

## **PEI Workgroup (MHSA Children & Youth) Meeting Notes – February 8, 2008**



- I. **Review Handout of Strategies/Outcomes**, etc. per Lynne Marsenich conversation with Lauren (see attached tables below)
  
- II. **Review mental health survey to those in Juvenile Detention Facility**
  - a. Ages 12-18
  - b. 49 kids participated anonymously
  - c. Results to be distributed once calculations are done.
  
- III. **What stands out for you?**
  - a. All indicated a need for counseling on a family and personal level
  - b. Life skills are what is needed
  - c. Large #'s indicating depressed and anxiousness
  - d. Kids are more in touch with their pain than what might help them
  - e. Results: Need to get percent distributions from survey (xxx will do).
  
- IV. **Other announcements**
  - a. North Roseville Park & Rec.
    - i. Opened last year
    - ii. Got a face lift, new windows, new water heater, new floors, etc. amazing!
    - iii. Now open over a year and focusing on life skills for 15-18 yr. old kids.
  - b. Survey of Latino kids (informal) – Sonia Samaniso
    - i. 4 out of 7 kids had parents that were monolingual 57%
    - ii. Greatest frustrations:
      1. Language barrier
      2. Lack of school support
      3. Kids translating for their parents
    - iii. Needs:
      1. Schoolwork #1/Educational support
      2. Mentoring support
      3. Peer support
  - c. Another informal group survey in Roseville - Sonia Samaniso
    - i. Adolescent support group in school
      1. Keep parents in touch
    - ii. Have done some research on drop out rate
    - iii. EBP programs exist to help Latinos in school
      1. Will consolidate for next time
    - iv. Bottom Line: There is a language and Cultural barrier for Latinos and Native
  - d. One more small survey in Lincoln -Isabel Toro

- i. 10 parents + 10 kids
  - ii. Language and cultural barriers are key issue
  - iii. Key feelings: frustration, sadness, isolation, parents can't be as involved with kids lives because of a lack of a "bridge" to integrate the 2 cultures.
    - 1. Children are manifesting this "cut" by acting out, not performing and gang activity
- e. Native American Community Research
  - i. Anno Nakai brought some research handouts
  - ii. Big disparity in the drop out rate
  - iii. Statewide telephone survey to Native Americans
    - 1. Native Americans, Latinos, Anglo, Asian, African American
    - 2. Consolidating the information
    - 3. Seeing different responses to access
    - 4. Will give good data, even rural and urban
    - 5. Placer County data is often not quite as accurate because they have a stricter definition of Native American. Phone survey was good because people self-identified.
  - iv. Best practices for Native American programs are in line with recommendations presented in table
  - v. Major concerns are: Indian education and cultural education
- f. Youth group input – Christina Nicholson
  - i. Asked: What's there, what's needed, what works for you?
  - ii. Need to compile. . will share with group after.
  - iii. Strengths and assets survey on drug and alcohol
    - 1. Trying to get info directly from youth
    - 2. #1 place youth get drugs in alcohol is in the home
      - a. Need parent training
  - iv. Boys-n-Girls Club – national teen survey, 46,000 youth
    - 1. 45% indicated parents are most influential in their decisions
    - 2. 37% relationship with parents is most important
    - 3. Greatest areas of stress:
      - a. 40% say #1 problem is Drug and Alcohol
      - b. 30% security and safety
      - c. 16% Race relations
  - v. Youth Advisory Commission (City of Auburn, Mike Holmes)
    - 1. There is nothing to do that is cheap or free
    - 2. Gap for teens
    - 3. They are not challenged
    - 4. Need to act on this type of data
- g. Expertise from CAPC – Billy
  - i. 3 main issues working with kids and parents
    - 1. Isolation
    - 2. Child development knowledge
    - 3. Access to resources

- ii. 3 programs exist now that fit into Latino culture
  - 1. Parents as Teachers model
  - 2. Parent Child Interaction therapy (PCIT)
  - 3. MALDEF –understanding community systems outside of culture
  - 4. Another program – FAST
    - a. Families & School teachers
    - b. Combines family celebration & community support
    - c. Good results/staff intensive
- iii. Bicultural is the key. . not just bilingual
- iv. Upstream is key too

**V. Moving to prioritization of strategies**

- a. The group was presented with the strategies that were summarized in the table and reviewed by Lynne Marsenich. The group was then asked to add to this list before prioritization. The total list of strategies to prioritize was:
  - i. Parenting Education (10)
  - ii. Enrichment (After and post-school) (7)
  - iii. Service Learning
  - iv. Mentoring (2)
  - v. Developmental Screening (2)
  - vi. Cultural Based Prevention (5)
  - vii. Peer Group Support (6)
  - viii. Youth Advocacy & Leadership (4)
  - ix. Social Skills Development (7)

The votes in parenthesis above note the # of votes received for each strategy. Each participant was allowed to vote on their top 3 (with only one vote per strategy).

Using a n/3 approach, the top priorities emerged:

- Parenting Education
- Enrichment
- Social Skill Development
- Peer Group Support (was included because it was so close)
- Cultural Based Prevention (to be included in all strategies chosen)

It was also expressed that all strategies focused at youth be youth empowered.

**VI. Actions**

- a. Lauren to send out a table so that people can write down information on specific programs that tie to these strategies.
- b. Next meeting is Thursday 2/21 from 2-4pm location TBD.

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**Campaign for Community Wellness  
Prevention and Early Intervention**

**Work Group: Children & Youth**

Strategies	Priority Pop	Programs (N. America)	Outcomes	Evidence
Parenting Education	<p>0-3 Pre k – 3<sup>rd</sup> Up to 12 yrs.</p> <p>At risk of: Stressed families Juv. Justice School failure</p>	<p>Incredible Years All levels Carolyn Webster Stratton (need daycare with this, strong case management piece) Selective/Indicative Dina Dinosaur (for kids)</p> <p>Triple “P” program Positive Parenting Prog. (1) Universal (Ads) (2) Selective (behavioral issues)- short term intervention by primary care/clinic env. (3) Indicative (in trouble but not yet sentenced) - This level generally uses Incredible Yrs. program</p>	<p>Reduce child behavior problems Increase parent competency and confidence Decrease harsh discipline Increase nurturing parent approach</p> <p>Builds community coalitions Reduces Stigma Fewer CPS/CWS referrals Fewer behavioral referrals in pre-school Fewer referrals from primary care</p>	<p>Most studied program in nation. Strongest evidence of all strategies. Most cost-effective and socially effective.</p> <p>Studied less than Incredible years but showing very positive outcomes</p>
	<p>TAY</p> <p>At risk of: Stressed families Juv. Justice School failure</p>	<p>Adolescent Transition Program</p>	<p>Increases problem solving skills Increases ability to participate with positive peers Decreases risk of drug &amp; alcohol use, juvenile justice and school failure Improves parent relationship Increases probability for parents to monitor &amp; supervise kids &amp; provide consistent, non-punitive discipline</p>	<p>Recent program generating a lot of positive feedback. Limited evidence at this time.</p>

Strategies	Priority Pop	Programs	Outcomes	Evidence
After-school activities (art & music)	5 to 18	Universal: Park & Rec, Boys & Girls Club, After-school activities	Decreases criminal activity Decreases behavioral problems	Evidence supports these types of programs. Most Counties have these in place. Identify gaps.
Mentor's Person-centered	18 to 24	TIP transitions to independence Youth development	Positive youth development Youth empowerment Youth (driver?)	
Service Learning	8 & 9 <sup>th</sup> TAY  At risk of: Stressed families Juv. Justice School failure	Selective	Pro social activity increased Increases Self-esteem	Not as clear
Mentoring	At risk kids in single parent homes. Foster youth. Poverty	Selective: Big Brother Big Sister is most effective:  School based programs have limited outcomes. Not researched enough.	Increases pro-social activity Decreases Juvenile Justice involvement	Outcomes generally good. Evidence is there.
Developmental Screening	0-3 At risk	Selective: those without insurance for good screening in primary care.	Good for identification.	
Culture Based Prevention	ALL			

Strategies/Program	Leverage Or Partner	Access	Locus Points	Cost per Person Served	Pros/Cons
Parent Education Incredible Years	Head Start First Five Schools	Easily replicable across cultures	* Group sessions in comfortable setting * Given by family advocates (Head Start) * Child development and group work background * 12-14 weeks * 16 participants	[\$400 per person to train] Pay practitioner to deliver at local rate.	+ No degree required + Train the trainer + Group support + Low cost + Proven
Parent Education Triple P Program		Can be made culturally relevant	Level 1- ads on buses, public places Level 2 – Primary care, clinics Level 3 – Advocate setting	Somewhat expensive Looking into	Similar to Incredible years but less of a track record- more levels - expensive + community engagement
Parent/Adolescent Education Adolescent Transition			Universal – schools Selective – schools Indicative – MH setting		
After-school activities (art & music)	Schools, PTO's	What are the gaps?	Schools, Park & Rec. Dept.	Varies	+ Affordable + Available + Community building
Service Learning			School		
Mentoring			Family setting		- ongoing commitment
Developmental Screening	Need a partner(s) to refer to.	Can be culturally relevant.	Primary care Clinics Schools		- risk of no place to refer issue to.
Culture Based					

## Other Suggested Strategies

- Social skill development
  - Asset building
  - Empowerment
  - Anger management
  - Cultural element
  - Cross-generational
  - Family approach
  - Recovery approach – not quite prevention, the diagnosis is typically already a given at this point.
  - Education: could be done in conjunction with general awareness building at State level or with Triple P level
    - Public
    - Teacher/front line
    - Childcare provider
    - Policy makers
  - Consumer involvement – need to investigate
  - Student Assistance Strategy (early intervention)
    - Early indicators
    - School-based
    - Community provides
    - On-school site programs to assist kids
    - Community interest, supportive
- Programs that are uniquely focused to these strategies have limited, focused outcomes. Better to find strategies that include these. Parenting Education is one such strategy that includes may of these.

**PEI Workgroup Handout #2**

Summary of Strategies relative to Priority Population

Priority Population	Strategies	Program Recommendation
<ul style="list-style-type: none"> <li>• 0-3</li> </ul>	Parenting Education Developmental Screening	
<ul style="list-style-type: none"> <li>• Pre – K to 3rd</li> </ul>	Parenting Education Mentoring (less at this age)	
* 8 & 9 <sup>th</sup> Grade	Parenting Education Service Learning Mentoring After School Programs	
<ul style="list-style-type: none"> <li>• TAY</li> </ul>	Parenting/Adolescent Education Mentoring Service Learning	
<ul style="list-style-type: none"> <li>• Latino At risk youth &amp; Children</li> </ul>	Parenting Education Mentoring Peer Support Families Service Learning After School Programs Culture Based Prevention	
<ul style="list-style-type: none"> <li>• Native American At risk youth &amp; Children</li> </ul>	Parenting Education Mentoring Service Learning After School Programs Cultured based Prevention	

Notes:

Meeting space for  
 NAA and AA  
 programs