

**Mental Health Services Act**  
**Prevention and Early Intervention**

**FY2014-15  
Annual Reports**

**Summary**

**9.15.15**

## **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.
- In FY14-15, ECMH began consultation to programs at the San Geronimo Valley Community Center (SGVCC) that serve children age 5 and younger and their families. This community center serves a geographically isolated and historically underserved population.

<b>Outcomes for FY14-15</b>	<b>Goal</b>	<b>Actual</b>
<b>Children and Families Receiving Services</b>		
Children that received prevention services.	800	661
Percent of these children that come from un/underserved cultural populations (Latino, Asian, African American, West Marin).	70%	82% N=661
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	110
Children in childcare settings served by ECMH Consultants retained in their current program, or transitioned to a more appropriate setting.	100% N=661	100%
Parents/primary caregivers of families receiving intensive services that report increased understanding of their child's development and improved parenting strategies.	85%	100% N=17*
Families receiving ECMH Consultation services that report satisfaction with the services (would use again, would recommend, were helpful).	75%	100% N=17*
<b>Early Childhood Education Sites Receiving Services</b>		
Childcare staff that received additional consultation and/or training	160	129
Childcare staff receiving ECMH Consultation that report increased ability to identify, intervene with, and support children in their care with emotional/behavioral issues.	85%	87% N=67
Care providers receiving ECMH Consultation services reporting increased effectiveness in communication with parents.	85%	81% N=67
Staff receiving ECMH Consultation services that report satisfaction with the services (would use again, would recommend, were helpful).	75%	93% N=67
ECMH consultants that showed increase in knowledge about sensory processing and environmental supports.	100%	89% N=47

\* JFCS is working to increase the low survey response rate.

## 2. TRIPLE P (Positive Parenting Program) MARIN Jewish Family and Children's Services

Triple P is an evidenced based parenting program aimed to support families by providing psycho-education on child development and offering strategies to address common behavioral problems. Triple P Marin aims to provide training and technical assistance for providers and introductory services for families.

### 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.

<b>Outcomes for FY14-15</b>	<b>Goal</b>	<b>Actual</b>
<b>Children and Families Receiving Services</b>		
# of parents that participated in Triple P seminars or discussion groups.	135	173
% of seminars and discussion groups provided in Spanish.	33%	50% N=22 groups
% of parents participating in Triple P seminars or discussion groups reporting satisfaction with the programs.	80%	89% N=258*
<b>Providers receiving Training and Support in Triple P</b>		
# of providers receiving training and technical assistance to implement Triple P with fidelity.	12-15	14
% of participating providers indicating that they are skilled in identifying, responding to, and effectively referring at-risk families.	80%	83% N=12
% of providers receiving TA services reporting satisfaction with the services.	75%	92% N=12

\* Some parents attended more than one program and therefore completed more than one survey.

#### **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 Transition Age Youth (16-25) 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 Transition Age Youth (TAY), providers and parents; and providing prevention groups for at risk TAY in school settings.

<b>Outcomes for FY14-15</b>	<b>Goal</b>	<b>Actual</b>
<b>TAY Receiving Services</b>		
# of TAY that were screened for behavioral health concerns.	550	406*
# of TAY attending workshops on behavioral health signs/symptoms and linkages to services.	50	79
% of TAY participating in educational outreach activities that show base 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%	93% N=79
# of students attending at least 5 sessions of school-based skills building groups.	50	55
% of students attending at least 5 sessions that report an improvement in well-being on the Outcome Rating Scale (ORS).	65%	82% N=55
# of TAY who received individual/ family early intervention services in clinic or school settings.	180	398
% of clients participating in at least three sessions of mental health counseling that report an improvement in well-being on the Outcome Rating Scale (ORS).	65%	84% N=116
% of PEI clients participating in at least 3 sessions that indicate a positive therapeutic alliance on the Session Rating Scale (SRS), a significant predictor of clinical outcomes.	75%	83% N=115
# of early intervention services received.		Range: 1-41 Avg: 4.7
# of families that engage in Early Intervention services in support of the TAY client.	30	61
<b>TAY Providers</b>		
# of TAY providers trained in behavioral health signs/symptoms and linkages to services.	10	36

\* Of 498 clients screened, 406 are within TAY age range.

## 5. LATINO COMMUNITY CONNECTION

Canal Alliance

The primary goal is to increase emotional wellbeing among the at-risk, underserved Spanish-speaking population in Marin County. The Latino Behavioral Health program provides free, community-based, culturally and linguistically appropriate behavioral health services including:

- Behavioral Health Coordinators provided brief interventions and group support
- Family Resource staff provide risk identification and emotional support
- Promotores provide behavioral health community outreach and one-to-one peer support.

This program has been successful in serving the target community: services are accessed quickly, often within the same day; services are also embedded in a community resource center that provides many other services, so stigma is reduced; brief interventions are focused on solutions to problems and learning healthy coping strategies; and the model is trauma-informed and uses Motivational Interviewing as a core skill. Behavioral Health services are provided by staff who reflects the culture, language and life experience of the community being served. This year the promotores program successfully expanded to West Marin. A team of four promotoras were trained and provided services to Point Reyes, Bolinas and Tomales.

Outcome for FY14-15	Goal	Actual
<b>Community Members receiving PEI Services</b>		
# of community members receiving behavioral health information/ support from Promotores and Family Resource Advocates.	450	1320
# of individuals participating in support groups or individual/family sessions.	100	171
# of family members participating in support groups or individual/ family sessions in support of client.	20	22
% of support group participants participating for at least 3 months.	65%	75% N=32
# of support group or individual sessions participants attend.		Range: 1-7 Avg: 4
% of support group participants attending for at least 3 months that report improved PTSD symptoms (5 point improvement on the PTSD Checklist – PCL-C).	80%	100% N=24
% of individual/family session participants reporting that the service was somewhat or very helpful in addressing their problems.	80%	95% N=140
% of individuals participating in support group or individual/family sessions that report satisfaction with the services.	80%	93% N=122
<b>Providers</b>		
# of Promotores and Family Resource Advocates receiving training about behavioral health signs/ symptoms, and skills for providing support and linkages to services.	12	14

## **5. LATINO COMMUNITY CONNECTION – RADIO SHOW**

### **Marin Health and Human Service & Collins Media Services**

Cuerpo Corazón Comunidad is a one-hour weekly radio program in Spanish on topics related to the integral health and wellness of Latino individuals, families and communities. Its primary goals are: to increase community access to reliable information promoting health, to help de-stigmatize relevant sensitive subjects (e.g., mental illness, addictions), and to link community members to health resources. In each program, the host (Dr. Marisol Muñoz-Kiehne) and panelists (guest experts) present practical information in clear and engaging ways, and welcome and respond to calls from the audience. Regular elements included in each program are: tips (~1 minute capsules), skits (“radio-novela” format), songs, Person On the Street interviews, community calendar, and relevant PSAs.

- **Outreach** conducted about the show.
  - Flyers are distributed widely
  - PEI promotoras and youth members of Canal Welcome Center's Presente program spread the word in the community about the show and disseminated the flyers at ~20 venues and events.
  - Online outreach through social media consists of weekly announcements of the upcoming topics and weekly posting of the link to each podcast on Facebook pages managed by the program host, which have ~2,000 friends/followers.
- How the **show was made accessible** to the Marin County community.
  - The program is broadcast live weekly on KBBF 89.1FM, which covers most of Marin county; while its signal is excellent in the Northern and some Central parts of the county, it is spotty in other Central Marin areas and does not reach Southern Marin. The program reaches all West Marin, as it is retransmitted weekly on KWMR's three frequencies (90.5, 89.9, 92.3FM), targeting the Point Reyes, Bolinas, and San Geronimo Valley areas.
  - The program streams online weekly from [www.kwmr.org](http://www.kwmr.org).
  - Podcasts of all previously aired shows are available at an archive managed by Collins Media Services:  
<https://archive.org/search.php?query=creator%3A%22Collins%20Media%20Services%22&sort=-publicdate>
- Estimated **number of listeners**:  
Since the program is broadcast on non-commercial community radio stations, Arbitron ratings are not available. Per an NPR mapping system ([www.nprlabs.org](http://www.nprlabs.org)), KBBF's signal reaches 1.3 million people who are Spanish speakers. The Executive Producer estimates that at 11am on weekdays KBBF reaches ~2,500 adults 18+ in Marin and ~4,000 adults 18+ in Sonoma County; for KWMR, ~400 adults 18+ in Marin.

## **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 Integrated Behavioral Health (IBH) program at CHA strives to provide the highest quality behavioral health care to all CHA patients in need of such service. We routinely screen patients ages 12 and older for symptoms of depression at nearly every visit. We also conduct annual screenings for drug and alcohol use and anxiety for patients ages 14 and older. Positive screening results provide opportunities for Primary Care Providers (PCPs) to discuss these issues with their patients and engage in early intervention. When indicated, PCP's refer patients to our IBH providers 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 increases access to services, helps reduce stigma associated with behavioral health treatment and allows for a more seamless care provision model. PEI aims to ensure that at risk, un- and underinsured clients can access IBH services, given that they often have increased barriers to access.

<b>Outcomes for January-June 2015</b>	<b>Goal</b>	<b>Actual</b>
<b>Community Members receiving PEI Services</b>		
# of un- and under-insured clients screened for depression.	400	1015
# of un- and under-insured clients screened for substance use concerns.	250	179
# of behavioral health services provided.	225	130
# of clients completing at least 3 behavioral health (BH) sessions.	50	10
# of sessions clients receive.		Range: 1-14 Avg: 2
% of PEI clients receiving at least 3 BH sessions that have a decrease of at least 50% depression or anxiety symptoms, or reduction to "mild" symptoms (less than 10 on PHQ9 or less than 6 on GAD7).	50%	14% N=7
% of PEI clients receiving at least 3 BH sessions reporting improved behavioral health on the Outcome Rating Scale (ORS).	50%	50% N=4
% of PEI clients completing at least 3 BH sessions that indicate a positive therapeutic alliance on the Session Rating Scale (SRS), a significant predictor of clinical outcomes.	80%	100% N=4
% of individuals receiving BH sessions reporting satisfaction with the services.	75%	100% N=10

## **6. INTEGRATED BEHAVIORAL HEALTH IN PRIMARY CARE**

Ritter Center

The program aims to provide behavioral health services, both psychotherapy/brief interventions and medication management to at risk, uninsured clients in a health care setting. Uninsured clients have open access to all behavioral health services at Ritter Center. We provide walk-in counseling, scheduled appointment times, and same day behavioral health services in an integrated health care setting. Our BH staff works seamlessly with the psychiatric nurse practitioner to meet the mental health needs of Ritter's uninsured clients. Clients may be referred to behavioral health clinicians by screening positive with our health care providers or they may self-refer into services. Low barriers to service and utilizing staff that are sensitive to the needs of our service population facilitate client engagement in behavioral health services.

<b>Outcome for January-June 2015</b>	<b>Goal</b>	<b>Actual</b>
<b>Community Members receiving PEI Services</b>		
# of uninsured clients screened for depression.	300	326
# of uninsured clients receiving behavioral health brief intervention services.	30	30
# of uninsured clients completing at least 5 behavioral health (BH) sessions.	15	2*
# of uninsured clients receiving psychiatric medication management services.	45	66
# of uninsured clients completing at least 5 medication management (MM) sessions.	25	1
# of Behavioral Health sessions clients receive		Range: 1-11 Avg 2.5
# of Medication Management sessions clients receive		Range: 1-7 Avg: 1.4
% of PEI clients attending at least 2 MM sessions that will have a decrease of at least 50% depression symptoms, or reduction to "mild" symptoms (less than 10 on PHQ9).	40%	53% N=13
% of individuals receiving behavioral health (BH) or medication management (MM) services reporting satisfaction with the services.	75%	90% (BH) N=28 100% (MM) N=31

\* As Ritter analyzes the usage patterns of the clients, more realistic goals will be set.

## 7. OLDER ADULT PEI

Jewish Family and Children's Services

The program aims to identify through targeted outreach efforts, and then offer services to and coordinate support for, those age 60 and over who have significant risk factors for mental health concerns, such as experiencing life transitions and stressful life events.

- 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.

This year, we have implemented the pilot program, Caring Connection Volunteers. Ten volunteers were provided 12 hours of training included such topics as engaging clients, supportive counseling techniques, listening skills and boundaries setting. Volunteers were then matched with “graduating” clients and supported with monthly supervision meetings and ongoing consultation with program staff when needed.

<b>Outcomes for FY14-15</b>	<b>Goal</b>	<b>Actual</b>
<b>Older Adults receiving services</b>		
# of Seniors at Home clients screened for depression and substance use and receiving linkages to services as needed.	150	168
# of low-income clients that received Early Intervention services, and linkages to further services as needed.	35	49
% of clients receiving Early Intervention services from un/underserved communities.	20%	20% N=49
% of Early Intervention clients whose family members participated in services.	30%	47% N=49
% of those completing a treatment protocol that have a clinically significant reduction of symptoms, as measured by a decrease of least one category of severity (e.g. moderate to mild or mild to minimal severity) on the PHQ9 (depression) or GAD-7 (anxiety).	60%	77% PHQ N=35 66% GAD N=30
% of clients receiving Early Intervention case management services that successfully addressed one or more goals in their client care plan.	75%	87% N=32
# of services received		Range: 1-38 Avg: 7
% of clients receiving Brief Intervention reporting satisfaction with the services.	75%	98% N=21
<b>Providers</b>		
# of providers and community members receiving educational materials or presentations regarding recognizing early signs of mental illness and risk for mental illness in older adults.	200	251
% of those receiving education that are from un/underserved populations, or primarily serve un/underserved populations.	20%	21% N=251

## 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 for FY14-15	Goal	Actual
<b>Community Members receiving PEI Services</b>		
# of individuals that participated in outreach and engagement activities (such as field trips, cultural events, interaction with Community Health Advocates)	120	140
# of individuals that received risk reduction services (such as home visits and Stress Management and Relaxation Group).	50	60
% of clients that received risk reduction services (home visits or Stress Management and Relaxation Group) reporting that the service was somewhat or very helpful in addressing their problems.	70%	100% N=28
# of home visits clients received.		Range: 1-12 Avg: 2
# of support group sessions clients participated in.		Range: 8-40 Avg: 20
% of individuals receiving risk reduction services that report satisfaction with the services.	80%	100% N=30
<b>Providers</b>		
# of Community Health Advocates (CHAs) that received training in behavioral health signs/symptoms and linkages to services.	5	5
% of CHAs showing a base level of knowledge/ability after training.	75%	80% N=5

## **12. COMMUNITY AND PROVIDER PREVENTION AND EARLY INTERVENTION TRAINING**

### **Mental Health First Aid**

Mental Health First Aid (MHFA) is an eight-hour, evidence based training shown to increase understanding of mental health/substance abuse, increase likelihood of helping others, and decrease stigma. MHFA is intended for community members, such as primary care professionals, school personnel, nursing home staff, librarians, and others.

<b>Outcomes for FY14-15</b>	<b>Actual</b>
# of Marin County community members that participated in MHFA. <i>Provide some demographics/types of participants</i>	127
Participants reporting increased knowledge about mental illness signs/symptoms. (0-5 scale)	4.5
“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.”	
Participants reporting feeling able to offer a distressed person basic “first aid” information and reassurance about mental health. (0-5)	4.4
Participants reporting ability to assisting somebody experiencing a mental health problem or crisis to seek appropriate professional help.	4.6

### **Other Training Activities in FY14-15**

- Sponsored 4 attendees at the “Together Against Stigma Conference
- Production of 3 English and 3 Spanish 30-minutes video segments
- 2 events for consumers and families regarding handling holiday stress
- Each Mind Matters and May is Mental Health Month materials

## **18. SCHOOL AGE PREVENTION AND EARLY INTERVENTION**

Bay Area Community Resources – Shoreline School District

The goal of School Age Prevention and Early Intervention (PEI) is to identify students who are at risk for or experiencing symptoms of an emotional disturbance and to provide services that reduce risk and increase protective factors. This program focuses on school districts, grades Kindergarten through Eight, serving a large proportion of low-income students. Bay Area Community Resources (BACR) works with the Shoreline School District and community organizations to educate parents and school staff about mental health risk factors, signs/symptoms, and existing resources. Students referred to PEI services by the schools are assessed and provided individual, family or group services – including home visits, counseling and linkages to other needed services. In addition, a social emotional skills curriculum, Zones of Regulation, was introduced in the youngest grades.

<b>Outcome for FY14-15</b>	<b>Goal</b>	<b>Actual</b>
<b>Students and Families receiving PEI Services</b>		
# of students and families assessed for eligibility for PEI services.	40	38
# of parents/families that received individual or group counseling.	20	20
# of individual or group counseling services parents/families received.		Range: 1-3 Avg: 2
# of students that received individual or group counseling.	12	18
# of individual or group counseling services students received.		Range: 2-6 Avg: 4
% of families receiving individual, family, or group counseling reporting the students problems are better or much better on SDQ.*	80%	88% N=17
% of students (11-17 y.o.) receiving individual, family, or group counseling reporting improvement in one or more of the following areas: emotions, concentration, behavior or being able to get along with others on SDQ.*	70%	81% N=15
% of students completing individual, family or group counseling services showing improved attendance or improved school performance.	60%	73% N=13
% of parents receiving counseling services reporting satisfaction with the services.	75%	100% N=11
# of students receiving “Zones of Regulation” curriculum.		97
<b>School Staff</b>		
# of school sites receiving staff training regarding risks, signs, and symptoms of emotional disturbance and providing referrals for services.	4	4

\* Strengths and Difficulties Questionnaire

## **18. SCHOOL AGE PREVENTION AND EARLY INTERVENTION**

Seneca Family of Agencies – San Rafael City Schools

The goal of School Age Prevention and Early Intervention (PEI) is to identify students who are at risk for or experiencing symptoms of an emotional disturbance and to provide services that reduce risk and increase protective factors. This program focuses on school districts, grades Kindergarten through Eight, serving a large proportion of low-income students. Seneca works with San Rafael City Schools, specifically Venetia Valley (VV) and Glenwood (GW) schools, to provide a multi-level program:

- Tier 1: Strengthening the capacity of the schools to reduce risks, increase protective factors, and identify at-risk students through school climate assessment and support, on-site coaching, consulting and training, and universal screening of students.
- Tier 2: Provide group services for identified students and/or referrals to more extensive services.

<b>Outcome for FY14-15</b>	<b>Goal</b>	<b>Actual</b>
<b>Students and Families receiving PEI Services</b>		
% of students screened for risk factors.	100%	100% GW N=430 36% VV N=720
# of hours of therapeutic and social emotional skills (SES) groups provided at each of 2 schools per week.	6-8	6
# of students participating in SES groups.	96	22
% of participants completing a group program showing statistically significant levels of improvement on the SDQ.*	80%	64% GW N=11 57% VV N=7
# of group or individual services students received.		Range: 4-11 Avg: 8
% of clients receiving individual or group services reporting satisfaction. (Completed by students age 10+)	75%	100% N=5
<b>School Staff</b>		
# of hours of TA provided per week at each of 2 schools.	8	8
# of trainings provided at schools addressing behavioral/emotional needs of the students.	2	5
% of school staff attending school site trainings	75%	86% N=66

\* Strengths and Difficulties Questionnaire

## **18. SCHOOL AGE PREVENTION AND EARLY INTERVENTION**

Marin City Community Services District – Sausalito Marin City School District

**TO BE COMPLETED SOON**

The goal of School Age Prevention and Early Intervention (PEI) is to identify students who are at risk for or experiencing symptoms of an emotional disturbance and to provide services that reduce risk and increase protective factors. This program focuses on school districts, grades Kindergarten through Eight, serving a large proportion of low-income students. Marin City Community Services District works with Sausalito Marin City School District

<b>Outcome for FY14-15</b>	<b>Goal</b>	<b>Actual</b>
<b>Students and Families receiving PEI Services</b>		

## **19. VETERANS' COMMUNITY CONNECTION**

Marin County Veterans' Service Office

The Marin County Veterans' Service Office works with previously incarcerated veterans who have a treatment plan for mental illness or are showing signs of a mental health disorder. Supportive services are provided to ensure they complete their mental health plan. Most of the participants have been diagnosed with Post Traumatic Stress Disorder and/or are homeless. The Veterans' Service Office provides extensive outreach and assistance including transportation, housing placement, employment support, family support, linkages to other resources, and other services that support recovery.

<b>Outcome for March-June 2015</b>	<b>Goal</b>	<b>Actual</b>
# of veterans that received services to support completion of the veteran's mental health treatment plan.	40	36
# of family members that received support services to support completion of the veteran's mental health treatment plan.	7	10
% of veterans receiving support that complied with their mental health treatment plan.	80%	95% N=36
# of services participants received.		Avg: 8

## **20. STATEWIDE PEVENTION AND EARLY INTERVENTION**

The State identified four areas to be addressed statewide under the Mental Health Services Act:

- ~~Suicide Prevention~~: Such as the Know the Signs campaign and a regional effort led by Family Service Agency of Marin - a division of Buckelew Programs (FSA) to develop the North Bay Suicide Prevention (NBSP) project.
- Student Mental Health Initiative (SMHI): This includes Statewide efforts, such as amending K-12 educator credential standards to include training to improve early identification of at-risk students, as well as a regional effort led by Marin County Office of Education to provide training for educators in bullying prevention, suicide prevention, teen dating violence, and other mental health topics.
- Stigma and Discrimination Reduction (SDR): This includes Statewide efforts such as the Reach Out Here campaign.
- California Reducing Disparities Project: A statewide policy initiative to identify solutions for historically unserved, underserved, and inappropriately served communities.

In FY2014-15, Marin County contributed funds to the Statewide efforts through California Mental Health Services Authority (CalMHSA). In addition some funds were allocated to Marin County Office of Education to continue their local Student Mental Health Initiative efforts.

CalMHSA will develop a report on their outcomes for the year. Marin County Office of Education has initiated an effort to implement Positive Behavioral Interventions and Support (PBIS) in Marin Schools. PBIS is an evidence based, comprehensive approach to improving education, social functioning and behavioral problems.