

Mental Health Services Act Innovation (INN) Component

Innovation Project Proposal Form

1. Contact Information	
Name	
Daytime Phone Number	
Email Address	
Agency/System Affiliation (if applicable)	
Date Submitted for Review	
2. Project Information	
to efforts in the area of prevention Please use this form to provide u follow up with you if we need mo	us with a description of your Innovative idea. Please use the space allotted. We will ore details. Thank you for sharing your creative project ideas!
A. Briefly describe your Inn	novation Project: What is its purpose? What activities does it involve?

B.	What is the need that this project addresses? Can be needs of individuals, families, groups, providers or systems.
	Which of the following goals does this project address specifically?
Inc	rease access to mental health services to underserved groups
Inc	rease quality of mental health services, including measurable outcomes
Pro	omote interagency and community collaboration related to mental health services or supports or outcomes
Inc	rease access to mental health services
D.	Who will the project serve? Priority demographics, numbers of consumers, providers, communities, etc.
E.	What will change or be different if the project is successful?

F.	What factors related to this project can be measured to determine success?
G.	What is the timeline for implementing this project? How much time to start-up, implement, and evaluate?
	La there ataliah aldan ayan ant fanthir anaisat idaa? Dlagas anasif yang yalayant asmanyiti /ataliah aldan ingyt
н.	<u>Is there stakeholder support for this project idea?</u> Please specify any relevant community/stakeholder input contributing to the development of this idea

	I.	What individual or team will champion this Innovation idea? Please identify any individual(s) available to produce a written project proposal, attend relevant meetings, and present this plan to the MHSOAC. Please note: This role is needed for the MHSOAC proposal approval process only and is not a guarantee of funding as the County's standard procurement procedures will be adhered to.
	J.	<u>What resources are needed?</u> How much funding, staffing, materials, etc., do you estimate are needed to implement the project?
3.	Inn	ovative Element
me ser	ntal vice	an Innovation project may affect any aspect of mental health practices with a promising approach to solving health challenges, its primary function is to <i>contribute to learning</i> rather than a primary focus on providing a . Innovation projects contribute to learning by introducing a novel approach to mental health services and ring for its intended impact.
	A.	Which of the following state-defined Innovation categories does the project address (select one)?
		e project introduces a <u>new mental health practice or approach</u> that is new to the mental health system, including t not limited to prevention and early intervention
		e project <u>makes a change to an existing practice or approach</u> , including but not limited to application to a ferent population
		e project <u>applies a promising community-driven practice or approach that has been successful in a non-mental</u>

В.	Please explain how the proposed project fits into the category selected above.
c.	Please also explain how this project is innovative.
D.	Is there any research to support this project idea? Please identify any websites, reports, case studies, etc.