

Mental Health Services Act
Prevention and Early Intervention

FY2013-14
Annual Reports

Summary

12.15.14

1. EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

Jewish Family and Children's Services

The ECMH Consultation program promotes the mental health of children 0-5 by helping teachers and parents to observe, understand, and respond to children's emotional and developmental needs. It seeks to improve the overall care of children in group settings as well as targeting the developmental and mental health needs of individual children and their families by helping teachers develop an increased awareness and understanding of the impact of their interactions with children; strengthening staffs' and families' abilities to work with children who demonstrate difficult behaviors; and identifying children at their earliest points of need and providing services to them and their families. In FY12-13 an Occupational Therapist was hired to provide assessments and develop treatment plans for children experiencing behavioral difficulties associated with developmental delays, as well as educate consultants, childcare staff, and parents about sensory processing and environmental supports.

Outcome	Goal	Actual FY13-14
Children and Families Receiving Services		
Children that received prevention services.	800	745
Percent of these children that come from un/underserved cultural populations.	70%	67% n=745
Children/families identified for enhanced intervention (through observation or validated screening tools for child behavior or family caregiver depression) and provided services through ECMH Consultation.	75	84
Children in childcare settings served by ECMH Consultants retained in their current program, or transitioned to a more appropriate setting.	100%	100% retained n=745
Parents/primary caregivers of families receiving intensive services that report increased understanding of their child's development and improved parenting strategies.	85%	100% n=9 respondents
Families receiving ECMH Consultation services that report satisfaction with the services (rating overall quality of services as Good or Excellent).	85%	100% n=9
Early Childhood Education Sites Receiving Services		
Childcare staff that received additional consultation and/or training	158	152
Childcare staff receiving ECMH Consultation that report increased ability to identify, intervene with, and support children in their care with emotional/behavioral issues.	85%	90% avg n=129 respondents
Care providers receiving ECMH Consultation services reporting increased effectiveness in communication with parents.	85%	86% n=76
Staff receiving ECMH Consultation services that report satisfaction with the services (rating overall quality of services as Good or Excellent).	85%	99% n=75
ECMH consultants that showed increase in knowledge about sensory processing and environmental supports.	100%	100% n=6

2. TRIPLE P (Positive Parenting Program) PROVIDER TRAINING AND SUPPORT
Marin County Office of Education

To implement Triple P (Positive Parenting Program) throughout Marin County, resulting in the healthy development of children and the reduction of emotional or behavioral problems.

- Training in all levels of Triple P
- Practitioner meetings for peer learning
- Outreach to referral sources

Triple P Program Levels

1	Media/Information Campaign to normalize need for parenting help and inform families and providers about services
2	Group presentations about general child development and parenting issues.
3	Individual, brief parent “coaching” about a specific concern the parent(s) has. Provided by a wide range of providers who work with families.
4	Individual or group parenting “coaching” over approximately 10 sessions. Usually provided by licensed mental health workers.
5	3-10 individual sessions with parents with complex issues affecting their parenting. Usually provided by licensed mental health workers.

Outcome	Goal	Actual FY13-14
Children and Families Receiving Services		
Number of parents that participated in Level 2 seminars	50	100
Percentage of the families receiving Level 3 Triple P services that show improvement in behavior and/or parenting skills as evidenced by parent report and practitioner observation	75%	85% n=98
Providers receiving Training and Support in Triple P		
Providers certified in Level 2 Brief	18	7
Providers certified in Level 2 Brief - Teen	18	6
Providers certified in Level 3 Teen	18	12

3. ACROSS AGES MENTORING at MLK JR ACADEMY Marin City Network

To develop and implement an intergenerational mentoring program that will positively engage student and parent participation in the academic and social success of Marin City middle school students.

- Provide an opportunity for older adults to connect, provide support, share wisdom and experience with middle school youth and their parents.
- Build a working relationship between the community and the Sausalito Marin City School District, administration, teachers and faculty (in particular with Martin Luther King, Jr. Academy) that supports the students.

This program has been discontinued as a PEI program. Marin City Network will continue to work with Marin Youth Need Support (MYNS), a collaboration with Probation and community agencies, to continue to offer mentoring services.

Outcome	Goal	Actual FY13-14
Number of female middle school students participating in "Girls Circle."	12	12
Percent of participants from un/underserved populations.	90%	100% n=12
Number of "Girls Circle" sessions	24	34
Number of life skills sessions conducted in "Girls Circle"	15	16
Percent of participants providing community service	60%	81% n=16
Number of mentor/mentee/family activities held	2	1
Number of mentor matches initiated.		6

Increase in resiliency and mental health status due to mentoring: The individual/team mentor component was delayed until mid FY13-14. Only pre-tests were conducted.

4. TRANSITION AGE YOUTH PEI

Huckleberry Youth Programs (HYP)
Novato Youth Center (NYC)

The program goal is to increase access to support services for un- and underserved populations at the earliest possible signs of mental health problems, in order to facilitate an increase in wellness and a reduction in the stigma of mental health issues. This is accomplished by integrating behavioral health screening and early intervention services into teen health clinics; providing educational workshops for TAY, providers and parents; and providing prevention groups for at risk TAY in school settings.

Outcome	Goal	Actual FY13-14
TAY Receiving Services		
Number of TAY that receive Prevention services.	600	514
Number of TAY that received Early Intervention services.	80	304
Percent of clients from un/underserved cultural populations.	65%	69% n=818
Percent of TAY participating in educational outreach activities that report an increased level of knowledge about coping strategies and risk factors for serious mental health issues, and/or intention to change behavior to increase protective factors.	80%	99% n=91
Percent of clients participating in at least three sessions of brief intervention that demonstrate improvement in well being. (Outcome rating Scale)	65%	90% n=88
Percent of PEI clients completing at least three sessions of brief intervention that report a positive therapeutic alliance. (Session Rating Scale)	75%	87% n=99
TAY Providers		
Percent of agency representatives (supervisors, clinicians, health educators, volunteers and interns) completing training sessions reporting an increase in knowledge/ability in screening and referring TAY for mental health concerns.	90%	100% n=13
Provide outreach to community organizations that work with Asian and/or African American TAY. Strengthen collaboration and referral practices.	Yes	Yes

4a. TRANSITION AGE YOUTH – SKILL BUILDING WORKSHOPS

LIFT-Levantate and Center for Restorative Practices

Skill building workshops are intended to increase the capacity of high-risk teens and their families to address stress and anxiety. The workshops are targeted to teens (13-18) and their parents or primary caregivers. Through existing relationships with the Office of Education, Juvenile Probation, Children and Family Services, and Marin Advocates for Youth/CASA, LIFT are reaching youth who are at-risk of school failure, who have contact with the law, are in foster care or who struggle with depression, anxiety or suicidal ideation. The workshops are offered across four underserved regions in English and Spanish, incorporating Cognitive Behavioral Therapy and other evidence-based tools.

Outcome	Goal	Actual FY13-14
Teens/Families Receiving Services		
Number of teens that participated in the workshops.	70	47
Number of parents/caregivers that participated in the workshops.	70	46
Percent of participants reporting that they used the skills taught in the workshops to reduce their stress or anxiety.	65%	77% n=30
Percent of participants reporting that they experienced a decrease in their stress or anxiety when using the tools from the workshop.	65%	62% n=29
Percent of participants reporting that they plan to use the tools from the workshop as a regular way to cope with stress and anxiety.		81% n=26
Percent of participants reporting satisfaction with the services.	75%	72% n=82

5. CANAL COMMUNITY-BASED PEI

Canal Alliance

The primary goal is to increase emotional wellbeing among the underserved Spanish-speaking population in Marin County. This includes to:

- build capacity of Family Resource staff to recognize and address potential mental health issues;
- increase quality of and access to culturally and linguistically appropriate emotional wellness services in the community;
- increase community support networks among our clients.

We provide prevention services and brief interventions to families, individuals and groups, without cost, and with culturally appropriate adaptations. Prevention services are provided by Family Resource Specialists through strength-based, client-centered, mental-health-informed case management services. Brief intervention, including support groups and individual problem solving sessions, is provided by the Mental Health Coordinator. In FY12-13, the Separation/ Reunification pilot program was implemented for families suffering from acculturation difficulties after separation between generations.

Outcome	Goal	Actual FY13-14
Community Members receiving PEI Services		
Number of clients receiving Prevention services.	300	287
Number of clients receiving Early Intervention services.	80	163
Percent of clients from un- or underserved cultural populations.	75%	99%
Percent of CAPEI clients who participated in a support group for at least 3 months that report a decreased sense of isolation and increased sense of social support.	80%	100% n=38
Percent of CAPEI clients who participated in a support group for at least 3 months that report improvement in PTSD signs/symptoms. (PTSD Check List - Civilian)	75%	100% n=38
Percent of CAPEI clients who participated in a support group for at least 3 months that report an increase in coping skills.	80%	100% n=38
Percent of PEI clients completing the brief intervention program (CAPEI or Triple P) that report satisfaction with the services.	85%	100% n=38

6. INTEGRATED BEHAVIORAL HEALTH IN PRIMARY CARE

Marin Community Clinic

Marin Community Clinics' (MCC) primary goal is to provide patients demonstrating signs and symptoms of mental illness with excellent patient-centered mental health care in a timely and efficient fashion. With an integrated team approach, MCC strives to create a safe and sensitive environment that will increase awareness of mental health, decrease stigmatization of mental illness, and increase patient access to appropriate mental health treatment.

The Integrated Behavioral Health (IBH) program is an integrative system designed to enable MCC's primary care and mental health providers to work in close collaboration to ensure patient-centered care. In implementing Prevention and Early Intervention (PEI), clinic staff members including medical assistants, nurses, and medical providers routinely used the PHQ-9 tool for screening and diagnosing depression. The tool allows medical staff to address signs and symptoms of early onset of depression with patients in a sensitive manner and give a warm hand-off to behavioral health staff. The program has increased awareness of depression and led to decreased stigma among patients. If the services available in MCC's IBH program do not meet the needs of the patient, the patient is referred to the appropriate service in the community that can provide the right support and services.

Outcome	Goal	Actual FY13-14
Community Members receiving PEI Services		
Percent of established adult clients having a primary care visits that were screened for depression, anxiety and substance use.	30%	27% n=10,943
Number of clients that received brief intervention services.	300	369
Percent of clients completing brief intervention experiencing a significant reduction in depression (achieving a 50% decrease in PHQ9 score or a score less than 10).	50%	40% n=104
Clients receiving brief intervention who are randomly surveyed reporting satisfaction with behavioral health services.	75%	95% n=379
Percent of clients diagnosed with depression (PHQ-9) who received their first behavioral health service within 4 weeks of diagnosis.	40%	15% n=642

6. INTEGRATED BEHAVIORAL HEALTH IN PRIMARY CARE

Coastal Health Alliance

The mission of Coastal Health Alliance (CHA) is to provide quality, comprehensive primary health care services to all, regardless of a patient’s ability to pay for services. The goal of the Integrated Behavioral Health (IBH) Program at CHA is to identify patients with behavioral health issues at the earliest possible point and to provide behavioral health services alongside the provision of medical services in a seamless and complimentary fashion to improve overall health outcomes for our patients.

Now in our fourth year of operation, the IBH program at CHA continues to routinely screen patients ages 12 and older for symptoms of depression. We also conduct annual screenings for drug and alcohol use and anxiety. Positive screening results provide opportunities for Primary Care Providers (PCPs) to discuss these issues with their patients. When indicated, referrals are made to the IBH program or to off-site providers. PCPs and IBH providers at CHA work closely together to provide integrated patient care for best possible outcomes. Screening for behavioral health issues and providing integrated behavioral health care within the context of the primary care clinic setting fosters reduction of stigma regarding treatment of behavioral health problems.

Outcome	Goal	Actual FY13-14
Community Members receiving PEI Services		
Percent of primary care clients (age 12+) that were screened for depression. (PHQ-2)	75%	87% n=4377
Number of clients that received brief intervention services.	180	274
Percent of clients completing brief intervention experiencing a significant reduction in depression (achieving a 50% decrease in PHQ9 score or a score less than 10).	50%	43% n=215
Percent of clients participating in at least 3 brief intervention sessions reporting improvement in wellbeing (Outcome Rating Scale).	50%	62% n=90
Percent of clients receiving brief intervention that report a positive therapeutic alliance. (Session Rating Scale)	75%	92% n=78
Percent of clients diagnosed with depression (PHQ-9) who received their first behavioral health service within 4 weeks of diagnosis.	50%	52% n=258

6. INTEGRATED BEHAVIORAL HEALTH IN PRIMARY CARE

Marin City Health and Wellness Center

MCHWC is developing an Integrated Behavioral Health model applicable to their setting and clients. They currently have a psychologist on site to see clients, as well as regular consults with a psychiatrist. They are developing their processes for identifying additional clients in need of services, evaluating client outcomes, and referring clients to County mental health services. In FY13-14 they will provide mobile mental health services for homeless individuals and families, as well as group mental health services.

Outcome	Goal	Actual FY13-14
Percent of adult primary care clients that were screened for depression (PHQ2).	70%	80%
Number of additional clients receiving behavioral health services.	25	55
Percent of clients completing brief intervention experiencing a significant reduction in depression (achieving a 50% decrease in PHQ9 score or a score less than 10).	50%	60% n=120
Percent of Girl Power! Participants showing improvement in coping skills.	75%	80% n=39

6. INTEGRATED BEHAVIORAL HEALTH IN PRIMARY CARE

Ritter Center

Ritter is expanding their Integrated Behavioral Health model that serves homeless and very low-income clients. The program provides behavioral health screenings in the primary care clinic, individual psychotherapy, substance abuse treatment support groups and counseling, and psychiatric medication management. The program is also piloting “walk in” therapy hours for people in need of counseling who cannot wait for an appointment. The program also offers clients wrap around services that include basic services like showers and laundry, as well as medical care and case management.

Outcome	Goal	Actual FY13-14
Community Members receiving PEI Services		
Walk-in sessions provided.		214
Number of clients identified as having depression or anxiety (PHQ-9, GAD-7) receiving individual or group brief intervention.	40	26
Percent of clients completing brief intervention experiencing a reduction in depression or anxiety.	50%	46% depression 60% anxiety n=15

7. OLDER ADULT PEI
Jewish Family and Children's Services

To identify through targeted outreach efforts, and then offer services to and coordinate support for, those age 60 and over who have high risk factors for mental health concerns such as experiencing life transitions and low-income.

- Provide group outreach and community presentations on how to recognize depression or other mental health concerns and how to get appropriate help for self or others.
- Provide individual assessment to identify needs, and follow-up services to implement care plans including care management, behavioral activation, and short-term problem-focused treatment.

Outcome	Goal	Actual FY13-14
Older Adults receiving services		
Number of clients, community members, or providers that received Prevention services in the form of educational materials or presentations about mental health and substance use concerns and referrals for services.	300	480
Percent of clients, community members or providers receiving Prevention services from un/underserved communities.	20%	21% n=480
Number of Seniors At Home clients screened for depression and substance use.	150	167
Number of additional low-income clients that received Early Intervention services, including care management, depression care, and linkages to appropriate services.	30	40
Percent of clients receiving Early Intervention services from un/underserved communities.	20%	20% n=40
Percent of older adults receiving brief intervention for depression or anxiety experiencing a clinically significant reduction in symptoms. (PHQ-9, GDS, GAD-7)	75%	73% n=30
Percent of older adults receiving clinical case management services that successfully address one or more client goals in their care plan.	75%	90% n=30
Percent of clients receiving Brief Intervention reporting satisfaction with the services.	75%	100% n=15

10. CLIENT CHOICE AND HOSPITAL PREVENTION: CRISIS PLANNING
Community Action Marin

Our primary goal is to create a crisis plan with individuals who have experienced symptoms of mental illness or have had a mental health crisis in the past in order to reduce the likelihood of a crisis in the future, or, in the event of the crisis, improve the client’s experience. This is accomplished by developing a crisis plan that identifies individual signs and symptoms, coping skills, and resources available prior to a crisis, as well as treatment preferences in case of a crisis. In addition the program hopes to: increase communication between emergency services, existing supports and at risk individuals; strengthen the client’s voice and participation in their recovery and promote greater levels of independence and sustained periods of stability for those who participate.

Outcome	Goal	Actual FY13-14
Number of clients that received Crisis Planning Services.	75	57
Percent of clients receiving Crisis Planning services that completed a plan and filed it in medical records.	50%	47% n=57
Percent of clients and/or families completing a Crisis Plan reporting increased awareness “of the resources available... in the community.”	60%	74% n=27
Percent of clients completing a Crisis Plan reporting increased awareness “of my individual symptoms and supports.”	60%	48% n=27
Percent of clients completing a crisis plan reporting “I was able to decrease my need for psychiatric emergency services.”	35%	76% n=21
Percent of clients completing a crisis plan reporting “Having a Crisis Plan improved my overall experience at PES during my last visit.”	35%	33% n=6
Percent of clients that completed a Crisis Plan reporting satisfaction with the services.	75%	92% n=27
Percent of clients completing a Crisis Plan in FY11-12 provided an opportunity to update their Plans.	100%	91% n=33

11. VIETNAMESE COMMUNITY CONNECTION
Community Action Marin

The goal of the Vietnamese Community Connection program is to increase access for the Vietnamese population to supports and services at the earliest possible signs of mental health problems so that there will be an increase in wellness and a reduction in stigma. This program provides outreach, behavioral health education, and brief intervention for the Vietnamese community, as well as assistance for Vietnamese residents in accessing mental health services by providing services such as accompanying them to appointments, translation, and such. Community Health Advocates are trained to provide outreach, education, and referrals. A mental health worker provides psycho-education and brief intervention, including a mental health basics class, a stress reduction group, and home visits.

Outcome	Goal	Actual FY13-14
Number of clients and/or families that received Prevention services, including outreach and engagement.	100	180
Number of clients and/or families that received Prevention services, including education and assistance accessing services.	30	100
Number of clients and/or families that received Early Intervention services, including group services and home visits.	50	62
Percent of individuals receiving brief intervention that showed an improvement in mental health status.	80%	80% n=77

12. MENTAL HEALTH COMMUNITY TRAINING

California Institute for Mental Health

Mental Health First Aid (MHFA) was chosen as Marin’s community training program to reduce discrimination and increase the ability of community members and front line workers to respond to potential mental health crises. MHFA is intended for community members, such as primary care professionals, school personnel, law enforcement, nursing home staff, mental health board members, volunteers. It is shown to increase understanding of mental health/substance abuse, increase likelihood of helping others, and decrease stigma. California Institute for Mental Health (CiMH) began this program in July 2012.

Outcome	Goal	Actual FY13-14
Number of Marin County community members that participated in MHFA. <ul style="list-style-type: none"> • 20 primary Spanish speakers • 9 primary Vietnamese speakers • 56% of a race other than white/Caucasian • 10 LGBTQ <ul style="list-style-type: none"> • CBOs (adult focus) 48 • CBOs (youth/family focus) 14 • Health Care 4 • Law Enforcement 6 • Co Social Services 26 • Community Member 9 	100	108
Percent of participants reporting increased knowledge about mental illness signs/symptoms.	80%	98% n=108
“As a result of this training, I feel more confident I can recognize the signs that someone may be dealing with a mental health problem or crisis.”		4.51 scale: 1-5 (5=strongly agree)
Participants will report knowing how to implement the 5-step action plan to assist somebody experiencing a mental health problem or crisis.		4.53
Participants will report ability to encourage somebody experiencing a mental health problem or crisis to seek appropriate professional help, self-help and other support strategies.		4.51
Percent of participants reporting satisfaction with the workshop. (Question: Would you recommend this training to others?)	70%	100%

13. TEEN SCREEN

Family Service Agency of Marin – A Division of Buckelew Programs

The goal of this program is to identify at risk teens early in order to connect them and their families to services to reduce more severe behavioral health concerns. Teen Screen is an evidence-based program that provides voluntary screening for middle and high school students on eight issues (depression, anxiety, substance use, eating disorders, etc), followed by an interview with a clinician. Students in need of follow-up are linked to appropriate resources, such as their family, private services, Medi-Cal providers, and/or school mental health staff. PEI funds have been allocated to increasing participation in the program, especially among un/underserved youth.

Outcome	Goal	Actual FY13-14
Increase in number of students participating in TeenScreen over the FY12-13 participation level.	75	201 (total 561)
Increase in number of students screening positive who receive brief intervention services over the FY12-13 level.	25	43
Percent of youth participating in TeenScreen that report an increase in knowledge of mental health resources.	50%	98% n=500
Percent of youth participating in TeenScreen that report an increase in knowledge of resilience/protective factors.	50%	88% n=500
Percent of youth participating in TeenScreen that self-identify as non-White and/or residing in a single family household or living with non-biological parents.	30%	37% n=500

14. COMMUNITY COALITIONS

Community coalitions bring together local stakeholders to assess mental health needs and develop effective policy and community level solutions to support mental well-being. The use of coalitions is an evidence-based strategy that promotes coordination and collaboration and makes efficient use of limited community resources. Marin County has been funding three community coalitions, Twin Cities, Novato and San Rafael, to address substance use issues. In FY13-14 PEI funds supported existing PEI providers to participate in these community coalitions, as well as staff time for the Novato coalition to expand their work into mental health.

15. MENTAL HEALTH COMMUNITY HEALTH ADVOCATES

Canal Alliance

For hard to reach populations, trusted community members provide an effective cultural and linguistic bridge to information and services. This project provides training, supervision and stipends for Promotores (or community health advocates (CHAs)) to provide mental health and substance use education, interventions, and links to further services. This program increases the efficacy of existing mental health programs by reducing the barriers for accessing those services. In addition it creates a culture shift in the target communities that reduces stigma and increases the support available within the community. This program is coordinated with substance use services funds to provide early intervention services for Spanish-speaking women affected by substance use.

Outcome	Goal	Actual FY13-14
Community Members receiving PEI Services		
Number of underserved community members receiving behavioral health information and education from CHAs.	250	547
Number of underserved community members receiving assistance from CHAs, such as connection to available services.	50	94
Number of underserved community members screened for substance use related issues.	30	35
Community Health Advocates/Promotores		
Number of hours of training in behavioral health skills received by 8 CHAs.	24	60
Number of CHA's showing an increase in knowledge and skills regarding behavioral health issues. <ul style="list-style-type: none"> • Ability to recognize signs/symptoms of mental health and substance use issues • Knowledge of services to refer clients to • Confidence to help people facing mental health issues 	8	8

16. LEGAL ASSISTANCE

Legal Aid of Marin

In the original PEI community planning process, it was recognized that economic stressors can have negative mental health consequences. Over time, PEI has explored ways to address this. For example, providing mental health services at sites that also provide linkages to food, housing, and other necessities. Legal assistance at key times, such as divorce, eviction, foreclosure, or bankruptcy, can reduce the mental health consequences of these stressors. In December 2012, Legal Aid of Marin began providing legal services for clients referred from CSS and PEI programs. Behavioral health outcomes will be available for FY13-14.

Outcome	Goal	Actual FY13-14
Number of MHSA clients receiving legal services.	50	20
Percent of clients receiving legal assistance that report reduced stress.	50%	96% n=20
Percent of clients receiving legal assistance that report satisfaction with services.	75%	92% n=20

17. SOUTHERN MARIN COMMUNITY CONNECTION

Southern Marin Multi-Disciplinary Team/ISOJI

In original MHSA planning processes in Marin, African Americans were identified as “inappropriately served.” The fact that they are over-represented among County Mental Health clients indicates that they may not be receiving services that could help prevent the need for such intensive services. PEI has successfully reached many of the underserved populations identified, but has further work to do regarding the African American community. In December 2012, the Southern Marin Multidisciplinary Team (MDT) began receiving PEI funds to provide brief intervention and case management services for Marin City residents. The majority of their clients are African American, living in subsidized housing or with no permanent residence. Sixty-percent are women, most single with children. Assistance is provided regarding mental health, parenting, housing, economics, medical services and education. Services are provided in the home or in the community, including street-based outreach.

Outcome	Goal	Actual FY13-14
Number of clients receiving services.	60	53
Percent of clients/families receiving services that had significant improvement in their goal areas as measured by the Family Functioning Scale.	50%	50% N=53