

## **Mental Health Services Act – Marin County Innovation Plan**

### **Growing Roots: The Young Adult Collaborative Project**

The development of the Innovation Plan is based on stakeholder input. During the 30 day public comment period Marin County Mental Health and Substance Use Services (MHSUS) has received feedback on the draft Plan at the Mental Health Services Act Advisory Board, at a joint meeting of the Mental Health Board and Alcohol and Drug Advisory Board, and via online comments. Based on input already received, MHSUS is further refining the plan.

#### **Key Feedback Received**

- The plan does not provide significant direct services
- It is unclear what will take place other than a series of meetings
- Transition Age Youth should be significantly involved in this plan
- There are very different needs among 16-25 year olds
- How is “grassroots organization” defined? What is expected of them?
- Community Based Organizations (CBOs) do not receive adequate funds to participate
- There is too much emphasis on grassroots organizations that have inadequate infrastructure
- The outcomes and measurements are not well defined: What are the deliverables? What changes will be made to the system of care?

#### **Response to Key Feedback**

Innovation funds are aimed at learning how to improve mental health services and systems. It is a rare opportunity to step back and find a new approach to hard to solve problems. In this plan the intent is to reduce disparities by addressing underlying barriers transition age youth (TAY) experience in accessing and receiving behavioral health services.

In order to reduce disparities it became apparent that the expertise of the underserved communities is needed. In this case that includes TAY, as well as those who are effectively engaging with TAY, especially TAY who are particularly underserved due to race, ethnicity, language, gender identity, sexual orientation, and geographic isolation. This plan recognizes that grassroots organizations play an important role in providing engagement, prevention, resiliency and recovery services within communities not engaging in established behavioral health services.

The intention of this plan is to build on the strengths of all participants in order to improve the ability of the continuum of care to effectively serve TAY. This plan includes strengthening the continuum of care through collaboration, as well as developing a concrete action plan for participating organizations to make strategic improvements to their infrastructures, policies, and procedures to improve the effectiveness of their services and the ability for TAY to access them.

#### ***Finalize Innovation Plan (November 2015-February 2016)***

- Public Comment Closes (November 29, 2015)
- Public Hearing at the Mental Health Board (December 8, 2015)
- Revise the Innovation Plan (December 2015)
- On Board of Supervisors agenda (January 2016)
- On Mental Health Services Oversight and Accountability Commission agenda (February 2016)
- Begin implementing Innovation Plan (March 2016)

#### ***Gather Baseline Data (December 2015-July 2016)***

- Gather existing data including from the census, homeless survey, agencies serving TAY (MHSUS, schools, Sunny Hills TAY program, Probation, Sherriff, Police Departments, Psychiatric Emergency

Services, Huckleberry Youth Programs, Novato Youth Center, Blue Ribbon Coalition, Spahr Center, Phoenix Project, others) and literature. We will be looking for baseline data that might include:

- Demographics of TAY in Marin
  - Current rates of services provided to TAY, demographics of clients, client profiles
  - Current rates of employment, engagement in education, criminal justice involvement, hospitalization and other data that can assist with measuring outcomes.
- Conduct focus groups, key informant interviews, and surveys as needed with diverse TAY and their families to understand their perspective on access to services, successful services, barriers, and other factors that will assist with understanding what an improved system of care would look like. The process for getting input from TAY will take into consideration how to break down needs based on age and other demographics.
  - Gather baseline data from participating organizations, such as numbers served, services provided, demographics of clients, profiles of clients (employment, engagement in education, criminal justice involvement, hospitalization) and other data that can assist with measuring outcomes.

#### ***Identify Participants (March-May 2016)***

- Conduct a competitive Request for Proposals (RFP) process to determine participating organizations. Example criteria:

##### Grassroots Organizations

- Currently serving TAY
- Have 501c3 or fiscal sponsorship of 501c3
- 7 staff or less
- Budget of \$200,000/year or less
- Staff and/or Board composition that reflects the clients served (demographically, geographically, lived experience)

##### Community Based Organizations

- Currently serving TAY
- Have 501c3 or fiscal sponsorship of 501c3
- Committed to working with grassroots organizations to successfully serve TAY

#### ***Action Plan (August-November 2016)***

- Based on data gathered, TAY and family input, best practices, and other sources, determine changes that need to be implemented to improve the continuum of care, such as:
  - Provide support to grassroots organizations to build their infrastructures and capacities
  - Improve referral and care coordination among organizations serving TAY
  - Increase accessibility of CBO services for TAY
- Based on data gathered and action plan, better define outcomes to be tracked.

#### ***Implementation (November 2016-June 2018)***

- Implement trainings, technical assistance, evaluation, and changes within each organization as needed.
- Funding levels in FY2016-17 and 2017-18 will be determined by each contract's scope of work based on the Action Plan.

#### ***Evaluation (April-June 2018)***

In addition to the indicators included in the draft Innovation Plan, the services and outcomes provided during the Plan would be tracked, such as:

- Change in numbers served by each participating organization
- Change in demographics of TAY served
- Change in outcomes for TAY served, such as hospitalization, criminal justice involvement, employment, and education