about how and why the County is adapting the practice or approach. For example, the change can include an adaptation for a rural setting of a mental health practice that has demonstrated its effectiveness in an urban setting.</p>
<p>Do Innovation Projects have to include service delivery? Do they have to include technology?</p>	<p>No and no. The requirements for Innovation are open-ended and can impact many different aspects of the mental health system, such as:</p> <ul style="list-style-type: none"> • Administrative, governance, and organizational practices, processes, or procedures

¹ Language borrowed from ACCESS California’s *Overview of Innovation Components*: https://272d6681-17ea-42d0-9bbc-bc096b89055a.filesusr.com/ugd/c82a51_9f04eea3ccae4de0b1198af63b070e8b.pdf.

	<ul style="list-style-type: none"> • Advocacy • Education and training for service providers, including nontraditional mental health practitioners • Outreach, capacity building, and community development • System development • Public education efforts • Research • Services and interventions
<p>What are the requirements for community input into Innovation Projects?</p>	<p>Community input should be incorporated in all aspects of planning, from idea generation to prioritization to evaluation design. Successful Innovation Plans emerge from a clear understanding of community needs, authentic engagement about how to best serve those needs, and an ongoing dialogue about what we’re learning from new approaches.</p>
<p>As a consequence of the 2016 amendment to section 5830 of the Welfare and Institutions Code, are all Plans that directly address permanent supportive housing (PSH) automatically considered Innovative?</p>	<p>Yes. Innovation Plans that directly address increasing access to services through PSH are seen as <i>equally</i> favorable compared to plans that address the other General Requirements. The MHSOAC would consider a Plan that addresses services through PSH as innovative.</p>

NEXT STEPS

As part of this project’s resource library, we will adapt the above list of questions above into a draft FAQ resource. We suggest that the MHSOAC team update the draft based on their own experiences with common questions they hear about Innovation, and then gather feedback from the Innovation community to determine whether the responses sufficiently clarify their questions. Finally, to ensure this resource continues to stay relevant and useful, the MHSOAC should periodically update the list of questions as new ones arise.

Ib. Develop a sample list of types of projects that would qualify as “innovative”

To supplement the FAQ resource, we recommend that the MHSOAC develop and make publicly available a non-exhaustive list of example projects that *would* and *would not* qualify as innovative. The list could be based on historical Innovation Projects and hypothetical Innovation Projects that the Commission would approve (assuming all other aspects meet the Plan requirements).

As a starting point, we have included some ideas in **Figure 2**. This list was developed based on a review of past Innovation projects that were approved, and our understanding of types of projects that are typically not approved based on feedback from the Innovation community.

FIGURE 2: Starter list of types of projects that would and would not qualify as innovative

What innovation is...	What innovation is not...
<ul style="list-style-type: none"> • Creating a team that improves enrollment of LGBTQ+ seniors into higher levels of PSH case management through community ambassadors 	<ul style="list-style-type: none"> • Expanding an existing substance use treatment program for LGBTQ+ seniors offered by the County by engaging a different provider
<ul style="list-style-type: none"> • Introducing a new-to-county school-based therapy program with the purpose of increasing the quality of mental health services delivered in schools 	<ul style="list-style-type: none"> • Re-starting a successful school-based therapy program that was previously discontinued in the County
<ul style="list-style-type: none"> • Adopting a community-driven practice that has been successful in non-mental health contexts, with a clear plan to measure and understand how the County adopting the practice will increase accessed to underserved groups² 	<ul style="list-style-type: none"> • Adopting a community-driven practice without a plan or goal for measuring or understanding the extent to which that practice makes progress against the Plan’s chosen primary purpose³

NEXT STEPS

As part of this project’s resource library, we will expand on the first draft of the above list. As with the FAQ resource, we recommend that MHSOAC staff work with Commissioners and other members of the Innovation community to further develop the list and to create a process for periodically updating it over time.

A version of this resource could also be used by Counties to support community training required by 9 CCR § 3300(c)(3) as part of the CPP process.

² “Underserved groups” as defined in 9 CCR § 3200.300

³ Primary purposes are defined in 9 CCR § 3910(c)

Recommendation 2. Expand and deepen technical assistance to Counties

Innovation Projects require insights and proficiency across an array of domains. Several County leaders told us they do not have enough in-house capacity to develop, implement, and evaluate transformational Innovation efforts within the timelines and parameters required by the MHSA. This challenge is compounded for smaller Counties, where one staff member may be covering facets of public mental health that larger Counties may have teams or departments for.

The two sub-recommendations profiled below—(2a) strengthening support functions to meet County needs and (2b) forming an Innovation Support Group—are designed to help bridge the learning gap as Counties conceptualize and develop Innovation Plans and Projects with their communities.

2a. Strengthen support functions to meet County needs

Currently, the MHSOAC offers technical assistance to Counties, including through learning collaboratives, the Innovation Incubator, site visits, and staff assistance on Innovation Plans. This technical assistance was highly regarded among interviewees, and Counties expressed desire both for additional capacity for the technical assistance currently offered (i.e., adding members to the MHSOAC staff Innovation Team), and expansion into further topic areas that, while optional, will help Counties achieve transformational change. These topic areas included:

- **Community engagement:** Engaging local community (through the CPP process and otherwise) is one of the most difficult yet important requirements of developing an Innovation Plan. In many counties, there is real engagement and authentic partnership with consumers and family members across a diverse set of populations (e.g., immigrants and refugees, transition-age youth, veterans, LGBTQ+, racial and ethnic minorities). Still, other counties have less-robust practices, and may benefit from additional resources to help strengthen their efforts. We also heard from County leaders that while many innovative ideas existed within their communities, they do not always align with Innovation funding requirements. Therefore, technical assistance should not only focus on robust community engagement, but how to shape ideas from the community into projects that can be funded by Innovation dollars (e.g., by employing techniques such as human-centered design).
- **Evaluation:** Seventy-five percent of the MHSA Coordinators we surveyed responded that receiving evaluation training, technical assistance, and support would be ‘extremely’ or ‘very useful’ for developing Innovation Plans and implementing projects (n=55). Evaluation requires significant technical training to design methods that appropriately measure impact; determine whether that impact is meaningful; and to access, clean, verify, and use reliable data sources to measure progress. Not all Counties have this capacity in-house, and contract with external evaluators for Innovation Projects. However, evaluator procurement typically occurs *after* Innovation Plans and budgets are written and approved, meaning that evaluation experts are not always present during critical planning periods. Therefore, we recommend that any increased technical assistance around evaluation focus on the planning period, setting Counties up for success to be able to track, evaluate, and learn from Innovation Projects after launch.

- **Sustainability planning:** We heard from County leaders that it is often difficult to identify and secure funding sources to sustain Innovation Projects. Deeper discussions, via focus groups, suggest that this is a multifaceted challenge: in part, it's driven by underpowered evaluations (see above), and in part by a lack of focused sustainability planning (in the form of careful performance management, cost analysis, and collaborative governance). Technical assistance around sustainability planning would focus on (1) using evaluation results and client/provider feedback to determine which components (if any) of an Innovation Project should be sustained at project end, and (2) identifying strategies to secure a funding source to sustain those components while minimizing disruption for participants.

In addition to the topics listed above, the MHSOAC could also conduct an ongoing survey of County staff to help determine specific areas of technical assistance that Counties would be particularly eager for alongside areas they feel fully supported by already.

Increased technical assistance should also be supplemented through the dissemination of static resources. We heard repeatedly that Counties ask one another for practical resources (e.g., language for flyers, descriptions of the Innovation Component, evaluation resources); informally, MHSA Coordinators “know who to ask” for different kinds of materials, resources, and ideas. This kind of informal sharing is invaluable, but it can also leave out less-tenured Coordinators, who report feeling overwhelmed by the number of resources available and yet sometimes unable to find the right ones. With that in mind, we see value in formalizing “hotline” support from MHSOAC staff (or partners) to manage thoughtful curation of resources and help Counties find those that will be most helpful and appropriate for their situation.

Additionally, the resources would build on the MHSOAC's ongoing efforts to summarize and clarify the different components of the MHSA (e.g., the upcoming MHSA Overview PowerPoint). Details on the Innovation Component in a resource like the PowerPoint could be used for onboarding for County leaders, County Boards of Supervisors, local mental and behavioral health boards and commissions, and members of the public with an interest in Innovation.

NEXT STEPS

The primary next step is to determine the ideal scale of enhanced technical assistance and the level of resources required to implement it. To do this, we recommend building upon the survey results we collected from MHSA Coordinators about potential resources for developing and implementing Innovation Projects,⁴ working with the CBHDA to further specify topics of interest and gauge member capacity to engage in increased technical assistance. While aimed at enhancing local capacity, technical assistance relies on County staff availability; therefore, to build net capacity, technical assistance must provide differentially more value than the cost of staff engagement.

Based on the MHSOAC's thin staffing model, additional funding from the legislature will be required. Our MHSA Coordinator survey suggests substantial further need.

Lastly, as part of this project's resource library, we are collaborating with project partners and other members of the Innovation ecosystem to collect resources (and, at times, either develop a draft of, or

⁴ See Appendix 4 for full survey results.

propose approaches for developing, new resources). We aim to complete these efforts in the coming months and view them as a starting point for the dissemination of resources described above.

2b. Form an “Innovation Support Group” to provide input and perspectives for each Innovation Plan

Some Counties have deeply engaged stakeholder groups, with diverse expertise, who are available to help them pressure-test ideas for Innovation plans. To formalize this support and ensure it is available to all counties, the MHSOAC (or another relevant organization such as California Mental Health Services Authority [CalMHSA] or CBHDA) could develop a support group to serve as advisors on specific aspects of plan development. Under this mechanism, the organizers would facilitate a rotating group (the “*Innovation Support Group*”) to provide optional input on potential Innovation plans. The group would listen to Counties informally share about an Innovation Plan they are working on and collaborate to provide perspectives, guidance, and questions in about how to further develop the Plan, drawing from the discussion guide described in Recommendation 3c.

Innovation Support Group members should have an in-depth understanding of the Innovation Component, and should be knowledgeable about characteristics of Counties of different sizes (including rural and frontier Counties) as well as other unique County characteristics that reflect California’s diversity. We see the potential composition of the Innovation Support Group as including:

- One representative from the Client and Family Leadership Committee (CFLC)
- One representative of the Cultural and Linguistic Competency Committee (CLCC)
- One representative from the Research and Evaluation Committee
- One representative of an organization that holds a Stakeholder Advocacy Contract with the MHSOAC (if the Plan aims to serve a specific population, ideally, the corresponding contract holder would join the Support Team for that Plan)
- One representative from the Youth Innovation Project Planning Committee
- One representative from the MHSOAC staff Innovation Team
- One representative from the MHSOAC staff stakeholder engagement and grants team
- One member with expertise in public and community engagement
- One member with current or past experience working in an MHSA-related role at a County

We believe that the Innovation Support Group would benefit Counties by providing them with (optional) actionable feedback and additional points of view on Plans before they are voted on for approval. Having input from the group may also aid Counties in completing hearings with their local mental and behavioral health boards and commissions and seeking local Board of Supervisor approval, as well as strengthening the Plan’s credibility in front of Commissioners.

Given the present volume of Innovation Plans submitted to the Commission for approval, we would recommend holding monthly, two-hour long Innovation Support Group meetings and meeting with three Counties per meeting. We also expect that that this cadence may need to be adjusted over time, depending on County interest.

The time required to attend monthly meetings, combined with the relatively steep learning curve required to understand how the Innovation funding stream works, means that serving on the Innovation Support Group would be a significant commitment. If the MHSOAC decides to implement this recommendation, they should consider ways to lessen the burden on participants, including offering compensation where appropriate and offering training on the intricacies of the Innovation Component (more discussion in 'Next Steps' below).

NEXT STEPS

We recommend the following next steps if the MHSOAC decides to adopt this mechanism:

- Hold **focus groups with Counties** (potentially in collaboration with the CBHDA) to discuss and understand the appropriate level of detail and timing for sharing a plan with the Innovation Support Group and which organization is most appropriate to host the group (e.g., the MHSOAC, CBHDA, CalMHSA, others). As part of these focus groups, the MHSOAC should also seek to understand how an Innovation Support Group can help to improve Innovation Plan development, rather than simply add to process.
- Conduct a **series of interviews with potential Innovation Support Group members** to (1) understand what level of training, compensation, and/or other resources they would need to be successful as a support group member and (2) obtain their input on support group design.
- Consider whether the Innovation Support Group will require **additional resources** (e.g., staff time, compensation for participants), and how those resources will be funded.

Recommendation 3. Further clarify expectations for Plan development

Counties have expressed uncertainty regarding what is expected in Innovation Plans, the relative importance of different Plan components, and what Commissioners will focus on when reviewing Plans. To address this uncertainty, we recommend (3a) making revisions to an existing tool (the Innovation Project Plan Recommended Template) and (3b) developing a new tool (an Innovation discussion guide), each aimed at guiding various partners through the Innovation Plan development, review, and approval process. A summary of the current state and recommended changes for tools used to review Innovation plans is in **Figure 3** below.

As another strategy to clarify expectations for Plan development, we recommend that the MHSOAC develop target dates for Counties to submit Plans (Recommendation 3c). The goal of these target dates would be to encourage Counties to submit Plans far in advance of reversion, allowing for enough time for technical assistance from the MHSOAC, and deescalating “do-or-die” last-minute approvals.

FIGURE 3. Overview of plan review tools

	Innovation Project Plan Recommended Template	MHSOAC Staff Analysis	Innovation Discussion Guide
Current Status	Used by Counties when writing plans	Used by MHSOAC staff for all County plans	Proposed; not yet developed
Purpose	Provides consistent and clear framework for Counties to develop and write Innovation Plans	Provides consistent template for the MHSOAC staff Innovation Team to analyze and summarize County plans	Could provide consistent structure for Commissioners to assess Innovation plans
Barriers to Address	Some duplication in template sections, confusing budget template	Inexplicit connections to Recommended Template; significant time burden on the MHSOAC staff Innovation Team	Commissioner review has limited structure, making it difficult for Counties to understand what Commissioners look for
Recommended Change	Simplify the Innovative Project Plan Recommended Template (discussed in 3a)	Ensure continuity between the Innovative Project Plan Recommended Template, the Staff Analysis, and any discussion guide	Create a discussion guide for the Commission and others to use when assessing plans (discussed in 3c)

3a. Simplify the Innovative Project Plan Recommended Template by orienting the template around key questions

To simplify the Recommended Template, we recommend reorienting the template around a short set of simple questions that allow Commissioners, MHSOAC staff, and others to understand the most important elements of a Plan. These questions were first developed by MHSOAC staff for their analysis of Innovation Plans and include:

- What is the **problem or challenge** the Plan seeks to address?
- What is the **innovation**?
- How will the Plan include **community collaboration**?
- How will the Plan be **implemented** (including the **budget** to do so)?
- What will we **learn** from the Plan, and how will it be **evaluated** to ensure that this learning is captured?

We have started reorienting the template around these questions by reviewing the Innovation Regulations and reorganizing them into a new proposed structure that follows the flow of the questions in **Figure 4**. The proposed restructured template highlights measures of community engagement in each step of the process to reflect the importance of community feedback throughout.

NEXT STEPS

We will build upon **Figure 4** and develop a mock-up of the reorganized template to include as part of this project’s resource library. In doing so, we will work to ensure that the template is conducive to Multi-County Collaboratives and for projects with a focus other than service delivery, as we heard this can be a challenge with the current template. We recommend that the MHSOAC pilot the new template with a small number of Counties to gather feedback and make any relevant adjustments before putting the template to broader use. It may also be helpful to provide example plans focused on different primary purposes and learning goals.

FIGURE 4. New proposed structure of Recommended Template

Section	Sub-Section	Relevant Regulation(s)
What is the problem or challenge the Plan seeks to address?	What is the persistent mental health challenge this Plan addresses?	3910(d)
	Describe how the County identified this challenge via the CPP process.	3930(a)
	How did the County ensure that staff and stakeholders involved in the CPP process were informed about the purpose and requirements of the MHSOAC?	3930(b)(1)
	Why is there a need to innovate to solve this challenge, instead of using an approach with demonstrated effectiveness?	3930(c)(2)

What is the innovation?	Does this Plan seek to address the challenges described above by: (1) introducing a new approach, (2) making a change to an existing approach (including application to a different population), (3) adopting a promising community-driven practice or approach that has been successful in non-mental health contexts, or (4) supporting participation in a supportive housing program?	3930(c)(3)
	Describe the new or changed mental health approach proposed in the Plan. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.	3930(c)(4)
	What is the primary purpose (or goal) of introducing this innovation? <i>[list options]</i>	3930(c)(2)
How will the Plan include community collaboration?	Briefly describe, using specific examples, how this Project will reflect the MHSA General Standards (community collaboration; cultural competence; client-driven; family-driven; wellness, recovery, and resilience-focused; integrated service experience for clients and their families).	3930(c)(4)(d)
How will the plan be implemented (including the budget to do so)?	Include a project timeline that shows the overall project duration and milestones for: <ul style="list-style-type: none"> • Development and refinement of the approach • Ongoing assessment and final evaluation • Decision-making about whether and how to continue a successful Innovative Project or parts of the project • Communication of the results and lessons learned 	3930(c)(8)(A) and (B) 3930(c)(3)(A)
	<i>[if applicable]</i> Describe the population to be served by the Project, including demographic information and estimated number of clients to be served annually.	3930(c)(4)(B) and (C)
	How will the County decide whether to continue the Innovation Project, or elements of the project?	3930(c)(6)
	How will the County involve community stakeholders meaningfully during Project implementation, including in decision-making about whether to continue the Project after this Plan is finished?	3930(b)(2)
	<i>[if applicable]</i> How does the County plan to protect and provide continuity of service for clients after the project ends?	3930(c)(7)
	Budget narrative	3930(d)

What will we learn from the plan, and how will it be evaluated to ensure that this learning is captured?	What method will the County use to evaluate the effectiveness of the plan? <i>Please include: intended outcomes, how those outcomes will be measured, and specific indicators for each intended outcome</i>	3930(c)(5)
	How will the County involve community stakeholders meaningfully in project evaluation?	3930(b)(2)
	How do you expect the Project will contribute to the development and evaluation of a new or changed practice in the mental health field?	3930(c)(3)(B)

3b. Create a discussion guide for Commissioners and others to use when assessing plans

During interviews, County leaders reflected uncertainty around what Commissioners will focus on when reviewing and approving Innovation Plans. To address this challenge, we recommend that the MHSOAC develop a discussion guide that can be used by Commissioners to assess and provide structured feedback on Innovation Plans during Commission meetings. (This guide would tie in closely with the Innovative Project Plan Recommended Template and Staff Analysis, weaving a common thread across the three tools.)

As part of our project’s focus groups and during the Subcommittee on Innovation meeting in late April 2021,⁵ we solicited feedback and input on this guide as a potential review tool to demystify the Commissioner approval process. These discussions surfaced various perspectives about the benefits and challenges of implementing such a tool; a high-level summary of which is in **Figure 5**.

FIGURE 5: Potential benefits and challenges of a discussion guide

Benefits: Potential ways an Innovation discussion guide could improve the Innovation Component	Challenges: Potential challenges of implementing an Innovation discussion guide
<ul style="list-style-type: none"> • Provides insight for County presenters into what Commissioners will focus on when discussing Plans • Assists Commissioners in their preparations for reviewing Innovation Plans and in guiding their questions of presenters • Having a consistent structure for Plan review could make Commission meetings easier to follow for the public 	<ul style="list-style-type: none"> • Innovation is inherently challenging to define; reviewing Innovations with a template may prove counterproductive • Any kind of scoring mechanism or rubric may be overly prescriptive, limiting the autonomy and flexibility of Commissioners • Too much structure and a clear path to approval could discourage Counties from “thinking outside the box”

⁵ Meeting Summary: https://mhsoc.ca.gov/sites/default/files/INN%20Subcommittee_Teleconference%20Summary_4.28.2021_Final.pdf.

Our discussion also focused on different ways this tool could be operationalized, including whether the guide should be quantitative (score-based) or qualitative (discussion-based). While a quantitative guide would provide more clarity about Commission priorities, Innovation Plans vary widely in scope; it may put unnecessary constraints on innovation to build a “one size fits all” approach to scoring any Plan that comes before the Commission. Therefore, we recommend that the guide be discussion-based rather than score-based.

Lastly, we discussed what questions could be included in the tool. Based on those conversations, a starter list of questions is in **Figure 6** below, although should the MHSOAC decide to adopt this tool, more input is needed from members of the Innovation community (e.g., Commissioners, the public, MHSOAC subcommittees, stakeholder advocates) on what the questions should be.

FIGURE 6: Starter list of questions to include in the discussion guide

Topic	Questions
Problem/ Challenge	<ul style="list-style-type: none"> • <i>What challenges does the Plan address, and how were those challenges identified?</i> • <i>How were community members engaged in defining the problem being addressed and identifying potential solutions?</i>
Innovation	<ul style="list-style-type: none"> • <i>What makes this Plan innovative? How is it different from the status quo in the County?</i> • <i>If applicable, what other innovations were considered, and why was this one chosen?</i>
Community Engagement	<ul style="list-style-type: none"> • <i>How were unserved and/or underserved populations included in the larger CPP process and in Plan development? How were any specific populations the Plan aims to serve included in the development of the project, and in implementation / quality improvement moving forward?</i> • <i>What training was provided to community members who participated in the CPP process?</i>
Implementation	<ul style="list-style-type: none"> • <i>Who is the County planning to partner with to implement this Project (technical assistance providers, community-based organizations, service providers, other government agencies)?</i> • <i>How will the innovation approach be adapted and refined throughout the Project?</i> • <i>How might this Project (or parts of the Project) be sustained in the future?</i>
Learning	<ul style="list-style-type: none"> • <i>What learnings will the Project contribute to the County and/or to the mental health field?</i> • <i>To what extent will the evaluation methods in the Plan give us reliable information about the project’s impact and learning goals?</i> • <i>How do the outcome metrics being evaluated reflect priorities of the people being served by the Project?</i>

NEXT STEPS

As a next step, we will build on the starter list of questions in **Figure 7** to include in this project's resource library. Then, we recommend that MHSOAC:

- Gather **feedback from Commissioners** on their support of an Innovation discussion guide, holding one-on-one meetings to understand if the tool would be helpful for discussion and approval of Innovation plans.
- **Develop a simple pilot implementation plan**, including recommendations for how Commissioners should use the guide (considering any adjustments to the approval process based on Recommendation 5 in this report).
- **Review the questions** in the draft discussion guide included in this project's resource library and **gather feedback** on the questions from members of the Innovation community (including via public comment).
- **Pilot the discussion guide** during a Commission meeting; **revise and implement** based on the pilot.

3c. Develop target dates for submitting Plan concepts and drafts to MHSOAC staff

Some Counties have not been able to use Innovation funding in the timeframes required by the MHSA, putting funds at risk of reversion. Relatedly, many Plans are submitted to the MHSOAC close to the reversion deadline, creating a backlog at the end of the fiscal year, which can negatively impact Commission workload and result in Plans that are “rushed” over the finish line.⁶ To help mitigate this, the MHSOAC could develop a set of recommended target dates for plan submission far in advance of reversion, leaving ample time for MHSOAC staff to provide technical assistance and for Counties to make revisions. The target dates would be based on forecasting available Innovation funds for each county, divided into three categories:

- Funds at risk of reversion in the current or next fiscal year
- Cash on hand available for Innovation Projects
- Funding that can reasonably be expected three to five years in the future⁷

Counties would not be required to follow the target deadlines; they would simply serve as additional guidance to help mitigate the reversion and backlog challenges during what can be an extensive planning process. They could also serve as a mechanism for increasing communication between MHSOAC staff and Counties throughout the fiscal year about funds at risk of reversion.

NEXT STEPS

The next step of this recommendation is for the MHSOAC to review DHCS forecasts of available funds by County, divided into the three categories listed above. MHSOAC staff should then estimate appropriate target dates for planning milestones in each category based on the amount of time it typically takes to

⁶ For example, in FY2019-20, the Commission reviewed 16 Innovation Plans in the final two months of the fiscal year, after receiving only 11 plans in the first 10 months of that year.

⁷ This analysis builds on the Staff Memo “Supporting County Innovation.”

https://mhsoc.ca.gov/sites/default/files/Innovation%20subcommittee%20memo%20final%2010292020_0.pdf

develop and review an Innovation Plan, working backwards from approval to initial planning. This estimation should consider whether it makes to stagger target dates by County size; larger Counties with more staff dedicated to Innovation and higher Innovation allocations tend to submit Plans at a higher frequency than smaller Counties.

The CBHDA and/or individual Counties could then review the proposed dates to ensure they reasonably align with historical timelines to develop an Innovation Plan.

Recommendation 4. Develop mechanisms to accelerate the diffusion of learnings from Innovation Projects

Members of the Innovation community expressed that Innovation Project learnings rarely make their way across County lines, limiting the opportunity for learning and replication/adaptation by other Counties. Interviewees expressed a desire for more and better ways to share lessons across Innovation Projects throughout the project life cycle. Moreover, improving the culture of shared learning can help normalize the idea that failures are acceptable—indeed, inevitable—for Innovation Projects.

To address this challenge, we recommend three strategies to share learnings across Counties:

(4a) Publish case studies of stand-out practices and processes Counties have used to design and implement Innovation Plans

(4b) Host an annual Innovation convening for MHSAs Coordinators and other County leaders

(4c) Create a database of Innovation Projects and learnings

(4d) Require Counties to present outcomes and findings at Commission meetings

4a. Publish case studies of stand-out practices and processes Counties have used to design and implement Innovation Plans

To increase peer-to-peer learning, the MHSOAC could publish case studies that showcase practices and processes used during Innovation Projects that could be useful to other Counties when developing and implementing their own Projects. We envision these case studies as short, 2- to 4-page documents that provide an overview of the practice and/or process, a summary of lessons learned, and contact information to learn more. They should provide just enough information to help a County leader understand if they would be interested having a phone call to learn more about the highlighted practice/process for use in their own County, and should not be burdensome for County leaders with Projects selected for dissemination.

Case study topics should focus on areas most relevant and interesting to Counties—for example, community engagement, planning grants, evaluation strategies, and sustainability. As a starting point, we are developing five case studies that focus on these areas (to be included in the resource library). Continued authorship of these case studies could include MHSOAC staff, the CBHDA, or Counties themselves (using a template for consistency).

FIGURE 7: Examples of case studies to be included in this project’s resource library⁸

Title	County	Topic
<i>BeHealth.Today Program: Using Human-Centered Design to Uplift Innovative Ideas</i>	San Diego	How partners in San Diego County used an Innovation planning grant to fund a human-centered design process consisting of working with people with lived experience and community groups to create new proposals for Innovation
<i>The Interdisciplinary Collaboration and Cultural Transformation Model: Community Driven Quality Improvement Plans</i>	Solano	How partners in Solano County developed 14 community-driven Quality Improvement Action Plans⁹ focused on increasing culturally and linguistically responsive mental health services to improve the experiences and mental health needs of three underserved communities in the County
<i>Understanding the Mental Health Needs of the American Canyon Filipino Community: Identifying Youth Needs Through School Partnerships</i>	Napa	How partners in Napa County launched an Innovation Project in local schools aimed at understanding the needs of an underserved population identified using school district data

NEXT STEPS

As a next step, the MHSOAC should develop a process for creating additional case studies including:

- Determining which organization(s) have interest and/or capacity for **authoring future case studies** (e.g., MHSOAC staff, the CBHDA, Counties themselves, or some other external partner)
- Deciding how to **identify and select** Projects from varying Counties that might be a good fit for a case study (e.g., via County nomination, MHSOAC staff Innovation Team selection, or a group of individuals from across the Innovation community)
- Planning for **case study dissemination** via the MHSOAC website (tracking downloads to understand which case studies are read most frequently), Innovation Boot Camps, CBHDA meetings, and any relevant other multi-county forums

4b. Host an annual Innovation convening for MHSA Coordinators (and other County leaders)

Throughout our listening tour for this project, County leaders repeatedly expressed gratitude for opportunities to learn from one another in both formal and informal settings. While they largely acknowledged difficulty finding time for the many competing priorities in their day-to-day work, 76

⁸ Two additional case studies in progress (exact titles and topics TBD), for a total of five case studies.

⁹Quality Improvement Action Plans are a set of recommendations that focus on systematic and continuous actions that lead to measurable improvement in mental health services and the health status of priority patient groups.

percent of the MHSA Coordinators we surveyed said that “an annual convening of MHSA Coordinators, BHDs, and others to share learnings across Innovation Projects” would be an “extremely” or “very” useful resource for developing Innovation Plans and implementing projects.¹⁰

Topics in a convening could mirror those raised by County leaders as being most helpful in an expanded technical assistance function discussed in Recommendation 2a: community engagement, evaluation, and sustainability planning. The case studies discussed in Recommendation 4a could also serve as a foundation for programming at a convening of County leaders and other members of the Innovation ecosystem, with profiled Counties reporting out on their respective approaches, questions and answers, and less-structured brainstorming on further opportunities to collaborate.

A convening could also serve as a forum for (1) training associated with the expanded technical assistance function discussed in Recommendation 2a and (2) County leaders to read out lessons learned from Innovation Projects that are concluding (see Recommendation 4d). It could also serve as an informal feedback mechanism for the MHSOAC, particularly if staff are able to observe sessions and identify patterns they are seeing in the types of questions and ideas that arise.

A primary limitation for an annual convening is cost, both to the MHSOAC for administrative and venue costs, and to participants, who will likely travel to the event (though a virtual option could also be built into the convening design) and spend time engaging in sessions. Strategies to reduce costs for participants could include:

- Rotating the conference’s location to enable participation from a broader segment of the Innovation community. The MHSOAC could also consider holding multiple regional convenings instead of one state-wide conference, although this would likely increase costs.
- Leveraging existing conferences and events, such as those held by Words to Deeds, the CBHDA (e.g., Innovation Boot Camps), and the California Institute for Behavioral Health Solutions (CIBHS), by holding Innovation meet-ups and generating support and participation in the Innovation convening.
- Ensuring a low barrier to entry for County leaders and anyone else invited to the meeting by scheduling it far in advance, minimizing the amount of “pre-work” asked of participants, and creating clear programming choices so participants do not get become overwhelmed by the volume of options.

The first convening will help generate momentum and serve as a proof of concept for further convenings. (If participants do not deem it useful, they may be unlikely to participate in the future.) With this in mind, co-designing the programming through a survey of potential participants will be valuable.

NEXT STEPS

To advance this idea, the MHSOAC would need to identify funding for the convening, including staff time, venue fees, speaker fees, refreshments, and other logistical items (e.g., a/v equipment, support staff at “check in,” signage). With funding secured, the MHSOAC could identify a staff member to

¹⁰ Full survey results in Appendix 4.

organize the event, likely starting with a survey of County leaders on what discussion items will be most beneficial.

4c. Create a database of Innovation Projects with qualitative and quantitative Project outcomes, information about the Project’s population of focus, and other important elements of the Project

To support the centrality of learning in the Innovation component, the MHSOAC could build out a catalog of launched Innovation Projects with detailed information about each. Interviewees have expressed that while the Transparency Suite on the MHSOAC website has provided a helpful preview of Innovation Projects, there is appetite for additional information, especially about lessons learned for each project. **Figure 8** includes a list of potential fields for the expanded database. To facilitate information gathering for the database, the MHSOAC could consider publishing recommended templates for the Final Innovative Project Report that includes a section that aligns with the fields in the database.

FIGURE 8: Data fields for an expanded database of Innovation Projects

Category	Potential Fields
Project Information	Project duration; total funding amount; start and end dates; whether the project was part of a Multi-County Collaborative or the Innovation Incubator
Innovative Project General Requirements	Whether the Plan approach is new, adapted, or adopted; the Plan’s Primary Purpose
Project Overview	Brief description of project; link to the original Innovation Plan
County Information	County name; relative size (small, medium, large); geography (urban, suburban, rural); threshold languages; demographics
Population Served	Racial, ethnic, and cultural groups; LGBTQ+ populations; age groups (transition-age youth, seniors); immigrants and refugees; veterans; people experiencing homelessness; people with SMIs; family members; people with disabilities; whether the population is one of the five priority populations implementing the CRDP
Evaluation	Type of evaluation; evaluator name; evaluation budget
Project Outcomes	List of outcomes from the project’s evaluation
Project Learnings	Qualitative description of lessons learned including feedback from project participants, programmatic learnings for Counties, and how these learnings can inform future practices (in the form of open-ended comments with a character limit)
Project Reports	Links to the Final Innovative Project Report and Annual Innovative Project Reports
Funding Sustainability	Ongoing funding stream if the project (or part of the project) was sustained

NEXT STEPS

If the MHSOAC decides to adopt this recommendation, the next steps are to (1) gather feedback from the Innovation community to determine which metrics should be added to or adjusted from the above list and (2) determine whether the revised database should include all past Innovation Projects, or be forward-looking only. With that information, the MHSOAC can estimate the level of resources required to build the database and add it to the website as part of the Transparency Suite, and whether additional resources (e.g., a database contractor) would be necessary to do so.

4d. Require Counties to present concise outcomes and findings summaries at Commission meetings by adding Project readouts to the meeting agenda at the conclusion of each Innovation Project

We heard from many members of the Innovation community (including Commissioners) that Commission meetings focus too much on approval and not enough on learning. To mitigate this, the MHSOAC could require Counties to conduct five-minute presentations at Commission meetings each time they submit a Final Innovative Project Report, focusing on what they learned and how those learnings could contribute to field. Final Innovative Project Reports should also be included in Commission meeting materials for review by Commissioners and the public, as well as sent to the CBHDA to disseminate to its members.

If Commission agenda time for sharing Project learnings is difficult to find, MHSOAC staff should summarize key findings and outcomes to be included in Commission meeting materials. Over time and with a more streamlined Innovation Plan approval process, such a summary could be replaced by short presentations from the Counties themselves.

NEXT STEPS

To advance this idea, the MHSOAC would need to estimate the total amount of time Project readouts would take (based on the number of expected completed projects per year), whether it would be feasible to add that amount of time to the current Commission meeting schedule, and if not, if there are other agenda items that could be deprioritized in favor of sharing Project learnings. Notably, the sharing of Project learnings should not come at the expense of Counties being able to schedule Innovation Plans for approval on Commission meeting agendas when needed.

Recommendation 5. Test a multi-stage approval process that provides concept approval earlier in the Plan development cycle

*When Innovation Plans are developed, Counties receive feedback over several months from many different individuals and organizations (including community members, local mental and behavioral health boards and commissions, OAC staff). However, Commissioners do not weigh in until much later in the process: typically, their first view into an Innovation Plan occurs when they receive the completed Plan accompanied by MHSOAC Staff Analysis approximately 10 days before voting on the Plan’s approval (see **Figure 9** below). This leads to several challenges:*

- *It is difficult for Commissioners to give significant or meaningful feedback on the direction an Innovation Plan while simultaneously voting on its approval*
- *Counties receive no direct feedback from Commissioners about whether a Plan is “on the right track” until months of time and resources (including significant community input) have been spent developing the Plan—despite the ambiguous nature of Innovation*
- *It puts unnecessary pressure on a single meeting, incentivizing Counties to build Plans around “what they think the Commissioners want to hear” and incentivizing Commissioners to vote to approve Plans even if they are on the fence.*

Establishing a multi-stage approval process that provides “concept approval” (described below) could help counteract some of these challenges.

Under a multi-stage approval process, at a much earlier stage in Plan development, the Commission would vote on the general concept for each Innovation Plan (“Innovation Plan Concept”)—in particular, whether it meets the threshold for “innovativeness,” whether it has been developed following a sufficient community engagement process, and whether it will enable the County to develop strong evaluation and learning goals. Counties would submit an Innovation Plan Concept to the MHSOAC and it would be added to the calendar for “concept approval.” Commissioners would discuss the Plan Concept (using the discussion guide described in Recommendation 3d), provide feedback, and vote on whether the Concept should be approved, rejected, or modified. (This concept approval would be similar to the initial approval Counties have if they sign on to a Multi-County Collaborative.)

If the Concept *does not* receive approval, Counties would have the option to revise the Plan Concept or deprioritize it in favor of a different plan. If the Plan *does* receive concept approval, Counties would continue to develop the details of the Innovation Plan. Upon completion, the County would submit the full Plan to MHSOAC staff, who would review if it meets regulatory requirements (e.g., budget, CPP, evaluation) and has stayed true to the Plan Concept, and if so, add it to the consent agenda for the next Commission meeting.

(The MHSOAC may want to consider exceptions to a Plan being added to the consent agenda after receiving concept approval, such as if a Plan is above a certain dollar amount (e.g., in the top ten percent of size for Innovation Plans), then it automatically must go up for a full vote, or if a Commissioner specifically asks during concept approval for a Plan not to be placed on the consent agenda.

The MHSOAC could also consider automatically providing a planning grant to all Counties who receive concept approval that could be used to fund activities related to developing the concept into a full Plan.

NEXT STEPS

If the MHSOAC decides to adopt a multi-stage approval process, the next step would be to work with Counties and Commissioners to understand the expectations for what should be included in an Innovation Plan Concept in order for Commissioners to be comfortable with voting on it. As a starting point, we would recommend a five-page maximum outline, with the following guidelines for structure:

- One page on the challenge they are trying to solve
- One page on the CPP process
- One page on the proposed approach
- One page on how why the approach is innovative
- One page on evaluation design and what the County hopes to learn from the project

Recommendation 6. Develop a community engagement resource for Counties, identifying tactics for deeper community engagement and lessons learned

The Innovation community reflected varying experiences in how Counties engage their communities when developing Innovation Plans. Many Counties expressed that it is challenging to enable a level of community engagement through the planning process that is authentic and inclusive, while still being feasible within time, budget, regulatory constraints. Others told us that Counties can sometimes fall short of including unserved, underserved, and inappropriately served racial, ethnic, and cultural populations of various age groups adequately within the planning process, and that they don't always have a clear sense for what constitutes best practice and/or tactics that others have used successfully to build stronger engagement.

To address these challenges, we recommend that the MHSOAC work with Counties, Commissioners, consumers, family members, and stakeholder advocacy groups to develop a basic starter/refresher resource for Counties that outlines successful strategies for strengthening community engagement practices.

When possible, the community engagement resource should draw from learnings surfaced from CRDP Phase 1. For example, the CRDP Strategic Plan includes a recommendation for replicating models for community engagement based on the project's Strategic Planning Workgroups (SPWs). SPWs were successful in effectively engaging specific unserved, underserved, and inappropriately served populations in a meaningful way, soliciting their input and incorporating their feedback in the development of policy recommendations and the identification of community-based best practices.¹¹

In partnership with CAMHPRO and NAMI, we have begun developing an outline for a community engagement reference resource. We hope that this outline can serve as a starting point. It includes:

- Tactics to facilitate deeper community engagement (including methods for identifying what communities have historically been left out of Innovation planning)
- Information about technical assistance and other resources to support the community engagement process, including resources that communicate the purpose and limitations of the Innovation Component
- Strategies for assessing and communicating community engagement when writing an Innovation Plan

NEXT STEPS

The resource library will include an outline for the community engagement resource, highlighting key content as well as next steps for further collaboration with the Innovation community (in particular, stakeholder advocacy contract holders) to refine and publicize the resource. This could include developing the resource into a set of "principles" for what a good CPP process looks like.

¹¹ https://cpehn.org/assets/uploads/archive/resource_files/crdp_strategic_plan.pdf, Strategy 23 pp.38

Recommendation 7. Further publicize and clarify existing flexibilities that strengthen County planning processes

The Innovation planning and approval process has many requirements (e.g., robust CPP process, local mental or behavioral health board or commission approval, County Board of Supervisors approval, Commission calendaring and approval). To aid Counties in their planning for these requirements, the MHSOAC has introduced flexibilities in the approval process designed to reduce unnecessary constraints to innovation while staying true to the requirements in the MHSOAC. However, in our interviews, we learned that many County leaders were unaware of these flexibilities and how to take advantage of them. Therefore, we recommend that the MHSOAC circulate a resource that consolidates, clarifies, and further publicizes these existing flexibilities.

The following flexibilities (as well as any other flexibilities identified by the MHSOAC team) should be included in the resource:

- **Planning Grants:** Counties can request (via a simple, low-burden approval process) to use up to \$100,000 of their Innovation allocations for planning.
- **CPP Process Allocations:** Counties may allocate up to 5% of their MHSOAC allocations for the CPP process.
- **Local Board of Supervisors Approval:** A Plan can be submitted for MHSOAC approval *before* the County receives local Board of Supervisors approval, so long as there is a calendared date for the Plan to appear before the Board of Supervisors.
- **Delegated Authority and Consent Agenda:** Innovation Plans that make certain requirements (e.g., a County joining an existing Multi-County Collaborative) can be approved via the Executive Director or via Consent Agenda.

Information in the resource should include how each flexibility intends to remove barriers to Counties in creating strong Innovation Plans, when each flexibility was introduced, and how Counties can take advantage of them.

NEXT STEPS

As part of the resource library, we will develop an outline to describe process flexibilities and propose a process for further development of this resource, including how to incorporate it in the existing MHSOAC Innovation Review Process flowchart in the Innovation Toolkit.¹²

¹² Innovation Toolkit. https://mhsoc.ca.gov/sites/default/files/documents/2018-05/INN_Toolkit_Full.pdf

Recommendation 8. Develop additional orientation materials for new Commissioners

The Innovation Component of the MHSa is unique in both the particularities of its approval process and its ultimate goal of “develop[ing] new best practices in mental health services and supports.”¹³ This leads to a significant learning curve for anyone, including Commissioners, to understand Innovation’s purpose and the intricacies of how it works. To accelerate this learning curve, we recommend that the MHSOAC build upon existing onboarding materials for Commissioners.

Currently, new Commissioners receive a binder with background materials detailing their duties and providing information on the Innovation Plan approval process. As part of its Racial Equity Action Plan, the Commission is examining how to improve the onboarding experience for new Commissioners. Building on that important work, we would also recommend adding the following elements, both in the binder and in a live orientation session:

- A description of the format and structure of Commission meetings, including Commissioners’ typical roles
- A detailed background of MHSa Innovation, including key facets of Innovation Plans, any documents clarifying the definition of Innovation and/or a list of types of projects that would qualify as innovative (see Recommendation 1)
- Resources available to Commissioners in assessing Innovation Plans, including MHSOAC Staff Analysis and any discussion guide adopted by the Commission (See Recommendation 3c)
- Key learnings from recent Innovation Projects
- List of barriers to Innovation, identified in earlier parts of this systems analysis project

Additionally, the MHSOAC should consider encouraging Commissioners to hold ad hoc introductory conversations with members of the Innovation community, such as the CBHDA, organizations that hold a Stakeholder Advocacy Contract with the MHSOAC, MHSOAC Committees and Subcommittees, MHSOAC staff and managers (especially those managing Innovation and the Commission’s grants), and others. This approach would equip Commissioners at the beginning of their tenure with information and relationships that would accelerate the learning curve to understanding how the Innovation Component works.

Finally, the MHSOAC should consider making an abbreviated version of this onboarding available to existing Commissioners as a “refresher training.”

NEXT STEPS

If the MHSOAC decides to adopt this mechanism, we recommend that staff get input from current Commissioners (including newer and more tenured members) about which elements would be helpful to include in a more robust orientation in addition to or instead of those described above. Participating

¹³9 CCR § 3200.184

in a more in-depth orientation and introductory meetings would add to Commissioner workload and may be difficult to schedule, so it is important that any additional onboarding be carefully curated.

Appendix I. Proposed Tools & Resources

The below table summarizes each of the tools (described in the Innovation Action Plan) that will be developed as part of this project’s resource library. The proposed format and rationale to create each tool is detailed in the corresponding recommendation within this Innovation Action Plan. The deliverable indicates the proposed draft format/version for each tool to be developed by as part of the resource library. When developing these resources, we will also outline next steps and highlight areas for input from the Innovation community.

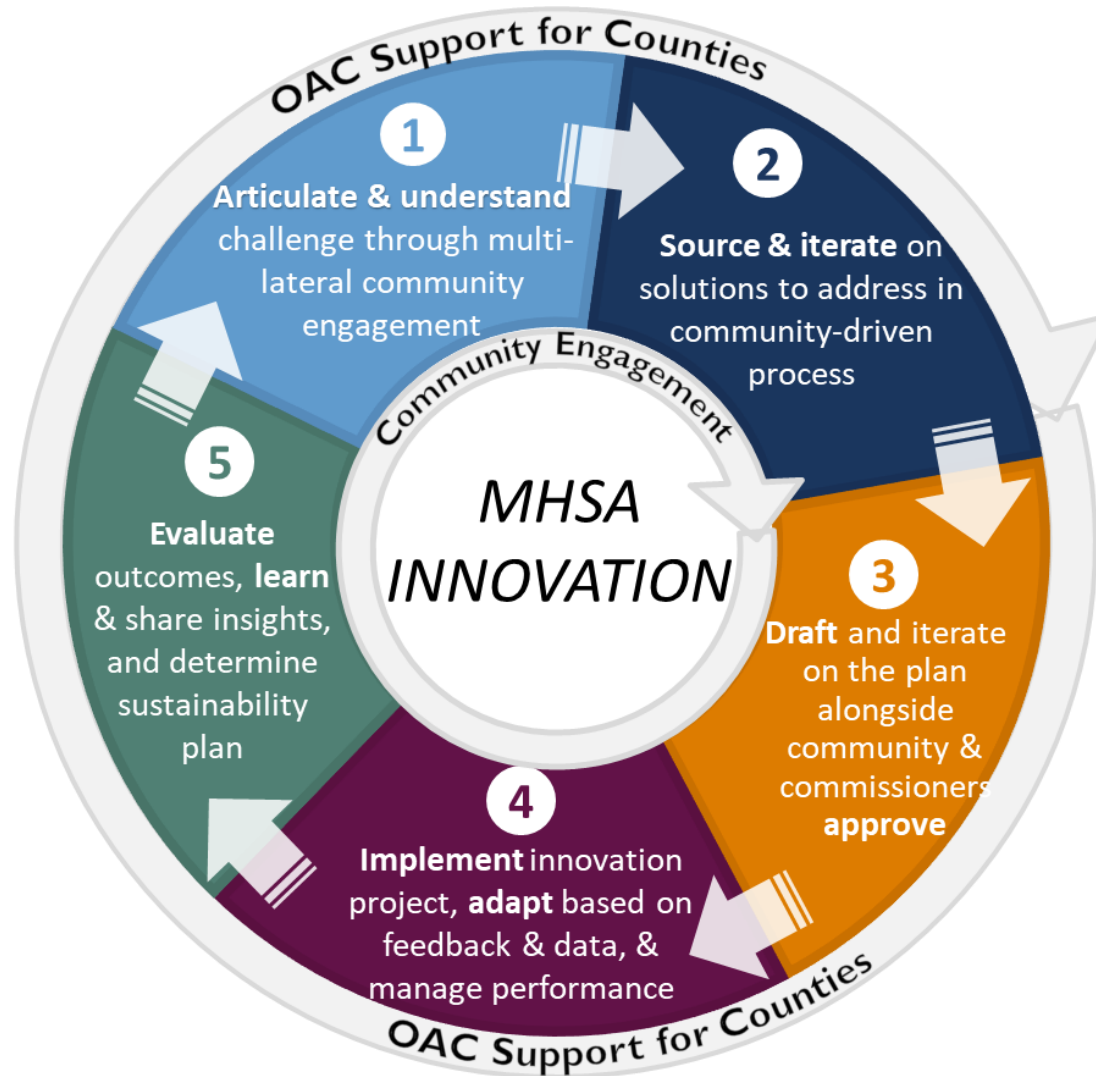
Tool Name	Description	Corresponding Recommendation in IAP
Innovation FAQ resource	Draft of resource	1a (Figure 1)
List of types of projects that would qualify as “innovative”	Draft of resource	1b (Figure 2)
Guide for working with evaluators	Draft of resource	2a
Overview of plan review tools (Recommended Template, Staff Summary, discussion guide)	Draft of resource	3 (Figure 3)
Simplified Recommended Innovation Project Plan Template	Recommended edits to template	3a
Discussion guide Commissioners and others can use to assess Plans	Outline and series of starter questions	3b (Figure 7)
Case studies of stand-out practices and processes	Five case studies	4a
List of ideas for annual convening	Draft agenda	4b
Template for database of Innovation Projects with qualitative and quantitative outcomes	Recommended updates to current dashboard and recommended metrics	4c
Community engagement resource for Counties	Outline for resource, with some content drafted	6
Overview of Innovation process flexibilities for Counties	Draft of resource	7
Orientation materials for new Commissioners	Draft structure for orientation	8
Roadmap for dissemination of resources	Proposed roadmap	N/A

Appendix 2. Systems Analysis Project 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 (CRDP Phase 1)
Jim Mayer	Former Chief of Innovation Incubator , MHSOAC
John Aguirre	ACCESS Ambassador , Stanislaus County
Karen Larsen	HHS 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

Appendix 3. Continuous Improvement Framework

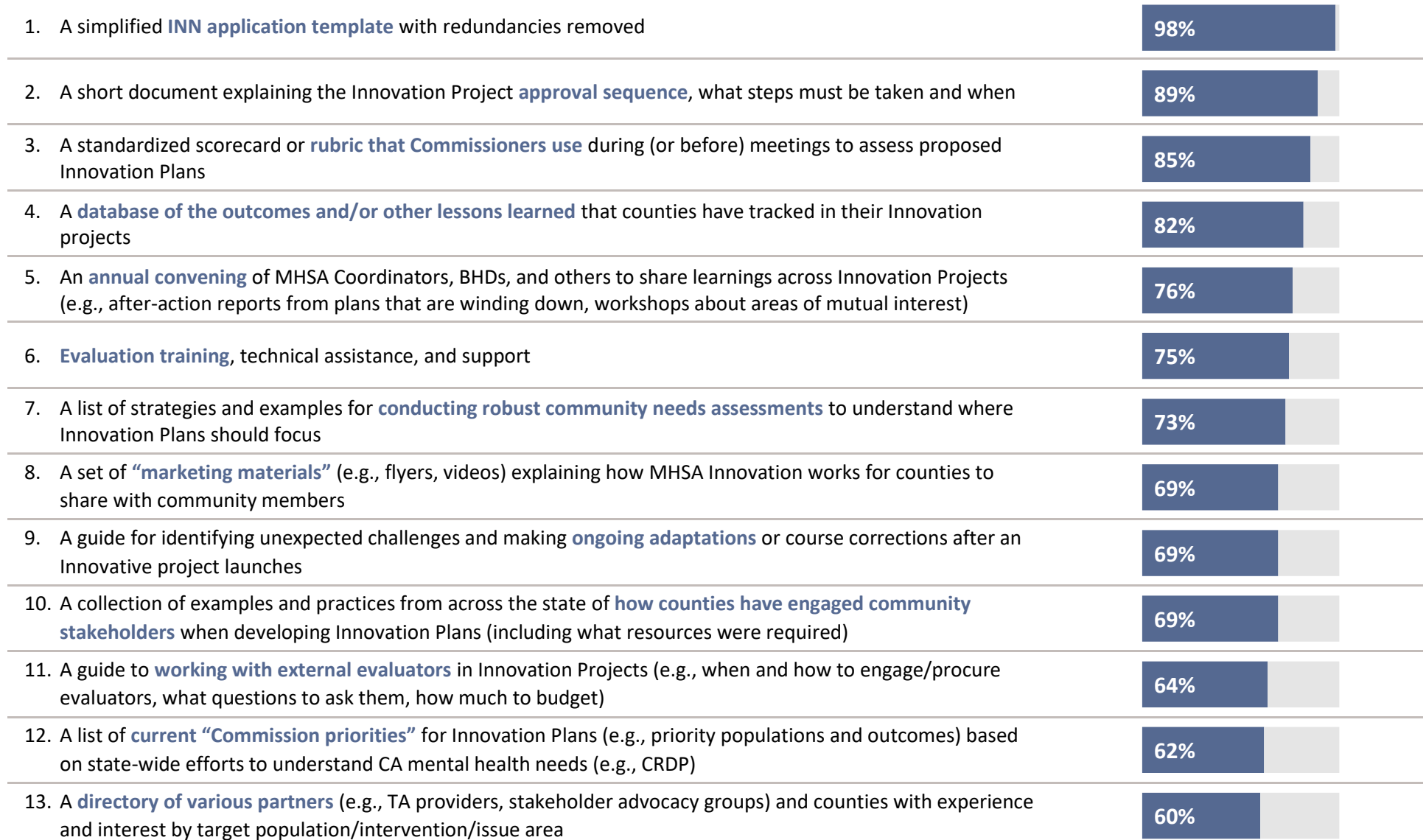
We developed this continuous improvement framework as part of this project's resource library. It is based on our review of past Innovation Plans and on our research on innovation in the public sector (see Methodology Section).



Appendix 4. MHSA Coordinator Survey Results

We asked MHSA Coordinators to rate potential resources on how useful they would be for developing Innovation Plans and implementing projects. We distributed the survey with help from the CBHDA.

Percent of respondents who rated the potential resource “extremely” or “very useful” (n=55)



Appendix 5. More Suggestions from the Innovation Community

Below, we have included suggestions offered to us by the Innovation community that did not ultimately make their way into the Innovation Action Plan, but that we wanted to catalogue and highlight as ideas for future work.

Suggestion
<i>Is there an opportunity to suggest working with the Governor and/or legislature on the reversion timeline or process? That has proved to be a real challenge for counties</i>
<i>Shift Recommendation 2b from an “Innovation Support Group” to an “Innovation Review Board,” which should include Commissioners and have the authority to make “Innovation” determinations. At an early stage, the project should be presented to the Review Board for discussion and feedback and this group should determine whether a county should develop a full Innovation plan. If this group determines a proposal is Innovative learning early on, this requirement should be considered met. When completed, so long as the final Innovation Plan does not deviate from the concept brought forward to the group, this requirement should not be redebated.</i>
<i>It would be great if the OAC could create standards for counties in how to manage stakeholder engagement while clarifying what each plan should include so counties don't have their plans declined.</i>

Appendix 6. Feedback from MHSOAC Committee Members

This Innovation Action Plan was shared via email with the Client and Family Leadership Committee and the Cultural and Linguistic Competence Committee members along with an electronic survey for them to submit feedback on the document. We received three total responses that are included verbatim in the table below; each bullet represents the response of one committee member. To preserve anonymity, we have removed some personally identifiable information from the responses (denoted with brackets).

<p>Recommendation 1. Supplement the definition of innovation with further guidelines</p>	<ul style="list-style-type: none"> • <i>The most important in my opinion is adapting a project that meets specific general goals that shows frequent successes and unsuccessful data or outcomes. In order to have a solid result that can be adapted and have a positive response.</i> • <i>1c. County government employees will look for and require a roadmap to navigate the Innovation Process</i> <i>1d. County Staffers must have clear definitions for everything they do. This is based on HR and the “meeting expectations” category pertaining to the duties of their job in connection with their annual raise.</i> <i>1e. Yes to a 2-5 sentences paragraph that supplement the definition of Innovation by keep the focus narrow.</i> <i>1f. First sentence is “mission statement”.</i> <i>1g. Second sentence is “giver/receiver” (county/partners/what kind of clients).</i> <i>1h. Third sentence is Project Goals (no more than 4).</i> <i>1i. Fourth Sentence is Steps to Project Goals (no more than 3).</i> <i>1j. Innovation Projects should be set up in a scheduling tool.</i> <i>1k. Microsoft Project as a scheduling tool that can handle projects with Phases using a simple waterfall process. They can be connected with their own start and end dates. This is where counties will report-out to the MHSOAC and its Commissioners.</i> <i>1l. Innovation Planning should be a “gated process” with the counties being required to complete each Project Goal and its related Project Phase before going forward to the next.</i> <i>1m. This will facilitate “Lessons Learned” as reports are shared among all within the counties’ statewide grouping of small-medium-large county budgets.</i> <i>1n. This process will also guarantee that the counties are assessing their populations accurately and regularly and re-districting where needed, thereby understanding and serving those communities in greatest need while we (at the MHSOAC) learn, document and share from these new approaches that are being vetted.</i>
<p>Recommendation 2. Expand and deepen technical assistance to Counties</p>	<ul style="list-style-type: none"> • <i>Innovative Working Group is a great idea, having more assistance from Counties regarding any resources they can provide to their communities would be great.</i> • <i>I recently made a comment and recommendation on the importance of having a more specific checklist for counties when it comes to the data collection. And an equal amount of assistance required.</i> • <i>I think this is an excellent idea as I see my name representing my Committee as I have experience as [personally identifiable information removed]. Compensation could come in a variety of ways, with the most important thing being that the Innovation WORKING GROUP is working. The Work will need structure and they (IWG) will need discipline with meeting program deliverables and IWG will need a direct reporting relationship to Toby, Norma, Brian, Dawnte, and Sharmil. I also think that 4-hour sessions would allow the IWG time to interact with the counties (2-hours) and then</i>

	<p><i>spend 2-hours with MHSOAC ensuring that legal requirements for Innovation Projects are being met. Also this can burn through the backlog and then be adjusted when things are caught up.</i></p>
<p>Recommendation 3. Further clarify expectations for Plan development</p>	<ul style="list-style-type: none"> • <i>Maybe more meetings to go over Plan Developments.</i> • <i>If there has to be an adjustment made in the plan, have a more specific timeline to recognize that. That will help to know what seems not to work much faster and come up with other solutions timely.</i> • <i>3d. The IWG can be the bridge between the counties and the MHSOAC by managing target dates.</i> • <i>3e. Project dollars should be managed by MHSOAC staff as they could be considered confidential.</i> • <i>3f. To mitigate county staff confusion and manage "The Process" better we could tie Innovation Project Plans to relevant state regulation.</i> • <i>3g. This will give a "gated process" whereby Project Phase must be completed and approved before releasing funds to move on to the next phase.</i>
<p>Recommendation 4. Develop mechanisms to accelerate the diffusion of learnings from Innovation Projects</p>	<ul style="list-style-type: none"> • <i>This is fine.</i> • <i>Allow there to be separate additional funds available to the project, if needed, for additional hires. If they are not used or there is left it can only be used for that and can be used at different times. The amount could be a fixed or based on a certain percentage?</i> • <i>4e. Create a series of on-line lectures instructing the counties on what we want.</i> • <i>4f. This way the counties can watch the "on demand" lectures and step through the process on their own before they come to the annual Innovation convening.</i> • <i>4g. At the annual convening the counties would be grouped with others as either small, medium, or large and shall attend lectures and seminars based on their county MHSOAC budget.</i> • <i>4h. Case studies will be focused on success stories related to differing culture and language</i> • <i>4i. Homelessness, adult mental health, substance abuse and school related mental health issues are common threads and best practices and solutions shall be discussed.</i> • <i>4j. Perhaps the RAND Corporation can attend our symposium and give a lecture on how to create our own think tank including methodologies on solutions management.</i>
<p>Recommendation 5. Test a multi-stage approval process that provides concept approval earlier in the Plan development cycle</p>	<ul style="list-style-type: none"> • <i>This is good.</i> • <i>This was where my ideas have been really focused on. in the initial phase of collecting the shortcomings at a faster rate, is the only way the whole Innovation plan can be successful. And the guidelines must be followed up according to an interactive outline checklist submitted to the MHSOAC.</i> • <i>5a. In my experience with master program scheduling all programs have a multi-stage approval process as I stated earlier with the use of a "gate".</i> • <i>5b. A gate is an approval process that engineers use to certify that a piece of equipment will work as planned or a mathematical equation will function as stated.</i> • <i>5c. A Meeting takes place and the object undergoes Testing and signatures are required to "sign-off" on the particular process, procedure, equipment or equation to ensure its reliability when it is doing its function.</i> • <i>5d. The Program Concept (The Idea) is approved at the very beginning along with the Giver/Receiver (Seller/Buyer), then comes Authorization (Budget) and then comes the Mission Statement (The Work).</i>

	<p><i>5e. Creating a Program with a phased approach gives us (MHSOAC) greater control over assets and resources thereby reducing liabilities and mitigating loss while giving the general public knowledge about their own wellbeing so that they can live better lives.</i></p>
<p>Recommendation 6. Develop a community engagement resource for Counties, identifying tactics for deeper community engagement and lessons learned</p>	<ul style="list-style-type: none"> • <i>How about the hard to reach population?</i> • <i>Something that shows equal amount of engagement participation of community members throughout the process consistently. Creating a wider range of spaces for community engagement can take place.</i> • <i>6a. The MHSOAC could possibly allow through "certified" channels the opportunity for SMIs that have completed a county sponsored Innovation program the opportunity to say a few words and let us know how these programs affected them directly via a short video clip that can be sent to the MHSOAC, then cleansed and posted by staff to the MHSOAC website.</i> • <i>6b. I was a part of the Phase I of CRDP and this was very effective with SMIs.</i> • <i>6c. "Deeper Engagement" to me means programs that serve more clients successfully.</i> • <i>6d. How do we measure success?</i> • <i>6e. We have to find the success stories and then echo the individual achievement.</i> • <i>6f. Right now in 2021, that means "permanent supportive housing" or "PSH" as well as "substance abuse treatment"</i> • <i>6g. These two initiatives will lead to other mental health success stories including school-based mental health programs that address teen suicide.</i>
<p>Recommendation 7. Further publicize and clarify existing flexibilities that strengthen County planning processes</p>	<ul style="list-style-type: none"> • <i>7a. The LA County Planning Process is not accessible to everyone for a variety of reasons.</i> • <i>7b. Perhaps Counties can begin to encourage citizens and promote a Community Planning Process by becoming advocates themselves through local neighborhood watch programs.</i> • <i>7c. Counties could advertise the community planning process through the various doorbell monitoring systems that are on the market today. This could dissuade the concept of NIMBY.</i>
<p>Recommendation 8. Develop additional orientation materials for new Commissioners</p>	<ul style="list-style-type: none"> • <i>Weekly check list with a short written summary and data of current progress. During initial phase. That will also contribute to earlier phasing out and would be beneficial for the Project and the MHSOAC.</i> • <i>8a. Yes an Orientation Package should be provided to the MHSOAC Commissioner's when they on-board.</i> • <i>8b. I am not familiar with the current binder; however, it appears that more information should be given to Commissioner's so that they can make more informed decisions.</i> • <i>8c. May I suggest using a project management methodology called the "phase-gate process" mentioned by me in this exercise to provide an easy, complete, structured and transparent process that is visible to everyone.</i> • <i>8d. The project (or Plan) is broken down into smaller stages or phase, each delimited by a "gate" whereby decision-makers meet to review the project.</i> • <i>8e. This allows management to build a clearly understandable roadmap for management, stakeholders and consumers alike.</i>
<p>Please use this space to share any other feedback you have about the Innovation Action</p>	<ul style="list-style-type: none"> • <i>No feedback currently.</i> • <i>Tackling challenges in any aspect is the beginning process of opening the window of success wider. I feel strongly on how much opportunity for growth is needed and its with innovation project plans that pave a way for change. So much</i>

Plan that is not connected to a specific recommendation.

dedication is taken tom come up with it but it comes difficult with not enough resources or initial allocation of trial and error at a much faster rate.

- *I think this is a wonderful idea, one that will improve individual productivity as well as overall Agency credibility. Thank you for allowing me to be a part of the organization.*