MENTAL HEALTH INNOVATION: BARRIERS AND OPPORTUNITIES
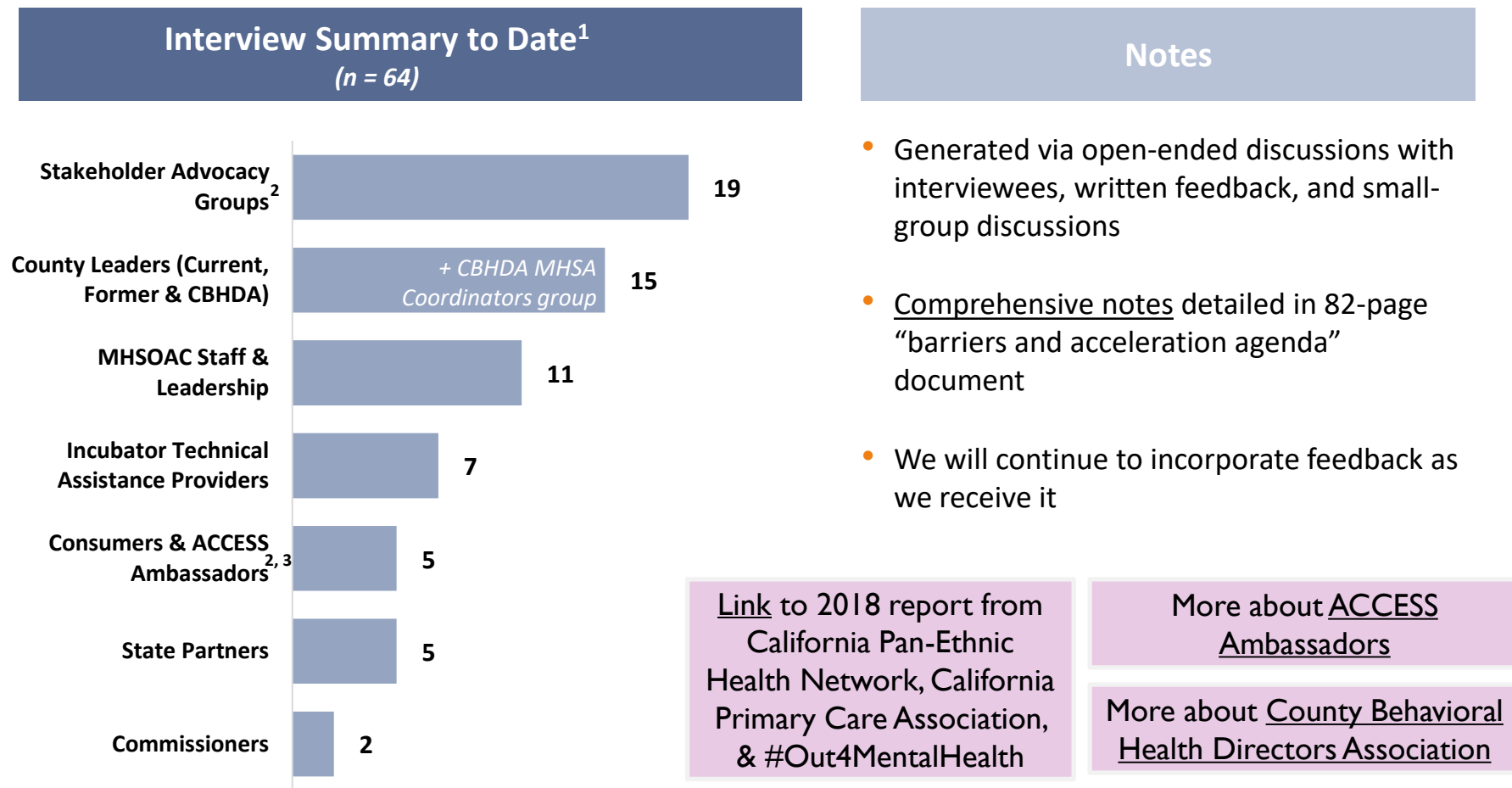
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Informed by 64 interviews, written feedback from 8 interviewees, 16-member discussion group, MHSA coordinator meeting, and 102 innovation plans

Interview Summary to Date[1]
(n = 64)

Category	Value
Stakeholder Advocacy Groups[2]	19
County Leaders (Current, Former & CBHDA) *+ CBHDA MHSA Coordinators group*	15
MHSOAC Staff & Leadership	11
Incubator Technical Assistance Providers	7
Consumers & ACCESS Ambassadors[2,3]	5
State Partners	5
Commissioners	2

Notes

- Generated via open-ended discussions with interviewees, written feedback, and small-group discussions

- Comprehensive notes detailed in 82-page "barriers and acceleration agenda" document

- We will continue to incorporate feedback as we receive it

Link to 2018 report from California Pan-Ethnic Health Network, California Primary Care Association, & #Out4MentalHealth

More about ACCESS Ambassadors

More about County Behavioral Health Directors Association

[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. Also, includes some groups who are also service providers.

[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. Consumers includes both consumers and family members of consumers.

OVERVIEW: KEY BARRIERS

Limited County Capacity

Unclear What "Good" Looks Like

Complex County Politics & Local Relationships

Uneven Stakeholder Engagement

Incomplete Evaluation & Data

Volatile One-Time Funding Source

Burdensome Plan Approval Process

WHAT WE'VE HEARD: KEY THEMES (1)
Need for more effective community engagement

Mismatch in relative priorities	• **County leaders spend more time and energy on INN Plans** vs. other funding sources • But for some programs and groups, **INN funding is the most accessible (or only) way to access PMH dollars**
Challenges with identifying innovative ideas	• County behavioral health departments are **designed first for service delivery** (vs. "innovation"); leaders have training and experience as clinicians • Innovative ideas exist within County communities, **but don't always translate to Innovation Plans:** lack of capacity / resources to engage stakeholders in an authentic, non-extractive, culturally competent way; ideas driven in part based on what approval bodies want to hear

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WHAT WE'VE HEARD: KEY THEMES (II)

Need for greater clarity

How INN dollars *can be* used

- **Unclear "what a good innovation project looks like,"** inconsistent bar for review

- **Varied understanding about allowable uses:** Overly focused on what has "never been done before," equation of "innovation" with "technology"

How INN dollars *have been* used

- **Need more robust way to track, evaluate, and learn** from Innovation Projects

- Counties (especially smaller ones) **do not always have the technical capacity to create robust evaluation plans;** lack the data infrastructure to on community needs, health disparities, and outcomes

- **Few opportunities to share lessons learned;** turnover among County leadership

WHAT WE'VE HEARD: KEY THEMES (III)

More consistent, nuanced, and earlier feedback needed in approval process

Tension between efficiency vs. detail	• **Nuance of plans is not always appreciated** during brief approval meetings, with limited Commissioner time/capacity • **Staff cannot perfectly predict** focus or key issues of approval meetings; meanwhile, overreliance on staff analysis can move responsibility away from appropriate Commissioner role
Desire for earlier feedback	• Counties could address potential issues in advance with **earlier feedback from the Commission** • **Planning grants** sometimes useful, but seen as adding additional burden

SELECT IDEAS TO OVERCOME KEY BARRIERS

Thought-provoking ideas

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

Optimize plan development and review process	• *Clarify guidance:* supplement with guidelines and examples; describe requirements *and* signals of quality; define standards for community engagement.
	• *Enable Commissioners to provide feedback on plans earlier in the process* to allow for relevant adjustments and clarification.
	• *Develop a rubric* to use in evaluating plans.

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

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REMINDER: WHO WE ARE AND HOW TO GET IN TOUCH
We'd love to hear from you!

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Oversight & Accountability Commission

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