

**Marin County Innovation Plan**  
**Growing Roots: The Young Adult Services Project**  
February 17, 2016

**OVERVIEW**

Marin County Mental Health and Substance Use Services (MHSUS) has developed this Innovation Plan based on community input and in alignment with the Mental Health Services Act (MHSA) requirements for Innovation funds. Innovation funds are intended to try a new approach to addressing a difficult to solve problem within the mental health system. The goal of Innovation is to learn something new and therefore the funds cannot be used to provide services that are already known to be effective.

The core challenge identified in Marin, during the development of the MHSA Three Year Program and Expenditure Plan, was how to reduce disparities for un/underserved populations in the mental health system. Efforts to reduce disparities can address increasing access to services for those who are underserved, as well as improving quality of services to reduce disparities in outcomes. Currently a number of populations in Marin are defined as “un/underserved” due to accessing county mental health services at lower rates than expected, including adult Latinos, African Americans (inappropriately served), older adults, transition aged youth (16- 25 years old), and persons living in West Marin.

During Innovation community meetings in late 2014 and early 2015, the role of the informal system of care was identified as a key to addressing existing disparities. Informal providers - such as grassroots, faith and peer led organizations - provide a number of behavioral health - mental health and substance use - services for those at risk for or experiencing mental illness who may not be engaged with the formal system of care. Services include outreach, engagement, prevention, intervention, resiliency, recovery and community integration.

In addition, transition age youth from 16-25 years old (TAY) were identified as an un/underserved population that continues to be hard to reach. TAY at risk for or experiencing mental illness are less likely to engage in formal mental health services than other age groups. At the same time, an individual's initial episode of severe mental illness usually occurs in the late teens or early twenties, suicide is the third leading cause of death for youth ages 15-24, and youth ages 15 to 21 have the highest prevalence of co-occurring substance use and mental disorders. Youth with unaddressed mental health problems are highly likely to drop out of school, go to jail as adults, and suffer other negative outcomes. Given this, it is imperative that we support services that this population will engage with.

The Innovation (INN) Plan released for public comment in October elicited productive feedback from the community. Two key areas of feedback were the need for transition age youth (TAY) to be directly involved in the process and an interest in increasing the focus on services. This Plan has been revised to address the input received.

**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.** By learning from and integrating the expertise of TAY themselves and providers who reflect TAY in terms of culture, language and lived experience, we hope to:

- Increase our understanding of the behavioral health needs of un/underserved TAY in Marin;
- Increase access to, quality of, range of, and cultural competency of services available to TAY;
- Increase the number of TAY receiving services and achieving positive behavioral health outcomes.

What we learn about increasing access and providing effective services will be incorporated into MHSUS' work going forward. This may mean changes to MHSUS policies, services, and/or funding priorities.

**Plan Components:**

<b>TAY Advisory Council</b>	<ul style="list-style-type: none"> <li>• Develop a TAY Advisory Council to participate in the implementation of the INN Plan</li> <li>• Include TAY in the needs assessment and evaluation to ensure the Action Plan and evaluation of the Plan are based on their needs</li> <li>• Provide opportunities and support for TAY to participate in stakeholder processes</li> </ul>
<b>Joint Learning Process</b>	<ul style="list-style-type: none"> <li>• Engage County and community providers in a joint learning process to strengthen the system of care. Meetings may include an introduction to the Innovation Plan, report out on the Needs Assessment, review of the Action Plan, opportunities to learn from the participating TAY and agencies, trainings, and other topics identified during implementation of the Plan.</li> <li>• This project recognizes that all partners bring something valuable to the table. For example, informal providers are successful in providing prevention and recovery services that are engaging for underserved communities; more established organizations generally have more capacity for providing clinical services, securing funding and conducting evaluations; and TAY and their families are essential to developing client centered services and systems.</li> </ul>
<b>Phase 1 Needs Assessment</b>	<ul style="list-style-type: none"> <li>• 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, participating INN providers, others) and literature. We will be looking for baseline data that might include:             <ul style="list-style-type: none"> <li>○ Demographics of TAY in Marin</li> <li>○ Current rates of services provided to TAY, demographics of clients, client profiles</li> <li>○ Current rates of employment, engagement in education, criminal justice involvement, hospitalization and other data that can assist with measuring outcomes.</li> </ul> </li> <li>• Release a Request for Proposals (RFP) to identify providers serving TAY from underserved populations to participate in and assist in conducting focus groups, key informant interviews, and surveys with TAY and their families. The aim is to understand their perspective on effective access to services, challenges, and other factors that will assist with understanding what an improved system of care would look like.</li> <li>• The Needs Assessment will break down needs based on age and other demographics.</li> </ul>
<b>Phase 2 Action Plan</b>	<ul style="list-style-type: none"> <li>• Based on the Needs Assessment, develop an Action Plan for making changes to the system of care.</li> <li>• Release a Request for Proposals (RFP) to identify providers to implement changes to their services and systems as prioritized in the Action Plan.</li> <li>• Participating agencies implement changes that may include changes to policies and procedures; locations or modes of services; types or quantity of services available; coordination of services; and evaluation of services, among others.</li> <li>• Implement trainings, technical assistance, and evaluation as needed.</li> </ul>
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>• The evaluator will develop and implement a complete evaluation plan based on this INN Plan and the Needs Assessment.</li> </ul>

The Marin County Board of Supervisors' Five-Year Business Plan includes a priority on equity. This INN plan has been submitted to the County Administrator's Office (CAO) and is being highly considered as one of several examples of the County's equity initiatives.

The complete Plan provides additional details about the proposal (<https://www.marinhhs.org/innovation-meeting>). It is written for submission to the Mental Health Services Oversight and Accountability Commission for approval for funding for the program described above.