



## AGENDA

# BUILDING AN INCUBATOR FOR MENTAL HEALTH INNOVATION IN CALIFORNIA

**10:30-10:45: Welcome & Introductions**  
Sharmil Shah

**10:45-11:00: Background**  
Toby Ewing

**11:00-12:15: Interactive Discussion-Key Questions**  
Sharmil Shah, Toby Ewing  
(See below for responses to questions)

1. What is working with the Innovation Component?
2. What are the challenges?
3. Who can and should be our partners for Innovation?

**12:15-12:30: Wrap Up & Next Steps**



## **1. What is working with the Innovation Component?**

- a. Advocacy efforts
- b. Focus groups to hear what community wants (immigrant, ethnic/racial, underserved)
- c. Sacramento – Urgent Health Clinic
- d. Inclusivity Model
  - i. Have mentors to aid
  - ii. Utilize technical resources
- e. Consumer feedback
  - i. Inclusive of peers and awareness of limited technology and cell phone availability
  - ii. Interaction between Behavioral Health Directors/Deputy Directors and the Community
  - iii. More client driven
- f. Top-Down approach – County staff engagement at community level
- g. Trauma Transformed
  - i. 7 county partnership
  - ii. Leadership (BH Directors, etc) top level – support each other to provide safe space which leads them to explore
- h. Support for consumers / families to participate through stipends, childcare, lunch, etc.
- i. Valued consumers
- j. Strong shared understanding
- k. Research and evaluation
  - i. Ventura County
  - ii. Modoc County
    - 1. Peer engagement through stakeholder advocacy efforts
      - a. Led to inclusion of peer support roles in innovation plans

## **2. What are the challenges?**

- a. Lack of cultural competence and cultural responsiveness
- b. Underutilization of existing subject matter experts (i.e. California Reducing Disparities Project (CRDP), OAC Contracted Stakeholders
- c. Lack of clarity on the definition of Innovation

- i. County
    - ii. Stakeholder
    - iii. Provider
  - d. Engaging hard to reach communities
  - e. Uneven playing field among partners
  - f. Engage providers
  - g. All innovations should include disparities
  - h. Aligning statewide interest with local stakeholder interest
  - i. Knowledge transfer across counties
  - j. Privacy issues and the responsiveness to community concerns
  - k. Engaging underrepresented communities
  - l. Understanding trauma (i.e. racial trauma)
  - m. Standards for stakeholder engagement (consumer vs. county)
- 3. **Who can and should be our partners for Innovation?**
  - a. Peter Hovmand – Washington University – Social Systems Design Lab
  - b. University of San Diego & Stanford design lab
  - c. CRDP TAC providers / evaluators
  - d. CRDP partners / grantees – Phase I & II