

PEI NEW PROGRAM DESCRIPTION

County: Marin

Program Number/Name: 3 Across Ages Mentoring

Date: September 29, 2010

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices No.: 07-19 and 08-23. Complete this form for each new PEI Program and existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, and/or funding as described in the Information Notice.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Disparities in Access to Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. PEI Priority Population(s) Note: All PEI programs must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Underserved Cultural Populations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

The PEI Committee incorporated many sources of information in developing their recommendations: the data resulting from the pre-MHSA planning process described in Marin’s original PEI Plan; prevalence and penetration data from the County; resource mapping; client demographics and needs assessments from relevant organizations; and data from the PEI Community Engagement Process. Data from all of these sources was presented to the PEI Committee at appropriate times throughout the process.

PEI-related Themes from Stakeholder Input from Pre-MHSA and CSS Planning Process:

- Support families and communities to increase their resilience (wellness factor)
- Provide culturally appropriate education and early intervention in the community so it is more accessible
- Increase provider awareness (schools, clinics, etc) so they identify and respond earlier and more effectively
- Increase public awareness about mental health to increase access to resources and reduce stigma
- Parenting education and early intervention for parents (i.e., for substance abuse and depression)
- Increase number of culturally and linguistically competent providers
- Services for unserved clients who do not meet current financial or medical necessity criteria
- Address basic needs first (housing, shelter, employment, medical care) so that mental health services are more effective
- Build effective community partnerships between CMHS and law enforcement, schools, substance abuse services, etc.

The PEI Committee developed 4 workgroups to develop the strategies and program recommendations: Prenatal-5, Youth (6-15), TAY (16-25), and Adult/Older Adult. The Youth and TAY workgroups developed the recommendation included in this project. Participants included representatives from CMHS, Community Action Marin, Novato Youth Center, Isoji, Tamalpais Unified High School District, Family Service Agency, Novato Wellness Center, Huckleberry Youth Programs, Marin Abused Women’s Services, County Alcohol, Drug and Tobacco Program, as well as three high school students. Data specific to these age groups that the workgroups considered included:

- Department of Education: rates of attendance, achievement, and other data broken down by regions of the county
- CMH primary diagnoses summary. CMH serves adolescents with the following primary diagnoses: Mood Disorders (49%),

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Disruptive Behavior Disorders (33%), and Anxiety Disorders (12%). The remaining 6% is distributed among Adjustment Disorders, Substance-Related, and other concerns.

- Local substance use and other risk-behavior data for this age group (County ADT Program)

Some of MHSOAC's data points that seemed most relevant to Marin's demographics and experience are:

- An estimated 50% of children in many California public schools, especially those in high-stress low-income neighborhoods, have psycho-social problems that place them at risk for more serious disorders.
- Children with unaddressed mental health problems are highly likely to drop out of school, go to jail as adults, and suffer other negative outcomes.
- According to the US Surgeon General, the burden and disability in the US from mental disorders are carried disproportionately by children/youth and people of color.

Community engagement meetings, focus groups and key informant meetings were held by the PEI Coordinator to solicit input about community needs, as well as test the appropriateness of the strategies under discussion. For example, 7 focus groups were held with parents from target populations and teens from diverse backgrounds to answer questions, such as needs they and their children have, where they are best reached, and what types of services they would like.

As a result of the data, community input, and stakeholder input, workgroups identified the following key community needs: "Disparities in Access to Mental Health Services and "At-risk Children, Youth and Young Adult Populations" and priority populations: "Children and Youth in Stressed Families" and "Underserved Cultural Populations", recognizing that these would also include issues of trauma, school failure and juvenile justice involvement.

3. PEI Program Description (attach additional pages, if necessary).

The Community Needs and Priority Populations stated above were identified in the original PEI Planning Process. At that time the program chosen to address these needs and populations was the Student Assistance Program (SAP) model. This program was eliminated as of July 31, 2010. This decision was based on input from the organization contracted to implement the SAP and the participating school district. The school district has undergone significant changes and will be providing key SAP services in-house. At the close of the 30-day public comment period for the program elimination, community members requested that an alternative program be implemented to complement the school services and address needs of the same population.

During the original PEI Planning Process, the youth workgroup identified multiple possible programs to address these priority populations and community needs, including SAP and mentoring programs. CMHS worked with stakeholders to consider the original planning process information and any changes in community needs and resources. They determined that a mentoring program would best meet the needs. Specifically, they chose Across Ages as a program that would address the needs of the priority populations identified, as well as building on and benefiting programs working with older adults in the community.

Across Ages builds on existing services in Marin County, including the collaborative efforts of youth services in the target area. Across Ages is an evidence-based model that has been shown to achieve a variety of outcomes. The program will be provided in an accessible community setting, enhanced by the proximity of both the middle school and the senior center.

Across Ages works with youth ages 9-13 by pairing them with an older adult mentor (55+). Project components include:

- mentoring
- community service
- social competence training (the Social Problem-Solving Module of the Social Competence Promotion for Young Adolescents – Weissberg et. al, 1990)
- family activities for the youth, their families and the mentors

PEI funds would provide staff time to coordinate the Across Ages program, such as recruiting and training mentors, recruiting youth, and organizing community service and family activities.

This program will be targeted for students at the Southern Marin middle school, MLK Academy, and those likely to enter that school. These students are primarily low-income African American children.

- South Marin students have a suspension rate of approximately 25% in elementary and middle school.
- There is an overrepresentation of African American and Latinos in County Community Schools and Juvenile Justice. While Marin's population is 3.5% African American, 13.5% Hispanic, and 77% Caucasian, the average daily population in Marin County Juvenile Hall is 37.6% African American, 34.4% Hispanic and 27.4% Caucasian.
- The target community is fairly small and already has established a number of partnership mechanisms, including a multi-disciplinary team that meets monthly, including a subgroup to specifically address youth.

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Milestones & Tasks

- Jan 2011 Establish contract and monitoring agreements to ensure effective implementation
- Feb 2011 Recruit mentors and youth
- Mar 2011 Conduct training for mentors and program implementers (by program developers)
- Apr 2011 Start mentor relationships, family activities
- Apr 2011 Establish baseline data necessary to track outcomes
- Ongoing Participate in regular PEI Committee meetings to develop collaborations, problem-solve implementation challenges, and assist in evaluation of PEI projects
- Ongoing Collect outcome data

Our implementation partner for this project was determined through an RFP process for the Student Assistance Program. Marin City Network has shown that they can serve the target populations effectively. They already provide a variety of services, including youth and family activities, summer youth employment services, and youth health projects.

The programs identified are expected to achieve the desired outcomes because:

- Community members and current providers have identified the need for these types of services and interest in accessing and implementing them;
- They are provided in a setting already serving the target population and can be offered in a non-stigmatizing way;
- They incorporate evidence-based programs that are shown to be effective with diverse populations.

These programs address a number of priorities identified by the community during the planning process:

- Support families and communities to increase their resilience (wellness factor)
- Provide culturally appropriate education and early intervention in the community so it is more accessible
- Build effective community partnerships between CMHS and law enforcement, schools, substance abuse services, etc.

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type of prevention:			Number of months in operation through June 2011
		Prevention	Early Intervention	
Across Ages Mentoring Program	Individuals:	12	12	5
	Families:	12	12	
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals:	12	12	
	Families:	12	12	

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5. Describe how the program links PEI participants to County Mental Health and providers of other needed services

Marin County is a medium sized county (250,000) with extensive relationships among providers. The CSS and PEI planning processes have increased the level of collaboration and linkages. Marin County CMHS will continue to convene the MHSA implementation Committee and initiate a PEI Implementation Committee. This will be an opportunity for ongoing linkage improvement. Marin County aims to create a network of care that includes CMHS, other Health and Human Services Divisions, CMHS contractors, and many other stakeholders that have participated in the planning process or are identified within the resource map. This network of care will provide a continuum of care in which individuals are effectively linked to the services they need, such as further mental health assessment and treatment, or other needed services.

Youth or family members identified as needing further assessment or treatment than is available through this project will be referred to the most appropriate provider, including primary health care provider, local mental health providers, County mental health clinic, and/or insurance provider. Staff hired by PEI funds will assist with coordinating services for families to ensure successful linkages. Marin City Network staff will maintain an updated list of local providers and maintain relationships with referral sites. Formal referral linkages will be developed among CMHS, other County departments, and CMHS contractors. CMHS contractors include approximately thirty local community-based organizations that provide mental health assessment and treatment, physical health care, substance abuse, domestic violence interventions, housing, and employment services. Linkage relationships will be developed with many of the organizations that participated in the MHSA planning process.

The selected program is sufficient to achieve the desired outcomes listed in question 7:

- Across Ages has been shown to reduce school suspensions and substance abuse, increase school attendance and academic performance, and improve well-being and attitude towards adults.
- Local providers, and community members in south Marin participated in the development of this plan and have expressed willingness to participate and support it;
- Serving the families of the students is an effective method for children this age.

Implementing agencies will be required to implement with fidelity, develop and maintain the collaborations described below, and provide the expertise and logistical support that will ensure effectiveness leading to positive outcomes.

6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.

Our implementation partner for this project was determined through an RFP process for the Student Assistance Program. Marin City Network has shown that they can serve the target populations effectively. They already provide a variety of services, including youth and family activities, summer youth employment services, and youth health projects. They have culturally and linguistically appropriate staff, experience serving the identified population, and the ability to work with the targeted settings. They are able to implement the project effectively, meet the goals, and meet fiscal, administrative, and evaluation responsibilities.

CMHS will coordinate with the PEI Committee and MHSA Implementation Committee to review outcome data and determine reauthorization or adjustments to this and other projects to achieve identified outcomes.

For students or families served by these programs that are in need of further services, there will be referral processes in place to connect them to a range of services. As described above, linkages will be developed with mental health and other services. Specifically, CMHS has contracts with most of the non-profit mental health providers in the county, and will develop formal referral processes between them and the PEI contractors. In addition, CMHS has formal relationships with health care clinics serving low-income residents, including co-locating mental health providers within County clinics and Federally Qualified Health Centers (FQHCs). Both CSS funds and PEI funds contribute to providing mental health professionals at these sites. Referral processes are in place and will be expanded to include new PEI contractors.

The budget for the program takes into account that office space and other costs will be leveraged by the community organization contracted to implement the program. This model of increasing the capacity of existing providers and coordinating/expanding access to existing services multiplies and sustains the PEI efforts. We anticipate that this program will be ongoing PEI project, depending on the outcome data, community input, and review by PEI and MHSA Implementation Committees.

7. Describe intended outcomes.

Across Ages is an evidence-based program that has been shown to reduce school suspensions and substance abuse, increase school attendance and academic performance, and improve well-being and attitude towards adults.

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On the individual and family level, Across Ages will:

- Increase resilience and protective factors
- Improve school performance
- Reduce family stress/discord
- Reduce isolation

On the system level, Across Ages will increase the number of individuals and families receiving prevention and early intervention services. Providing services that include the family will also increase the effectiveness of services. On the program level, the program is expected to serve 12 students and 12 families in the first year. This includes students attending Martin Luther King Middle School, as well as students transitioning in or out of middle school.

8. Describe coordination with Other MHS Components.

Within the PEI programs, families identified by Across Ages services as needing further services can be referred to Triple P providers and CBO's participating in PEI programs. The PEI Committee will meet regularly to assist with implementation, including ensuring effective referral processes among organizations. In addition, CMHS will coordinate evidence based practices trainings that can be useful for multiple PEI providers, such as Problem Solving Treatment.

Protocols for referral from PEI projects to CSS programs will be developed in conjunction with PEI contracts. The MHS Implementation Committee will include representatives from PEI programs as well as CSS programs to continue working on effective linkages. PEI project needs are being considered in the development of the Workforce Education and Training plan. For example, Parent Child Interaction Therapy (PCIT) training is being considered, a service in the continuum of parenting education. The Capital Facilities and Technology plan is in development and will take into consideration the needs of PEI projects.

9. Provide a budget narrative for costs identified for this Program, as outlined in Exhibit F. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

Total Annual Program Budget: \$60,000

This will be used for staff time to coordinate the program, training, materials, and other program expenses.

10. Additional Comments (Optional)