SOCIAL FINANCE

MHSOAC INNOVATION INCUBATOR SYSTEMS ANALYSIS PROJECT

OCTOBER 2020

Interim Findings on Barriers to Innovation

PREPARED FOR:

MHSOAC
Mental Health Services
Oversight & Accountability Commission

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

INTRODUCTION TO THIS DOCUMENT

- This document includes a **draft list of barriers** that Counties face when developing and implementing innovation programs and projects, as well as ideas from interviewees on how to address those barriers

- The barriers and recommendations draw from **53 interviews** conducted by Social Finance with a range of individuals and organizations who interact with the MHSA Innovation component; we are still in the process of collecting feedback on these draft materials from interviewees
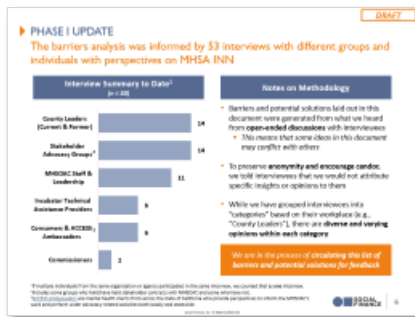
- We look forward to feedback on this draft list, including particularly on how best to prioritize and implement the recommendations

- The primary points of contact for this project are Jake Segal (jsegal@socialfinance.org) and Jim Mayer (jim.mayer@mhsoac.ca.gov)

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REMINDER: PROJECT BACKGROUND AND OBJECTIVES

MHSOAC has engaged Social Finance to develop recommendations and tools for furthering the mission and effectiveness of its Innovation Incubator
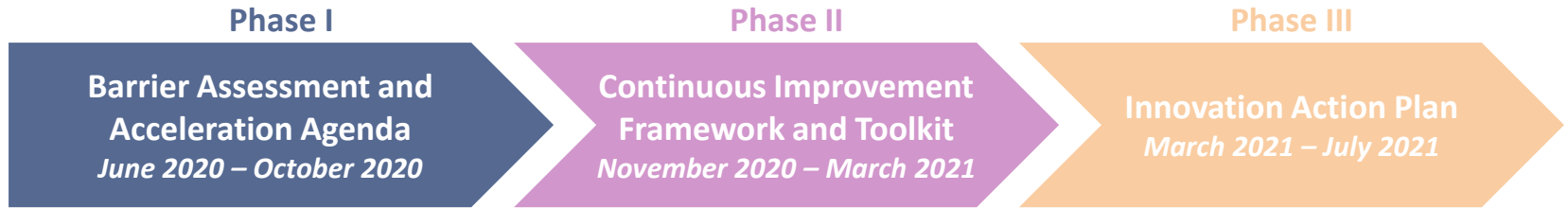
Background

- The Mental Health Services Oversight and Accountability Commission's (MHSOAC) Innovation Incubator is working with Multi-County Collaboratives to **develop new and stronger systems to support mental health.**

- MHSOAC would like to strengthen statewide **capacity for continuous improvement**—attempting to disseminate tools and knowledge that would reach a wider array of Counties (which may not yet be involved in the Incubator's work); to support practice transformation at scale; and to form a clearer mutual understanding between California mental health stakeholder of innovation and continuous improvement.

Objectives

1. To **assess learnings** across the Innovation Incubator's projects, to more clearly define the **role of continuous improvement and innovation,** to understand the value of Multi-County Collaboratives in supporting change at the community scale, and to **identify common barriers** experienced by Counties in pursuing system-level improvements.

2. To distill and refine those learnings into a pragmatic **continuous improvement framework** that Counties can use to improve outcomes, including through MHSA Innovation projects.

3. To **inform and guide changes** within MHSOAC and its state agency partners for continuous improvement and innovation in community mental health services.

SUMMARY OF PROJECT PHASES AND KEY DELIVERABLES

We are conducting the project in three phases, working in close coordination with Commission staff

Phase I	Phase II	Phase III
Barrier Assessment and Acceleration Agenda *June 2020 – October 2020*	**Continuous Improvement Framework and Toolkit** *November 2020 – March 2021*	**Innovation Action Plan** *March 2021 – July 2021*

Objective

Understand the **key barriers** that Counties face when implementing innovation programs and aggregate **policy and practice recommendations**	Develop a **toolkit** with resources for Counties and the Commission to overcome the barriers identified during Phase I and increase program impact	Develop a **roadmap and recommendations** for MHSOAC functions and activities to support continuous improvement and innovation

Deliverable(s)

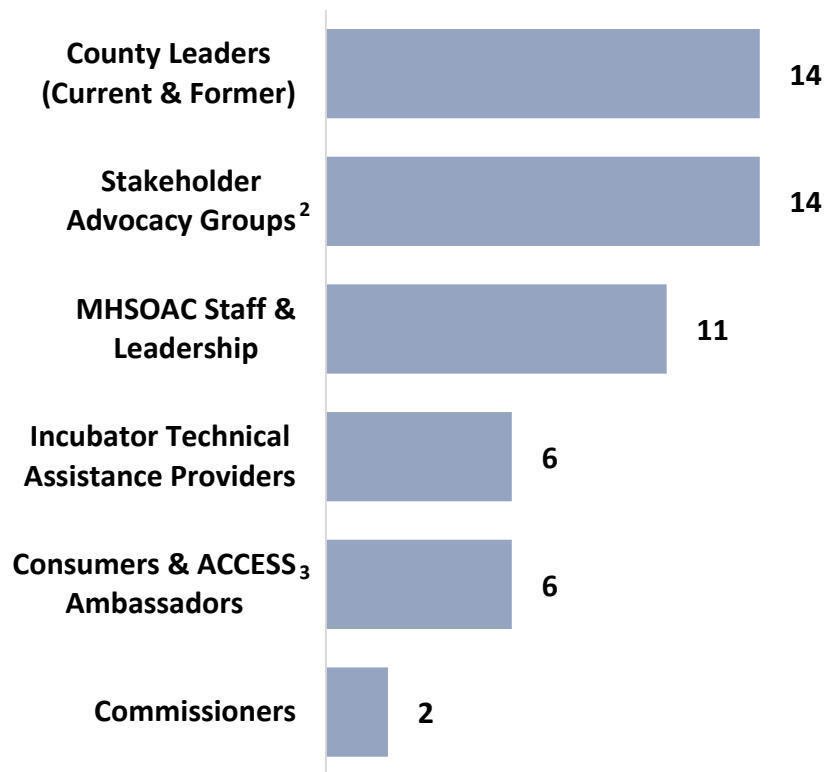|		
• Detailed Project Workplan • Barriers Summary and Acceleration Agenda **This document serves as a draft version of the "Barriers Summary and Acceleration Agenda"**	• Case Studies, Continuous Improvement Framework, and Toolkit	• Innovation Action Plan

PHASE I UPDATE

The barriers analysis was informed by 53 interviews with different groups and individuals with perspectives on MHSA INN

Interview Summary to Date[1]
(n = 53)

Category	Count
County Leaders (Current & Former)	14
Stakeholder Advocacy Groups[2]	14
MHSOAC Staff & Leadership	11
Incubator Technical Assistance Providers	6
Consumers & ACCESS[3] Ambassadors	6
Commissioners	2

Notes on Methodology

- Barriers and potential solutions laid out in this document were generated from what we heard from **open-ended discussions** with interviewees
  - *This means that some ideas in this document may conflict with others*

- To preserve **anonymity and encourage candor,** we told interviewees that we would not attribute specific insights or opinions to them

- While we have grouped interviewees into "categories" based on their workplace (e.g., "County Leaders"), there are **diverse and varying opinions within each category**

*We are in the process of **circulating this list of barriers and potential solutions for feedback***

[1]If multiple individuals from the same organization or agency participated in the same interview, we counted that as *one* interview.
[2]Includes some groups who hold/have held stakeholder contracts with MHSOAC and some who have not.
[3]ACCESS Ambassadors are mental health clients from across the state of California who provide perspectives to inform the MHSOAC's work and perform wider advocacy-related activities both locally and statewide.

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PHASE I NEXT STEPS
Our next step is to get feedback on barriers and priorities

In parallel with this meeting, **we have distributed draft barriers and proposals to counteract those barriers back to interviewees,** and we will continue to incorporate edits into the next version of these materials

The first meeting of the project's Advisory Group will focus on refining and prioritizing this list. In this exercise, we will aim to:

- Assess tradeoffs between feasibility and impact for recommendations, identifying both "low-hanging fruit" and more ambitious, high-value opportunities

- Increase consumer and family member voice in the recommendations

- Understand which recommendations we can address in future phases of work

Looking ahead		
Phase II	**Case Studies on Innovation**	*Develop case studies on how Counties have successfully overcome the barriers identified in Phase I or employed best practices in continuous improvement*
	Resource Library for Counties	*Build a toolkit for County leaders that provides practical resources for strengthening performance management within the continuous improvement framework and addressing barriers identified in Phase I*
Phase III	**Recommendations for the Commission**	*Co-develop recommendations with Commission staff for strategically aligning and improving Commission activities that support continuous improvement and innovation*

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INITIAL EMERGING THEMES: BARRIERS (1 / 3)
Need for more effective community engagement recognized as critical by all interviewees

Challenges with identifying innovative ideas

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

Mismatch in relative priorities

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

▶ INITIAL EMERGING THEMES: BARRIERS (2 / 3)
Interviewees cite a need for greater clarity

Need for a deeper understanding for how INN dollars _have been_ used

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

Need for a deeper understanding for how INN dollars _can be_ used

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

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

▶ INITIAL EMERGING THEMES: BARRIERS (3 / 3)

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

Tension between efficient approval process and the importance of plan details	• Counties complete many steps (CPP process, plan development and iteration, local approval) before presenting plans to the Commission and **feel the nuance and entirety of the plans is not always appreciated** during approval meetings • **Commissioners serve on a part-time basis** and do not always conduct thorough reviews of each plan before voting for or against its approval • While OAC staff can help communicate the details of the plans to Commissioners (particularly via staff analyses), this has given rise to two additional barriers: ▪ **Staff cannot perfectly predict** which components of the plan Commissioners will focus on during approval meetings because there is no standardized review format[1] ▪ Advocacy groups feel that this **shifts some of the decision-making** from Commissioners (appointed positions) to OAC staff (non-appointed positions)
Need for Commissioner feedback earlier in the Innovation Planning process	• Counties noted that sometimes plans are denied for reasons that they could have addressed had they received **earlier feedback from the Commission** on the high-level structure of the plan ▪ The option to apply for INN funding for planning has alleviated this barrier somewhat, but not all Counties are aware of this option, and some view it as a burdensome "planning for the planning" step in an already lengthy process

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

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- Project Overview and Phase I Methodology

- Emerging Themes from List of Barriers

- **Full List of Barriers and Recommendations**

CATEGORIES FOR LIST OF BARRIERS
We organized the list of barriers and recommendations into seven categories

Category	Definition
Limited County Capacity	County staff do not have sufficient capacity and training to complete the complex Innovation Plan writing and approval process
Complex County Politics & Local Relationships	Leadership within Counties have varying priorities and political interests, and it is difficult to align all stakeholders
Incomplete Evaluation & Data	Counties have limited data infrastructure, lack training on evaluation, and are not required to report on learnings
Burdensome Innovation Plan Approval Process	It takes Counties significant time and coordination between many stakeholders to develop Innovation Plans
Unclear What "Good" Looks Like	Stakeholders, Commission, and Counties do not align on what a successful innovation and plan look like
Uneven Stakeholder Engagement	Stakeholders and Counties do not align on the purpose of innovation funding, and the most effective way to engage the community
Volatile One-Time Funding Source	The innovation funding source is volatile and unpredictable, and there is generally no sustainable funding if innovations are successful

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Highlighted by…

Barrier Description	Interviewees' Suggestions to Overcome Barriers[1]	Comm'rs.	MHSOAC Staff & Lead	County Leaders	TA Providers	Community Advocates & Consumers
Counties do not have sufficient staffing to develop, write, and iterate on Innovation Plans (especially smaller Counties, which do not have dedicated staff focused on Innovation); staff have "change fatigue" in adapting to new priorities or practices	• Utilize an Account Manager/Program Specialist model with dedicated Commission staff to assist Counties on an ongoing basis (i.e. each County would be assigned a project manager to shepherd them through the Innovation Plan development and approval process) • Continue to offer additional (local) technical assistance – contracted at the State level, on an ad hoc or continuing basis • Use Incubator to bring in smaller Counties later on when the idea is more "baked" to preserve capacity, and partner with research institutions to take additional burden away from Counties • Change law to allow entities other than the County to apply for funding. Offer training and technical assistance to these entities regarding how to write an Innovation Plan	✓	✓	✓	✓	✓
County leaders and staff are usually trained clinicians, and innovation may not be an area of expertise; they may gravitate toward innovative programs rather than innovative processes	• Partner with universities to improve innovation capacity • Utilize breakout groups to facilitate hack-a-thon type innovation sessions (hack-a-thons are typically "sprint-like" convenings in which various experts, from different backgrounds and work experiences, come together and aim to solve a specific problem. Sometimes, hack-a-thons have a competition aspect) • Involve the private sector, other agencies, and specialists outside the typical participants (e.g. substance use specialists, continuums of care) to strengthen collaboration • Hire external experts to support innovation discussions, either at the County or State level • Connect Counties and other stakeholders with similar interests and goals for joint learning		✓	✓	✓	✓

1. Some suggestions span multiple barriers

BARRIERS RELATED TO **LIMITED COUNTY CAPACITY** (2 of 4)

Highlighted by...

Barrier Description	Interviewees' Suggestions to Overcome Barriers[1]	Comm'rs.	MHSOAC Staff & Lead	County Leaders	TA Providers	Community Advocates & Consumers
Lack of effective knowledge hub to learn about innovation projects, and few tools to support counites in developing strong plans	• Form peer-review and support collaboratives (especially for smaller Counties), allowing the pooling of resources and the sharing of ideas and background research (potentially including additional external support, such as evaluators) • Develop a centralized resource repository / toolkit, information about key needs, promising interventions, FAQs, and other resources to assist in development & implementation of plans (including what Counties have found to be successful, and • Identify highest-priority needs Statewide, identified by Commissioners, to help focus Counties in soliciting / prioritizing innovation proposals		✓	✓	✓	
Subcontracting can be burdensome at County level	• Continue to offer additional (local) technical assistance for key topic areas / needs, contracted at the State level	✓		✓		

1. Some suggestions span multiple barriers

Highlighted by…

Barrier Description	Interviewees' Suggestions to Overcome Barriers[1]	Comm'rs.	MHSOAC Staff & Lead	County Leaders	TA Providers	Community Advocates & Consumers
Mental health system is fragmented and not designed for innovation	• Try to break down the challenges faced by Counties to focus on root causes and specific population needs; use a hypothesis-driven approach to determine how to best address these challenges • Develop clearer regulations and shared understanding of what innovation means, meaningful stakeholder engagement processes, and allowable funding uses. Clarify the requirements of Innovation Plans, create robust and clear requirements for the CPP, and set benchmarks on spending across categories	✓	✓			
Counties lack the infrastructure to appropriately identify and understand all of community's needs, including the capacity to institute a robust CPP	• Develop interactive platform for stakeholders to submit ideas, and develop incubator within each County to bring parties together • Use technology to better track outcomes, including racial, ethnic, and socioeconomic disparities • Provide research and evaluation support from R&E team at OAC, including development of priority needs profiles to help Counties understand community priorities, and support after a Plan is approved in implementation and ongoing evaluation • Provide CPP planning grants to Counties, which could be required to be utilized to engage the community in developing Innovation Plans • Counties should conduct a needs assessment (including talking to community members) and present resulting data to community as part of CPP process to better inform discussions around innovation		✓	✓		✓
Once an Innovation Plan is approved, reporting requirements can be onerous for Counties	• Provide evaluation TA, or financial support for evaluation TA, to Counties • Provide research and evaluation support from R&E team at OAC, including development of priority needs profiles to help Counties understand community priorities, and support after a Plan is approved in implementation and ongoing evaluation			✓	✓	

1. Some suggestions span multiple barriers

Highlighted by…

Barrier Description	Interviewees' Suggestions to Overcome Barriers[1]	Comm'rs.	MHSOAC Staff & Lead	County Leaders	TA Providers	Community Advocates & Consumers
	• Try to break down the challenges faced by Counties to focus on root causes and specific population needs; use a hypothesis-driven approach to determine how to best address these challenges					
Incubator projects assume priorities for Counties, limiting creativity	• Proactively reach out to Counties to determine their needs and priorities for Incubator projects • Develop interactive platform for stakeholders to submit ideas, and develop incubator within each County to bring parties together			✓		✓
Rural Counties have a limited set of providers to carry out interventions	• Develop forum(s) to share learning, ideas, and results of innovations to date, including a library of resources, directory of potential partners and interests of various Counties, an MHSA Innovations peer-reviewed journal, and annual convenings to discuss findings			✓		

1. Some suggestions span multiple barriers

BARRIERS RELATED TO **COMPLEX COUNTY POLITICS AND LOCAL RELATIONSHIPS** (1 of 2)

Highlighted by…

Barrier Description	Interviewees' Suggestions to Overcome Barriers[1]	Comm'rs.	MHSOAC Staff & Lead	County Leaders	TA Providers	Community Advocates & Consumers
Counties have low risk tolerance and face barriers to change	• Use Incubator / multi-County collaboratives to make Innovation component less risky by sharing planning and evaluation workload across multiple partners	✓	✓	✓		✓
Local approval process is burdensome, and it can be challenging to align schedules with OAC review	• Clarify and publicize flexibility in the approval sequence (State approval timeline, County approval timeline, ED approval) to ensure that all Counties have maximum flexibility in their approval processes • Offer training through CALMHBD for advisory board members on MHSA INN • Encourage Commissioners to focus more on setting clear goals / priority outcomes for Innovation work rather focusing so much time and effort on the approval process	✓	✓	✓	✓	
County politics and structures, including their levels of bureaucracy and respective goals, vary greatly across the State	• Develop forum(s) to share learning, ideas, and results of innovations to date, including a library of resources, directory of potential partners and interests of various Counties, an MHSA Innovations peer-reviewed journal, and annual convenings to discuss findings		✓	✓	✓	✓
The same providers and contractors are used too consistently	• Encourage Counties to be flexible in RFP requirements to solicit different types of providers to respond • Include providers in the Community Program Planning process • Be cautious about including providers in the Community Program Planning process due to potential conflicts of interest - exercise care in level of provider involvement • Develop forum(s) to share learning, ideas, and results of innovations to date, including a library of resources, directory of potential partners and interests of various Counties, an MHSA Innovations peer-reviewed journal, and annual convenings to discuss findings		✓	✓	✓	✓

1. Some suggestions span multiple barriers

BARRIERS RELATED TO **COMPLEX COUNTY POLITICS**
AND LOCAL RELATIONSHIPS (2 of 2)

Highlighted by...

Barrier Description	Interviewees' Suggestions to Overcome Barriers[1]	Comm'rs.	MHSOAC Staff & Lead	County Leaders	TA Providers	Community Advocates & Consumers
It is difficult to foster coordination and relationships with other agencies and across sectors within a given County; frequent turnover makes building these cross-agency relationships more difficult	• No suggestions from interviews to date			✓	✓	
There is urgency to maximize services, resulting in a narrow focus on service-based innovations over others focused on learning, process improvement, or data	• OAC should offer separate funding stream for non-service based initiatives to encourage Innovation Plans around data, evaluation and/or technology, allowing Counties to focus separately on service-based interventions		✓			
Some providers will help develop a project, and then are not necessarily awarded the contract to carry out the project	• State should allow Counties more flexibility in procurement structures • Bring providers who develop projects onto projects as experts, even if they are not awarded the contract					✓

1. Some suggestions span multiple barriers

BARRIERS RELATED TO **INCOMPLETE EVALUATION AND DATA** (1 of 3)

Highlighted by...

Barrier Description	Interviewees' Suggestions to Overcome Barriers[1]	Comm'rs.	MHSOAC Staff & Lead	County Leaders	TA Providers	Community Advocates & Consumers
Evaluation metrics, learnings, outcomes, and Innovation Plans are not effectively shared across the State. Counties do not have a strong sense of the programs that are already funded as well as their outcomes as they become apparent	• Create stronger feedback loops to discuss not only project plans, but project implementation and results • Develop forum(s) to share learning, ideas, and results of innovations to date, including a library of resources, directory of potential partners and interests of various Counties, an MHSA Innovations peer-reviewed journal, and annual convenings to discuss findings		✓	✓	✓	✓
Counties do not have the capacity or expertise to develop and conduct high-quality evaluations	• Provide to Counties "evaluation basics" training, framework, and resources including on: conducting and designing evaluations, relationship-building and procurement, when and how to engage evaluation support, how to partner with academic institutions, and estimated cost of external evaluation • Provide broad evaluation TA, or financial support for evaluation TA, to Counties • Provide research and evaluation support from R&E team at OAC, including development of priority needs profiles to help Counties understand community priorities, and support after a Plan is approved in implementation and ongoing evaluation		✓	✓	✓	
Evaluation metrics and measurement tools are not always culturally appropriate	• Train Counties on how to best engage with consumers, focusing on cultural competency					✓
It is challenging to access and aggregate data across numerous sources	• Invest in technology platforms to better track outcomes, with a specific focus on racial, ethnic, and socioeconomic disparities; if helpful, provide evaluation TA or financial support for data access and integration		✓	✓	✓	✓
There are no standardized outcome metrics across the State	• Promulgate set of priority outcomes and measures • Create a forum for Counties to share priorities and identify cross-cutting themes				✓	✓

1. Some suggestions span multiple barriers

BARRIERS RELATED TO **INCOMPLETE EVALUATION AND DATA** (2 of 3)

Highlighted by…

Barrier Description	Interviewees' Suggestions to Overcome Barriers[1]	Comm'rs.	MHSOAC Staff & Lead	County Leaders	TA Providers	Community Advocates & Consumers
Limited (and highly variable) data infrastructure prevents Counties from clearly identifying consumer needs and tracking project outcomes	• Counties should conduct a needs assessment (including talking to community members) and present resulting data to community as part of CPP process to better inform discussions around innovation • Invest in technology platforms to better track outcomes, with a specific focus on racial, ethnic, and socioeconomic disparities; if helpful, provide evaluation TA or financial support for data access and integration				✓	✓
Not all plans have the appropriate level of clearly defined, prospective evaluation plans (and different plans are best suited to different methods of evaluation)	• Clarify evaluation standards, segmented by the size and goals of the project			✓		
Counties consistently use the same evaluators, regardless of their past performance	• Provide to Counties "evaluation basics" training, framework, and resources including on: conducting and designing evaluations, relationship-building and procurement, when and how to engage evaluation support, how to partner with academic institutions, and estimated cost of external evaluation • Similar to the research & evaluation subcommittee, include "experts" on innovation to the Innovation Subcommittee, including individuals from Counties, the private sector, and academic settings		✓		✓	
Counties do not partner with evaluators (or other TA providers) at the right point in the planning phase	• Provide to Counties "evaluation basics" training, framework, and resources including on: conducting and designing evaluations, relationship-building and procurement, when and how to engage evaluation support, how to partner with academic institutions, and estimated cost of external evaluation				✓	
The Community Planning Process is unlikely to identify / prioritize innovations focused on changes to data	• OAC should offer separate funding stream for non-service based initiatives to encourage Innovation plans around data, evaluation and/or technology, allowing the			✓		
Funding cycle does not include enough time for robust evaluation	• For ambitious evaluations (e.g. a large randomized controlled trial), provide more flexibility around the reporting timeline (e.g. a waiver for additional reporting time) • Provide CPP planning grants to Counties, which could be required to be utilized to engage the community in developing Innovation Plans				✓	

1. Some suggestions span multiple barriers

BARRIERS RELATED TO **INCOMPLETE EVALUATION AND DATA** (3 of 3)

Highlighted by…

Barrier Description	Interviewees' Suggestions to Overcome Barriers[1]	Comm'rs.	MHSOAC Staff & Lead	County Leaders	TA Providers	Community Advocates & Consumers
Counties lose expertise in data due to turnover within departments	• Provide research and evaluation support from R&E team at OAC, including development of priority needs profiles to help Counties understand community priorities, and support after a Plan is approved in implementation and ongoing evaluation					✓

1. Some suggestions span multiple barriers

BARRIERS RELATED TO **BURDENSOME INNOVATION PLAN APPROVAL PROCESS** (1 of 4)

Highlighted by…

Barrier Description	Interviewees' Suggestions to Overcome Barriers[1]	Comm'rs.	MHSOAC Staff & Lead	County Leaders	TA Providers	Community Advocates & Consumers
Commissioners don't or can't fully participate in the Innovation Plan process as a result of limited capacity and meeting time	• Lengthen commission meetings, or make them more frequent • Develop standardized templates to promote consistency among Counties, and allow side-by-side Plan comparison • Clarify and publicize flexibility in the approval sequence (State approval timeline, County approval timeline, ED approval) to ensure that all Counties have maximum flexibility in their approval processes		✓	✓		✓
Lack of alignment between Commissioners and Commission staff on which elements of a Plan are most important; staff perspectives may affect feedback on a plan, may focus more on nuances than the overall strategy	• Develop a public rubric for Commissioners (and potentially others) to utilize to score plans • Develop a mechanism for Commissioners to indicate whether a Plan is on track earlier in the approval process, including through Commission staff briefings, a brief letter of intent, etc.		✓	✓	✓	✓
The amount of time/effort to create plans and get them approved is disproportionate to the size of funds, and the process takes too long	• Continue to offer additional (local) technical assistance – contracted at the State level • Develop a centralized resource repository / toolkit, information about key needs, promising interventions, FAQs, and other resources to assist in development & implementation of plans (including what Counties have found to be successful, and how to meaningfully engage stakeholders) • Clarify and publicize flexibility in the approval sequence (State approval timeline, County approval timeline, ED approval) to ensure that all Counties have maximum flexibility in their approval processes		✓	✓	✓	✓

1. Some suggestions span multiple barriers

BARRIERS RELATED TO **BURDENSOME INNOVATION PLAN APPROVAL PROCESS** (2 of 4)

Highlighted by…

Barrier Description	Interviewees' Suggestions to Overcome Barriers[1]	Comm'rs.	MHSOAC Staff & Lead	County Leaders	TA Providers	Community Advocates & Consumers
Commissioners have different vantage points; as a result of their interests, Commissioners can focus on unanticipated, granular aspects of a Plan during meetings	• Develop a public rubric for Commissioners (and potentially others) to utilize to score plans • Develop a mechanism for Commissioners to indicate whether a Plan is on track earlier in the approval process, including through Commission staff briefings, a brief letter of intent, etc.			✓		
The process is consistently changing and it can be hard for Counties to keep up	• Develop clearer regulations and shared understanding of what innovation means, meaningful stakeholder engagement processes, and allowable funding uses. Clarify the requirements of Innovation Plans, create robust and clear requirements for the CPP, and set benchmarks on spending across categories • Create user-friendly tools and guides		✓			
Limited capacity of Commission staff results in not enough TA for Counties, lack of tracking of Plans, and untimely feedback	• Continue to offer additional (local) technical assistance – contracted at the State level • Form peer-review and support collaboratives for smaller Counties, allowing the pooling of resources and the sharing of ideas and research (potentially including additional external support) - could include a regional technical assistance center		✓	✓	✓	
Local approval process is burdensome, and it can be challenging to align schedules with OAC review	• Clarify and publicize flexibility in the approval sequence (State approval timeline, County approval timeline, ED approval) to ensure that all Counties have maximum flexibility in their approval processes			✓		
Counties are not required to use consistent template, and the sample template does not spur creativity	• Develop standardized templates to promote consistency among Counties, and allow side-by-side Plan comparison • Develop guides and examples of continuous improvement and innovation plans to lift up promising examples • Develop interactive platform for stakeholders to submit ideas, and develop incubator within each County to bring parties together		✓	✓		

1. Some suggestions span multiple barriers

BARRIERS RELATED TO **BURDENSOME INNOVATION PLAN APPROVAL PROCESS** (3 of 4)

Highlighted by...

Barrier Description	Interviewees' Suggestions to Overcome Barriers[1]	Comm'rs.	MHSOAC Staff & Lead	County Leaders	TA Providers	Community Advocates & Consumers
Difficult for Counties' timelines to align in Multi-County Collaboratives	• Clarify and publicize flexibility in the approval sequence (State approval timeline, County approval timeline, ED approval) to ensure that all Counties have maximum flexibility in their approval processes • Proactively reach out to Counties to determine their needs and priorities for Incubator projects				✓	
Board of Supervisor approval can hold up funding for approved projects (even though it is earmarked for innovation)	• Encourage Counties to integrate MHSA Innovation planning with non-MHSA planning			✓		
It is difficult to manage all the stakeholders in the plan approval process	• Provide guidance for Counties regarding how to engage meaningfully with consumers (including by ensuring consumers and stakeholders are aware of meetings, offering stipends to engage stakeholders and consumers, giving space for stakeholder presentations, holding community training and listening sessions, and giving funding for tech/internet access, child care, food, outreach, translation services, etc. for participating consumers) • Continue to offer additional (local) technical assistance – contracted at the State level				✓	
There are no innovation experts on the Commission	• The Commission should hire experts on innovation to support Counties, and connect Counties and other stakeholders with similar interests and goals as they conduct their planning • Where possible, partner with universities to strengthen innovation capacity				✓	
The Commission is taking more control of how dollars are spent	• Revert and/or reopen decisions on recent Rules of Procedure changes; in particular, revisit Executive Director authority to review plans under $1M			✓		
	• Use repeated messaging to ensure Counties and other stakeholders are aware of processes					

1. Some suggestions span multiple barriers

BARRIERS RELATED TO **BURDENSOME INNOVATION PLAN APPROVAL PROCESS** (4 of 4)

Highlighted by...

Barrier Description	Interviewees' Suggestions to Overcome Barriers[1]	Comm'rs.	MHSOAC Staff & Lead	County Leaders	TA Providers	Community Advocates & Consumers
Local mental health boards feel shut out innovation planning process, as more is coordinated by the County and the same stakeholders each year	• Develop clearer regulations and shared understanding of what innovation means, meaningful stakeholder engagement processes, and allowable funding uses. Clarify the requirements of Innovation Plans, create robust and clear requirements for the CPP, and set benchmarks on spending across categories • Consider requiring local mental health boards to approve Innovation Plans • Encourage Counties to integrate MHSA Innovation planning with non-MHSA planning • Ensure local mental health board representatives are invited to CPP process		✓			
The Commission does not have enough authority to influence Counties, and there is not an effective oversight function	• Create oversight board for the Commission to ensure the Commission is upholding the intent and the legal standards of the MHSA					✓
The Commission doesn't take Innovation funding seriously, and does not focus on funding services for individuals with SMI diagnoses	• Promote both recovery and prevention models, focusing upstream when possible • Put funding where it can do the most good (e.g., where it can have the most impact)					✓
The challenges faced by consumers are constantly evolving, which can be a challenge because the Innovation Plan approval process takes a long time, making stakeholder feedback become stale	• Provide guidance for Counties regarding how to engage meaningfully with stakeholders and the community, ensuring all are aware of meetings (e.g. send County-wide emails, resources to encourage stakeholder participation, appropriate stipends, allowing stakeholder presentations, community listening sessions, et al.)			✓		

1. Some suggestions span multiple barriers

BARRIERS RELATED TO **UNCLEAR WHAT "GOOD" LOOKS LIKE**
(1 of 3)

Highlighted by…

Barrier Description	Interviewees' Suggestions to Overcome Barriers[1]	Comm'rs.	MHSOAC Staff & Lead	County Leaders	TA Providers	Community Advocates & Consumers
Disagreement on the intent of innovation funding within MHSA, who the funding is intended to serve, and what is considered a priority mental health challenge to be addressed by Innovation Plans	• Develop clearer regulations and shared understanding of what innovation means, meaningful stakeholder engagement processes, and allowable funding uses. Clarify the requirements of Innovation Plans, create robust and clear requirements for the CPP, and set benchmarks on spending across categories • Develop standardized templates to promote consistency among Counties, and allow side-by-side Plan comparison		✓	✓	✓	✓
Guidance on what constitutes innovation is too broad, and Counties struggle to determine what is considered innovative and what is allowable replication			✓	✓		✓
The Commission's definition of innovation is unclear, has changed over the years, and continues to change			✓	✓		✓
Fundamentally difficult to legislate a concept like innovation, as legislation can be rigid	• Allow for flexibility - combined with clear frameworks and guidance - so that Counties can adequately meet the needs of the community			✓	✓	
Counties struggle to articulate the problem they are trying to solve, and to identify new treatment models and interventions	• Develop a centralized resource repository / toolkit, information about key needs, promising interventions, FAQs, and other resources to assist in development & implementation of plans (including what Counties have found to be successful, and how to meaningfully engage stakeholders) • OAC should offer separate funding stream for non-service based initiatives to encourage Innovation plans around data, evaluation and/or technology, allowing the Counties to focus separately on service-based interventions projects (as defined through a collaborative process with the INN Subcommittee) and robust CPP processes		✓		✓	✓

1. Some suggestions span multiple barriers

BARRIERS RELATED TO **UNCLEAR WHAT "GOOD" LOOKS LIKE**
(2 of 3)

Highlighted by...

Barrier Description	Interviewees' Suggestions to Overcome Barriers[1]	Comm'rs.	MHSOAC Staff & Lead	County Leaders	TA Providers	Community Advocates & Consumers
Many Counties associate innovation with technology; there is a focus on tech/digital innovations, which can be a challenge for consumers who are not tech-savvy	• The Commission should hire experts on innovation to support Counties, and connect Counties and other stakeholders with similar interests and goals as they conduct their planning • Where possible, partner with universities to strengthen innovation capacity • Promote both recovery and prevention service delivery models, focusing upstream when possible		✓			✓
Counties want to use innovation funding to fill service gaps, and may be incentivized to do so even more during periods of fiscal constraints	• Develop clearer regulations and shared understanding of what innovation means, meaningful stakeholder engagement processes, and allowable funding uses. Clarify the requirements of Innovation Plans, create robust and clear requirements for the CPP, and set benchmarks on spending across categories		✓			
Few people involved in the Innovation component have sufficient training to understand the intent of the MHSA	• Expand MHSA trainings to increase awareness about requirements and high-quality processes; hold a leadership academy for Counties to accelerate learning • Offer process and/or funding incentives for Counties with particularly "innovative" projects (as defined through a collaborative process with the INN Subcommittee) and robust CPP processes					✓
Mental health providers do not deliver interventions consistently	• Utilize rating and review mechanisms to monitor provider progress, ensure efficacy of service delivery across providers, and hold providers accountable to the intervention model - some of these already exist in certain Counties		✓			
The system is too adult-driven and oftentimes does not focus on children	• Develop a centralized resource repository / toolkit, information about key needs, promising interventions, FAQs, and other resources to assist in development & implementation of plans (including what Counties have found to be successful, and how to meaningfully engage stakeholders)					✓

1. Some suggestions span multiple barriers

BARRIERS RELATED TO **UNCLEAR WHAT "GOOD" LOOKS LIKE**
(3 of 3)

Highlighted by…

Barrier Description	Interviewees' Suggestions to Overcome Barriers[1]	Comm'rs.	MHSOAC Staff & Lead	County Leaders	TA Providers	Community Advocates & Consumers
Much of the written guidance contains jargon and/or does not translate easily to all audiences	• Give consumers the training and tools to understand the innovation process and the importance of their voice as part of the MHSA (through external trainings or community-wide meetings). Hold more stakeholder meetings to include more consumers in the process					✓

1. Some suggestions span multiple barriers

BARRIERS RELATED TO **UNEVEN STAKEHOLDER ENGAGEMENT** (1 of 4)

Highlighted by…

Barrier Description	Interviewees' Suggestions to Overcome Barriers[1]	Comm'rs.	MHSOAC Staff & Lead	County Leaders	TA Providers	Community Advocates & Consumers
There are vague requirements with respect to the CPP, which disincentivizes Counties from engaging in a robust process in an effort to be more efficient	• Develop clearer regulations and shared understanding of what innovation means, meaningful stakeholder engagement processes, and allowable funding uses. Clarify the requirements of Innovation Plans, create robust and clear requirements for the CPP, and set benchmarks on spending across categories		✓	✓	✓	✓
Consumers, stakeholders, and Counties have different priorities and definitions of innovation, do not communicate effectively, and can lack trust; stakeholders often do not feel heard by the Counties nor Counties understood by stakeholders	• Recommend Counties to join advisory councils of stakeholder groups which already exist (rather than scheduling separate meetings) • Plans should better highlight the involvement of stakeholders in idea generation and development for the Commission. • Involve stakeholders in the process of scoring Plans • Utilize human-centered design approach to understand the needs of the consumer - provide support for Counties in using this framework		✓	✓	✓	✓
Minority voices are often drowned out by louder stakeholder advocates and by County leadership / staff, with an emphasis on "majority rules"	• Utilize a variety of peer-run focus groups to invite stakeholder perspectives • Foster a welcoming environment for consumers, including accessible times and locations, non-intimidating atmospheres and peer-run meetings and focus groups. Encourage Counties to use available funding for transportation or other costs for consumers • Invite more local stakeholders who were meaningfully involved in the CPP process to come to Commission hearings and voice their support for proposed plans		✓	✓	✓	✓
Counties do not provide meaningful accommodations for consumers (e.g. resources for transportation, etc.), hold meetings at accessible times, or effectively market and make consumers aware of the CPP	• Utilize a variety of peer-run focus groups to invite stakeholder perspectives • Foster a welcoming environment for consumers, including accessible times and locations, non-intimidating atmospheres and peer-run meetings and focus groups. Encourage Counties to use available funding for transportation or other costs for consumers		✓	✓	✓	✓

1. Some suggestions span multiple barriers

BARRIERS RELATED TO **UNEVEN STAKEHOLDER ENGAGEMENT** (2 of 4)

Highlighted by…

Barrier Description	Interviewees' Suggestions to Overcome Barriers[1]	Comm'rs.	MHSOAC Staff & Lead	County Leaders	TA Providers	Community Advocates & Consumers
It is difficult to get certain consumers engaged due to stigma, location of meetings, fear of public speaking, and lack of cultural competency. Data collected through certain outreach strategies is often self-serving and does not provide effective information	• Give consumers the training and tools to understand the innovation process and the importance of their voice as part of the MHSA (through external trainings or community-wide meetings). Hold more stakeholder meetings to include more consumers in the process • Use repeated messaging to ensure Counties and other stakeholders are aware of processes • Foster a welcoming environment for consumers, including accessible times and locations, non-intimidating atmospheres and peer-run meetings and focus groups. Encourage Counties to use available funding for transportation or other costs for consumers			✓		✓
Consumers do not fully understand their roles in the MHSA, and do not necessarily have the expertise to draft Innovation Plans borne out o their ideas	• Give consumers the training and tools to understand the innovation process and the importance of their voice as part of the MHSA (through external trainings or community-wide meetings). Hold more stakeholder meetings to include more consumers in the process					✓
There is misalignment between Counties and stakeholders about whether / to what extent Innovation Plan ideas must be generated from the CPP	• Develop clearer regulations and shared understanding of what innovation means, meaningful stakeholder engagement processes, and allowable funding uses. Clarify the requirements of Innovation Plans, create robust and clear requirements for the CPP, and set benchmarks on spending across categories			✓		✓
Counties inconsistently incorporate consumer feedback into Plans, leading to frustration for consumers; alternative processes (such as the Incubator) minimize the role of community feedback in sourcing ideas	• Utilize breakout groups to facilitate hack-a-thon type innovation sessions (hack-a-thons are typically "sprint-like" convenings in which various experts, from different backgrounds and work experiences, come together and aim to solve a specific problem. Sometimes, hack-a-thons have a competition aspect)	✓		✓		✓

1. Some suggestions span multiple barriers

Highlighted by…

Barrier Description	Interviewees' Suggestions to Overcome Barriers[1]	Comm'rs.	MHSOAC Staff & Lead	County Leaders	TA Providers	Community Advocates & Consumers
Some meeting participants may use public comment period to lobby against a plan, sometimes with limited information and/or motivations not entirely relevant to the Innovation component	• No suggestions from interviews to date			✓	✓	
Some consumers and stakeholder advocacy groups are expected to speak for the entire community, and stakeholder advocacy groups are lumped together	• Foster a welcoming environment for consumers, including accessible times and locations, non-intimidating atmospheres and peer-run meetings and focus groups. Encourage Counties to use available funding for transportation or other costs for consumers					✓
Communities lose interest in coming to meetings	• Utilize various communication methods to reach as many consumers as possible (e.g. radio ads, letters in the mail, and in-person updates) • Use repeated messaging to ensure Counties and other stakeholders are aware of processes			✓		
Small Counties struggle to interact with stakeholders due to more limited resources	• Form peer-review and support collaboratives for smaller Counties, allowing the pooling of resources and the sharing of ideas and research (potentially including additional external support) • Provide guidance for Counties regarding how to engage meaningfully with stakeholders and the community, ensuring all are aware of meetings (e.g. send County-wide emails, resources to encourage stakeholder participation, appropriate stipends, allowing stakeholder presentations, community listening sessions, et al.)		✓			
Providers are left out of the stakeholder process	• Include providers in the Community Program Planning process in a limited capacity - with specific mechanisms to prevent conflicts of interest				✓	
County working groups are bureaucratic and do not encourage varying perspectives	• Provide guidance for Counties regarding how to engage meaningfully with stakeholders and the community, ensuring all are aware of meetings (e.g. send County-wide emails, resources to encourage stakeholder participation, appropriate stipends, allowing stakeholder presentations, community listening sessions, et al.)					✓

1. Some suggestions span multiple barriers

BARRIERS RELATED TO **UNEVEN STAKEHOLDER ENGAGEMENT** (4 of 4)

Highlighted by…

Barrier Description	Interviewees' Suggestions to Overcome Barriers[1]	Comm'rs.	MHSOAC Staff & Lead	County Leaders	TA Providers	Community Advocates & Consumers
Consumers feel discriminated against for their diagnosis and not heard by Counties	• Train Counties on how to best engage with consumers, focusing on cultural competency					✓
Counties do not get adequate representation from certain groups of consumers	• Provide guidance to Counties about supporting consumer participation in planning processes (e.g., tech/internet access, child care, food, outreach, translation services, etc.) • Utilize various communication methods to reach as many consumers as possible (e.g. radio ads, letters in the mail, and in-person updates)					✓
Sometimes Consumers do not get to comment on plans until they reach the State level, at which time they are only allowed a two-minute comment period and comments are not required to be addressed, rendering the public comment period less meaningful	• Use repeated messaging to ensure Counties and other stakeholders are aware of processes • Provide guidance for Counties regarding how to engage meaningfully with stakeholders and the community, ensuring all are aware of meetings (e.g. send County-wide emails, resources to encourage stakeholder participation, appropriate stipends, allowing stakeholder presentations, community listening sessions, et al.) • Provide CPP planning grants to Counties, which could be required to be utilized to engage the community in developing Innovation Plans					✓
Stakeholder groups feel pitted against each other due to limited resources	• State should offer more funding for stakeholder groups					✓
Stakeholders have better relationships with the State than with the Counties	• Encourage Counties to utilize stakeholder resources that have already been created, and engage intersectional stakeholders					✓
Counties sometimes have perspectives on the best use of Innovation dollars that don't emerge from the majority of consumers engaged in the CPP process	• Consider focused strategies on specific priority populations • Provide guidance for Counties regarding how to engage meaningfully with stakeholders and the community, ensuring all are aware of meetings (e.g. send County-wide emails, resources to encourage stakeholder participation, appropriate stipends, allowing stakeholder presentations, community listening sessions, et al.)					✓

1. Some suggestions span multiple barriers

Highlighted by…

Barrier Description	Interviewees' Suggestions to Overcome Barriers[1]	Comm'rs.	MHSOAC Staff & Lead	County Leaders	TA Providers	Community Advocates & Consumers
Counties want to use innovation funding to fill service gaps, and may be incentivized to do so even more during periods of fiscal constraints	• Offer process and/or funding incentives for Counties with particularly "innovative" projects (as defined through a collaborative process with the INN Subcommittee) and robust CPP processes • OAC should offer separate funding stream for non-service based initiatives to encourage Innovation Plans around data, evaluation and/or technology, allowing the Counties to focus separately on service-based interventions	✓		✓	✓	✓
Plans do not address sustainability, and Counties often have done little thinking on how to sustain innovations if they prove effective. The burden of ongoing funding for continued services falls on the Counties	• Expand MHSA training to Counties to ensure they are aware of funding streams and requirements, with a section on sustainable funding availability and options. Consider holding a leadership academy for Counties • Consider process or funding incentives for projects in which MHSA funding is front-loaded and requires a County match that grows over time		✓	✓		
Limitations on what Medi-Cal and other funding can cover on an ongoing basis, which usually doesn't include innovative solutions	• Aim to build relationships with other county and state agencies, and identify opportunities to braid funding from multiple agencies to deliver effective cross-agency interventions					✓
The funding source is volatile and unpredictable			✓	✓		
The budget shortfall is making MHSA more political	• No suggestions from interviews to date		✓	✓		
Smaller Counties have more budget limitations and complicated cost reimbursement structures due to shared services	• Form peer-review and support collaboratives for smaller Counties, allowing the pooling of resources and the sharing of ideas and research (potentially including additional external support)				✓	
Counties have to make decisions before they know about the sustainability of funding	• Aim to build relationships with other county and state agencies, and identify opportunities to braid funding from multiple agencies to deliver effective cross-agency interventions				✓	

1. Some suggestions span multiple barriers

Highlighted by…

Barrier Description	Interviewees' Suggestions to Overcome Barriers[1]	Comm'rs.	MHSOAC Staff & Lead	County Leaders	TA Providers	Community Advocates & Consumers
State contracting rules are rigid and do not provide flexibility for providers (especially those that may be more cash-strapped) due to retroactive reimbursement (i.e., payment to providers is made after services are delivered and expenses have been incurred), resulting in cash flow challenges for providers	• State should allow Counties more flexibility in procurement structures - enabling upfront payments to providers to limit cash flow challenges					✓

1. Some suggestions span multiple barriers