**Title of Innovation**  
Changing Paradigms of Behavioral Health Services Research and Recovery

**Brief Description**  
We advocate that usual approaches to research methodologies, content, context, and links to practice and policy arenas, and in communities, shift paradigmatically to focus more immediately on here and now needs for health reform, prevention, strengths, etc. to meet our immediate needs, rather than maintain a continual focus on longer-term research approaches that run the risk of being left out of playing a role in building capacity and effecting change and outcomes that are needed now.

**Target Population**  
US – the “public’s” health. We as the whole person.

**Why is This a Disruptive Innovation?**  
Turns the approach to research on its head to respond to changes in the environment and to consumer need and preferences in ways that have not been promulgated before. Turns funding in a new direction toward what’s really needed, driven by consumers and others, not so much stakeholders who have traditionally been allocating dollars.

**Benefits?**  
Keeps the bridges between research, clinical, and management practice, policy, and advocacy on par with what’s needed to positively affect our wellness, health, and recovery.

**Challenges?**  
- Getting all stakeholders and the research community on board.
- The communities we live in.

**Funding?**  
New funding streams/funds needed. Existing operational funds of organizations, communities, and individuals that are funding regional/community health initiatives. Part of the disruptive innovation is to advocate within traditional funding streams to fund research that has both short-term (e.g. rapid cycle, up-to-the-minute evaluation, participatory action) type research that can have immediate impacts and secondarily, focus n longer term complementary research.

**First Steps to Take?**  
ACMHA Research Interest Group is focusing on a research agenda white paper to address this.