

We want your ideas to Reduce Disparities in Marin County!

Idea Submission Instructions *Mental Health Services Act (MHSA)* Innovation FY2014-2017

A key element to Innovation is *learning* how to solve a challenging problem in our community. Our hard to solve problem in Marin County is engaging, and supporting diverse populations in order to reduce disparities.

You will need to include the following information in your one-page summary:

- Please include your name, phone number and email address.
- Description and Purpose of your Innovation idea, including what you think we will *learn* about reducing disparities?
- How your idea will address reducing disparities?
- Target population you will reach (ethnicity, culture, age, gender/identity)?
- Number of clients you think your idea will reach?
- How is this idea “innovative” (refer to *Innovation Defined* document)?
- Annually, how much do you think your idea will cost (estimate)?

Submit your written idea no later than: Friday, December 12, 2014 by 5 p.m.

You can U.S. Mail, email or drop off your idea to:

Kasey Clarke
MHSA Coordinator
Mental Health and Substance Use Services Division
20 N. San Pedro Road, Suite 2021
San Rafael, CA 94903
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Definition of Reducing Disparities

In order to reduce disparities, we must improve our system of care to better support our diverse community. Diversity includes cultural, ethnicity, race, age, and/or gender/identity. Culturally competent systems enhance the ability to incorporate the cultures, beliefs, practices and languages of its diverse consumers into services (concept taken from the *Framework for Eliminating Cultural, Linguistic, Racial and Ethnic Behavioral Health Disparities: Guiding Principles*).

Some Barriers that Lead to, or Maintain, Disparities in our System of Care

- Traditional access to services is difficult due to language, lack of cultural understanding and/or lack of culturally competent services, especially where there is a high concentration of hard-to-serve/hard-to-reach populations.
- Inadequate outreach and engagement processes to hard-to-serve/hard-to-reach communities.
- Lack of culturally and linguistically appropriate treatment interventions and approaches.
- Lack of culturally and linguistically competent professionals and para-professional staff in our community and programs.
- Lack of cultural competency trainings for the workforce.
- Literatures and educational/informational tools are not linguistically appropriate

Population that MHSA Innovation Ideas Can Positively Impact

Un-served, Under-served, Inadequately and/or Inappropriately served, including:

- | | |
|---------------------------|---|
| • African Americans | • |
| • Asian/Pacific Islanders | • |
| • Latinos | • |
| • Children | • |
| • Transition Aged Youth | • |
| • Adults | • |
| • Older Adults | • |
| • Families | • |
| • U.S. Veterans | • |
| • LGBTQ | • |
| • Uninsured | • |
| • Low Income | • |
| • Undocumented | • |

INNOVATION DEFINED

The MHSA Oversight and Accountability Commission’s Innovation Committee defines Innovative Programs as novel, creative, or ingenious mental health and substance use service approaches developed within communities that are inclusive and representative, especially of underserved, underserved, and inappropriately served individuals.

An Innovative Program is one that contributes to learning in one or more of the following ways:

- Introduces new, never-been-done-before, mental health and substance use service practices or approaches.
- Makes a change to an existing mental health and substance use system practice or approach including adaptation for a new setting.
- Introduces a new application to the mental health and substance use service system of a promising community-driven practice or approach that has been successful in a non-mental health setting.

INNOVATION NEEDS

Needs to...contribute to learning;

Needs to...try new things out (vs. doing things that are already accepted practices);

Needs to...Include one or more of the MHSA Essential Elements listed below:

Increase access to underserved groups;

Increase the quality of services with better outcomes;

Promote interagency collaboration;

Increase access to services.

INNOVATION CLARIFICATIONS

Innovation may introduce a novel, creative ingenious approach to a variety of mental health and substance use practices, but is not limited to direct mental health services. As long as the Innovation contributes to learning and maintains alignment with the MHSA Essential Elements it may affect any aspect of mental health and substance use service practices or assess a new application of a promising approach to solving persistent seemingly intractable mental health and substance use challenges.

These approaches can include the following:

- Administrative/governance/organizational practices, processes or procedures;
- Advocacy;
- Education and training for service providers, including non-traditional mental health practitioners;

- Outreach, capacity building and community development;
- Planning;
- Policy and system development;
- Prevention and early intervention;
- Public education efforts;
- Research;
- Services and/or treatment intervention.

A practice or approach that has been successful in one community mental health and substance use service setting cannot be funded as an Innovative Program in a different community even if the practice or approach is new to that community, UNLESS it is changed in a way that contributes to the learning process.

Addressing an unmet need is not sufficient to receive funding under this component.

By their very nature, not all Innovative projects will be successful and can be terminated.

No time limit on projects. If the project is successful it could potentially be sustained through the CSS or PEI funding.

An innovative project can add a learning strategy to a currently approved CSS or PEI plan.

Innovation projects are similar to pilot projects or demonstration projects in that they are time-limited (three (3) year limit).

Leveraging with collaborative partnership is encouraged.

Projects can involve regional collaboration with other counties.

Analysis of effectiveness and reporting of progress is required.

INNOVATION POSSIBILITIES

- ✓ Can be based on what has been learned during large community planning processes for CSS, PEI or WET.
- ✓ Can be informed by lessons learned during the implementation of CSS.
- ✓ Can focus on innovative co-occurring disorder treatment.
- ✓ Can measure outcomes and effectiveness of PEI Project Community Capacity Building (evaluation).
- ✓ More than one project can be created.

Marin County Innovation Resources can be found at www.marinhhs.org/mhsa

Innovation resources can be found at <http://mhsoac.ca.gov/Counties/Innovation/Innovation.aspx>