



# MHSA INNOVATION COMPONENT

MHSA Office: 5108 E. Clinton Way, Suite 108,  
Fresno, CA 93727



# INN PURPOSE

- Add novel, creative and/or ingenious approaches to local mental health practices
- Contribute to learning
- New application of a promising approach to solving persistent, intractable mental health challenges



# Going Forward

- Community education
- Survey/focus group data collection
- Moving down the decision tree
- Plan drafting
- Approval Process
- Implement
- Measure
- Report



# Decision Path

1. ID significant, challenging problem for County
2. ID barriers to solutions
3. Choose one or more essential INN purposes
4. Establish learning goals/change goals
5. Target a mental health practice or approach as vehicle for INN plan




# Decision steps 1 and 2

- Determine issues and barriers through data collection



# Essential purposes (select one or more through informed community planning)

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services



# Learning Goals (select one or more through informed community planning)

- Select priority learning/change goal(s)
- Useful Q.'s
  - What will County learn?
  - How will County apply learning?
  - What will be different if successful?
  - What are best ways to apply this Innovation?
- Should be consistent with essential purposes selected



# Mental Health Practices/

## Approaches (select one or more through informed community planning)

- Ideas from various sources, including past community planning processes
- Consistent with essential purposes and learning goals
- “Trying out” new approaches contributes to learning
- Contributes to learning, does NOT provide a service





# Plan Draft

Plan must describe how the project is:

- New;
- Changed; or
- Adopted from outside of Mental Health



# SUSTAINABILITY

- Measure outcomes
- If positive and County chooses, transfer to an on-going funding source
- Successful INN projects can be integrated in to other MHSA (e.g. CSS/PEI)



# Non-Supplant

According to CCR, Title 9, Division 1, Chapter 14, section 3410, the MHSA non-supplant requirements related to county expenditures must be met



# LEVERAGING

- Not required, but expected
- To build capacity with community partners
- To broaden scope of mh practice



# INN Funding Estimates

- Community Program Planning funds (unspent amounts included in programming) = **\$869,900**
- Maximum two-year INN Program funds (incl. the CPP funds) = **\$3,479,600**



# CPP Process

1. Resource Development Associates (RDA):  
System Performance Review
  - 6 month contract
  - Review of all mh services within county
2. County-wide consumer-specific planning process
  - Education
  - Focus groups
  - Surveys



# RDA- System Performance Review

- Under/over/inappropriately utilized services;
- Road-map for all services within county lines
- Revenue leakages/untapped resources
- High-cost consumers/solutions
- Early ID of clinical pathways
- Least restrictive settings
- Recommendations for INN planning
- Recommendations for Cultural Competency Plan (due 7/28/2010)



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