

# Growing Roots: The Young Adult Services Project Needs Assessment

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## Mental Health Services Act Innovation



WELLNESS • RECOVERY • RESILIENCE

**Prepared by:**

**Resource Development Associates**

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## Project Overview

### Growing Roots Background and Purpose

Growing Roots: The Young Adult Services Project is a youth-led participatory action research project in Marin County. Growing Roots is a collaborative effort between transition-aged youth (TAY) ages 16-25, the Marin County Behavioral Health and Recovery Services (BHRS), planners/facilitators (Kawahara & Associates), and research partners (Resource Development Associates). In the project, transition-aged youth (TAY) collaborate with BHRS, the facilitators, and research partners with the goal of increasing the county's understanding of the behavioral health needs of un/underserved TAY in Marin; increasing access to, quality of, range of, and cultural competency of services available to TAY; and increasing the number of TAY receiving services and achieving positive behavioral health outcomes.

This project gathers a group of TAY, called the **TAY Advisory Council** to:

- Conduct a needs assessment;
- Develop an action plan; and
- Implement and evaluate the action plan.

The role of participating youth is to serve as research partners to design and implement steps that improve access to services for all un, under, and inappropriately served youth in the County.



Marin County Behavioral Health and Recovery Services (BHRS) and community stakeholders designed and planned the Growing Roots project as part of their Mental Health Services Act (MHSA) Innovation (INN) Plan. MHSA INN programs are required to be new ways to address hard-to-solve problems in mental

health systems, providing an opportunity to learn new approaches to support system change and improve consumer outcomes. INN programs seek to:

- ❖ Increase access to underserved groups
- ❖ Improve quality of services and outcomes
- ❖ Promote interagency collaboration
- ❖ Increase access to services

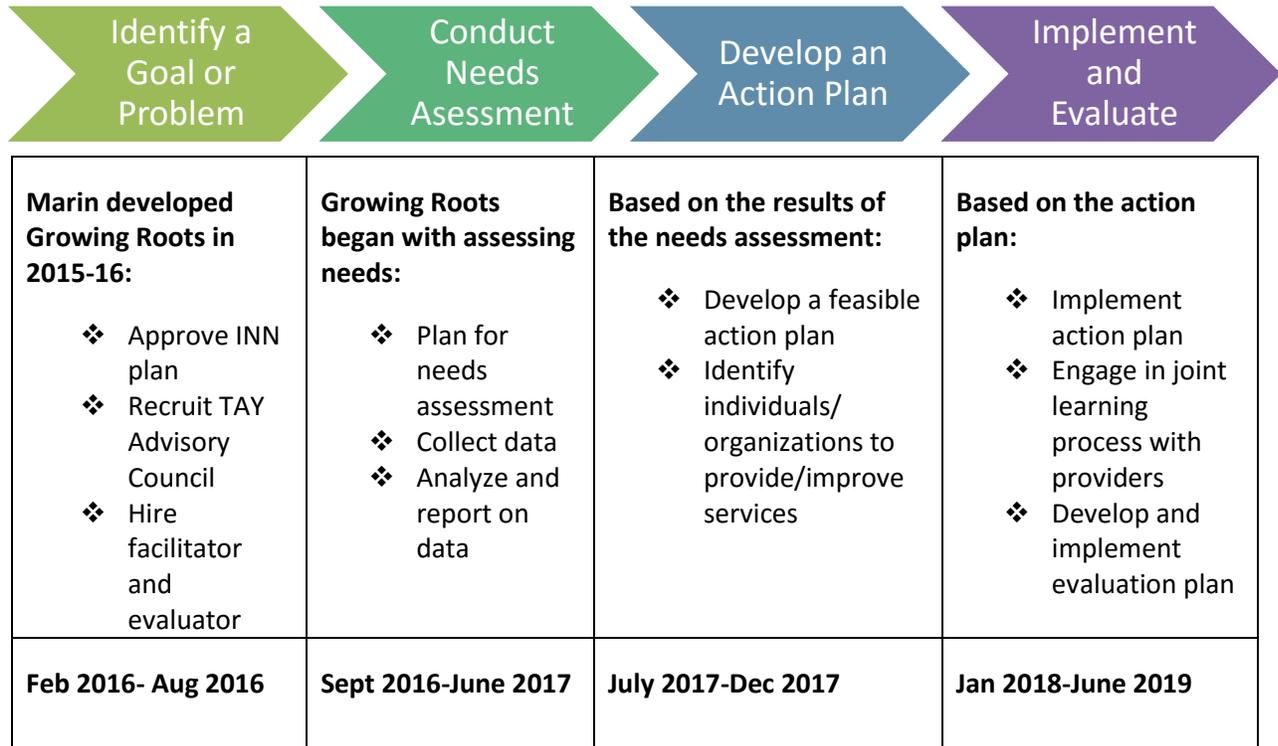


**Growing Roots utilizes an innovative approach through youth-led research and evaluation as well as building on the strengths of informal providers who successfully engage underserved TAY, in order to improve access to services for TAY.**

RDA and Kawahara and Associates were selected by BHRS and members of the TAY Advisory Council to engage and support the young adults in their participatory action research; assist and support data collection and data analysis; and provide training to build capacity for members of the TAY Advisory Council. The expected outcomes of the Growing Roots project are the following:

1. Increase the integration of the informal system of care with the formal behavioral health continuum of care for TAY from un/underserved populations.
2. Increase access to culturally competent behavioral health services for TAY from un/underserved populations.
3. Improve outcomes for TAY at risk for or experiencing mental illness.
4. Identify key elements that have led to success.

**Growing Roots Timeline and Activities**



**Identify a Goal/Problem**

The Growing Roots Project was developed through a stakeholder process that focused on how Innovation can help solve the ongoing issue that some populations access specialty mental health services at lower rates than others. In particular, young adults are at increased risk for mental health issues, while also being less likely to access conventional services. This Plan aims to reduce disparities in access to culturally competent behavioral health services for TAY from un/underserved populations (i.e., race, ethnicity, language, sexual orientation, gender identity, geographic isolation, experiencing complex conditions) who are at risk for or experiencing a mental illness by building on the strengths of the informal system of care.

Un/underserved TAY at risk of or experiencing mental illness often do not access formal behavioral health services, yet county stakeholders shared that there are significant community efforts throughout Marin to engage and support these TAY. Therefore, BHRS decided to look to the experience and expertise of the community to understand how to reduce disparities in access to care. How does the formal system of care value, support, engage with and learn from the community “care” provided every day? This can take a variety of forms:

- ❖ Increase the capacity of the informal system of care to provide needed services, such as range of services, number of services provided, effectiveness of services.
- ❖ Increase the capacity of the informal providers to link clients to the formal system of care, such as identifying client needs and effectively referring to needed services.

- ❖ Increase the capacity of the formal system of care to understand and be responsive to the needs of un/underserved communities, such as improved services, policies, coordination, and funding processes.
- ❖ Through collaboration and systems change, reduce the separation between the informal and formal system of care.

A key area of feedback received during the development of the project was the need to include TAY in the development and implementation of services intended for them. Oftentimes, TAY are not included and may be difficult to engage in mental health planning processes. For example, in the development of Marin's Three-Year MHSA Plan (FY2014-17), youth (0- 25) were identified as participating at lower rates than other populations. The Innovation Plan was designed to include significant TAY involvement, such as developing a TAY Advisory Council to convene throughout the project; TAY conducting focus groups with youth/young adults, parents, and providers for the needs assessment and evaluation phases; and supporting TAY to participate in other stakeholder processes.

### **Conduct a Needs Assessment**

The first phase of the project was to conduct a needs assessment to measure what services and supports TAY have available to them and identify what Marin County TAY need. The TAY Advisory Council, in partnership with the research partners, utilized several research methods to answer the underlying research questions of **what youth have** and **what youth need**, including focus groups, surveys, and public data evaluation. Members of the TAY Advisory Council were integral to the design and facilitation of the needs assessment, and both collected and analyzed data. The needs assessment will provide the necessary data to inform the second phase of the project, the development of an action plan.

### **Develop an Action Plan**

The second phase of the project, which is currently in process, is to develop an action plan. Action plan development includes creating strategies to improve access to mental health services for underserved youth. The TAY Advisory Council will have the opportunity to develop a feasible action plan, and help select from community-based organizations and informal providers proposing to implement key strategies identified in the needs assessment process.

### **Implement and Evaluate**

The final phase of the project will include concurrent implementation and evaluation of the action plan, specifically focused on improving young adult's access to services. The TAY Advisory Council will engage in a joint learning process with providers and support the development of an evaluation plan that measures how successful providers are at improving access and the experience of mental health care for youth and young adults. **This report documents the first phase of the Growing Roots project, the needs assessment.**

## Participatory Approaches to Evaluation

### What is Participatory Evaluation?

Participatory evaluation includes methodologies and approaches that meaningfully include stakeholders in the evaluation process. Participatory evaluation approaches aim to increase understanding of a system while simultaneously attempting to create social change.<sup>1</sup> Participatory evaluation is an orientation to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings.<sup>2</sup> The intent is to transform research from a relationship where researchers *act upon* a community to answer a research question to one where researchers *work side by side* with community members to define the questions and methods, implement the research, disseminate the findings, and apply them.

Participatory evaluation approaches enable community residents to more actively participate in the full spectrum of research:

- ❖ Conception
- ❖ Design
- ❖ Conduct
- ❖ Analysis
- ❖ Interpretation
- ❖ Conclusions
- ❖ Communication of Results



The goal of this type of evaluation is to influence change in community health systems, programs, or policies. Community members and research partners work together to combine knowledge and action for social change to improve community health and reduce health disparities.

### Why did the Growing Roots Project use PAR?

During the planning of the Growing Roots project, BHRS staff came to understand that Marin youth were not effectively utilizing the formal system of mental health care. Participatory evaluation offers a protective element for communities who may have been stigmatized and/or harmed historically and encourages trust between researchers and community members to mitigate these historical experiences as well as to incorporate local knowledge into the evaluation and strengthen the capacity of communities to effect change. As TAY are a vulnerable and underserved population in Marin County, it was most appropriate to utilize a participatory approach to the evaluation and include the voices and experiences of TAY in all steps of the project.

<sup>1</sup> Troppe, Marie. Participatory Action Research: Merging the Community and Scholarly Agenda. Denver: Education Commission of the States, 1994. Print.

<sup>2</sup> [https://obssr.od.nih.gov/scientific\\_areas/methodology/community\\_based\\_participatory\\_research/](https://obssr.od.nih.gov/scientific_areas/methodology/community_based_participatory_research/)

## TAY Advisory Council

### How were the TAY Advisory Council Members Recruited?

One of the key components of the Growing Roots project was to include TAY in the development and implementation of services intended for them. The TAY Advisory Council convened to ensure the involvement and perspective of youth in this project. TAY Advisory Council members worked collaboratively with research partners to design survey tools, collect data, and analyze the findings.

The Marin County Ethnic Services Manager worked with BHRS staff to ensure that outreach for the TAY Council was inclusive of the diverse and underrepresented populations in Marin. BHRS staff also conducted outreach across the geographically diverse county to ensure that TAY were represented from all areas of Marin. BHRS staff conducted outreach at schools, after-school programs, churches, community based organizations, and with youth-serving providers.



As a best practice for participatory action research, BHRS involved TAY early in the planning process and worked with the TAY Advisory Council before any of the outside research partners or facilitators joined the Growing Roots team.

### Who are the TAY Advisory Council Members?

Over half of the youth on the TAY Advisory Council have lived experience of mental health issues. Members of the TAY Advisory Council spanned in age, ranging from 16 up to 27 years old. TAY from the following regions were recruited to join the Council:

- ❖ Marin City
- ❖ West Marin
- ❖ Central Marin
- ❖ North Marin

The Council has benefited from the participation of 13 TAY and currently has nine active members. When asked why they joined the Council, most joined because they wanted to make a difference in their community and because many had personal experiences with mental health challenges, either directly or through family and friends.

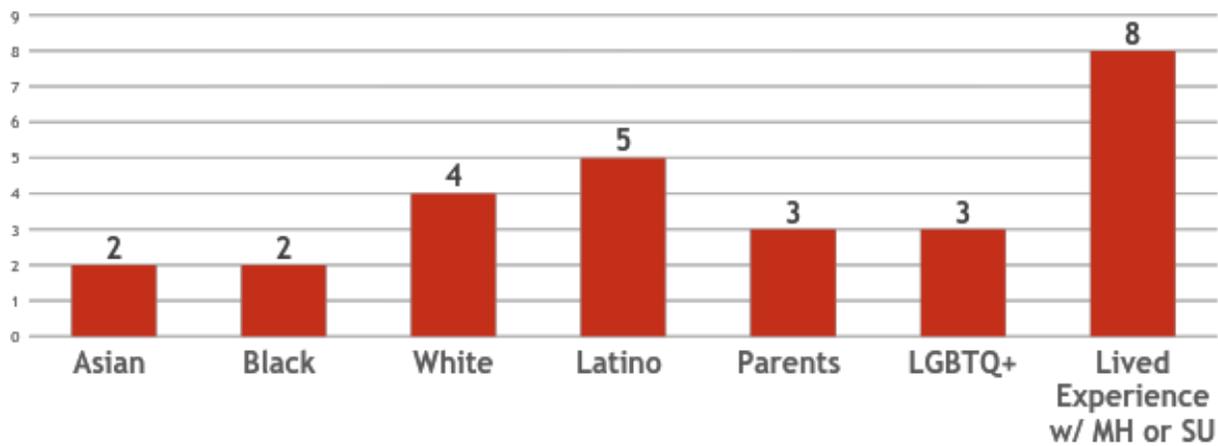


*I joined the TAY Advisory Council because I and a lot of my friends have not had great experiences with mental health services, and I wanted to make things better.*

**- TAY Advisory Council Member**

TAY Advisory Council members are also racially/ethnically diverse, coming from Asian Pacific Islander, African-American, Latino/Hispanic, and white communities. Council members also represented the LGBT+ community, young parents, and had experience with substance use issues as well. The below graph represents the composition of TAY Advisory Council.

**TAY Advisory Council Composition**



**Challenges in outreach and engagement**

Marin City is home to the largest concentration of African Americans in the County. Outreach for TAY Advisory Council members was conducted in this community at churches, community-based organizations, and youth-serving providers. While one member of this community joined the Council, retention was difficult due to their work schedule.

**Informal System of Care**

During the planning of the Growing Roots project, BHRS staff came to understand that a major contributor to disparities in access to mental health services is the disconnect between the “informal system of care” and the “formal system of care”, i.e. the services provided by the County and established community-based organizations (CBOs). The informal system of care became a focus of this project because they are effectively reaching youth the formal system of care should also be reaching.

### **What is the informal system of care?**

The informal system of care is comprised of services that often more effectively engage un/underserved populations. Informal providers include grassroots organizations, faith based organizations, peer led groups, and other entities generally initiated and run by individuals that reflect those being served, including demographically, geographically, and in regards to lived experience. These providers were identified as having an important role in serving community members who might not access formal behavioral health services due to mistrust, lack of knowledge, or other barriers.

### **How does the informal system of care impact TAY?**

The informal system of care provides essential engagement, resiliency, recovery, and community integration services in languages, modes, and locations that make sense to un/underserved communities. Generally, these entities are small and have limited financial resources, relying on individuals to work within the community out of personal commitment. The informal providers often lack the capacity to effectively engage in existing county processes.

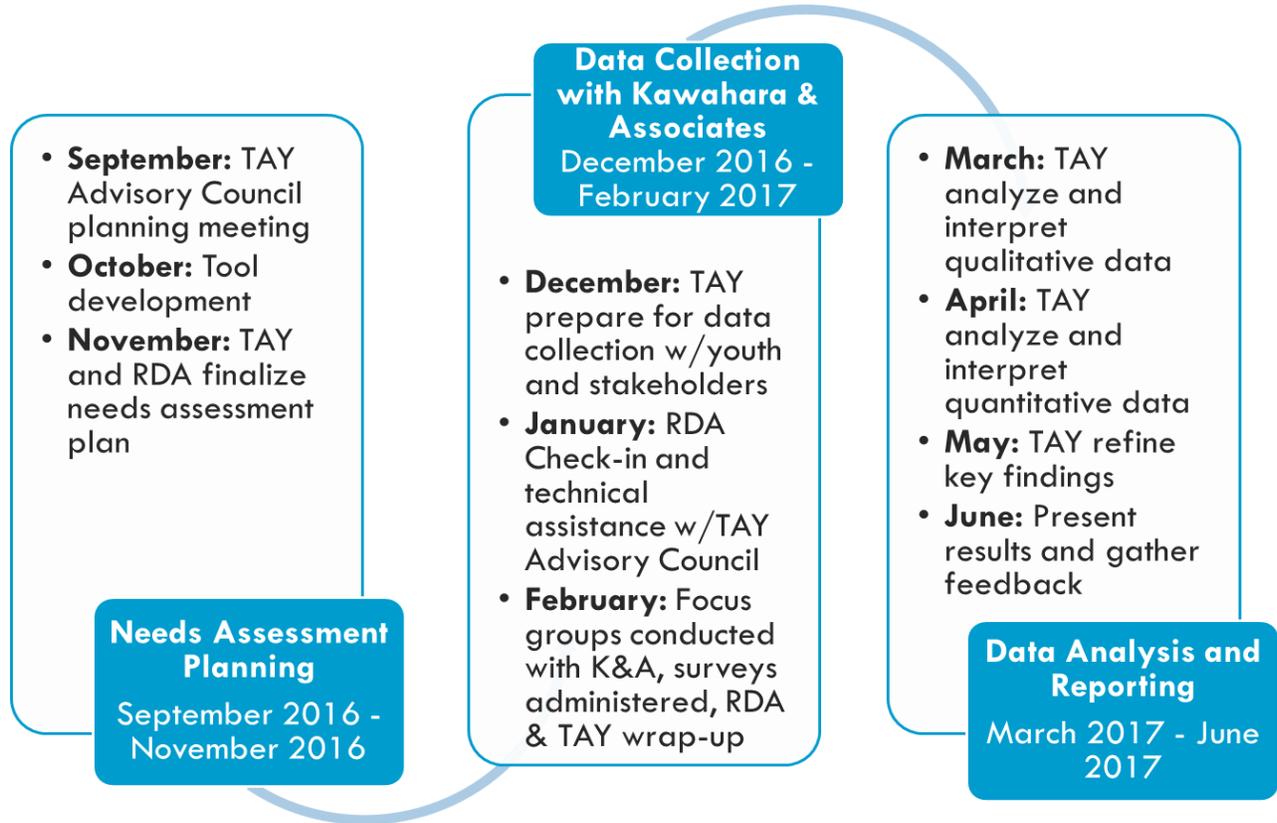
For example, informal providers may not have the infrastructure or formal credentials to compete successfully for mental health services funding. The separation of the formal and informal system of care can result in individuals receiving services in the informal sector but valuable information being lost to the broader continuum of care, such as client needs, services received, and outcomes. It can result in individuals not receiving the full range of services that are needed – for example a client in the informal system of care not receiving more intensive treatment or a client receiving formal treatment, but not the community integration services that could improve functioning. Furthermore, the disconnect limits the capacity of informal providers to provide essential services and reduces the ability of the formal system of care to increase its cultural competency and accessibility for un/underserved populations.<sup>3</sup>

As stated above, a goal of the Growing Roots project is to increase the integration of the informal system of care with the formal behavioral health continuum of care for TAY from un/underserved populations. The project aims to do this through identifying supports and services accessed in the informal system of care and by building on their strengths.

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<sup>3</sup> [https://www.marinhhs.org/sites/default/files/files/servicepages/2016\\_03/3.1.16\\_bos\\_mhsa\\_innovation\\_plan\\_-\\_all\\_documents\\_-\\_approved.pdf](https://www.marinhhs.org/sites/default/files/files/servicepages/2016_03/3.1.16_bos_mhsa_innovation_plan_-_all_documents_-_approved.pdf)

## Methodology



The project collected both qualitative and quantitative data from across the county. This included the needs assessment planning, data collection, data analysis and reporting. RDA worked in partnership with the Growing Roots participants and provided historical context of the role of evaluation at the state level as well as the impact that research plays in policy at the local level. TAY Advisory Council participants learned about RDA’s role in the evaluation, quantitative and qualitative data collection tools and strategies, and the importance of their role in advocating for mental health change in their community.

TAY Advisory Council members worked with RDA to design a participatory evaluation for the Growing Roots Project. Above is the needs assessment timeline and activities. The approach engaged collaboration between youth and other partners (i.e., service providers, key staff) in the design and implementation of the program evaluation. Another key research partner was Kawahara & Associates (K&A), who worked with youth to provide logistical support and help facilitate TAY Council meetings and focus groups. K&A worked to engage TAY in the participatory process, and build rapport, and group cohesiveness.

TAY Advisory Council members collected data through focus groups with parents, youth, and providers serving youth; youth and provider surveys; and secondary data from Marin Health and Human Services and community providers.

The data collected aimed to promote a deeper understanding of who is accessing services, where, in what ways, and why. Data also highlights who is not receiving services, why, and the barriers experienced.



## Needs Assessment

Growing Roots began by assessing needs of un/underserved youth in Marin County. The needs assessment design process began at the September TAY Advisory Council Meeting. As a PAR project, youth supported the development of research questions from the beginning of the process and worked in partnership to design the needs assessment evaluation.

To help guide the needs assessment evaluation, RDA presented the basic theory and structure of a needs assessment:



Youth then worked with RDA to create sub questions to answer these larger research questions. Youth were prompted with such questions as, “How do we answer ‘What do we have?’ What do we need to know in order to answer ‘What we have?’”

RDA facilitated a mini-focus group with TAY Advisory Council members to co-create the sub-questions that would support answering the larger research questions. Council members were primed to consider their own experiences in the mental health system.

<b>What do you have?</b> <i>What are the kinds of services and supports currently in place?</i>	<b>What do you need?</b> <i>What do young people need?</i>
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After youth brainstormed the sub-questions to answer the research questions, RDA categorized the sub-questions. The following categories were created: types of service, location of services, specialty populations, community knowledge, supports, barriers, and service outcomes. The table below includes the comprehensive list of sub-questions created.

	What do you have?	What do you need?
Types of Services	<b>What programs and services exist?</b> - What do they provide? - Where do young people go to get help?	<b>What are young peoples' goals?</b> - What are the barriers? - What kinds of things would be helpful?
Location of Services	<b>Where are services located?</b> - What are the geographic locations? - What types of organizations are they within?	<b>Where are the youth located who need services?</b> - In what geographic locations? - In what types of organizations?
Specialty Populations	<b>What options are there for populations with unique needs?</b> - What is available? - Who is getting help?	<b>What is missing for youth with unique needs?</b> - Who is not getting the help?
Community Knowledge	<b>Who can youth talk to about issues they are facing?</b>	<b>Who do youth wish they could talk to about issues they are facing?</b>
Supports	<b>What helps people get into the services they need?</b>	
Barriers	<b>What gets in the way of people getting help when they need it?</b>	
Service Outcomes	<b>How well do services work?</b> - To what extent do they provide access? - What proportion of youth complete programs? - What is the culture of service providers? - How are they impacting youth outcomes?	

## Methods Brainstorm

After the creation of the needs assessment questions, the TAY Advisory Council, in collaboration with BHRS and RDA, developed the survey tools to measure behavioral health needs in Marin County. RDA asked TAY how could we go about answering these questions, and what questions would best be answered through qualitative methods (focus groups) and through quantitative methods (secondary data and youth developed surveys). Again, these methods were created through a charting and facilitation process. Youth were presented with the following charts:

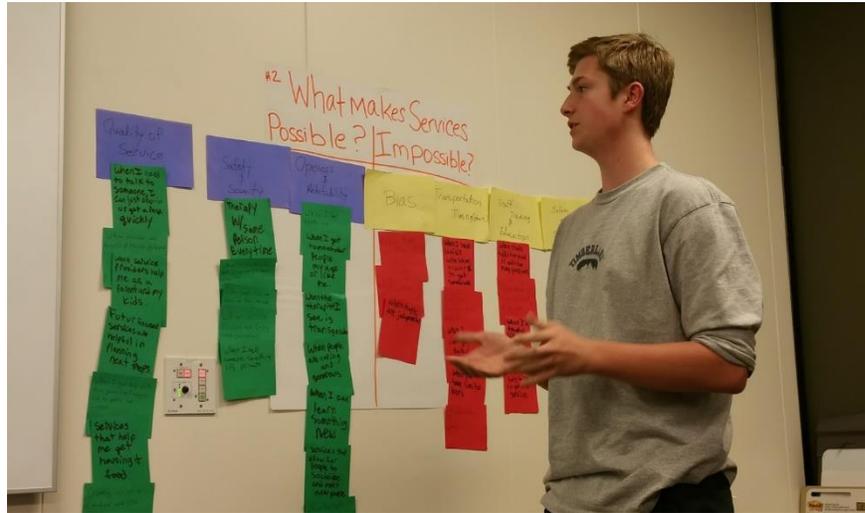
<b>QUANTITATIVE</b> (What can/should be answered with NUMBERS)	<b>QUALITATIVE</b> (What can/should be answered with WORDS)
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Youth then filled in what questions should be answered through quantitative methods and what questions should be answered through qualitative methods.

## Qualitative

### Focus Groups

After identifying the questions that would be answered through focus group, youth worked to develop the prompt questions that should be asked to answer these questions. RDA presented TAY council members with a worksheet to develop the structure of the focus group and the questions to be asked. By completing the work sheet, TAY created the questions and protocols for the focus groups.



For example, one of the questions developed in the needs assessment process was “What are the barriers that youth experience that prevent them from getting the services they need?” Youth were prompted with this question and asked to develop the questions to answer this question. Youth posed the question, “What gets in the way of people getting mental health help when they need it? [prompt: transportation, knowledge of services, shame/stigma?].” Youth developed questions with a focus on their audience, ensuring that questions were asked in ways that were relatable to participants.

RDA worked with Kawahara and Associates to train council members on how to facilitate focus groups. TAY received training on topics such as:

- ❖ *Facilitation Skills*
- ❖ *How to Handle Challenging Group Members*
- ❖ *Four Points of Focus*
- ❖ *Public Speaking*

RDA and K&A conducted mock focus groups with TAY Advisory Council members to practice facilitation skills. Kawahara and Associates or BHRS staff were present at focus groups to take notes and provide assistance as needed to TAY facilitators. In addition, RDA co-facilitated with TAY four bi-lingual focus groups for Spanish speaking individuals. Interpreters assisted with Vietnamese language focus groups.

TAY Advisory Council members facilitated a total of 22 focus group discussions with stakeholders to better understand the needs of youth in the county. Focus groups ranged from 60 minutes to 90 minutes, with participants arriving and leaving as necessary. All focus groups were semi-structured and used a standard protocol. Please see the table below for the list of focus group and participant numbers.

Target Population		Groups Conducted	Total Participants
<b>Younger TAY 16 – 19</b> San Rafael High/Risk Community School Canal (Spanish) Novato	<b>Older TAY 19-25</b> Novato Canal (Spanish)	17	174
<b>TAY 16-25</b> West Marin/San Geronimo Valley West Marin/Pt. Reyes Experiencing Serious Mental Illness Marin City/African American Males Group (2) Marin City/African American Females Young Moms Group Newcomers (Spanish) Children of Incarcerated Parents Vietnamese LGBT+			
<b>Parents/Caregivers</b> Vietnamese (Vietnamese) West Marin Canal (Spanish)		3	30
<b>Youth-Serving Professionals/organizations</b> Mental Health and Substance Use Providers Other: education, employment, grassroots		2	18
<b>Total</b>		<b>22</b>	<b>222</b>

Transcripts were analyzed using content and thematic analysis techniques to identify key themes.

### **TAY Focus Groups**

Questions asked during the TAY focus groups identified youth experiences, knowledge of the current mental health system, strengths of the current system, and barriers in the current system. The focus group questions were asked in youth-friendly ways, such as “What gets in the way of you or your friends getting help when you need it?”

Group facilitators asked participants to think about themselves and their friends and to identify the biggest issues facing youth in Marin County. Participants were asked to focus on issues that have to do with mental health, such as when youth are stressed, sad, struggling with drugs or alcohol, having trouble with relationships or other challenges that affect their emotions.

Group participants were asked to discuss where they or their friends have gone to when they need support with mental health needs. Participants were also asked to identify any services and programs outside the formal mental health system that they use for mental health needs.

Participants shared how they found out about and got connected to the services. Participants responded to specific questions such as, “Who told you about the services? How did you know about them?” They also discussed the best part of the services and what they found helpful about the services, as well as why they kept going to services, how well the services work, and how participants know the services are helping.

Participants were also asked to discuss what impedes them from accessing services, and what populations in Marin County may be falling through the gaps. Facilitators asked for suggestions to help reach these groups, and to identify any services they wish were available to them and their friends.

Focus groups were organized geographically as well as by special populations.

<u>Geographic spread</u>	<u>Special populations</u>
San Rafael	High risk/community school
Canal District of San Rafael (Spanish Speaking)	Experiencing Serious Mental Illness
Novato	African American Males
West Marin	African American Females
<i>San Geronimo Valley</i>	Young mothers
<i>Point Reyes</i>	Newcomers (Spanish Speaking)
Marin City	Children of Incarcerated Parents
	Vietnamese
	LGBTQ+

**Parents/Caregivers Focus Groups**

Three focus groups were conducted with parents and caregivers of TAY, with a total of 30 participants across the groups. Questions asked during the parents/caregivers focus groups identified youth experiences, knowledge of the current mental health system, strengths of the current system, and barriers in the current system.

Group facilitators asked parents and caregivers to think about their children and their children’s friends and to identify the biggest issues facing youth in Marin County. Like the TAY focus groups, parents/caregivers were asked to focus on issues that have to do with mental health, such as when youth are stressed, sad, struggling with drugs or alcohol, having trouble with relationships or other challenges that effect their emotions.

Parents/caregivers were asked to discuss their knowledge of mental health services and programs and to discuss the strengths of existing services. Facilitators prompted participants to identify what has been helpful about the services, how it has been helpful, and what participants like about the services.

Participants were also asked to discuss barriers in accessing services, both for their family and for specific groups in the county. Participants then described what barriers existed and why they were barriers, (e.g., transportation, accessibility of location, etc.).

### **Professionals Focus Groups**

Two focus groups were conducted with providers serving youth, including providers of behavioral health services as well as other youth-serving organizations. The provider focus groups were conducted to learn about TAY serving programs and how these programs assist 16-25 year olds with mental health related needs. Providers were asked about their programs, youths' experiences in programs, and about providers' perceptions of the mental health system in Marin County.

Focus groups began with introductions and providers sharing about their work and services. Following introductions, providers were asked to identify challenges that TAY may face in accessing behavioral health services, including identifying underserved populations in Marin County and how to better reach these groups.

Providers were asked to discuss service delivery and barriers they may experience in delivering these services. Lastly, providers were asked to discuss program success, including what does success mean and how is that measured.

## **Quantitative**

### **Youth-developed surveys**

Like the needs assessment planning, youth were engaged in the survey development process from the inception. Youth were presented with the larger questions, e.g. "Where do young people go to get help?" and worked with RDA to develop the sub-questions to answer these questions.



***We used our own experience, and because of the diversity we have in the group, we managed to figure out which questions were more relevant.***

***- TAY Advisory Council Member***

RDA worked with TAY to capture the intention of their questions and present questions in clear and concise ways. RDA also worked with TAY to develop the response categories (i.e., the answer prompts) for survey questions. For example:

<p><b><i>When I need support, I talk to:</i></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Parent</li><li><input type="checkbox"/> Friend</li><li><input type="checkbox"/> Teacher</li><li><input type="checkbox"/> Sibling</li><li><input type="checkbox"/> Other</li></ul>	<p><b><i>What services have you accessed?</i></b> <b><i>Please list below:</i></b></p>
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RDA worked with TAY to come up with the best response categories for the questions. For example, what questions are best answered through guided prompts, and what questions are best left for open-ended responses.

### **Secondary data**

Secondary data were collected from BHRS administrative data as well as publically available data. These data were used primarily for descriptive analytics. The RDA team identified data sources to utilize for the project and asked youth for feedback on these sources and for ideas for additional data sources. Youth suggested sources such as information from schools.

RDA utilized data from BHRS Prevention and Intervention to analyze service utilization by demographic groups. RDA compared this with data from BHRS to identify who was accessing prevention and early intervention services versus who was accessing specialty mental health services. Data from California Healthy Kids Survey (CHKS) were used to look at depression and suicidality rates among Marin County high school students. RDA used publically available data from the U.S. Census Bureau to create maps illustrating service utilization, access, and demographic information in Marin County.

## Presentation of findings

Youth were trained how to present their findings in a professional manner. Youth were engaged in the PowerPoint design and received training in public speaking to discuss their findings. Over 50 providers attended the presentation of findings, and learned about the Growing Roots Project as well as next steps for the action planning and Request for Proposal (RFP) process.



## Findings

The following findings emerged from surveys, focus groups, and publically available data. To understand the scope of services included in the data analysis below, “BHRS services” refers to formal behavioral health services provided by BHRS and contracted community based organizations, including specialty mental health services and prevention and early intervention services (PEI).

### Key Findings:

- ❖ There is a **high level of need for mental health services** and support among Marin County youth. **One in three high school students have experienced symptoms of depression and one in five indicate they have seriously contemplated suicide.**
- ❖ Youth prefer **online outreach**, particularly through **social media**, but providers mostly rely on word of mouth to outreach to youth.
- ❖ There are high concentrations of youth in San Rafael, Novato, Marin City, and West Marin, but **most services are located in San Rafael.**
- ❖ Youth who live in the **poorest parts** of the county have the **fewest services available** and the **fewest transportation options.**
- ❖ There are **higher rates of depression** for **Marin’s African American, Latino, and Native American communities.**
- ❖ **Males are less likely to receive prevention services** and more likely to receive specialty mental health services, implying that they may delay services until their mental health issues are more serious.
- ❖ Over half of Marin Youth (52%) said they **do not always get the services they need.**
- ❖ Most services are available in schools, and there are **limited services for older youth.**
- ❖ There are **barriers to access that are preventing youth from engaging in mental health services**, including:
  - Lack of transportation
  - Inadequate language capacity
  - Inaccessible hours of service
  - Lack of cultural competency and representation among providers
- ❖ Marin County youth are **stressed about meeting their basic needs; experiencing emotional issues relating to their mental health; and facing discrimination and systemic oppression**

## Un and underserved youth

According to data from the CHKS, there are serious unmet mental health needs in Marin County. One in three high school students have experienced symptoms of depression and one in five indicate they have seriously contemplated suicide. Within this larger population of youth experiencing mental health challenges, there are sub-populations in the County that are being un and underserved.

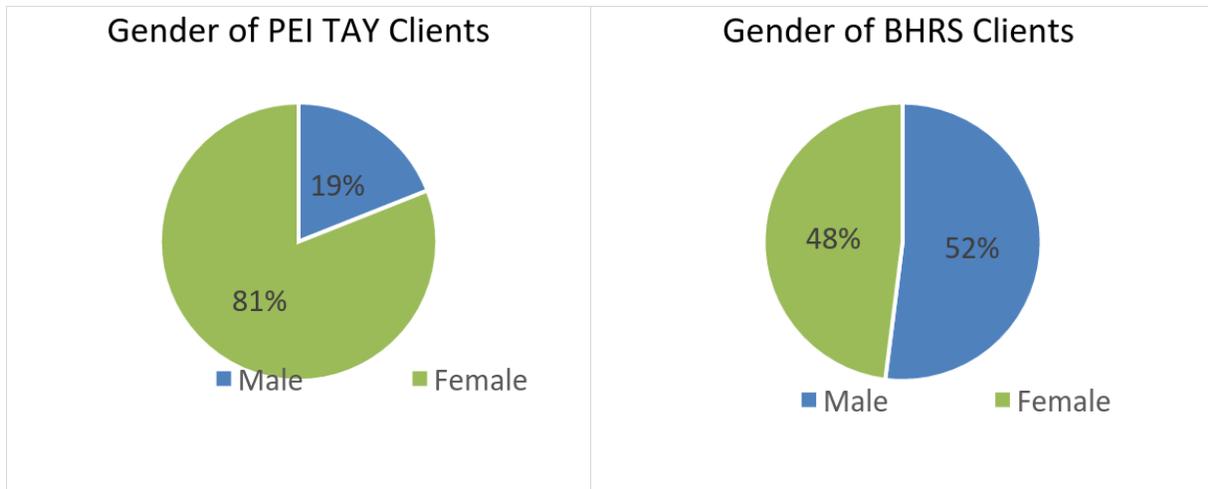
We have gathered from our findings that the majority of youth mental health services are school-based services and older youth may have fewer services available. With the average TAY age in Marin County being 19.4 years old, school-based services do not readily meet the needs of older youth.



***Most services are available in the schools and there are limited services for older youth.***

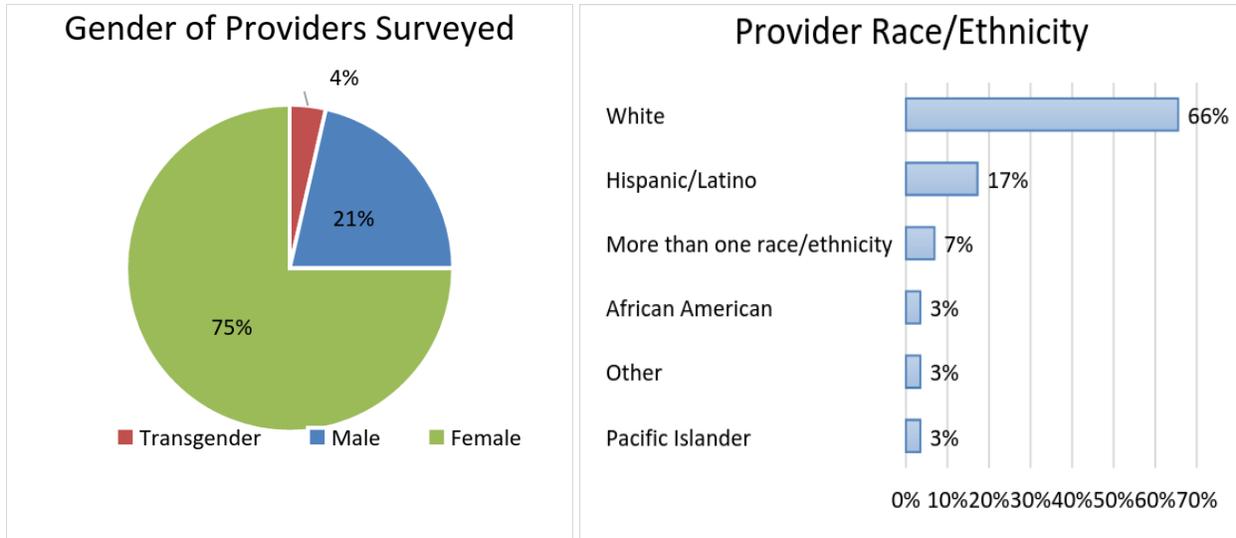
***– TAY Focus Group Participant***

Within BHRS, females make up 81% of PEI services recipients, whereas males make up only 19%. While females make up the majority of PEI services, males make up 52% of the specialty mental health services.



These findings imply that in Marin County, young women are accessing PEI services at a disproportionately higher rate than young men do, while men and women access general BHRS services at similar rates. This suggests that young men may delay seeking services until the illness has progressed and the issue is more serious, and/or that young men may not find PEI services accessible.

The average delay between onset of symptoms and intervention is 8-10 years.<sup>4</sup> It is in this window of untreated mental illness that many secondary losses occur, including addiction, homelessness, entry in the criminal justice system, overutilization of public systems, and suicide. It is important to intervene in mental health treatment before the development of serious mental illness to alleviate the need for additional or extended mental health treatment and to reduce negative outcomes for individuals. PEI services must be inclusive and accessible to all TAY in Marin County, including males. Another key finding from our provider survey is that females compose 75% of providers serving TAY and that they are primarily white, cisgender females.

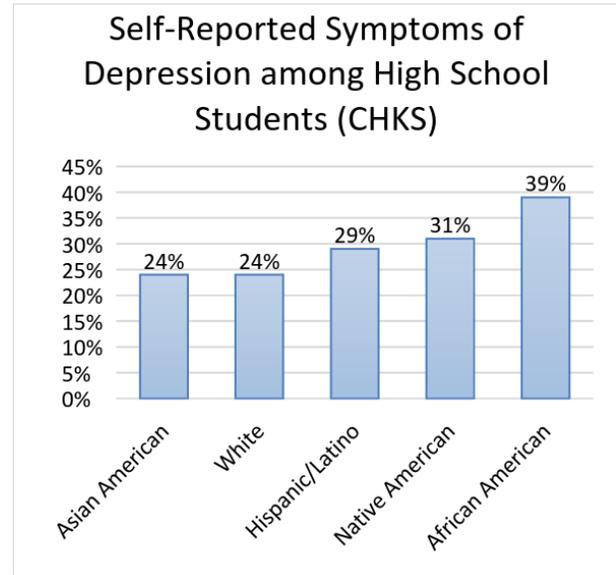
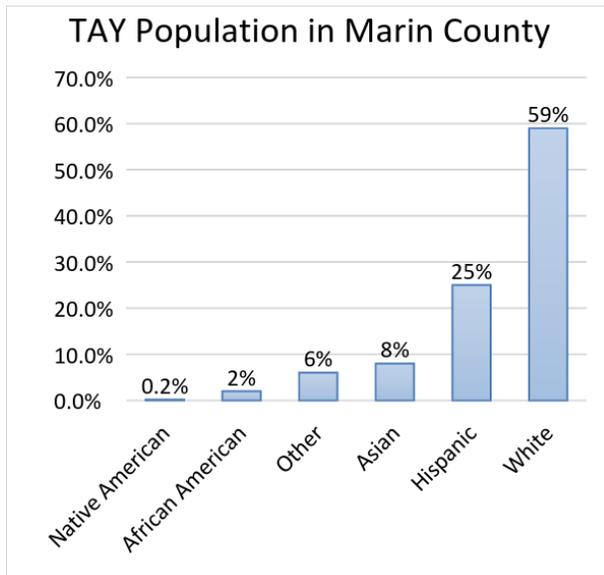


These findings suggest that provider demographics may not reflect the gender and race of TAY seeking services. Consumers may feel that they cannot relate to their provider or that their provider cannot understand their unique experiences - be it racial, gender, religion, or LGBTQ+. Marin BHRS services should work to be more inclusive and representative to the needs of all TAY.

While the majority of TAY in Marin County TAY are white (59%<sup>5</sup>), minority groups experience higher rates of self-reported depression. As shown below, 39% of African American High School youth in Marin County indicated they experienced symptoms of depression, as compared to 24% of White and Asian youth. Youth also reported during focus groups that there is a need for culturally competent services for African Americans, Latino, and Vietnamese TAY.

<sup>4</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2847357/>

<sup>5</sup> U.S. Census American Community Survey (2015)



These findings suggest that minority youth in Marin experience disproportionately higher rates of self-reported mental illness and suicidality. This is important because it raises several important questions: Why are minority youth experiencing higher rates of mental health challenges? Are there unique systemic/cultural factors in Marin County contributing to this? Are minority youth able to access PEI services at the same rate as their white counterparts?

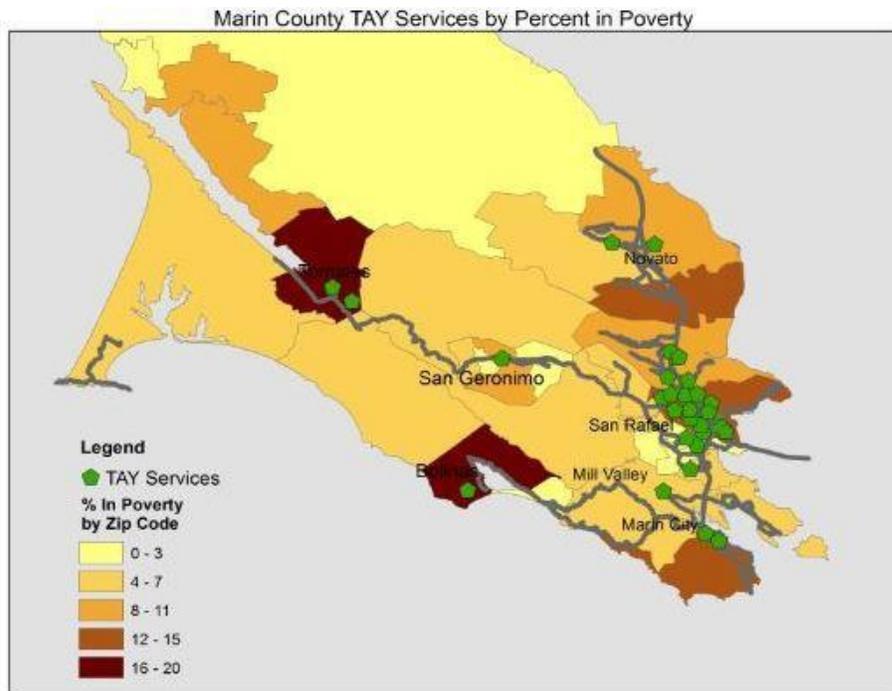
There is a need for increased cultural competency in behavioral health services. One in three youth indicate that services are “sometimes” or “not available” in their preferred language, and 60% of youth surveyed indicated that services were not reflective of their culture. These findings indicate that services are not adequately meeting the unique needs of marginalized TAY in Marin County and that TAY do not feel like they can identify culturally or linguistically with their providers.

From the youth survey we learned that over 50% of TAY do not consistently feel comfortable seeking services. This finding may speak to the lack of racial and gender diversity among providers, the lack of language accessibility, lack of transportation and location of services, or may speak to a larger culture of stigma around mental illness. This finding indicates that services may not be accessible to even further marginalized TAY populations in the county.

### Geographic based needs

There are also unique geographic needs in Marin County. While there are high concentrations of youth in San Rafael, Novato, Marin City, and West Marin, services are primarily located in the city of San Rafael. Youth reported that services are “impossible” to access when they are too far and youth cannot get there, when there are no transportation options, and when youth don’t know where the services are located.

Another key finding is that youth who live in the poorest parts of the county have the least number of services available and the fewest transportation option. There are higher rates of poverty in Tomales Bay, Marin City, and Novato.



These findings imply that while services may exist in Marin County they may not be accessible to all Marin TAY, and may not be accessible to the highest-need TAY. Services must be accessible to the youth who need these services the most, not just the youth who have convenient access to services.

Marin youth are experiencing stress regarding poverty, hunger, homelessness, unemployment, transportation, and a lack of caring adults. These findings illustrate that Marin TAY are facing serious challenges in meeting their basic human needs. Youth also reported experiencing emotional issues such as depression, anxiety, trauma, family and intimate relationships, and eating disorders.



***“Fear of my parents’ deportation... I was raised here and this is what I know... it’s scary not to know what is going to happen.”***

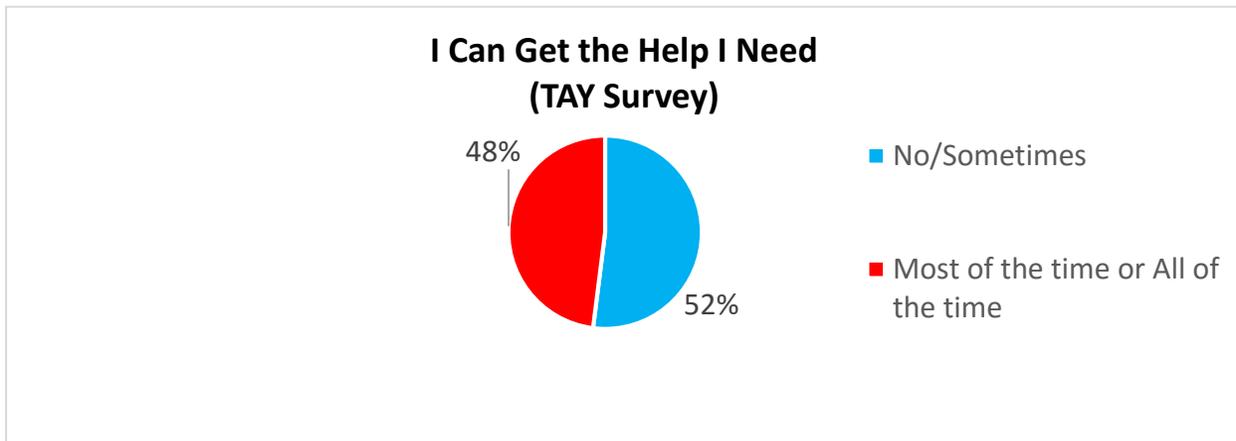
**– TAY Focus Group Participant**

Outside of basic and emotional needs, TAY reported struggling with traumatic experiences such as suicide, bullying, isolation, substance use, violence and sexual assault, interactions with police and the justice system, racism, homophobia, and immigration and acculturation.

## Youth experiences with the mental health system

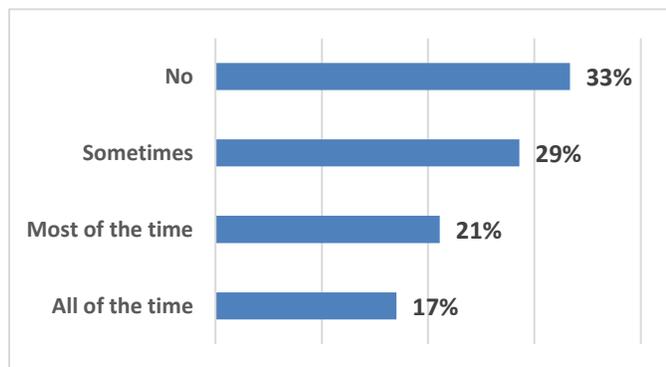
### Lack of mentorship

While over 50% of Marin youth report being able to get the help they need, youth also report that they don't always have someone to talk to, like a mentor, to get mental health support.



### I Have a Mentor (TAY Survey)

These findings indicate that while some TAY are able to get services, they don't feel they have adequate access to mentors or people who can provide individualized support. Without the proper guidance to navigate a complex system, youth can easily fall through the cracks and delay, or never access, much needed treatment. Youth need mentorship, be it peer support or adult guidance, in getting mental health support.



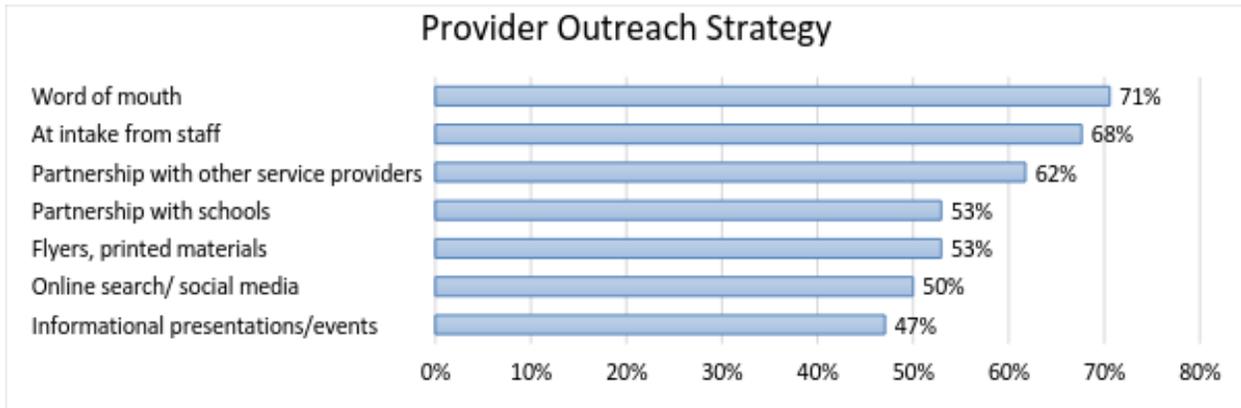
### Non-collaborative decision making

Nearly 50% of TAY stated they did not make decisions collaboratively with their provider. This indicates that youth may be left out of their treatment decisions, either intentionally or unintentionally. Providers may be trying to engage youth in collaborative decision-making but may not be utilizing methods that resonate with youth. This feeling of being excluded from treatment decisions can lead to disillusionment and may not effectively engage youth in their treatment processes.

### Challenges in learning about services



Youth reported finding out about services from teachers, school, and their primary care doctors. A challenge in provider outreach (and thus youth knowledge of services) is the disconnect between provider outreach style and how youth prefer to learn about the services. As noted in the graph below, providers mostly rely on word-of-mouth to outreach to youth. While Marin youth said they prefer online and social media platforms for communication, only half of providers use online/social media.



These findings imply that providers are not using outreach mechanisms that most resonate with youth. Furthermore, word-of-mouth outreach may leave out youth who are not connected to someone who has service and systems knowledge. This may leave out the most vulnerable and isolated youth who lack the social connections to access services. Providers should outreach to youth in ways that are accessible to all TAY.

### Youth Coping Mechanisms

Youth reported a variety of positive coping skills including exercise and being outside, music and art, connecting with friends and family in person or online, focusing on work or school, and trying something new. Youth reported seeking support from friends, family, significant others, coaches, the church, teachers, and other mentors. Youth also discussed a number of community centers and groups where they seek mental health support, including community and school-based mental health providers, their primary care doctor or clinic (including Planned Parenthood), and 12-step programs.

Many youth also reported not knowing how to effectively cope with their mental health needs and reported negative and harmful coping mechanisms, such as using drugs, alcohol, and isolation to cope with mental health problems.

These findings indicate that while some youth may have developed positive coping strategies there are still youth who engage in self-harming behaviors to cope with their mental health challenges. It is important that all TAY have not only the tools and skills to practice positive and healthy coping strategies, but are also connected to community services that provide mental health supports. Substance abuse and addiction are common among Marin youth and youth must know how to avoid these harmful negative coping strategies.

## What do youth want providers to know?

Youth reported back the following information they would like providers to know.

Providers	
Should:	Should Not:
<p><b>Attitude/Outlook</b></p> <ul style="list-style-type: none"> <li>● Look for ways to improve</li> <li>● Collect data about whether they're making a difference</li> <li>● Engage in collaboration with youth - work with youth to establish clear goals with tangible supports.</li> </ul>	<p><b>Attitude/Outlook</b></p> <ul style="list-style-type: none"> <li>● Assume that providers are doing a good job - ask for feedback and utilize this feedback to inform practice changes</li> <li>● Assume that consumers don't know what they are talking about</li> </ul>
<p><b>How you treat people</b></p> <ul style="list-style-type: none"> <li>● Be mindful of their actions when sharing consumers' information</li> <li>● Be consistent: see the same person each time</li> <li>● Show consumers that they care</li> <li>● Be regular (planned appointments, timing)</li> </ul>	<p><b>How you treat people</b></p> <ul style="list-style-type: none"> <li>● Be stigmatizing nor racist</li> <li>● Ask too many questions that: <i>don't matter/aren't relevant/consumers' don't want to talk about</i></li> <li>● Look at it like just a job</li> <li>● Treat people like a case</li> <li>● Be shocked/have extreme reactions</li> <li>● Treat people like they need fixing</li> <li>● Assume they know something/everything about a person</li> </ul>
<p><b>What you actually get help with</b></p> <ul style="list-style-type: none"> <li>● Create social group activities</li> <li>● Address the problems I want to solve</li> <li>● Develop clear goals with the TAY</li> <li>● Help you to actually achieve goals</li> </ul>	<p><b>What you actually get help with</b></p> <ul style="list-style-type: none"> <li>● Make mountains out of mole hills</li> </ul>
<p><b>Create a Safe Space</b></p> <ul style="list-style-type: none"> <li>● Have providers and staff who represent consumers/have shared and similar experiences</li> <li>● Be respectful</li> <li>● Be anonymous</li> <li>● Feel family like (second family)</li> <li>● Speak the language of consumers</li> <li>● Be non-judgmental-no extreme reactions</li> <li>● Introduce you to other youth</li> </ul>	<p><b>Create a Safe Space</b></p> <ul style="list-style-type: none"> <li>● Create Isolation</li> <li>● Use information against youth</li> <li>● Gossip about the TAY with co-workers and relatives/family/etc.</li> <li>● Not have discretion –tell your business to school/parents no privacy</li> </ul>
<p><b>Accessibility</b></p> <ul style="list-style-type: none"> <li>● Be provided where youth already are at times that make sense</li> <li>● Be staffed by people with similar experiences in youth's preferred language</li> </ul>	<p><b>Accessibility</b></p> <ul style="list-style-type: none"> <li>● Conduct outreach that doesn't resonate with youth</li> <li>● Focus on just mental health - provide assistance in areas such as employment, college readiness, housing, sexual health, etc.</li> </ul>

## Recommendations

There are both program-level and systems-level elements needed to effectively serve Marin County TAY. Based on findings from focus groups, surveys, and public data, RDA provides the following recommendations at the systems, program, and provider level.

### Systems-Level Recommendations

Starting from the systems level, BHRS should consider implementing the following top-down cultural changes.

- ❖ **Providing cultural sensitivity training and technical assistance (racial/ethnic and LGBT+ issues)** to address the immediate need for culturally competent BHRS services
- ❖ **Increase workforce diversity** to meet the need for more diversity and increased representation in BHRS services
- ❖ **Require adoption of harm reduction principles** to meet youth where they are at and to work towards integration of mental health and substance abuse service

These recommendations will work to create the organizational cultural changes needed to spearhead the process of providing TAY services in meaningful, effective ways.

### Increased programming

There is a need for increased programming to meet the diverse and unique needs of all TAY in Marin County and to address service gaps in behavioral health and social services.

Programs for Un/underserved	Mentorship and support	Basic Needs
<ul style="list-style-type: none"> <li>❖ <b>Male-specific program/men's group</b> to help serve the unmet needs of males in the county</li> <li>❖ <b>LGBT+ support group</b> that addresses mental health issues among this population</li> </ul>	<ul style="list-style-type: none"> <li>❖ <b>Mentoring programs</b> to provide TAY with support in accessing mental health services</li> <li>❖ <b>Peer-led programs</b> to provide TAY with peer support from those with lived experience of mental health issues and success in recovery</li> </ul>	<ul style="list-style-type: none"> <li>❖ Street outreach/homeless services</li> <li>❖ Harm reduction/substance use services</li> <li>❖ Anger management</li> <li>❖ Eating disorder services</li> <li>❖ School, internship, and job supports</li> <li>❖ Life skills groups</li> <li>❖ Parenting groups, both for parents of youth and young parents</li> </ul>

## Program-level Recommendations

Based on our findings, we recommend that all providers and programs consider how to make services more accessible to and inclusive of TAY needs. The following practice recommendations identify key findings and how providers and programs should update their practices to address these findings.

***Practice Recommendation 1: Make services more inviting and welcoming for TAY, both in the built environment (e.g., music, food) and in provider culture and attitude to create a safe, respectful, caring, and non-judgmental space.***

Over 50% of TAY do not consistently feel comfortable seeking services in Marin County. Youth reported that creating a safe, welcoming space makes accessing services possible. In order to create this welcoming space, providers and programs should make these changes and adjust their culture to be youth-friendly.

***Practice Recommendation 2: Build capacity for drop-in services in order to provide safe and accessible services for youth when they need them.***

Youth report not always knowing when they'll need services and wanting to have services that are responsive and adaptable to their lives. Being able to drop-in and easily access services, whether that means straightforward intake forms or providers making accessing services and engaging in treatment possible.

***Practice Recommendation 3: Ensure competency in substance use and harm reduction to meet youth where they are at in their recovery process.***

Youth report needing assistance with substance abuse and also report the need for nonjudgmental services.

***Practice Recommendation 4: Provide youth with transportation and transportation supports (e.g. bus passes, ride-sharing credits, etc.).***

If services cannot be provided where youth are, then it must be made a priority to get youth to the services. Despite high TAY concentration in Novato, Marin City, and West Marin, services are primarily located in San Rafael.

***Practice Recommendation 5: Use online tools for outreach and communications to conduct outreach in a meaningful and accessible method for youth.***

Providers rely primarily on word of mouth for service outreach, while youth report preferring online communication and outreach. In an effort to be more youth-centered, providers should adopt youth-friendly outreach strategies.

***Practice Recommendation 6: Ask youth for feedback in order to ensure that services are meeting the needs of youth and to engage youth in the treatment process.***

Youth reported that they are often not involved in their treatment plan. Providers should ask youth for their feedback in their treatment and in the quality of their services received. Youth also reported that services are most helpful when they address the problem that youth want to solve and when they are involved in the treatment process. In order to engage youth in their treatment and increase treatment compliance, providers should ask youth for feedback throughout the process.

## Appendix Provider Survey

### Growing Roots: The Young Adult Services Project Provider Survey – Part 1

Marin County Behavioral Health and Recovery Services is conducting a needs assessment about services for transition age youth (16-25 years old) to inform the action plan for the Mental Health Services Act Innovation Plan.

**Directions: Please complete this survey by marking the boxes that most accurately reflect your response. Please select all of the options that apply.**

Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

1. What is your role in providing mental health service delivery for youth?

- |  |  |
|--|--|
| <input type="checkbox"/> Management/Leadership | <input type="checkbox"/> Clinician               |
| <input type="checkbox"/> Administrative Staff  | <input type="checkbox"/> Peer Support Worker     |
| <input type="checkbox"/> Case Manager          | <input type="checkbox"/> Substance-use Counselor |

2. How many years have you been in your current role?

- Less than one year
- 1-3 years
- 4 – 7 years
- More than 7 years

3. Where are services located:

- |  |   |
|--|---|
| <input type="checkbox"/> Office/clinic     | <input type="checkbox"/> School                   |
| <input type="checkbox"/> Community         | <input type="checkbox"/> Shelter/homeless program |
| <input type="checkbox"/> Family/youth home | <input type="checkbox"/> Faith-based center       |

4. What type of programs and services does your agency provide?

- |  |  |
|--|--|
| <input type="checkbox"/> Case management               | <input type="checkbox"/> Homeless/housing services                   |
| <input type="checkbox"/> Individual therapy/counseling | <input type="checkbox"/> Parenting services                          |
| <input type="checkbox"/> Group therapy/counseling      | <input type="checkbox"/> Referrals for other services                |
| <input type="checkbox"/> Family therapy/counseling     | <input type="checkbox"/> Childcare                                   |
| <input type="checkbox"/> Socialization/activity groups | <input type="checkbox"/> Transportation                              |
| <input type="checkbox"/> Physical healthcare services  | <input type="checkbox"/> Emergency Mental Health Care/Crisis Support |
| <input type="checkbox"/> Academic support              | <input type="checkbox"/> Substance use support                       |
| <input type="checkbox"/> Sexual health and education   | <input type="checkbox"/> Faith-based support                         |
| <input type="checkbox"/> Youth development activities  |  |

5. When are your services available? Please check all that apply.
- Normal Business Hours (9am-5pm)
  - Flexible
  - Weekday after 5pm/evenings
  - Weekends
6. We have specialized programs for:
- LGBT+ youth
  - Homeless/runaway youth
  - Latino youth
  - Asian Pacific Islander Youth
  - African American youth
  - Youth experiencing domestic violence
  - Justice system involved youth
  - Younger youth (14-17)
  - Parenting moms
  - Parenting dads
  - Youth with developmental disabilities
  - Youth with mental health conditions
  - Other: \_\_\_\_\_
7. We have the cultural competency to serve:
- LGBT+ youth
  - Homeless/runaway youth
  - Latino youth
  - Asian Pacific Islander Youth
  - African American youth
  - Youth experiencing domestic violence
  - Older youth (18-25)
  - Younger youth (14-17)
  - Parenting moms
  - Parenting dads
  - Other: \_\_\_\_\_
8. In what languages are services available?
- English
  - Arabic
  - Spanish
  - Russian
  - Vietnamese
  - Chinese
  - American Sign Language
  - Other: \_\_\_\_\_
  - Tagalog
9. How do youth learn about the services?
- Word of mouth
  - Flyers, printed materials
  - Informational presentations/events
  - At intake from staff
  - Partnership with schools
  - Partnership with other service providers
  - Online search/ social media
  - Other: \_\_\_\_\_

10. Please check all that apply:

- Youth programs use evidence based practices.  
Which ones: \_\_\_\_\_
- We collect information about who receives services.
- We collect information how many services are provided.

- We collect anecdotal stories about program/youth success.
- We measure/analyze how well our services are working.  
How: \_\_\_\_\_

11. How long do youth participate in your program(s) (length of participation on average)?  
\_\_\_\_\_

12. What is the length of time programs are designed to be completed in? \_\_\_\_\_

13. On average our staff have worked here: \_\_\_\_\_ years. What percentage of staff have left in the past year? \_\_\_\_\_%

14. How often is required staff training completed:

- Weekly
- Monthly
- Annually
- We do not provide a formal staff training

16. The primary goal of our programs and services  
is: \_\_\_\_\_

15. What kinds of training topics are available to staff:

- Motivational interviewing
- Youth development
- Wellness and recovery
- Cultural competency- general
- Cultural competency- specific populations
- We do not provide a formal staff training
- Other approaches

17. The best thing about our services is:  
\_\_\_\_\_

18. One thing we could improve is:  
\_\_\_\_\_

19. One thing we need help with is:  
\_\_\_\_\_

**Please complete Part 2 on the next page.**

**Directions: In regards to your agency, please indicate the extent to which you agree with each of the below statements (select one per statement)**

	No	Sometimes	Most of the time	All of the time
Services are easily accessible for youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff provide support to help youth get to services (transportation, childcare, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth are partners in the services they receive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services focus on helping youth achieve their goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff are well trained and professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff are committed and caring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff have similar backgrounds/experiences of the youth receiving services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services are provided in the preferred languages of our youth and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff are knowledgeable about the issues facing youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff are knowledgeable about youth mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff feel prepared to recognize when youth need help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff feel prepared to talk to youth about issues they may be facing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth approach Staff when looking for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth appear open when Staff offer assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff engage with youth about what's important to them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff work with youth to help them achieve their goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff consider cultural identity when engaging with youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff consider gender and sexual identity when engaging with youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff receive training to engage with youth in a culturally relevant way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff receive training to continuously improve my skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Growing Roots: The Young Adults Services Project**

**Marin County is committed to talking to people throughout the county. Your answers to these questions help us understand who we have heard from and who we still need to reach out to.**

**Your Gender:**

- Male                       Female                       Other

**Your Age:**

- 0 – 15 years old     16 – 19 years old     20-25 years old  
 26 – 59 years old     60+ years old

**Your Primary Language:**

- Arabic                       Cambodian                       Cantonese                       English  
 Farsi                       Hmong                       Mandarin                       Russian  
 Spanish                       Tagalog                       Vietnamese  
 More than one language                       Other (please specify) \_\_\_\_\_

**Your Race / Ethnicity:**

- African/American     Asian                       Hispanic/Latino     Native  
 Pacific Islander     White                       More than one race/ethnicity  
 Other (please specify) \_\_\_\_\_

**Do you represent any of the following groups in our community? (check all that apply)**

- Homeless                       Law Enforcement                       LGBTQ  
 Other (please specify) \_\_\_\_\_

**Thank you for taking our survey!**

## Youth Survey

### Growing Roots: The Young Adult Services Project Youth Survey

Marin County Behavioral Health and Recovery Services is conducting a needs assessment about services for transition age youth (16-25 years old) to inform the action plan for the Mental Health Services Act Innovation Plan.

Marin County is committed to talking to people throughout the county. Your answers to these questions help us understand who we have heard from and who we still need to reach out to.

**Your Gender:**

- Male                       Female                       Other

**Your Age:**

- 0 – 15 years old     16 – 19 years old     20-25 years old  
 26 – 59 years old     60+ years old

**Your Primary Language:**

- Arabic                       Cambodian                       Cantonese                       English  
 Farsi                       Hmong                       Mandarin                       Russian  
 Spanish                       Tagalog                       Vietnamese  
 More than one language                       Other (please specify) \_\_\_\_\_

**Your Race / Ethnicity:**

- African/American     Asian                       Hispanic/Latino     Native  
 Pacific Islander     White                       More than one race/ethnicity  
 Other (please specify) \_\_\_\_\_

**Where do you live in Marin County?**

- Central Marin     Northern Marin     Southern Marin  
 West Marin     Other (please specify) \_\_\_\_\_

**Do you represent any of the following groups in our community? (check all that apply)**

- Homeless                       Law Enforcement                       LGBTQ  
 Other (please specify) \_\_\_\_\_

## Youth Survey – Part 1

**Directions: Please complete this survey by marking the boxes that most accurately reflect your response. Mark all of the boxes that apply to you (you may select more than one box).**

1. When I need support, I talk to:

- |   |   |
|---|---|
| <input type="checkbox"/> Parent                                 | <input type="checkbox"/> Religious/spiritual leader |
| <input type="checkbox"/> Friend                                 | <input type="checkbox"/> Counselor                  |
| <input type="checkbox"/> Teacher                                | <input type="checkbox"/> Coach                      |
| <input type="checkbox"/> Sibling                                | <input type="checkbox"/> Online/social media        |
| <input type="checkbox"/> Family Member (e.g. aunt, grandparent) |   |

2. I need/get support for:

- |  |   |
|--|---|
| <input type="checkbox"/> Family issues                   | <input type="checkbox"/> Feeling Anxious        |
| <input type="checkbox"/> School problems                 | <input type="checkbox"/> Emotional issues       |
| <input type="checkbox"/> Relationships/domestic violence | <input type="checkbox"/> Food stability         |
| <input type="checkbox"/> Self-esteem                     | <input type="checkbox"/> Financial stability    |
| <input type="checkbox"/> Coming out or transitioning     | <input type="checkbox"/> Mental Health          |
| <input type="checkbox"/> Feeling depressed               | <input type="checkbox"/> Drug and alcohol abuse |
| <input type="checkbox"/> Sexual Education                |   |

3. Mental health services are available at/through my:

- |   |   |
|---|---|
| <input type="checkbox"/> School               | <input type="checkbox"/> Probation Department |
| <input type="checkbox"/> Church/temple/mosque | <input type="checkbox"/> Teen Hotline         |
| <input type="checkbox"/> Community Center     | <input type="checkbox"/> Mental Health Clinic |
| <input type="checkbox"/> Work                 | <input type="checkbox"/> Other: _____         |

4. What services have you accessed? Please list below.

5. I wish services were:

- |   |   |
|---|---|
| <input type="checkbox"/> Located close to my home/school/job  | <input type="checkbox"/> More fun and engaging              |
| <input type="checkbox"/> Available outside of 9-5             | <input type="checkbox"/> Providing free transportation      |
| <input type="checkbox"/> Provided by other youth              | <input type="checkbox"/> Anonymous                          |
| <input type="checkbox"/> Provided by people who care about me | <input type="checkbox"/> Providing walk-in services         |
| <input type="checkbox"/> Available in other languages         | <input type="checkbox"/> More personalized to meet my needs |
| <input type="checkbox"/> Flexible                             |   |

6. I wish services were available for:

- |   |  |
|---|--|
| <input type="checkbox"/> LGBT+                  | <input type="checkbox"/> Parenting dads                                    |
| <input type="checkbox"/> African American       | <input type="checkbox"/> Youth in the court/justice system                 |
| <input type="checkbox"/> Asian Pacific Islander | <input type="checkbox"/> Youth transitioning from foster homes/group homes |
| <input type="checkbox"/> Homeless youth         | <input type="checkbox"/> Survivors of abuse                                |
| <input type="checkbox"/> Latino youth           | <input type="checkbox"/> Youth with developmental disabilities             |
| <input type="checkbox"/> Parenting moms         |  |

7. What gets in the way of youth getting support is:

- |   |   |
|---|---|
| <input type="checkbox"/> Don't know where to go/who to talk to                  | <input type="checkbox"/> Worried parents will find out          |
| <input type="checkbox"/> Too far away/can't get there                           | <input type="checkbox"/> Cost of receiving support              |
| <input type="checkbox"/> People aren't nice/helpful/caring                      | <input type="checkbox"/> Stigma associated with seeking support |
| <input type="checkbox"/> Services don't focus on what I need/think is important |   |

8. The best thing about services for youth in Marin is:

- |  |   |
|--|---|
| <input type="checkbox"/> They provide safety     | <input type="checkbox"/> Separate services for youth and adults |
| <input type="checkbox"/> They are engaging       | <input type="checkbox"/> Understanding of my needs              |
| <input type="checkbox"/> Services are welcoming  | <input type="checkbox"/> They believe in me                     |
| <input type="checkbox"/> Services are responsive | <input type="checkbox"/> They are effective                     |

9. The worst thing about services for youth in Marin is:

- They are not offered consistently
- Staff are incompetent
- I feel judged by service providers
- Limited confidentiality

**Please complete Part 2 on the next page.**

**Directions: Please indicate the extent to which you agree with each of the below statements (select one per statement)**

## Youth Survey – Part 2

	No	Sometimes	Most of the time	All of the time
I know where to go to get support if I am emotionally struggling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy for me to access services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know who to call to get support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can get to services that I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can get an appointment or talk to someone in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services are available in places that I already go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know of services that are available evenings and weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I need help, I deal with it on my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I need help, I talk to someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have someone at home that I can talk to/get support from	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have someone at school that I can talk to/get support from	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a mentor that I can talk to/get support from	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a trusted friend that I can talk to/get support from	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My support network is sensitive to my specific needs/experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My support network is knowledgeable about what my needs are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My support network is knowledgeable about where I can go for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service providers and program staff are friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service providers and program staff listen to my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service providers and program staff care about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a say in what services I receive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My provider and I make decisions together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services are responsive to what I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel comfortable seeking services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have made progress because of services received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services are reflective of my culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My service providers have a similar background or similar experiences to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services were available in my preferred language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services are focused on the belief that I can get better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel comfortable with my service provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for taking our survey!**



## Provider Focus Group Interview Guide

### Provider Focus Interview Guide Focus Group Introduction

Hello, my name is \_\_\_\_\_ and this is \_\_\_\_\_. We are working with the Marin County Growing Roots project, where young adults like myself work with research partners to find out about the needs of other young adults in Marin County with the goal of improving services for all of us.

Being a young person can be hard, and we know that you have experience working with youth who need support. Today we are here to talk to you about your program and how it assists 16-25 year olds with mental health related needs. We will be asking you about your program, youths' experiences in your program, and about your perceptions of the mental health system in Marin County. Your participation in this discussion is completely voluntary. If you do not feel comfortable participating, or if there are any questions that you don't feel comfortable answering, you do not have to. **Please remember you do not need to share anything you don't want to, or anything that will violate client confidentiality.**

#### *Guidelines (posted on wall – Julie offered to make charts)*

- Respect each other's opinions
- There are no "right" or "wrong" answers
- Step up/step back – allow everyone an equal chance to participate
- What is said in the room stays in the room

[Note taker] will be taking notes during our discussion, but they will not use anyone's name. Our report back to Marin County Behavioral Health will include a summary of what people said, but will not identify people by name.

Are there any questions before we begin?

#### **Provider Background/Program Details**

1. **First, can you tell me the name of your organization, your role in the organization, and a little about the services your organization provides for Transition Age youth (16-25 year old)? [Have chart paper of question on wall]**
2. How do youth find out about the services your organization provides?

#### **Challenges Facing Transition Age Youth**

3. Who do youth often turn to when they need support?

4. From your experience working with youth in Marin County, are they able to get the appropriate services to support their mental health needs – such as when they are having family problems, stress, sadness, problems with drugs or alcohol or behavioral issues?
  - How and in what ways?
5. If not, what prevents youth from accessing the services they need? [Prompt: motivation, stigma, lack of support]

### Service Delivery and Barriers

6. What strategies do you or your organization use to get youth engaged in the services your organization provides? [Prompts: what keeps them engaged in services?]
7. What are the barriers that make it hard for you to provide effective services to youth?

### Underserved Populations

8. From your perspective, who are the underserved populations in Marin County? [Prompt: African Americans, Latinos, LGBT+]
9. What steps do you or your organization take to make your services accessible to underserved populations? For which groups?

### Measuring Program Success

10. How do you measure whether or not your program is successful?
  - To what extent do you follow-up with former clients to see how they are doing?

### Conclusion

11. What do you believe is the greatest benefit that your agency provides for your clients?
12. What additional services do you think should be available to youth in Marin?
13. Is there anything we missed that you want to add?

**Thank you for your time!**

## Youth Focus Group Interview Guide

# Youth Focus Group Interview Guide

## Focus Group Introduction

Hello, my name is \_\_\_\_\_ and this is \_\_\_\_\_. We are working with the Marin County Growing Roots project, where young adults like myself work with research partners to find out about the needs of other young adults in Marin County with the goal of improving services for all of us.

Being a young person can be hard, and we want to talk to you about where you and other young people in Marin go when you are struggling emotionally or just need some support. We're going to ask you questions about your experience with programs, clubs, mental health services, or other services that help you.

Your participation in this discussion is voluntary, and up to you. If you're uncomfortable participating, or if there are any questions that you don't feel comfortable answering, you do not have to. Some of the questions might not apply to you. **Please remember you do not need to share anything you don't want to. If the conversation brings up emotional issues and you feel like you need to talk to someone, the person who greeted you will be available during and after the group.** Remember, you can always not answer a question or take a break if you need to.

### *Guidelines (posted on the wall)*

- Respect each other's opinions
- There are no "right" or "wrong" answers
- Step up/step back – allow everyone an equal chance to participate
- What is said in the room stays in the room

[Note taker] will be taking notes during our discussion, but they will not use anyone's name. Our report back to Marin County Behavioral Health will include a summary of what people said, but will not identify people by name.

Are there any questions before we begin?

First, please tell us your name, age, preferred pronoun/s, where in Marin you live, and how your day is going? (TAY facilitator model it)

***[Have chart paper of question on wall]***

## Youth Experience

1. **Think about yourself and your friends who live in Marin, what do you think are the biggest issues that youth have to deal with?**

Today, we are going to focus on issues that have to do with mental health, such as when people are stressed, sad, struggling with drugs or alcohol, having trouble with relationships or other challenges that effect their emotions. For the next set of questions we want you to think of a time when you or a friend was struggling emotionally and needed some support.  
*(Silent – do not ask for people to share)*

## Knowledge of Current Mental Health Services and Programs

2. **Where have you or your friends gone to when you needed this kind of support?**  
(Examples: Parents, teachers, friends, church, school, some other organization or group?)  
*(Get as many answers as they can provide)*
  - What other services or programs do you or your friends go to?

## Strengths

3. **How did you find out about these services or get connected to them?**
  - Who told you? How did you know about it?
4. What's the best part of the services?
  - What's helpful about them? Why do you keep going?
5. How well do the services work? How do you know they're helping you?

## Barriers

6. **What gets in the way of you or your friends getting help when you need it?** [Examples: transportation, knowledge of services, shame/stigma]
  - Thinking about your community, is there anything that gets in the way of you and others in your community getting help? (Examples: Language of provider, finding somebody you could relate to, services I want aren't available) *(Ask for specific examples/stories)*
7. What groups in Marin county do you feel are being left out? [**Prompt: African Americans, Latinos, LGBT+**]
  - Any suggestions of what would help them?

## Conclusion

8. Are there any services you wish were available to you or your friends?
9. Is there anything we missed that you want to add?

**Thank you for your time!**

## Youth Focus Group Interview Guide [Spanish]

### Youth Focus Group Interview Guide Focus Group Introduction-Spanish

Hola, mi nombre es \_\_\_\_\_ y él/ella es \_\_\_\_\_. Estamos trabajando con el proyecto Growing Roots del condado de Marin donde jóvenes como nosotros en asociación con una compañía de búsquedas, trabajamos juntos para descubrir las necesidades de los jóvenes del condado de Marin, con el motivo de mejorar servicios.

Siendo joven puede ser difícil. Queremos hablar con ustedes y con otros jóvenes en el condado de Marin para saber dónde van cuando tienen problemas emocionales o necesitan apoyo moral. Vamos a preguntarles preguntas sobre sus experiencias con programas, clubs, proveedores de salud mental, y otros servicios que les ayudan.

La participación en esta conversación es voluntario. Si te sientes incomodo en participar o si hay unas preguntas que te incomodan, no tienes que responder la pregunta. Hay algunas preguntas que quizás no les apliquen. **Recuerden que no tienen que compartir nada que no quieran compartir en la conversación. Si la conversación revive algunas experiencias fuertes o emocionales y necesitas que hablar con alguien, la persona que los saludó, estará disponible para hablar durante o después de la discusión.** Recuerden que no tienen que responder si no quieren o pueden tomar un tiempo fuera de la conversación si alguna persona lo necesita.

#### Guías

1. Respeten las opiniones de otros
2. No hay respuestas “correctas” o “incorrectas”
3. Por favor dejen que todos tengan la oportunidad de participar
4. Lo que discutan en el cuarto se quedará en el cuarto, esto es para mantener el respeto y privacidad de todos

[Persona que toma notas] estará tomando notas de nuestra conversación, pero no usará el nombre de nadie. Nuestro reportaje es para el centro de Salud Mental del condado de Marin y tendrá un resumen de lo que la gente compartió, pero no identificarán a nadie.

¿Hay algunas preguntas antes de que empecemos? Para empezar, por favor dínos tu nombre, edad, prenombre preferido (él/ella/ellos/equis), en que parte del condado de Marin vives y como te está yendo hoy.

## Experiencia Juvenil

1. **Piensa en ti y tus amigos/as. ¿Qué crees que son los problemas más grandes que los jóvenes tienen que enfrentar, que viven en el condado de Marin?**

Hoy, vamos a enfocarnos en los problemas que tienen que ver con la salud mental, como cuando la gente se siente estresada, triste, están usando drogas o alcohol, están teniendo problemas en sus relaciones u otros factores que pueden afectar la salud mental o emocional. Para las siguientes preguntas, queremos que pienses en un tiempo cuando tú o un amigo/a estaban batallando emocionalmente y necesitaban ayuda.

## Conocimiento de Servicios y Programas de Salud Mental Hoy en Día

2. **¿Dónde has ido si tu o tus amigos/as necesitan apoyo moral, emocional o mental?** (Por ejemplo: Padres, maestros, iglesia, la escuela, otra organización o grupo)
  1. ¿Qué otros servicios o programas has ido tu? ¿Qué otros servicios han ido tus amigos/as?

## Fuerzas

3. **¿Cómo te enteraste de esos servicios? ¿Cómo te conectaste a ellos?**
  - a. ¿Quién te dijo de los servicios?
4. **¿Cuál es la mejor parte de obtener los servicios? Que es lo que te gusta de ellos?**
  - a. ¿En qué modo utilizas los servicios? ¿Porque sigues yendo a los servicios?
5. **¿Qué tan bien funcionan para ti los servicios? ¿Cómo sabes que te están ayudando?**

## Barreras

6. **¿Cuáles son las barreras que se ponen para ti o tus compañeros para no recibir la ayuda cuando la necesitas?** (Por ejemplo: transportación, el conocimiento de servicios, vergüenza de recibir servicios)
2. **Piensa en tu comunidad. ¿Hay barreras que se ponen para ti u otros para recibir ayuda moral o emocional cuando la necesitas?** (Por ejemplo: Hay diferencia de dialectos entre tu y el proveedor/doctor, no tienes a alguien que puedas relacionarte, no hay servicios disponibles que quieras o necesitas)
7. **¿Qué grupos de personas piensas que están excluidos de recibir servicios? [Afro Americanos, Latinos, Identifican Gay]**
  - a. ¿Qué sugieren ustedes como poder ayudarlos?

## Conclusión

8. **¿Te gustaría que viera otros tipos de servicios para ti o tus amigos/as que pudieran ayudar?**  
¿Y si son, cuáles serían?
9. **¿Hay algo que quieras agregar que quizás olvidamos de incluir en la conversación?**

**¡Gracias por tu tiempo!**

## Parent Focus Group Interview Guide

### Parent Focus Group Interview Guide Focus Group Introduction

Hello, my name is \_\_\_\_\_ and this is \_\_\_\_\_. We are working with the Marin County Growing Roots project, where young adults like myself work with research partners to find out about the needs of other young adults in Marin County with the goal of improving services for all of us.

Being a young person can be hard, and we want to talk to you about where your child and other young people in Marin go when you are struggling emotionally or just need some support. We're going to ask you questions about your experience with programs, clubs, mental health services, or other services that help your child.

Your participation in this discussion is completely voluntary. If you're uncomfortable participating, or if there are any questions that you don't feel comfortable answering, you do not have to. Some of the questions might not apply to you. Some of these questions may bring up emotional topics. **Please remember you do not need to share anything you don't want to.**

#### *Guidelines (posted on wall – Julie offered to make charts)*

- Respect each other's opinions
- There are no "right" or "wrong" answers
- Step up/step back – allow everyone an equal chance to participate
- What is said in the room stays in the room

[Note taker] will be taking notes during our discussion, but they will not use anyone's name. Our report back to Marin County Behavioral Health will include a summary of what people said, but will not identify people by name.

Are there any questions before we begin?

First, can you tell us your name, preferred pronouns, where in Marin you live, and how old your child is. **[Have chart paper of question on wall]**

#### **Youth Experience**

1. **Think about your children and their friends, what do you think are the biggest issues facing youth in Marin County?**

We are going to focus on issues that have to do with mental health, such as when youth are stressed, sad, struggling with drugs or alcohol, having trouble with relationships or other

challenges that effect their emotions. For the next set of questions, we want you to think of a time when your child was struggling emotionally and needed some support. (*Silent – do not ask for people to share*)

### **Knowledge of Current Mental Health Services and Programs**

2. **What kind of support or help do families need to help their children when they are having a hard time?**
3. **What services has your family or child used to get support? What programs or services come to mind? What kinds of things do youth get help with in these programs?** (Examples: Church, school, some other organization or group, counseling?) (*Get as many answers as they can provide*)
  - What other services or programs does your family or child go to?

### **Strengths**

4. **What has been helpful about these services?**
  - How is it helping your child?
  - What do you like about the services?

### **Barriers**

5. **What gets in the way** of your family or child getting help when you need it? [Examples: transportation, knowledge of services, shame/stigma, services needed aren't available]
  - Thinking about your community, is there anything that gets in the way of you and others in your community getting help? (Examples: Language of provider, finding somebody you could relate to) (*Ask for specific examples/stories*)
6. **What groups in Marin county do you feel are being left out? [Prompt: African Americans, Latinos, LGBT+]**
  - Any suggestions of what would help them?

### **Conclusion**

7. Are there any services you wish were available for your child?
8. Is there anything we missed that you want to add?

**Thank you for your time!**

## Parent Focus Group Interview Guide [Spanish]

### Parent Focus Group Interview Guide

### Focus Group Introduction-Spanish

Hola, mi nombre es \_\_\_\_\_ y él/ella es \_\_\_\_\_. Estamos trabajando con el proyecto Growing Roots del condado de Marin donde jóvenes como nosotros en asociación con una compañía de búsquedas, trabajamos juntos para descubrir las necesidades de los jóvenes del condado de Marin, con el motivo de mejorar servicios.

Siendo joven puede ser difícil. Queremos hablar con los padres en el condado de Marin para saber dónde van sus hijos u otros jóvenes en el condado de Marin cuando tienen problemas emocionales o necesitan apoyo moral. Vamos a preguntarles preguntas sobre sus experiencias con programas, clubs, proveedores de salud mental, y otros servicios que les ayudan a sus hijos.

La participación en esta conversación es voluntario. Si te sientes incomodo en participar o si hay unas preguntas que te incomodan, no tienes que responder la pregunta. Hay algunas preguntas que quizás no les apliquen. Las preguntas quizás puedan revivir algunas experiencias fuertes o emocionales. **Recuerden que no tienen compartir algo que no quieran.**

#### Guías

- Respeten las opiniones de otros
- No hay respuestas “correctas” o “incorrectas”
- Por favor dejen que todos tengan la oportunidad de participar
- Lo que discutan en el cuarto se quedará en el cuarto, esto es para mantener el respeto y privacidad de todos

[Persona que toma notas] estará tomando notas de nuestra conversación, pero no usará el nombre de nadie. Nuestro reportaje es para el centro de Salud Mental del condado de Marin y tendrá un resumen de lo que la gente compartió, pero no identificarán a nadie.

¿Hay algunas preguntas antes de que empecemos?

Para empezar, por favor dínos tu nombre, prenombre preferido (él/ella/ellos/equis), en que parte del condado de Marin vives y cuantos años tiene su hijo/a.

#### Experiencia Juvenil

1. **Piensa en tus hijos y sus amigos. ¿Qué crees que son los problemas más grandes que los jóvenes tienen que enfrentar, que viven en el condado de Marin?**

Vamos a enfocarnos en los problemas que tienen que ver con la salud mental, como cuando la gente se siente estresada, triste, están usando drogas o alcohol, están teniendo problemas en sus relaciones u otros factores que pueden afectar la salud mental o emocional. Para las siguientes preguntas, queremos que pienses en un tiempo cuando su hijo/a estaba batallando emocionalmente y necesitaban ayuda.

### **Conocimiento de Servicios y Programas de Salud Mental Hoy en Día**

2. **¿Qué clase de apoyo o ayuda necesitan las familias para poder ayudar a sus hijos cuando están batallando emocionalmente?**
3. **¿Qué servicios ha usado tu familia o hijo/a para recibir apoyo moral, emocional o mental? ¿Qué programas o servicios han recibido o han participado? ¿Qué tipos de servicios reciben los jóvenes en estos programas y para que?** (Por ejemplo: Iglesia, escuela, otra organización, o grupo de consejo)
  - ¿Qué otros servicios o programas participa tu familia o hijo/a?

### **Fuerzas**

4. **¿Qué es lo ha sido útil de recibir estos servicios?**
  - ¿Cómo les están ayudando a su hijo/a?
  - ¿Qué es lo que te gusta sobre los servicios?

### **Barreras**

5. **¿Qué son las barreras que se ponen para tu familia o tu hijo/a para no recibir la ayuda cuando la necesitas?** (Por ejemplo: transportación, el conocimiento de servicios, vergüenza de recibir servicios)
  - Piensa en tu comunidad. ¿Hay barreras que se ponen para ti u otros para recibir ayuda moral o emocional cuando la necesitas? (Por ejemplo: Hay diferencia de dialectos entre tu y el proveedor/doctor, no tienes a alguien que puedas relacionarte, no hay servicios disponibles que quieras o necesitas)
6. **¿Qué grupos de personas piensas que están excluidos de recibir servicios? [Afro Americanos, Latinos, Identifican Gay]**
  - a. ¿Qué sugieren ustedes como poder ayudarlos?

### **Conclusión**

7. ¿Te gustaría que viera otros tipos de servicios para tu hijo/a o tus amigos que les pudieran ayudar? Y si son, cuales serian?
8. ¿Hay algo que quieras agregar que quizás olvidamos de incluir en la conversación?

**¡Gracias por su tiempo!**

## Mental Health/Substance Use Services for TAY

### Services for Transition Age Youth (16-25 yo) in Marin County Mental Health, Substance Use and related services

*Italicized ones were not referenced by TAY in focus groups.*

#### **10,000 Degrees**

1650 Los Gamos Drive, Suite 110 San Rafael, CA 94903 415.459.4240 10000degrees.org  
College access and success for low-income students.

#### **Adopt A Family of Marin**

415-456-7805 adoptafamily.org  
Prevents homelessness and provides stability for families in crisis through subsidies for basic needs and case management.

#### **Alcohol Justice**

24 Belvedere St San Rafael CA 94901 415-456-5692 alcoholjustice.org  
Promotes evidence-based public health policies and campaigns against the alcohol industry's harmful practices. Engages youth interns.

#### **Alcoholics Anonymous**

aasf.org  
Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, teen groups and other 12-step groups meet in Marin.

#### ***Ambassadors of Hope and Opportunity***

*PO Box 2278 Mill Valley CA 94942 415-381-7173 wahoproject.org*  
*Assistance for homeless and at-risk youth and young adults ages 16 to 25.*

#### **Bay Area Community Resources**

171 Carlos Drive San Rafael, CA 94903 415-444-5580 bacr.org  
Substance abuse brief intervention for youth age 13-18. Long term (6 months) family therapy for youth on Probation.

#### ***Beyond Hunger***

*523 Fourth Street, Ste. 100 San Rafael, CA 94901 (415) 459-2270 beyondhunger.org*  
*Support groups for youth and adults with disordered eating and body hatred. Peer Education Program trains peer educators (ages 15-22).*

#### **Big Brothers, Big Sisters**

bbbsnorthbay.org  
Provides 6-15 year olds facing adversity with professionally supported 1-to-1 mentor relationships.

#### **Bloom (formerly Image for Success)**

1557 4<sup>th</sup> St San Rafael CA 94901 415-482-6077 bloommarin.org  
A volunteer-based nonprofit that provides complimentary wardrobes and life skills training to men, women, and children transitioning to a life of self-reliance. Trainings include job hunting, goal setting, time management, and financial literacy.

**Body Positive**

*B-Street Group*

*bstreetgroup.net*

*Therapy services for adolescents, adults, and groups. Comprehensive Out Patient Eating Disorders Treatment and Prevention. Support and Skills Group for teens and parents.*

**Boys and Girls Club**

117 Paul Dr., Suite B San Rafael, CA 94903

415-767-2035

petaluma-marinbgc.org

Services and programs for youth (6-18) that help them lead healthy, successful lives through academic enrichment, sports, community involvement, personal growth, and learning to make positive choices.

**Bucklew Programs**

555 Northgate Drive, Suite 100 San Rafael, CA 94901

415-457-6964

bucklew.org

Providing mental, emotional, behavioral health and addiction services that promote recovery, resilience and hope. Crisis residential, Casa Rene, for 18+. 24/7 Suicide Prevention and Crisis Hotline: (415) 499-1100

**Canal Alliance Youth Program**

91 Larkspur St San Rafael, CA 94901

(415) 454-2640

canalalliance.org

Engages youth starting in middle school and continues through college graduation to promote academic and life success.

**Canal Welcome Center**

30 N. San Pedro Rd. Suite 250 San Rafael, CA 94903

415-526-2486

cwcenter.org

The Welcome Center has developed and implemented a youth Leadership program designed to address Disproportionate Minority Contact (DMC) in Marin County. The program mentors a group of youth at risk of involvement (14-21 yo). Juan Colina conducts a program in County Community School (Alt Ed).

**Center for Domestic Peace**

734 A Street San Rafael, CA 94901

415-457-2464

centerfordomesticpeace.org

Services for ages 13-24: Relationship abuse advocacy, education on warning signs of unhealthy relationships, risk assessment & safety planning, support groups, legal advocacy. 24 hour hotline. Emergency Shelter.

**Churches**

Churches provide a variety of support including youth groups and support groups.

**Coastal Health Alliance**

3 6<sup>th</sup> St, Point Reyes Station CA 94952

415-663-8666

coastalhealth.net

Physical health, dental and mental health services.

**Community Action Marin – Enterprise Resource Center**

CAM-29 Mary St San Rafael CA 94901

415-526-7500

camarin.org

ERC -3270 Kerner Blvd Suite C, San Rafael CA 94901

415-721-2232

CAM provides an array of mental health, safety net, and economic development services for low-income residents. The Enterprise Resource Center is a consumer run drop-in center with an array of programming.

**Community Institute for Psychotherapy (CIP)**

1330 Lincoln Ave, Suite 201 San Rafael, CA 94901      415-459-5999 x 102      [cipmarin.org](http://cipmarin.org)  
Short term and long term counseling and psychotherapy for individuals, couples and families. Group Therapy for Adults. Therapy services in schools.

**Crisis Stabilization Unit - CSU (formerly Psychiatric Emergency Services-PES)**

250 Bon Air Rd Greenbrae CA 94904      415-473-6666 (crisis)  
24/7 crisis stabilization services for those experiencing a mental or emotional crisis in that they are deemed a danger to self or others or unable to care for their basic needs. Will also refer clients to other crisis services.

**ForWords Literacy Lab**

361 3<sup>rd</sup> St Suite G San Rafael CA 94901      415-785-7899      [forwords.org](http://forwords.org)  
Provides literacy programs for low-income students. Connects students to additional services.

**Huckleberry Youth Programs**

Montecito Plaza, 361 Third Street, Suite G, San Rafael      415.258.4944      [huckleberryyouth.org](http://huckleberryyouth.org)  
Short term (under one year) individual, group and family counseling for youth and young adults ages 12-25. Intervention and outpatient substance abuse treatment for youth and young adults ages 12-21

**Jewish Family and Children's Services / Parents Place**

600 Fifth Avenue San Rafael, CA 94901      415-419-3662  
[parentsplaceonline.org/marin](http://parentsplaceonline.org/marin)  
Individual therapy for children and adolescents ages 0-18; Family Therapy; Parent Coaching.

**Kaiser**

Various locations  
Physical, mental health, substance use and wellness services for individuals/families with Kaiser coverage.

**Marin City Community Development Corporation**

441 Drake Ave Marin City CA 94965      415-339-2837 [Info@marincitycdc.org](mailto:Info@marincitycdc.org)      [marincitycdc.org](http://marincitycdc.org)  
Employment development services.

**Marin City Community Services District**

630 Drake Ave Marin City CA 94965      (415) 332-1441      [marincitygov.org](http://marincitygov.org)  
A variety of recreational activities and other community supports.

**Marin City Health and Wellness Center**

630 Drake Ave Marin City CA 94965      415-339-8813      [marincityclinic.org](http://marincityclinic.org)  
Physical health, mental health, and substance use services.

**Marin Community Clinics**

Various sites 415-448-1500 marinclinic.org  
Physical health, mental health, and substance use services.

**Marin County Behavioral Health and Recovery Services**

Call Access line 1-888-818-1115

Range of outpatient services for individuals with Medi-Cal or uninsured who meet medical eligibility requirements. Rene from BHRS youth services works with students in Alt Ed.

**Marin County Probation**

*Mandated and optional services for adult and youth offenders, victims of crime and the communities of Marin.*

**Marin Employment Connection**

120 N Redwood Dr San Rafael CA 94903 415-473-3300 marinemployment.org  
Employment and training services.

**Next Generation**

gonextgeneration.org

Summer leadership program supports high school students looking to gain a hands-on, experience based learning experience through training in sustainability and ecology.

**Novato Human Needs Center**

1907 Novato Blvd Novato CA 94947 415-897-4147 nhnc.org  
Provides an array of services for low-income children, adults and seniors who are facing financial hardships and need information, resources and guidance.

**Novato Youth Center**

680 Wilson Ave., Novato, 94947 415.892-1643 novatoyouthcenter.org  
Short term (under one year) individual, group, couple and family counseling for all ages. Evidence-based approaches implemented. Brief Intervention for Substance Using Adolescents

**Opening the World**

636 Lindaro St, Suite 1 San Rafael CA 94901 415-419-9695 openingtheworld.org  
*Designed to empower and expose youth (18-25) at risk to a world beyond their own through volunteer, educational and cultural experiences within their communities and abroad.*

**Performing Stars**

271 Drake Avenue Marin City, CA 94965 415.332.8316 performingstars.org  
Transforms the lives of low-income, primarily multicultural, children throughout Marin County by using enrichment programs to build pride, character, discipline and self-esteem.

**Phoenix Project**

271 Drake Avenue Marin City, CA 94965      415.332.3290  
phoenixprojectofmarin.org

**Planned Parenthood**

2 H Street San Rafael, CA 94901      (415) 459-4907      ppnorcal.org  
Counseling services for all individuals.

**Project Avary**

1623 5th Ave San Rafael, CA 94901      (415) 457-8799      projectavary.org  
Project Avary offers long-term support, resources, guidance and training for children with incarcerated parents.

**Public Assistance: CalWorks, Medi-Cal, CMSP, CalFresh-SNAP, General Assistance**

Various locations      415-473-3400      marinhhs.org/public-assistance  
Financial, food and medical coverage assistance for low-income residents.

**Ritter Center**

16 Ritter St San Rafael CA 94901      415-457-8182      rittercenter.org  
Physical health, mental health, substance use and other services for homeless and low-income individuals/families.

**Saint Vincent de Paul**

820 B St San Rafael CA 94901      415-454-3303      vinnies.org  
Provides meals, assistance to obtain housing, and assistance to maintain your housing in a period of crisis.

**San Geronimo Valley Community Center**

6350 Sir Francis Drake Blvd, San Geronimo, CA 94963      (415) 488-8888      sgvcc.org  
Human services, wellness programming, school readiness and school-linked services programs.

**San Rafael Police Youth Services Bureau**

*1099 D Street, Suite 205 San Rafael CA 94901      415.485-3025      srpd.org*  
*Youth diversion for juvenile first-offenders; In-school therapy services for middle and high school age juveniles; Short and long-term individual, couples and family counseling for those who live/ work/attend school in San Rafael.*

**Schools**

Schools have a variety of services including counseling, wellness centers, Gay Straight Alliances, and AVID. College of Marin's Puente Program supports educationally disadvantaged students to enroll in four-year colleges and universities, earn college degrees, and return to the community as mentors and leaders to future generations.

