

MHSA INNOVATIONS FUNDS:

DEVELOPMENT OF PROACTIVE STRATEGIES TO FULFILL ORIGINAL INTENT

The MHSOAC has publicly discussed the need to revisit how it responds to county innovation proposals, namely ensuring that Innovation funds are used to address high priority, shared challenges, with counties learning collectively through the innovations of individual counties. The Commission has discussed four themes related to improving how counties using innovation funds:

- Strategic investments. There is no consistent, statewide agenda setting on shared challenges across the counties.
- Technical assistance and training. Counties have expressed difficulty and confusion on how best to allocated limited innovation funds, yet the state is not offering technical assistance and support.
- Evaluation and research. Innovation is intended to help the counties learn how to improve services, but research and evaluation on innovations is limited.
- Dissemination. The Commission and the counties have not yet developed strategies to disseminate lessons learned on successful innovations as well as innovation that were not more productive than traditional strategies.

The Legislature has provide the Commission with additional staffing to address these concerns, but the structure of innovation funding may not support the goals the Commission is working toward. Initially, in drafting the MHSA, 5 percent of funds were set aside in recognition of the fact that the children's and adults systems of care were created through pilot programs and we wanted to have funds set aside to stimulate the next round of that innovation. In the original draft, the Act called for Innovations funds to be awarded by the Commission through an annual competitive process. That strategy would ensure that limited innovation funds would be used for key priorities, but it also would have resulted in a select few counties receiving the bulk of the funds because they were more open to innovation. Instead, we elected to ensure that each county received innovation funds to create an incentive for innovation in all counties.

The current process ensures that all counties have innovation funds, but that structure makes it difficult to promote innovation statewide or on strategic challenges that could benefit the whole system. For that to happen we need innovations that are implemented across 3-5 counties so they could be evaluated for impact in a range of settings.

To address this challenge, I propose that we ask the MHSOAC to implement a strategy that has worked in other contexts. Through its innovation approval process, the Commission can highlight a set of statewide priorities for innovation. That list of priorities would be developed in context with the counties and other stakeholders. The Commission would design the basic elements of an innovation and establish standards for an evaluation. Counties that elect to pursue innovations from that list, with support and guidance from the Commission, would receive fast-tracked approval by the Commission with an emphasis on fidelity to the established standards and the evaluation proposal. Counties that elect to pursue other areas for innovation would continue to receive the traditional review and approval by the Commission.

Ideally there also could be some incentive funding for counties possibly from reversion dollars but that would take legislation. If there is legislation, it also should give small counties ten years to spend their innovation funds and grant the commission authority to provide flexibility in meeting other MHSA requirements that are particularly difficult for small counties (and are unrelated to innovations). Either way, counties would be free to develop other proposals but they should be held to the same standard which is to make sure that they are being done in at least three places and they will have an evaluation done through a statewide committee.

Some of the ideas I have for inclusion in such a list are:

- Integrated crisis centers to divert people from both jails and hospitals
- School county multi-tiered partnerships
- College mental health systems
- Workplace mental health programs
- Prodromal phase “early psychosis” programs