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# MHSA ADVISORY COMMITTEE MEETING

November 18, 2020

Galen Main, MHSA Coordinator



# AGENDA



1:30 Welcome, check-in, and announcements

1:45 *MHSA Program Spotlight:* Help@Hand Innovation Project, Lorraine Wilson (Program Coordinator) and Damaris Caro (Peer Specialist)

2:00 Next Innovation Project Community Planning Discussion

2:35 *Introduction:* Jennifer Moore, BHRS Program Manager for Equity and Inclusion

2:45 Updates from Committee Members

3:00 Adjourn

# UPDATES/ANNOUNCEMENTS



- **Mobile Crisis Response Program (MCRT) hours expanded on 11/9/20:** 8am-9pm Monday through Friday and 1-9 on Saturdays
- **Peer Program Coordinator** position was approved by the Board of Supervisors yesterday – *that position will be going out for recruitment in the coming weeks*
- **Preview of new websites under development**

# INNOVATION PLANNING DISCUSSION



The Mental Health Services Act's Innovation component provides California the opportunity to develop and test new, unproven mental health models with the potential to become tomorrow's best practices.

These projects are designed and implemented for a defined time period (not more than 5 years) and focus on a finding the answer to a key learning question.



The primary purpose of Innovation Projects is to achieve one of the following:

- **Increase access to mental health services (including Permanent Supportive Housing) to underserved groups**
- **Increase the quality of mental health services, including measurable outcomes**
- **Promote interagency and community collaboration related to mental health services or supports or outcomes**
- **Increase access to mental health services**

# INNOVATION



Innovation projects may address issues faced by children, transition-age youth, adults, older adults, families (self-defined), neighborhoods, tribal and other communities, counties, multiple counties, or regions.

The project may initiate, support and expand collaboration and linkages, especially connections between systems, organizations and other practitioners not traditionally defined as a part of mental health care. But must be focused on a new approach that is not currently being done elsewhere.

# INNOVATION PLANNING PROCESS



**Proposed process during SIP:** After discussing with many of you and other counties

- Create a compelling flyer and send blast emails, shared with all your networks, posted on social media, and paper copies at the clinics
- Links to a Webform to collect submission of proposed projects
  - Could have a detailed project proposal form as well as a more informal idea/comment box to solicit more general ideas
- Accept submissions on a rolling basis with the first submission cut off period of 1/11/20 (and every 4 months after that)
- Preliminary Staff Review to ensure baseline criteria is met
- Consumer/Family Member/other Stakeholder Review Panel to score the proposals on a number of items/criteria
- Director and Senior Management review proposals and stakeholder scores

# INNOVATION PLANNING PROCESS



## Continued

- Proposed idea is shared with the MHSA Advisory Committee and with the Mental Health Oversight and Accountability Commission (MHOAC) for Technical Assistance (preliminary determination if project would be feasible)
- Once feedback is incorporated from both, a more formal proposal is sent out for 30-day public comment and presented at a public hearing with the Mental Health Board, and then to the Board of Supervisors for Approval
- Technical Assistance is on-going with the MHOAC
- Depending on dollar amount of the project, formal presentation to the MHOAC or put on their consent calendar
- Once funding for the project is approved by the OAC, then an RFP would be released if appropriate

# INNOVATION PLANNING PROCESS



Committee feedback on  
proposed process for Innovation projects



## THANK YOU TO JAIME!

I so appreciate everything you have done for the community! You have been such an important part of this group—and we have all really enjoyed getting to know you—so thank you!