County_____ Reviewer_____

MHSOAC INNOVATION PROGRAMS PLAN REVIEW TOOL

	Certification		
1	Includes documentation that three-year program and expenditure plan or annual update that includes planned Innovative Program(s) was adopted by County Board of Supervisors	Yes ___ No ___	MHSA Section 10, W&I §5847(b)(9) as amended by AB 1467 (Stat 2012 ch 23)
2	Includes certification by the county mental health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and non-supplantation requirements.	Yes ___ No ___	MHSA Section 10, W&I §5847(b)(8) as amended by AB 1467 (Stat 2012 ch 23)
3	Includes certification by the county mental health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act.	Yes ___ No ___	MHSA Section 10, W&I §5847(b)(9) as amended by AB 1467 (Stat 2012 ch 23)
	Community Program Planning	**Met**	**Reference**
4	Each three-year program and expenditure plan and update shall be developed with local stakeholders including adults and seniors with severe mental illness, families of children, adults and seniors with severe mental illness …	Yes ___ No ___	MHSA Section 10, W&I §5848(a) as amended by AB 1467 (Stat 2012 ch 23) Other relevant references MHSA Section 10, W&I §5847(b) as amended by AB 1467 (Stat 2012 ch 23) MHSA Section 15, W&I §5892(c)
5	Stakeholder participation shall include representatives of unserved and/or underserved populations and family members of unserved/underserved populations.	Yes ___ No ___	MHSA Section 3(c) Other relevant references Title 9, California Code of Regulations, Section 3300 MHSA Section 2(e)
6	Planning for services shall reflect the cultural, ethnic, and racial diversity of mental health consumers.	Yes ___ No ___	MHSA Section 7, 5813.5(d)(3) Other relevant references MHSA Section 2(e) MHSA Section 3(c) Title 9 California Code of Regulations, §3300

7	Each three-year program and expenditure plan and update shall be developed with local stakeholders including, … providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests.	Yes ___ No ___	MHSA Section 10, W&I §5848(a) as amended by AB 1467 (Stat 2012 ch 23) Other relevant references MHSA Section 10, W&I §5847(b) as amended by AB 1467 (Stat 2012 ch 23) MHSA Section 15, W&I §5892(c)
8	Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations.	Yes ___ No ___	MHSA Section 10, W&I §5848(a) as amended by AB 1467 (Stat 2012 ch 23) Other relevant references MHSA Section 10, W&I §5847(b) as amended by AB 1467 (Stat 2012 ch 23) MHSA Section 15, W&I §5892(d)
9	A draft plan and update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of such plans.	Yes ___ No ___	MHSA Section 10, W&I §5848(a)
10	The mental health board established pursuant to Section 5604 shall conduct a public hearing on the draft three-year program and expenditure plan and annual updates at the close of the 30–day comment period required by subdivision (a).	Yes ___ No ___	MHSA Section 10, W&I §5848(b) as amended by AB 1467 (Stat 2012 ch 23)
11	Each adopted three-year program and expenditure plan or update shall include any substantive written recommendations for revisions. The adopted three-year program and expenditure plan or update shall summarize and analyze the recommended revisions. The mental health board shall review the adopted plan or update and make recommendations to the county mental health department for revisions.	Yes ___ No ___	MHSA Section 10, W&I §5848(b) as amended by AB 1467 (Stat 2012 ch 23)
	Innovation Description	**Met**	**Reference**
12	Innovation program addresses one of the following as its primary purpose: (1) increase access to underserved groups, (2) increase the quality of services including measurable outcomes, (3) promote interagency and community collaboration (4) increase access to services.	Yes ___ No ___	MHSA Section 9, W&I 5830(a), (b) as amended by AB 1467 (Stat 2012 ch 23)
13	Innovation program does one of the following: a) introduces new mental health practices or approaches, including but not limited to prevention and early intervention b) makes a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community, or c) introduces to the mental health system of a promising community-driven practice or approach or a practice/approach that has been successful in non-mental health contexts or settings.	Yes ___ No ___	MHSA Section 9, W&I 5830(b) as amended by AB 1467 (Stat 2012 ch 23)

14	Innovation affects an aspect of mental health practices or assesses a new or changed application of a promising approach to solving persistent, seemingly intractable mental health challenges. An innovative project may affect virtually any aspect of mental health practices or assess a new or changed application of a promising approach to solving persistent, seemingly intractable mental health challenges, including, but not limited to, any of the following: (1) Administrative, governance, and organizational practices, processes, or procedures. (2) Advocacy. (3) Education and training for service providers, including nontraditional mental health practitioners. (4) Outreach, capacity building, and community development. (5) System development. (6) Public education efforts. (7) Research. (8) Services and interventions, including prevention, early intervention, and treatment.	Yes ___ No ___	MHSA Section 9, W&I 5830(c) as amended by AB 1467 (Stat 2012 ch 23)
	MHSA General Standards (Planning)	**Met**	**Reference**
15	Community Collaboration (see appendix for definition)	Yes ___ No ___ NA ___	Title 9, California Code of Regulations, §§3320 and 3200-060
16	Cultural Competence (see appendix for definition)	Yes ___ No ___ NA ___	MHSA Section 2(e) MHSA Section 3(c) Other Relevant references Title 9, California Code of Regulations, §§3320 and 3200-100 MHSA Section 4, W&I §5840(a) MHSA Section 5, W&I §5878.1(a) MHSA Section 7, W&I §5813.5(d)(3)
17	Client-driven (see appendix for definition)	Yes ___ No ___ NA ___	MHSA Section 2(e) Other Relevant references Title 9, California Code of Regulations, §§3320 and 3200-050 MHSA Section 7, W&I §5813.5(d)
18	Family-driven (see appendix for definition)	Yes ___ No ___ NA ___	MHSA Section 2(e) Other Relevant references Title 9, California Code of Regulations, §§3320 and 3200-120 MHSA Section 5, W&I §5878.1
19	Wellness-, Recovery-, and Resilience-focused (see appendix for definition)	Yes ___ No ___ NA ___	MHSA Section 7, W&I §5813.5(d) Other Relevant references Title 9, California Code of Regulations, §3320

20	Integrated Service Experiences for clients and their families (see appendix for definition)	Yes ___ No ___ NA ___	MHSA Section 2(e),(f) Other Relevant references Title 9, California Code of Regulations, §§3320 and 3200-190
	Defining and Measuring Success	**Met**	**Reference**
21	Timeline with sufficient time for the desired learning, testing, and communication to occur	Yes ___ No ___	Relevant reference MHSA Section 9, W&I §5830(d) as amended by AB 1467 (Stat 2012 ch 23)
22	Plan to evaluate whether/how Innovative Project has proven to be successful, including a) expected outcomes of Innovation, b) how and at what frequency outcomes will be measured, c) how outcomes relate to Innovation's primary purpose (Question 11), d) how county will assess which elements of Innovation contributed to positive outcomes, and e) how, if the county chooses to continue it, the project work plan shall transition to another category of funding, as appropriate.	Yes ___ No ___	Relevant references MHSA Section 9, W&I §5830(d) as amended by AB 1467 (Stat 2012 ch 23) MHSA, W&I §5899(c) as added by AB 1467 (Stat 2012 ch 23) MHSA Section 10, W&I §5830(d)
	Budget/Resources	**Met**	**Reference**
23	Total and annual budget logically related to Innovation goals and proposed timeline	Yes ___ No ___	Relevant references MHSA Section 3(e) MHSA Section 10, W&I §5847(b), (e) as amended by AB 1467 (Stat 2012 ch 23)

Appendix

MHSA General Standards

1. *Item 15: Community Collaboration*: a process by which clients and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources in order to fulfill a shared vision and goals (Title 9, California Code of Regulations, §§3320 and 3200-060)
2. *Item 16: Cultural Competence:* incorporating and working to achieve each of the goals listed below into all aspects of policy-making, program design, administration, and service delivery. Each system and program is assessed for the strengths and weaknesses of its proficiency to achieve these goals. The infrastructure of a service, program, or system is transformed, and new protocol and procedure are developed, as necessary to achieve these goals. (1) Equal access to services of equal quality is provided, without disparities among racial/ethnic, cultural, and linguistic populations or communities.(2) Treatment interventions and outreach services effectively engage and retain individuals of diverse racial/ethnic, cultural, and linguistic populations.(3) Disparities in services are identified and measured, strategies and programs are developed and implemented, and adjustments are made to existing programs to eliminate these disparities.(4) An understanding of the diverse belief systems concerning mental illness, health, healing and wellness that exist among different racial/ethnic, cultural, and linguistic groups is incorporated into policy, program planning, and service delivery. (5) An understanding of the impact historical bias, racism, and other forms of discrimination have upon each racial/ethnic, cultural, and linguistic population or community is incorporated into policy, program planning, and service delivery. (6) An understanding of the impact bias, racism, and other forms of discrimination have on the mental health of each individual served is incorporated into service delivery. (7) Services and supports utilize the strengths and forms of healing that are unique to an individual's racial/ethnic, cultural, and linguistic population or community. (8) Staff, contractors, and other individuals who deliver services are trained to understand and effectively address the needs and values of the particular racial/ethnic, cultural, and/or linguistic population or community that they serve. (9) Strategies are developed and implemented to promote equal opportunities for administrators, service providers, and others involved in service delivery who share the diverse racial/ethnic, cultural, and linguistic characteristics of individuals with serious mental illness/emotional disturbance in the community. (Title 9, California Code of Regulations, §§3320 and 3200-100)
3. *Item 17: Client-driven: the client has the primary decision-making role in identifying his/her needs, preferences and strengths and a shared decision-making role in determining the services and supports that are most effective and helpful for him/her. Client-driven programs/services use clients' input as the main factor for planning, policies, procedures, service delivery, evaluation, and the definition and determination of outcomes. (Title 9, California Code of Regulations, §§3320 and 3200-050)*
4. *Item 18: Family-driven:* families of children and youth with serious emotional disturbance have a primary decision-making role in the care of their own children, including the identification of needs, preferences, and strengths, and a shared decision-making role in determining the services and supports that would be most effective and helpful for their children. Family-driven programs/services use the input of families as the main factor for planning, policies, procedures, service delivery, evaluation, and the definition and determination of outcomes.(Title 9, California Code of Regulations, §§3320 and 3200-120)
5. *Item 19: Wellness-, Recovery-, and Resilience-focused:* Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers: To promote concepts key to the recovery for individuals who have mental illness: hope, personal

empowerment, respect, social connections, self-responsibility, and self-determination. To promote consumer-operated services as a way to support recovery.(MHSA Section 7, W&I §5813.5(d))

6. *Item 20: Integrated Service Experiences for Clients and their Families:* the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs and funding sources in a comprehensive and coordinated manner.(Title 9, California Code of Regulations, §§3320 and 3200-190)

STATE OF CALIFORNIA
EDMUND G. BROWN JR., Governor

Mental Health Services
Oversight & Accountability Commission

June 12, 2014

All County Mental Health Directors
All County MHSA Coordinators

Dear County Director,

I am writing this letter to inform counties of a change to the instructions in the Mental Health Services Oversight and Accountability Commission August 3, 2012 letter regarding MHSOAC approval of Innovation Programs.

The August 3rd, 2012 letter states that a proposed change to a Pre-AB 100 or a Post-AB 100 Innovation Program that expands the amount of funding does not require MHSOAC approval if it meets all of the following criteria: (a) continues the same primary purpose(s), and (b) continues the same learning goal(s).

As a result of the amendment made by AB 1467 in June of 2013 to Welfare and Institutions Code Section 5830(e), the Commission is revising the above-stated directions that were in the August 3rd letter. AB 1467 amended subdivision (e) by substituting the word, "receive" with the word, "expend." With the amendment, subdivision (e) now reads as follows:

> (e) County mental health programs shall expend funds for their innovation programs upon approval by the Mental Health Services Oversight and Accountability Commission.

As a consequence of this amendment, an expenditure of funds for Innovation Programs requires MHSOAC approval. Therefore, a Pre-AB 100 or a Post-AB 100 Innovation Program, as defined in the August 3, 2012 letter, which deliberately expands the total amount of funding that had previously been approved for the entire duration of the Innovation Program, requires the MHSOAC approval even if the program continues the same primary purpose(s) and the same learning goal(s). Funding increases for a particular fiscal year that result from annual MHSA fluctuations or any other reason are not subject to this approval process as long as the total expenditures for the entire Innovation Program do not increase above the amount approved. The MHSOAC is committed to processing the requests for approval of funds for the previously approved Innovation Programs as expeditiously as possible.

All other instructions in the August 3, 2012 are unchanged. I have attached a copy of the August 3, 2013 letter for your convenience.

If you have any questions or concerns, please contact Jose Oseguera, Chief of Committee Operations, at (916) 445-8722.

Best regards,

Sherri Gauger

SHERRI GAUGER
Interim Executive Director
Mental Health Services
Oversight and Accountability Commission

MHSOAC
Mental Health Services
Oversight and Accountability Commission

STATE OF CALIFORNIA
EDMUND G. BROWN JR., Governor

LARRY POASTER, PhD
Chair
RICHARD VAN HORN
Vice Chair
SHERRI GAUGER
Executive Director

August 3, 2012

All County Mental Health Directors
All County MHSA Coordinators

Dear County Director or MHSA Coordinator,

I am writing this letter to inform counties of a change related to Innovation Programs that is in effect after the Governor signed the 2012-13 Budget Act and Assembly Bill (AB) 1467.

As you may already know, AB 1467, enacted on June 27, 2012, amended Welfare and Institutions Code Section 5830(e) so that county mental health programs shall expend funds for their Innovation Programs upon approval by the Mental Health Services Oversight and Accountability Commission (MHSOAC). As a consequence, please note that the MHSOAC now has the responsibility for Innovation Program approval. To assist counties with program preparation, we attached an Innovation Review Tool, which has been revised to reflect current law. The MHSOAC is committed to making the review and approval process as smooth as possible and will actively provide technical assistance and support to guide counties through approval. For those counties anticipating submitting an Innovation Program, the MHSOAC invites you to contact us if we can assist you in any way.

A. Definitions

Pre-AB 100 Innovation Programs: Innovation Programs that were approved by the MHSOAC before the enactment of AB 100 on March 24, 2011 are referred to as "Pre-AB 100 Innovation Programs."

Post-AB 100 Innovation Programs: Innovation Programs that were adopted locally after passage of AB 100 on March 24, 2011 and on or before June 27, 2012 are referred to as "Post-AB 100 Innovation Programs." These Innovations did not require MHSOAC approval.

Post-AB 1467 Innovation Programs: Innovation Programs that were approved by the County Board of Supervisors on or after June 27, 2012 when AB 1467 became law are referred to as "Post-AB 1467 Innovation Programs." These programs require MHSOAC approval.

B. Innovation Programs Not Requiring MHSOAC Approval

In an effort to ensure programs are not interrupted, Pre-AB 100 and Post-AB 100 Innovation Programs do not need MHSOAC approval.

We request that you send the MHSOAC a copy of your Post-AB 100 Innovation Program(s) so the Commission will have a copy of Innovation Programs for each county to support

future Commission evaluations and the completion of future Innovation Trends Reports. Please find a copy of the 2012 Innovation Trends Report, which offers a broad view of counties' remarkable innovative efforts throughout the state.

C. Innovation Programs Requiring MHSOAC Approval

Innovation Programs that were approved by the County Board of Supervisors on or after June 27, 2012 when AB 1467 became law (Post-AB 1467) require MHSOAC approval before the county can expend Mental Health Services Funds for these programs.

D. Proposed Changes to Current Innovation Programs

A proposed change to a Pre-AB 100 or a Post-AB 100 Innovation Program that expands or reduces the amount of funding does not require MHSOAC approval if it meets all of the following criteria:

a) continues the same primary purpose(s)
b) continues the same learning goal(s)

Existing Innovation programs proposed to be expanded or reduced are considered to be previously approved if the above listed criteria are met. A proposed change to a Pre-AB 100 or a Post-AB 100 Innovation Program that does not meet all of the criteria listed above is considered a new Innovation Program and requires MHSOAC approval.

Pursuant to Welfare and Institutions Code Section 5847(b) all Innovation Programs that are part of a three year program and expenditure plan or annual update, whether or not they require MHSOAC approval, are required to be submitted to the MHSOAC within 30 days after adoption by the County Board of Supervisors.

New or updated programs that need to be submitted to the MHSOAC may be emailed to MHSOAC@mhsoac.ca.gov. If you have any questions or concerns, please contact Jose Oseguera, Chief of Committee Operations, at (916) 445-8722.

Implementing the current statute may create unforeseen questions. Working together and having open communication will ease the transition into the new fiscal year. My team and I look forward to the continued working relationship.

Best regards,

Original signed by Aaron Carruthers for,

SHERRI GAUGER
Executive Director
Mental Health Services Oversight and Accountability Commission

Enclosures