

Solano County Health & Social Services



Mental Health Services Act Prevention and Early Intervention Plan

March 23, 2012

Solano County Health and Social Services Mental Health Services Act
Prevention and Early Intervention Plan
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PEI Community Planning Process

Overview of PEI Planning Process

The PEI Community Planning Process included broad general outreach, eleven community forums spread throughout the county, targeted outreach to ethnic minorities and underserved populations, and a stakeholder steering committee, which included involvement of existing mental health staff and advisory groups.

1. Training and Orientation to PEI of existing mental health advisory groups and staff (June – August 2011)

On June 29, the PEI community planning effort opened with a presentation at the quarterly MHSA Stakeholders meeting to orient mental health staff and community partners to PEI and the upcoming community planning process. During the meeting, the principles and required elements, current programs and the new planning process were reviewed, and participants were provided with information on all upcoming community planning forums.

2. Outreach

Information on PEI and the PEI Community Planning Process, as well as flyers inviting all community members to attend PEI Community Input Forums, were provided through e-mail and mailing lists to more than 100 community organizations, contractors, consumers, school districts, law enforcement, and social service agencies, and associations such as Health Access, the Clinic Alliance, the Early Childhood Mental Health Collaborative, the Senior Coalition, etc... Information was posted on the Solano County MHSA website: <http://solanocounty.com/depts/hss/mhs/mhsa/pei.asp>

3. Community Input Forums

In July and August, eleven PEI Community Planning Forums were conducted. They included:

Date	Forum	Location	# of Participants	Participants
7/6/11	Dixon Migrant Camp	Dixon	22	Service providers and residents of the Dixon Migrant Camp
7/28/11	Early Childhood Developmental Health Collaborative (ECDHC)	Fairfield	20	Public and non-profit Health, Early Intervention, Education, Mental Health, child care, and other providers serving children ages 0-5; First 5
8/3/11	Transition Age Youth (TAY) Collaborative	Fairfield	16	Health, mental health, probation, education, employment, social services, and other public and non-profit providers serving youth ages 16-25; included youth representation

8/16/11	Local Mental Health Board (LMHB)	Fairfield	24	LMHB members, mental health staff, representatives of Native American community, providers, family members, NAMI, consumers, and others.
8/18/11	Vallejo Inter-Tribal Council	Vallejo	11	Participants in Native American tribal council.
8/22/11	Consumer and Family Advisory Committee (CFAC)	Vacaville	20	Adult and TAY consumers, wellness and recovery center staff, county consumer advocate.
8/22/11	National Alliance on Mental Illness (NAMI)	Fairfield	18	Consumers, family members, and mental health advocates; mental health staff
8/23/11	Benicia Senior Center	Benicia	7	Advocates and providers of mental health services to seniors
8/25/11	Community-wide Forum	Fairfield	36	Public and private health, mental health, education, employment, and juvenile justice providers and advocates; consumers, family members, and others.
8/29/11	Bayanihan Center	Vallejo	26	Filipino Youth Leadership group; Filipino community leaders
8/31/11	Solano County Office of Education	Fairfield	14	Solano County Office of Education, representatives of Solano County school districts

Over 210 people attended the forums, ranging from seven at the Benicia Senior Center to 36 at the Community-wide Forum. The agenda of each forum included a presentation of information and training about PEI and currently funded programs, and a small-group discussion of the following questions:

- Who is currently served? Who is not served
- What prevention/early intervention services are currently available?
- What are the gaps in services?
- What would you change? Add? Delete?

Common themes from the forums included:

- **Cultural Competence**
Services provided to cultural communities should be offered by bi-lingual providers from those communities and should include culturally responsive practices.
- **Community Awareness and Education about Mental Health**
Greater awareness and more training about mental health issues are needed for high school students, teachers, parents and family members, cultural communities, faith communities, and college students.
- **Service Integration/Collaboration**
Services should be integrated, funding leveraged, and collaboration encouraged across services systems among providers serving common populations across age groups. Referral should be streamlined; common referral systems should be developed.
- **Many populations remain under-served by PEI**
Populations cited include:
 - Children grades K-3 and 9-12
 - Adults 25-59
 - Incarcerated, recently incarcerated youth and adults
 - Families of incarcerated
 - Homeless or transient individuals
 - Undocumented individuals
 - The Filipino and Native American communities
 - College students
 - Un-insured individuals
 - Rio Vista, Dixon, and Benicia school districts
 - Parents and siblings of clients
 - Veterans
- **Gaps in Services**
 - Support, recovery and parenting groups
 - Advocacy for families and consumers
 - Case management services
 - Transportation
 - Life skills

Responses from the three forums addressing specific under-served groups are shown in the table below:

Forum/Population	Gaps in Services	Needs, Comments
Dixon Migrant Camp Hispanics, farmworkers, including both mono-lingual and bi-lingual Spanish-speakers; some undocumented	<ul style="list-style-type: none"> • Services in Migrant Camp • Behavioral services, counseling, especially in Vacaville • Workshops • Parenting classes • Hospital (Dixon) • Transportation 	<ul style="list-style-type: none"> • Reduce racism • Address lack of knowledge of services Add: <ul style="list-style-type: none"> • More hours of services • Culturally sensitive services and professionals • Respect from agencies • Parenting classes • Staff (Clínica – Dixon)

<p>Vallejo Inter-tribal Council</p> <p>Native Americans</p>	<ul style="list-style-type: none"> • Early intervention services to Native Americans that are in jail, and their families • Native American children with depression • Substance, domestic, and sexual abuse in Native American community • Art therapy, other alternative, creative therapy for children • Traditional Native American parenting education 	<ul style="list-style-type: none"> • Cultural center for minorities in Solano County • Culturally responsive services • Native American practitioners to address mental health, spiritual needs
<p>Bayanihan Center</p> <p>Filipino youth leadership, other Filipino community leaders</p>	<ul style="list-style-type: none"> • Little knowledge about mental illness, especially in high school – don't know red flags or services • Community awareness of disorders, ways to identify • Education for teachers 	<ul style="list-style-type: none"> • Need ways to connect to people, feel welcome, respected in safe program • People have to be willing to utilize services. In early stages resistance to seeking services, recognizing problems • Stress can be relieved by sports, hobbies, leadership roles • Family very strong in Filipino culture • Youth seek people close in age, understanding, sincere, accepting, who will talk to them as a person • More Filipino Mental Health professionals, or at least culturally responsive professionals. Non-Filipino counselors and clinicians are not always able to delve deeply into racial/ethnic issues, and how these affect self-esteem, behavior and mental health • Don't buy the Filipino model-minority myth – kids fall through the cracks.

Responses to specific needs for each age-group population are included in Section 3.

4. PEI Steering Committee (September – November 2011)

A new PEI Steering Committee was convened in September 2011 to provide input and oversight to the PEI process. The Steering Committee included representatives from all major Solano ethnicities (Caucasian, Latino, Asian-Pacific Islander/Filipino, African-American), as well as other groups listed below. All required categories of stakeholders and members of cultural/ethnic communities in the county were included in this group, as well as representatives of groups specifically providing prevention and early intervention services to individuals across the span of age groups. Representatives of participating organizations are listed below by category:

Category	Agency
Under-served communities	Rio Vista City Council Member, Dixon Medical Center, California Hispanic Coalition, La Clínica de la Raza (La Clínica), representative of Filipino Community, Inter-tribal Council, Travis Air Force Base
Education	Solano County Office of Education, Solano Community College
Mental Health Consumers and Family Members	National Alliance on Mental Illness (NAMI), Consumer Family Advisory Committee (CFAC), Two mental health consumers
Public and Private Providers of Mental Health Services	County Mental Health Deputy Director and Staff (Children, MHSA Coordinator, PEI Project Manager, Fiscal, Consumer Liaison) and private mental health service providers including, among others, Caminar, Children’s Nurturing Project, First Place for Youth, and the California Hispanic Commission on Alcohol and Drug Abuse (CHCADA)
Health	La Clínica, Solano Coalition for Better Health, Dixon Family Practice, County Public Health and Substance Abuse services
Social Services	First 5 Solano, Children’s Nurturing Project
Law Enforcement	Vacaville Police Department, Juvenile Probation
Community Family Resource Centers	Berea Church
Employment	Caminar Jobs Plus

The PEI Steering Committee met four times to:

- Receive training about MHSA and PEI
- Review information gathered from the community forums, the county’s Cultural Competency Plan, other MHSA plans, and the 2009-12 PEI plan
- Determine county PEI needs and target populations
- Review the current PEI Plan and project outcomes
- Develop and refine new or existing project and strategies

Discussion and questions were invited from all participants, and decisions were made by consensus. Participants volunteered to serve as strategy leads to review current strategies and make recommendations on changes and additions.

5. Selection of Projects

At its final meeting, the Steering Committee reviewed and approved the five projects and the allocation of funds included in this plan. They include:

- Early Childhood Mental Health
- School-Aged Project
- Transition Age Youth Project
- Consumer Operated Wellness and Recovery/Behavioral Health Integration/Latino Access and Engagement
- Prevention and Early Intervention for Seniors

County Staffing

An experienced and expert county team ensured that the Community Planning Process was comprehensive and effective. The team included:

- **H. Martin Malin, PhD, MA, MFT**, Interim MHSA Coordinator and Program Manager in the Mental Health Division of the Solano County Department of Health & Social Services, and **Nazlin Huerta**, Interim MHSA Project Manager, led the PEI Planning Process. They guided the overall effort, oversaw the work of the independent consultant, and held primary responsibility for the Steering Committee, project selection, external communication, and community partner involvement with PEI. They acted as liaison with the staff team and the Department Executive Team, and met regularly with county planning groups and advisory committees.
- **Halsey Simmons, MFT**, Mental Health Director, provided oversight to the project.
- **Mental Health program and fiscal staff**
 - Kristin Neal and Nestor Aliga attended the Steering Committee meetings and provided budgetary data.
 - Rachel Ford, Parent-Consumer Advocate, ensured participation of clients and family members
 - Sanjida Mazid represented the Cultural Competency Committee and provided information on the Workforce Education and Training component of PEI.
 - Lisa Singh and Cynthia Sottana provided administrative, logistical, communications, and overall support to the planning effort.
- **Lynn DeLapp**, an experienced policy and planning consultant and a principal from the Davis Consultant Network, was contracted to assist with the planning process implementation, facilitation of workgroups and the Steering Committee, and to write the PEI Plan.

Participation of Key Groups

Representation of un-served and/or under-served population and family member of un-served/under-served populations

The PEI Planning process was informed by extensive data gathering and analysis of mental health needs, services and under-served populations for the previous PEI planning process, the CSS planning process, and the 2010 Cultural Competency Report. More in-depth data and research on needs of under-served target populations was conducted by project workgroups and is described within the specific projects in Section 3 of this plan. Solano County made a commitment both to including under-served populations in the planning process and to addressing the needs of these groups. The information below describes how each under-served population was represented in the PEI Community Planning Process.

- **Hispanic and Spanish-speaking residents of all ages were found to be under-served.**

Most under-served were those living in remote areas, undocumented residents, and farmworker families. Because of immigration issues and language barriers, this population is less likely to seek mental health services. Frequently these families do not have private transportation to areas with more services. The needs of these populations were addressed in the Steering Committee and workgroups by leaders of the Hispanic Community including representatives of La Clínica and the CHCADA.

- **Asian-Pacific Islanders**

CSS data analysis showed that Asian/Pacific Islanders across all age ranges were under-served. Solano County, and particularly the city of Vallejo, is home to a significant under-served population of Filipinos. To address these disparities, the community planning input session at the Bayanihan Center in Vallejo, described on page four of this document, was convened. In addition, the Steering Committee included an elected official who is a leader in the Filipino Community, as well as a representative of the Asian-Pacific Islander community.

- **Native Americans**

The small Native American community in Solano County participated in the Inter-tribal Community Input Forum in Vallejo, and was represented on the Steering Committee by a member of the Inter-tribal Council.

- **Older Adults**

Analysis of population and mental health data during the CSS process indicated that older adults in Solano County of *all* ethnicities and cultural groups were under-served. *Moreover, the number of seniors in Solano County is expected to triple between 2010 and 2050¹.* To better pinpoint the needs of the Older Adult community, the Older Adult workgroup reviewed significant research and focus group results, all conducted within the past three years (see Older Adult Project Description). Older Adults were represented on the Steering committee by representatives of the Area Agency on Aging Serving Napa and Solano (AAA). In addition, the Solano Senior Coalition provided input on the plan to Steering Committee Representatives.

¹ Solano County Status Report on Seniors, 2008

- **Transition Age Youth (TAY)**

2006 CSS data indicated that TAY of all ethnicities, cultural groups, and geographic communities were under-served. To gain a better understanding of the needs of this population, a community input session was held with the TAY Collaborative, a group of providers serving TAY across the mental health, foster care, juvenile justice, education, and health systems. At least two youth participated in this session. TAY were represented on the Steering Committee by representatives of education, foster youth, and probation providers. In addition, most of a second TAY Collaborative meeting was devoted to providing input to the TAY Steering Committee representatives on changes to the PEI plan. A description of additional research on this population is found in the description of the Transition Age Youth Project.

- **Children 0-18**

While 2006 analysis showed the few prevention or early intervention mental health services were available to any children, the greatest service disparities were identified among Asian/Pacific Islander, Hispanic English-learners, and Hispanic children (often from undocumented or farmworker families living in remote areas). Children were represented on the Steering Committee by County Children's Mental Health, community-based organizations dedicated to serving children and families, public schools, juvenile probation, and the Early Childhood Developmental Health Collaborative (ECDHC) which conducted an extensive needs assessment across the county, gathering data from all under-served populations. Details of this research are found in the description of the Early Childhood Project.

- **Other**

In addition to specific under-served groups identified in the CSS process, participants attending PEI community forums reported that residents in outlying areas of the county and in the small communities of Rio Vista, Benicia, and Dixon had less access to mental health prevention and early intervention services. To ensure representation of these communities, members of the Steering Committee included a city councilmember from Rio Vista and a community medical center provider from Dixon.

- **Ethnic/Cultural Groups with Higher Rates of Service**

The CSS research revealed that overall, Caucasians and African-Americans received disproportionately more mental health services than other populations. These groups were well represented in the Steering Committee

Diversity – Geographic location, age, gender, race/ethnicity, language

The Solano PEI Community Planning Process provided opportunities for diverse participation.

- **Geographic Location**

As reported above, Community Forums were held in six of the seven Solano County cities, from Dixon in the north county to Vallejo in the southwest. The seventh city, Rio Vista, was the site of the June 29, 2011 MHSa Stakeholders Meeting, which provided a community-wide orientation to the 2011 PEI Community Planning effort, and invited all participants to attend community input forums. The Steering Committee also included representatives of all communities.

- **Age**
Special efforts were made to ensure involvement in the PEI Community Planning Process of agencies serving consumers and families from newborns to the elderly. In addition to the groups indicated above serving children 0-5, school-age youth, TAY, and older adults, representatives of adults 25-59 participated in the NAMI, CFAC, LMHB, and Community-wide input sessions. Adults were represented on the Steering Committee by consumers, NAMI, and the county's consumer advocate.
- **Gender, Race and Ethnicity**
The Steering Committee and workgroups were well-balanced for gender and ethnicity. As noted above, the Steering Committee included representatives of multiple ethnic/cultural groups.

Outreach to clients with serious mental illness and/or serious emotional disturbance and their family members, to ensure the opportunity to participate.

Consumers and family members were specifically invited by county staff to attend the community forums, and actively participated, offering anecdotes to education participants and offering their perspective on needs and existing services. As noted above, two community input forums were conducted at regular meetings of the CFAC and NAMI. In addition, Solano County Mental Health staff, including the parent/consumer advocate, were charged with outreach to consumers and family members. These staff members discussed PEI at CFAC and NAMI, and brought information from family and consumers to the larger stakeholder meetings.

Participation (see above) and Training

Steering Committee members and other participants received the following training:

Many members of the Steering Committee had previously participated in prior MHSA community planning efforts for PEI, CSS, Innovation (INN), and Workforce Education and Training (WET), and received training on the MHSA and its principles and their role in the MHSA process. Further training on PEI and the Community Planning Process was conducted at the June MHSA Stakeholders Meeting, at all community planning input forums, and at the first Steering Committee.

Community education was provided in the eleven community planning forums.

Summary of Community Planning Progress Effectiveness

Lessons from Previous MHSA Planning Process

The community planning process used to develop this PEI plan drew upon lessons learned from previous MHSA planning processes. They include:

- **Listen to the community**
This planning process, as well as the process for the first PEI plan, relied heavily on input from the community. Eleven community forums, as well as subject-specific meetings were held to gather as much information as possible from diverse populations and stakeholders. Their input was incorporated into the current plan. We learned that more people attended forums organized by age group and ethnic interests, and incorporated into existing organizations' regular meetings than forums organized by geographic area.
- **Trust the Steering Committee**
As with the previous PEI plan, the current PEI Steering Committee was charged with gathering additional community input and developing the projects. Project plans were written by Steering Committee members, with limited input from County Staff.
- **Incorporate worthy concepts developed during previous MHSA planning**
The conceptual framework for the Wellness and Recovery/Behavioral Health/Latino Access and Engagement Project was developed during a mental health strategic planning/CSS planning process in 2009. Although approved by the community-based steering committee for that process, it was not funded as part of the CSS plan, both because of budget constraints and because it was deemed more appropriate for prevention and early intervention.

Measures of outreach success in producing inclusive and effective community planning process with participation of individuals who are part of PEI priority populations

Outreach success can be measured by:

- Significant participation and input from members of priority populations in PEI Community Forums which focused on the specific needs of the Filipino/Asian youth population, Dixon Latino farmworkers, and Native Americans.
- Direct participation in project planning (older adults) or indirect participation through forums aimed specifically at priority populations, surveys of parents and teachers, and in-depth needs assessment (early childhood).
- Involvement of individuals who are part of the priority populations in the Steering Committee
- Projects that reflect statistical and research findings and priority populations.

County Public Hearing

The Public Hearing was scheduled for January 17, 2012. The PEI Three-Year Program and Expenditure Plan was circulated to representatives of stakeholder interests and any other interested parties in the following ways:

- Solano MHSAs website: <http://solanocounty.com/depts/hss/mhs/calendar.asp>
- Copies of the plan sent by e-mail to all members of the Steering Committee and MHSAs Stakeholders group

Summary and analysis of substantive recommendations for revisions

The PEI Three-Year Program and Expenditure Plan was presented to the Solano County Local Mental Health Board on Tuesday, January 17, 2012. Eight members of the board were present, as well as twenty-three members of the public.

Comments and questions received during the Public Comment Period and the Public Hearing clustered around issues of access and employment opportunities for consumers. With respect to the former, stakeholders sought information about the current practices of the County in collaborating with NAMI and other agencies to leverage services and enhance existing and proposed programs. Solano County actively collaborates with NAMI and other agencies and, in fact, held stakeholder meetings for this Plan concurrent with a NAMI meeting and at a Wellness and Recovery Center.

Questions and comments were also received about the 5150 process and the rights of families in dealing with family members who might have mental health issues. The County continues to address these and other access issues in educational and training opportunities for physicians and other medical service providers. Stakeholders were also assured that the Plan provides for parental involvement in cases of children identified with mental health needs.

With respect to consumer employment, the County focuses on employment and housing as a component of WRAP plans and in other MHSAs programs that contribute to the funding stream for housing and employment.

County: Solano

PEI Project Name: ECMH 0-5

Date: November 17, 2011

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

2. PEI Priority Population(s)	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Note: All PEI projects must address underserved racial/ethnic and cultural populations.				
Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
6. Underserved Cultural Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

Community Forums

Twenty-one stakeholders attended the Community Forum at the July 2011 meeting of the Early Childhood Developmental Health/Mental Health Collaborative (ECDHC). While there was apparent consensus that PEI services currently provided were appropriate and effective, participants provided the following additional input:

Un-served, Under-served Populations	Service Gaps	Suggestions for Changes to Current Programs
<ul style="list-style-type: none"> • “Gray area” children not qualified for North Bay Regional Center (NBRC) or EPSDT; mildly to moderately developmentally delayed and at-risk • Homeless families • Dual-diagnosis parents • Single parents • Parents need counseling • Uninsured • Voluntary, screened out Child Welfare Services (CWS) cases; foster youth • Undocumented, ESL parents • Older siblings 	<ul style="list-style-type: none"> • Parent support • Services for unemployed parents • Transportation • EPSDT services 	<ul style="list-style-type: none"> • Coordinate services, communicate with other 0-5 agencies, initiatives, and Family Resource Centers (FRCs) • Centralize resources/information/services • Offer provider training to those who will do ASQ3 screening; providers call agencies for workshops • Reduce stigma – use “wellness” and “Behavioral Health” or “Social Emotional Health” instead of Mental Health • More parent coaching groups – wide variety, more flexibility, innovation with curriculum/times • Formalized evaluation of evidence-based and promising programs/practices. Add research component with University of California Davis (UCD) or other university to make Partnerships for Early Access for Kids (PEAK) a “promising practice”; more qualitative measures, add community-wide screening data beyond data funded through PEI • Close loop with referrals and case management • Integration with primary care/medical providers • Utilize Solano Kids Insurance Program (SKIP) and WIC to identify at-risk/in need of PEAK services • Guide clients to appropriate programs • Delete duplication of services • Increase earlier standard developmental tests

Background Research

Solano County Early Childhood Mental Health Collaborative Needs Assessment
Input from PEI forums complemented an extensive county-wide Needs Assessment of early mental health first conducted in 2007/2008, and updated in 2009 by the Solano County ECDHC. The needs assessment included:

Demographics and History of 0-5 Mental Health services in Solano County

A review of Solano County demographics of children 0-5 revealed there are approximately 34,000 children age birth through 5 in Solano County. National research from the Zero to Three Organization (www.zerotothree.org) as well as the national data from the Administration of Children and Families (ACF) and the National Institute for Mental Health (NIMH) indicate that between 10-15% of the general population, including 0-5, have a mental health/social emotional condition severe enough to warrant medical necessity for intervention and treatment services.

Extrapolating this data to Solano County, between 3,400 and 5,100 Solano infants and preschool-age children currently are in need of mental health and/or social/emotional/developmental intervention. Among all current Solano providers for early mental health services for Medi-Cal eligible children through Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), Solano County served 375 children ages 0-5 in fiscal year 2010-2011². This means that over 91% of the children who need services have not yet been identified. Although the penetration rate has improved over the last several years of PEI services as well as EPSDT, we continue to fall far short of serving all children with serious social emotional concerns. Also of note, mostly due to the economic climate and increased family stressors over the past several years, the severity of cases served by providers has increased dramatically, and more social emotional and physical abuse, parental depression, Child Welfare Services (CWS) involvement, and homelessness are now all too common finding with referrals for services. Based on the data available, it is hypothesized that providers are only seeing the highest risk and most severe infants and children, with many others not being identified until they reach school age or are identified by a medical provider or through CWS.

Extensive research has shown that adverse childhood experiences in the first years of life have a direct correlation with mental and physical health conditions later in childhood and on to adulthood³. Factors such as child abuse, neglect, emotional abuse, substance involved parents, exposure to domestic violence, and incarcerated parents early in a child's life put the child at extremely high risk for future negative mental and physical health outcomes. These are the infants and young children targeted for early identification and intervention through the 0-5 project.

² Solano County Children's Mental Health, 2011

³ Felitti, Vincent, MD, Kaiser Permanente Adverse Child Experience (ACE) study

EPSDT Mental Health (Medi-Cal) Children 0-5 Served in Solano County by Year

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
<u># of clients</u>	177	215	270	279	356	375
<u>Yearly Growth</u>		21%	26%	3%	28%	5%
<u>5 year Growth</u>		112%				

Notes: 07/08 and 09/10 were years of contract expansion for 0-5 mental health providers (Children's Nurturing Project, Child Haven, and EMQ Families First)

Source: Solano County Mental Health, Michael Kitzes, MFT

Assessment of Existing Services

A 2007 countywide review of mental health services for children 0-5 and their families, found that while there were limited early intervention and treatment services available, mainly for Medi-Cal eligible children, there are significant gaps in provider capacity, training, early screening and identification of children needing services, assessment and treatment for non Medi-Cal eligible children, community outreach, and service coordination across programs and providers⁴.

Since the emergence of PEAK services (July 2009) in a continuum with EPSDT mental health, Solano providers have made significant progress in early identification of at-risk children birth to 5, and has provided a seamless "one stop" system of care for screening, assessment, referral, and short-term early intervention/treatment. Families as well as referring providers have reported positive feedback with the centralized approach and triage system that PEAK provides, linking families to publicly funded programs that their children are eligible for.

Survey of parents and providers

A countywide survey of 137 parents and family members of young children, 20 providers of services, and 13 others was conducted at various locations/outreach events and parent focus groups throughout Solano County in 2008, as well as surveys directly faxed or mailed from providers. Respondents' ethnicity was reported as 33 white, 25 African-American, 15 Hispanic, 15 multi-ethnic, 8 Filipino, 8 Asian/Pacific Islander, 2 American-Indian, and 36 did not indicate. Language preference included 99 English, 25 Spanish, 2 Tagalog, and 36 did not indicate.

⁴ 0-5 Service Matrix and Gap Analysis, *Solano Early Childhood Developmental Health Collaborative Strategic Plan*, November, 2007

Findings included:

- The top 3 challenges facing parents of children 0-5 are 1) a lack of knowledge about basic parenting education (42%); 2) lack of knowledge about available resources (27%); and 3) lack of knowledge about typical developmental milestones (26%)
- More than a fifth of respondents indicated that the following activities would help their child's development and social emotional health: information on child development (52%); more parent education and support groups (36%); more community-based parent workshops and training (32%); education on effective discipline (29%); and parent-child coaching to help parents deal with the child's behavior (23%)

Anecdotally, parents participating in PEAK services, workshops, parent coaching, and screening and assessment from 2009 to 2011 are reporting similar findings to the 2008 survey, with child developmental milestones, social emotional health, and behavioral coaching the most frequently requested topics.

2007 Vallejo Early Childhood Mental Health Needs Assessment

A separate in-depth needs assessment for Vallejo, funded by the California Endowment, was conducted by Duerr Evaluation Resources for the Fighting Back Partnership⁵. It included a North Vallejo parent focus group, a review of mental health services provided to children 0-5 by mental health agencies, and mental health assessment results for kindergarten students. The needs assessment found:

- Approximately 10% of Vallejo kindergarten students city-wide were in severe need of early mental health interventions (range of 4% to 40% depending on the neighborhood)
- Fewer than 1% of Vallejo children had received early mental health services during a one-year period from the three primary service providers
- Parents suggested that they were generally unaware of mental health needs within their families, but were interested in services, once explained
- Parents felt these services should be better defined and more accessible within the community

Following this project, the formal Solano ECDHC was formed. The group created a strategic plan for increasing penetration rates and access to mental/developmental health services for children birth to 5.

The chart below reflects the annual growth of services provided by the First 5 Solano funded Early Childhood Mental Health Initiative partners, transitioning to the jointly funded (MHSA PEI and First 5 Solano) PEAK program in 2009. This represents non Medi-Cal EPSDT funded screening, assessment, and short-term intervention county-wide.

⁵ Duerr Evaluation Resources, *Mental Health Needs Assessment for Children Aged 0-5 Years in Vallejo, California*, January, 2007

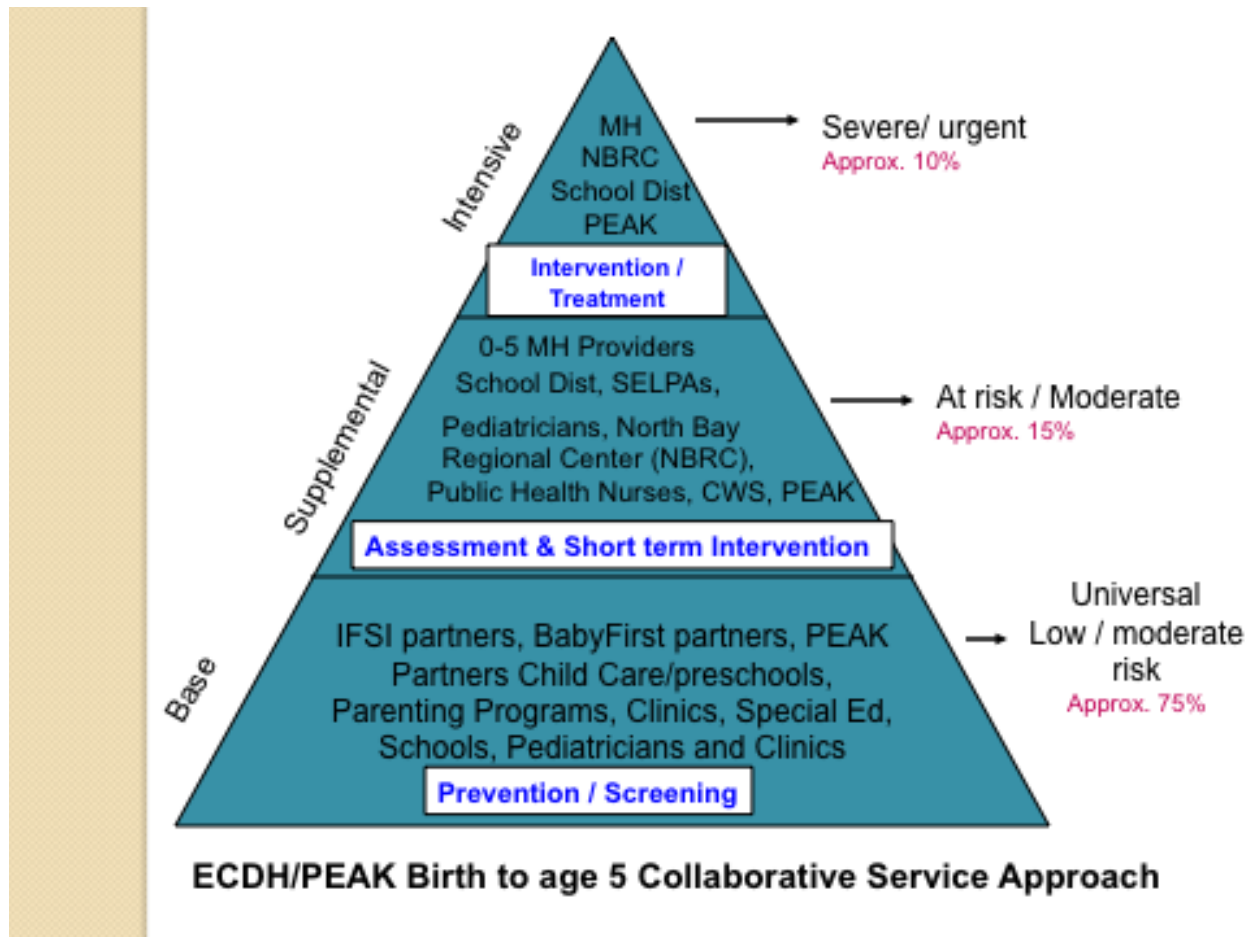
**History of non Medi-Cal funded 0-5 Mental Health Services
Early Childhood Mental health Aggregate Service Summary
Solano County 2007/08 through 2010/11**

0-5 provider	2007/08	2008/09	2009/10	2010/11	Totals
Children's Nurturing Project	251	263	325	296	1135
EMQ Families First	25	27	300	439	791
Child Start	590	525	782	756	2653
Solano Family and children's Services	N/A	N/A	120	74	194
YFS	N/A	N/A	25	50	75
Total # served	866	815	1552	1615	4848

The diagram below⁶ uses the philosophy of the education system's "response to intervention" model to show the 0-5 system of care developed by PEAK and the ECDHC. The base of the "pyramid" shows the universal and low risk approaches and service providers for approximately 75% of the 0-5 population. This would include outreach, education, and screening for low to moderate risk infants and children. The middle section describes the supplemental services necessary for children at moderate to high risk who have significant mental health/developmental concerns. This includes higher level assessment, evaluation, case management, and short-term intervention. The top of the pyramid represents the 10% of children at highest risk, in urgent need of intensive services via the 0-5 mental health providers, North Bay Regional Center, and/or the school districts/Special Education Local Planning Areas (SELPA).

PEAK is grounded in coordination and collaboration with all sectors of service providers for children birth through 5. In the second phase of PEAK the goal is to expand integration and coordination across all age groups and PEI projects, to foster a more seamless "warm handoff" and referral process to services for school-aged children, transitional age youth, parents, and older adults/grandparents or other relatives raising young infants and children. To that end, a future version of the diagram below will include expanded connections to services for all age groups of people engaged with 0-5 services.

⁶ D. Davis, 2009 Solano ECDH Strategic Plan update



2011 Needs Assessment

Using the original 0-5 PEI plan, the background information cited above and related documents as a starting place, the Solano ECDHC and current PEI and 0-5 mental health providers looked at current services, gaps, and needs. In addition to regular and ongoing provider meetings and planning with both PEAK funders Solano County Mental Health and First 5 Solano, current PEAK partners were surveyed on any changes or revisions they would make to the last 0-5 PEI plan.

All stakeholders agreed that the strategies developed in the initial 0-5 PEI plan were all still valid and necessary, and had been successfully meeting their outcome goals. The group agreed that only minor fine-tuning is needed for the next 0-5 plan, including the following:

- Addition of “Intensive Case Management” as short-term early intervention strategy, with the goal of linking families receiving screening and assessment to ongoing services
- Decrease the target number of PEAK partner screenings and assessments provided through mental health providers and leverage other community-based

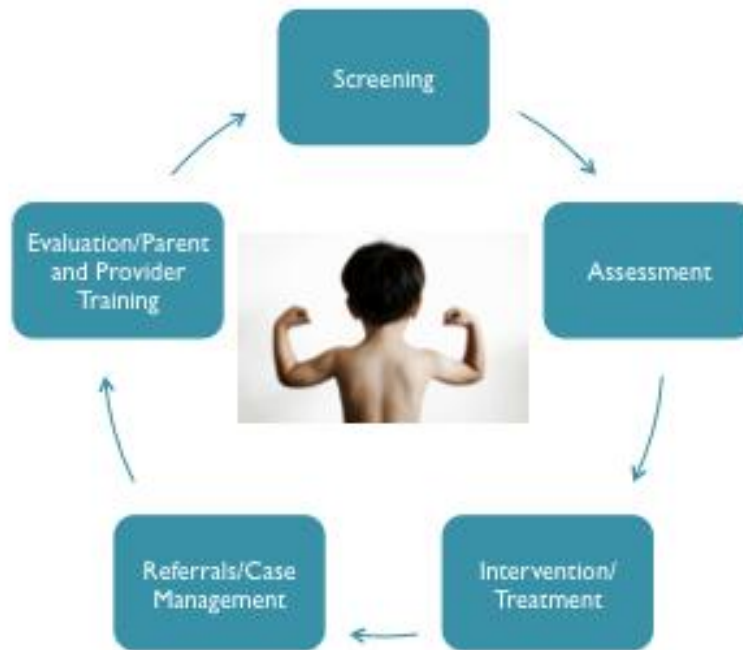
providers (pediatricians, clinics, public health nurses, etc...) in conducting Ages and Stages Questionnaire 3rd edition (ASQ3) screening prior to referral to PEAK when possible, to best make use of professional resources

- Add a third 0-5 EPSDT provider to a small amount of the screening component for improved continuity of services from screening through treatment. (Two out of the three 0-5 EPSDT providers are current PEAK screening agencies)
- Add to the number of infants/children 0-5 receiving “limited early intervention/treatment” to a total of 100 per year (50 each per 2 agencies) for short-term (8-10 sessions) developmental and social emotional work for children who are “falling through the cracks” because their conditions/delays are not yet severe enough to qualify for publicly funded programs such as North Bay Regional Center (NBRC) Early Start or EPSDT Medi-Cal. This short-term limited treatment is also still applicable for non Medi-Cal eligible children who do not have any insurance covering mental health conditions.

The goal with these components is to prevent further serious conditions by providing upstream short-term services and supports, and linkage to existing resources available in our communities. All PEAK service strategies have been successful over the first years of operation as a collaborative in meeting services and community goals. PEAK utilizes evidence-based best practices as adopted in the Solano Early Childhood Developmental Health Strategic Plan.⁷

⁷ Appendix 1: Solano ECDH best practices list

PEAK Service Continuum



The PEAK 0-5 service continuum⁸ shows the flow through the 0-5 system of care. Ideally child begins with “screening” and moves on as needed. However, the flexibility in the system developed allows children to be serviced at any appropriate stage in the services cycle.

2. PEI Project Description

The Early Childhood Project is composed of four interrelated strategies which address the identified needs for parent education on child development and mental health, provider education and training on early mental health, screening and assessment, and parent coaching. All four strategies were developed for the initial 0-5 PEI plan as new programs with existing service providers coming together to coordinate and collaborate, prevent duplication, and provide a simple “one-stop shop” for referrals for children age birth to 5.

⁸ Davis, D. 2009, presented at CA Dept. of Mental Health Rose Jenkins conference, Sacramento

The strategies target parents and providers serving children aged zero to five living in high-risk neighborhoods, or with Spanish/Tagalog-speaking parents, or in stressed families (pregnant and parenting teens, special needs, poverty neighborhoods, substance abuse, abuse or neglect, domestic violence, social isolation, lack of basic needs, children of incarcerated parents, homelessness, parents with developmental delays or mental illness).

All four strategies have culturally and linguistically appropriate staff with sensitivity to special needs of parents and children. Programs will have access to a language line to support communication in clients' preferred language. Transportation assistance will be provided if needed and appropriate.

Although services will be offered countywide, the following neighborhoods will be targeted for highest priority for services: Greater Vallejo (94590), North Vallejo (94589), Fairfield (94533), Vacaville (95688), Dixon (95620), and Rio Vista (94571). This list is based on needs assessments that include CWS referral rates and the experience of service providers working in these neighborhoods.

Strategy 1: Parent and Caregiver Education

This universal prevention program will provide workshops or other parent education activities each year to 100 parents or other primary caregivers of children ages zero to five, including teen parents, foster parents, and kin/grandparent caregivers. Each workshop will accommodate approximately ten participants, and last approximately two hours. Workshops will be conducted by community-based organization with expertise in early childhood development and mental health and parenting education, and will address social and emotional health and development, positive self-esteem and asset building, parent-child relationship building, and the importance of nurturing relationships to both the child's and parent/caregiver's mental health, including maternal depression. The workshops will focus on increasing parents' knowledge of typical and atypical development, their ability to recognize "red flags" in their children and themselves indicating a need for early intervention, and how they can improve the parent-child relationship as well as the mental health of their young children and themselves. Access to services will be addressed by offering workshops in the communities where young children and families gather, including childcare settings, preschools, primary health care clinics, Family Resource Centers, and faith communities. Activities and socialization for children will be provided during parent workshops. Well-researched, established curricula addressing parenting, child development and mental health needs will be used. Information and outreach to families and providers regarding the program will be provided through existing early childhood collaboratives serving high-risk neighborhoods including the Integrated Family Support initiative, Baby First Solano, the Family Resource Center Network, and the Early Childhood Developmental Health Collaborative.

Milestones and Timelines for Implementation:

- Within one month after a contract has been signed with Solano County, agency staff and instructors/facilitators will have been identified, outreach will be underway, materials will be developed, and training sites secured.
- Within six months, at least seven workshops will be completed, serving approximately 50 parents and caregivers.
- Within twelve months, 100 parents and caregivers will have participated in the workshops.

Strategy 2: Provider Education and Training

The second targeted prevention and early intervention strategy is to educate and train public and private providers or services for children ages zero to five, with emphasis on those who work with children living in high-risk neighborhoods and in “stressed” families. This program will provide workshops to approximately 200 providers annually on early mental health prevention and early intervention. Twelve to fifteen trainings will be provided throughout the year at various locations within Solano County. Length of trainings will range from one to three hours with an average of two hours. Providers may include staff from family childcare, childcare/early education and preschool centers, recreation programs, primary health care clinics, community-based organizations such as Family Resource Centers, WIC and others. Trainings and workshops will be conducted by professionals in community-based organizations with expertise in child development, early childhood mental health, and screening/assessment. Workshops will address typical and atypical development and “red flags” in young children indicating a need for early intervention. Appropriate providers will also learn and apply basic social, emotional, and developmental screening skills based on identified best-practice models and curricula, including the ASQ3, ASQ Social-Emotional (ASQ-SE), and Modified Child Autism (M-CHAT) instruments. Information and outreach to providers regarding the workshops will be conducted through existing early childhood collaboratives, including the Integrated Family Support Initiative, Baby First Solano, the ECDHC, as well as Solano Family and Children’s Services and local medical/pediatric groups. Over the past two years of 0-5 services, over 500 0-5 providers have been trained. As a result, more medical professionals and others are screening infants and young children for social emotional and developmental delays and referring immediately to PEAK for ongoing assessment and intervention. An overarching goal of PEAK is to “normalize” the mental/developmental health screening and assessment process throughout the community as a universal practice across providers – a developmental “checkup” as a routine part of care of infants and young children. It is our vision that as more trained providers are leveraged in all sectors working with children 0-5, more children overall will be identified and served.

Milestones and Timelines for Implementation:

- Within two months after a contract has been signed with Solano County, agency staff and instructors will have been identified, outreach will be underway, training supplies and materials will be developed and/or obtained, and training sites secured

- Within six months, at least five workshops will be completed, serving at least 75 providers, who will show improved knowledge in 0-5 developmental topics learned, and/or be qualified to administer ASQ3 and ASQ-SE
- Within twelve months, 200 providers will have participated in the workshops and will show improved knowledge in 0-5 developmental topics and/or be qualified to administer ASQ and ASQ-SE

Strategy 3: Screening, Assessment, Referral, and Treatment (SART)

The third strategy includes the following coordinated activities to be provided per year for infants and young children and their parents who have been identified by CWS, home visiting staff, pediatricians, child care providers, or other community providers as at high-risk for negative social/emotional outcomes. Families are also encouraged to “self-refer” for a developmental screening for their child if they have concerns.

Infants and children age birth through 36 months who have risk factors for social, emotional, and developmental delays will be given the highest priority for screening/assessment, though all referrals will be accepted and served through age 5. These risk factors include stressors such as: prenatal substance exposure; premature birth; infants/toddlers who have been exposed to domestic violence, abuse, or neglect; infants and children living in homeless situations; infants/toddlers born to teen parents; infants/toddlers involved in the child welfare system; children of parents with issues of substance abuse, mental health conditions, or developmental delays.

SART Service Continuum:

- Screening for at least 600
- Assessment for at least 100
- Short-term intervention/treatment for at least 100
- Intensive case management for at least 100
- Interdisciplinary Team (IDT) assessment for at least 10⁹

Referrals will be triaged by the established system-wide PEAK “Coordination” phone and fax line for referral to screening/assessment services. Infants/children who do not have high risk factors may also receive screening services as capacity allows, but will also be encouraged to obtain screening from medical or other providers trained.

After training provided by PEAK, Pediatric or other providers are encouraged to send completed ASQ3 screening instruments with referrals to PEAK, for review by the PEAK coordinator and staff for triage to the assessment, intensive case management, and/or intervention services.

⁹ Team assessment by Pediatric OT, Speech/Communication/Feeding Therapist, Pediatric Physical Therapist, Developmental Specialist, Infant Mental Health Clinician, and Pediatric RN

Screening/assessment will be conducted with the parent-child dyad by qualified staff from early childhood mental health organizations with the capacity and expertise to administer the recommended screening and assessment instruments either in the child's home, or in preschool, childcare, primary health care, or neighborhood/community organization offering family support services. Developmental screening will initially be conducted using the ASQ3 and ASQ-SE 0-5 tools. If indicated and appropriate, the child will receive further assessment instruments (from the attached PEAK Solano Best Practices list) such as the Adult-Adolescent Parenting Inventory (AAPI-2), Brief Infant Toddler Social Emotional Assessment (BITSEA), Carey Temperament Scales, tools included in the CD 0-3R, Dunn Sensory Integration Screening, Edinburgh Depression Scale (for postpartum depression), Infant Toddler Social Emotional Assessment (ITSEA), and M-CHAT (screening for autistic symptoms in toddlers). See attached list for comprehensive battery of possible instruments.

Intensive Case Management

Short-term intensive case management will be provided for at least 100 families a year during the Screening and Assessment process. Intensive case management includes activities and communication, case coordination, and follow-up for infants/children needing ongoing work and additional services that support that overall health and wellbeing of the child and family. The goal is to ensure access to needed services through proactive linkage to publicly or privately funded programs the child and family qualify for, before closing PEAK services.

Intensive case management may include referring and linking the family to appropriate community services that help encourage the child's health development and/or support the parent's mental health, researching and gathering information for the parent that will assist them in supporting the children's development, and facilitating coordination of care.

During this uncertain economic time with high unemployment and an increase in poverty and homelessness, the needs of families with young children are more complex than ever, and the need for intensive case management is critical. In order for families to promote their children's health and wellbeing, they need added resources and support as they struggle with added stressors.

PEAK Interdisciplinary Team (IDT) Evaluation

At least 10 children 0-5 per year with complex developmental/mental health and/or health concerns will be evaluated by the established and highly successful PEAK IDT process. Referral for IDT Evaluation may come from PEAK partners or other community providers and will be reviewed and triaged by the PEAK coordinator for appropriateness for an IDT appointment. The IDT consists of multiple pediatric professionals skilled in services for children 0-5. The team includes: a pediatric physical therapist; pediatric occupational therapist; pediatric speech, communication and feeding specialist; early childhood mental health clinician; developmental specialist; and pediatric registered nurse.

Each gives a unique perspective in assessing the social-emotional, developmental, and mental health needs, and provides an efficient venue for observation and recommendations for follow-up services needed. Because of PEAK's entrenched collaborations, the IDT also includes an early intervention specialist from NBRC and a program specialist from the SELPA to expedite the eligibility and referral process as appropriate. Other providers such as child welfare worker or public health nurse are invited as appropriate in order to form a comprehensive view of each individual child and family's concerns and needs.

After Assessment and/or IDT, children and their parents showing significant concerns and meeting medical necessity and eligibility criteria for further intervention will be immediately referred to public or privately funded programs such as EPSDT mental health, NBRC Early Start (age birth – 3), school districts/SELPA (age 3-5), or private health plans as indicated. Information and outreach to providers regarding screenings will be provided through the workshops described above in Strategy 2 as well as existing early childhood collaboratives and health organizations identified above. Infants and young children screened who do not meet the severity needed for further intervention and treatment but show signs of potential or actual high-risk concerns will be evaluated for possible services under the PEAK Short Term Intervention/Treatment service (8-10 sessions), and/or service Strategy 1: Parent/Caregiver Education and Strategy 4: Parent Coaching, and referred to these programs as appropriate via the system-wide coordination function.

Milestones and Timelines for Implementation:

- Within one month after contract has been signed with Solano County, staff from one or more contracted providers/agencies will be identified who are qualified to screen young children and their parents using ASQ3 and ASQ-SE, and a referral process shall be developed for both the initial screening and assessment services
- Within six months, at least 300 infants/toddlers will be screened
- Within twelve months, 600 infants/toddlers will have received short-term intervention/treatment and referral to ongoing services as appropriate
- Within six months, at least 4 Interdisciplinary Team (IDT) assessments will have taken place
- Within twelve months, at least 10 IDT assessments will have been conducted

Strategy 4: Parent Coaching

The final intervention strategy is intensive parent coaching to improve the parent-child relationship as well as child social-emotional health, for approximately 110 parents and 110 children. Families referred to the program will have been identified by community providers and/or CWS as meeting criteria for "stressed families" and will include families reported to CWS who are considered "at risk" of child abuse or neglect but who are not receiving services from the child welfare system.

During the first year, approximately twenty parent-child dyads will receive individualized one-on-one coaching; the remainder will be served in groups of approximately ten to twelve parents and twelve to fourteen children. Each group session will consist of twelve two-hour sessions. Parents will be selected and referred to groups and individualized coaching by community-based agencies, County Departments including child welfare and substance abuse services, and others who work with parents in need of intensive coaching. Staff providing one-on-one and group parent coaching must be trained and certified as facilitators in either the Incredible Years or Nurturing Parenting Program evidence-based curricula.

For one-on-one coaching only, trained providers of Parent-Child Interaction Therapy (PCIT) will provide the coaching for the most complex and intensive cases needing coaching. The Coordination function of this project (linkages to county mental health, and providers of other needed services), will triage as needed to determine level of service most appropriate for each client.

Providers will be from qualified community and/or mental health organizations with experience in providing mental health and developmental services for children birth to 5 and their families, and will have access to mental health professional supervision as appropriate. Organizations providing services to young children and their families will provide the coaching/classes in neighborhood sites such as childcare centers or homes, preschools, community-based organizations, or the child's home. Parent coaching models may include any or all of the following evidence-based best practices: Nurturing Parenting Program (one-on-one and/or group), Incredible Years (one-on-one and/or group), and PCIT (one-on-one only). Information and outreach to providers regarding parent coaching will be conducted through the workshops described above as well as existing early childhood providers and health organizations identified for Strategies 1 and 2.

Milestones and Timelines for Implementation:

- Within two months after a contract has been signed with Solano County, qualified agency staff will have been identified and/or hired, outreach completed, and at least two group sessions (twenty parents) and three one-on-one clients identified and beginning services
- Within six months, at least forty parents and their children will have completed parent coaching, eight through one-on-one coaching and 32 in group programs
- Within twelve months, 110 parent-child dyads will have completed parent coaching

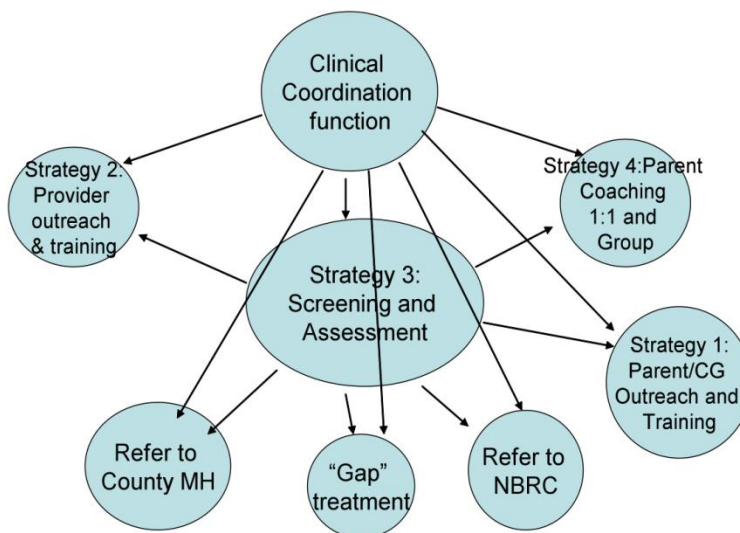
3. Programs

	Proposed number of individuals or families to be served through PEI FY12-13		Proposed number of individuals or families to be served through PEI FY13-14		Proposed number of individuals or families to be served through PEI FY14-15	
	Prevention	Early Intervention	Prevention	Early Intervention	Prevention	Early Intervention
Strategy 1: Parent Education (workshops and classes): 100 per year	Individuals and their families: 100					
Strategy 2: Provider Training: min. 200 providers trained per year	Individuals and their families: 200					
Strategy 3: Screening, Assessment, Referral, Treatment Screening: (min 600/yr project wide) Assessment/Referral : (min 100/yr) Intensive Case Management:(min 100/yr) Short Term Intervention/ Treatment: (min 100/yr) Interdisciplinary Team Evaluation (min 10/yr)	Individuals and their families:600	Individuals and their families:310				
Strategy 4: Parent Coaching (with Evidence Based Practices: Incredible Years, NPP, PCIT) (110 parent-child dyads per year)		Individuals and their families:220				
Overarching Strategy: (for all services) Coordination						
Total PEI Project Estimated Unduplicated County of Individuals to be Served	Individuals and their families 900	Individuals and their families 530				

4. Linkages to County Mental Health and Providers of Other Needed Services

Solano County Mental Health, Child Welfare, and Public Health divisions are all integral partners in the 0-5 PEAK collaborative, and part of the system of care for children birth to 5 and their families. All providers of infant and early childhood mental health services are PEAK partners, and have developed memorandums of understanding (MOUs) for collaboration and sharing of information. The group meets regularly for planning, coordination of services and shared training opportunities, as well as informally and as-needed based on needs of clients.

The overarching element that pulls all four early childhood strategies together is the coordination function, which is critical to the overall success of the project. The coordination function interfaces with all four strategies to facilitate county and system-wide integration of early childhood mental health and developmental services across the prevention and early intervention continuum. In addition, it links these strategies to ongoing publicly and privately funded intervention and treatment systems of care. The figure below illustrates the concept of integrated services across the 0-5 continuum, including clinical coordination and triage.



The Screening and Assessment Component links participants who need assessment or extended treatment to County Mental Health providers who are also PEAK partners, NBRC, primary care providers, or other mental health providers through providing direct referrals to these agencies, and following up to ensure they receive treatment or further assessment.

The clinical function is staffed by a qualified mental health clinician with expertise in early childhood practice and supervision, as well as an administrative assistant capable of providing all the support functions necessary. The clinical supervisor triages families into the most appropriate service(s) for their needs, and provides consultation and support to existing early childhood multidisciplinary, multiagency collaboratives such as the Integrated Family Support Initiative, BabyFirst Solano, and Early Childhood Mental Health.

Requests from parents or providers who have been trained in early identification and screening under strategies 1 or 2 will be accepted and triaged to the most appropriate service/agency, while avoiding duplication and cross-referral issues when possible.

This function also acts as the repository of outcome and participant data from all four strategies, including data from the ASQ3 and ASQ-SE instruments administered by project and other trained staff.

The coordination function also includes oversight and development of the ECDHC and cross-integration with other Solano 0-5 collaborative groups (BabyFirst Solano and Integrated Family Support Initiative), and service providers such as Solano County Mental Health and Child Welfare. Successful in the first two years, the coordination function is critical to PEAK's overall success and efficiency. The goal is to continue to integrate with other partners and share resources, as service demand and triage opportunities also increase with expanded agency capacity and collaboration. As the PEAK/ECDH collaborative is still in its early formative years, it is estimated that it will be another 2-3 years (for a total of at least 5 years) before PEAK is fully enmeshed and integrated in all 0-5 service strategies throughout Solano County.

5. Collaboration and System Enhancements

The 0-5 PEI project, PEAK, is deeply rooted in coordination, collaboration, and integration of systems of care for children birth through 5 in Solano County.

The coordination function interfaces not only with PEAK partner agencies, but with the other prenatal-5 initiatives/programs to facilitate county and system-wide integration of early childhood mental health and developmental services across the prevention, early intervention and treatment continuum. PEAK links its funded PEI strategies to ongoing publicly and privately funded intervention and treatment systems of care in a "one-stop shop" referral process that is easily accessed by both parents and providers.

The Early Childhood project is grounded in collaborative partnerships among community agencies.

- The broad-based Solano Early Childhood Mental/Developmental Health Collaborative, in existence since 2004 but formally instituted and funded in 2007, includes representatives of parents, consumers and public and private health, child development, mental health, social services, medical providers, education, faith-based, and other agencies and organizations serving children 0-5. It includes representatives of all geographic and cultural/ethnic/language groups. This group looks at gaps, trends and service needs in the ever-changing environment for kids 0-5. All PEAK strategies are also coordinated with existing initiatives and partnerships through the ECDHC, IFSI, BabyFirst Solano, Solano County Mental Health, NBRC, 0-5 EPSDT health and mental health providers, child care providers, primary care medical providers, and schools. Family Resource Centers, primary health care clinics, preschools, childcare centers and homes, and faith communities have agreed to provide neighborhood-based facilities for the parent education, provider education, and screening/assessment components of the project.

- As children and families “age out” of the early childhood project, they will be connected, as appropriate, with the School Age component of PEI and/or other available services for children over 5. Outreach activities will also be coordinated with the School Age component.
- Funding for the Early Childhood PEI project continues to be heavily leveraged: both First 5 Solano Early Childhood Developmental Health Initiative funds and Medi-Cal through EPSDT program. The program will be sustained through ongoing PEI funding, the leveraged funds identified above, and EPSDT.

The purpose of the coordination is to ensure that all initiatives and organizations work together to fill gaps, reduce redundancy and strengthen the existing mental health, developmental, and primary care systems. In future years, the goal is to further integrate PEAK with BabyFirst Solano and IFSI to form a single coordinated system of care for children prenatal through 5. Further future goals include linking the 0-5 system of care with the 6-18 system of care for seamless transition, “warm handoff”, and potential collaborative efforts across age groups.

6. Intended Outcomes

The outcomes and measures for the Early Childhood 0-5 Project include:

Individual Outcomes:

- **Parent/Caregiver Education**
Parents and caregivers completing the parent/caregiver education workgroups will have a better understanding of typical and atypical development of infants and young children and how they can improve the social-emotional health and development of their children. They will be able to identify signs of concerns regarding their children’s mental health and access resources for early intervention. They will also be able to identify areas of concern in their relationship with their children and their own mental health, and identify resources for further assessment. These outcomes will be measured through the use of retrospective assessments, individualized to the training implemented. In addition, the percentage of parents/caregivers completing the workshop will be tracked.
- **Provider Education and Training**
Early childhood providers completing provider education and training will demonstrate increased understanding of early childhood developmental milestones, age appropriate expectations, and will be able to identify signs of mental health issues in very young children as measured by retrospective survey. Some providers will also be trained in the evidence-based screening instruments utilized by PEAK, and will demonstrate competency in using the ASQ3 and ASQ-SE tools by meeting established measures for administering the instruments. Provider training is integrated into the Screening, Assessment, Referral, and Treatment strategy (Strategy 3) as the number of screenings countywide is expanded directly through training of pediatricians, clinics, and other providers to administer the evidence-based social emotional and developmental screening tools used through PEAK.

- **Screening, Assessment, Referral, and Treatment**

Outcomes will include the percentage of children and parents screened who show significant concerns meeting medical necessity for further intervention, and rates of engagement in follow-up services. Outcomes for children and their caregivers receiving short-term (8-10 sessions) infant-parent and early childhood mental health/developmental services will be improved social emotional status and parent child relationship, as well as positive linkage to additional services and resources available to them in the community. This limited treatment will only be for infants/children ineligible for other funded mental health or developmental programs.

- **Parent Coaching**

Outcomes for participants will include improvement in the child's mental health, improvement in parent-child relationships, and increased parental ability and capacity to improve the mental health of their children, as measured by standardized pre- and post-assessments by parents, mental health providers, and early intervention providers. Standardized assessments will include at least the AAPI-2, which measures parent-child relational function as a predictor of risk for negative outcomes and/or abuse and neglectful behaviors in parents. Progress over time will be tracked with pre- and post-program assessments.

Program/Systemic Outcomes:

- Improved approaches for delivering integrated early mental and developmental health services in neighborhood-based CBO, child care and education, and primary care settings through positive relationships between service providers and families in order to support the parent-child relationship
- Increased service coordination and integration between 0-5 programs and initiatives
- Increased earlier identification of social emotional and developmental delays in infants and young children
- Expanded community education, training opportunities, and support for non-mental health professionals concerning early parent-child relationships and early emotional-social development
- Expanded education, training opportunities, support, and supervision for mental health professionals
- Expanded ongoing interagency and interdisciplinary collaboration for the birth to 5 system of care
- Evaluated outcomes and changes for children and families, service providers, service systems, and communities

7. Coordination with Other MHSa Components

MHSa Workforce Education and Training (WET)

The 0-5 project collaborates with WET in bringing evidence-based, 0-5 specific training to providers. Examples have been “Reflective Practice in Infant-Parent work” and the “DC 0-3R Diagnostic criteria for mental health conditions in infants and young children”. In both instances, expert trainers were brought to Solano County and trainings were opened to all interested. These trainings also count toward endorsement in the statewide credentialing process for infant and early childhood mental health staff. The group hopes to bring additional training in 0-5 specific areas to Solano County, to improve the knowledge base of our 0-5 workforce, and move local providers toward this endorsement over time.

PEI

The 0-5 program will interface with both the School Age and Transition-Age Youth (TAY) PEI projects as children move through various programs. The TAY program is also likely to serve parents of some of the 0-5 children, so integrating and coordinating more with these projects will be important. PEAK will also interface with the adult and older adult services as parents/caregivers/grandparents of 0-5 children engage in services. By linking with other PEI age group projects, the PEAK service continuum will reach all ages.

Early Childhood Developmental Health Collaborative Best Practices Subcommittee recommended 0-5 best practice tools and models. Developed November 2007, revised April 10, 2008 and adopted by the MHSA PEI 0-5/Stressed Families workgroup in March 2008. Updated October 2011 for 0-5 PEI plan.

Instrument/Tool	Ages within 0-5	Comments
**AAPI-2 Adult-Adolescent Parenting Inventory	Parents of 0-5	Parenting assessment of empathy, attitudes toward corporal punishment, age appropriate expectations, role reversals and self-esteem; research based, evidence based tool. Stephen Bovaleck PhD.
**ASQ3, ASQ-SE Ages and Stages 3 rd edition, and Ages and Stages Social Emotional	0-5	Developmentally sequenced developmental screening in all domains, with anticipatory guidance for parents on what to expect at next stage. If concern in Social Emotional domains n ASQ, then move to ASQ SE for more comprehensive MH, SE and cognitive assessment.
BITSEA Brief Infant Toddler Social Emotional Assessment	12-36 months	Targeted assessment of symptoms and behaviors indicating social emotional concerns in infants and toddlers. BITSEA- shorter, first level screener- 42 item parent and child care provider questionnaire format. If concern then move to ITSEA- 166 items, 17 subscales, more in depth assessment in 4 domains: Externalizing, Internalizing, Dysregulation, and Competence.
Carey Temperament Scales	0-5	Assessment of a child's temperament: aids in designing treatment services to meet child's temperament style, and temperament match or mismatch with parent/caregiver
**DC 0-3R Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood	0-5	Includes screening and assessment tools specific to 0-5 children and parents, diagnostic criteria Must be used along with DSM IV with "crosswalk" in order to establish medical necessity for reimbursement under EPSDT program.
Dunn Sensory Integration Screener	0-5	Screening for sensory-motor integration, sensory processing, and sensory defensiveness in young children. Parent report and observation, validated and research based screening model. Used by local Pediatric Occupation Therapy experts and recommended for community use.
**Edinburgh Depression Scale	Parent-prenatal through post-partum	As maternal depression is frequently linked to infant/toddler social emotional concerns, assessment and treatment of the dyad is essential in infant mental health. Tool utilized by BabyFirst prenatal collaborative partners and others in Solano County.
**M-CHAT Modified Child Autism Screener	16-48 months	Screener for autistic symptoms in toddlers/preschoolers age 16-48 months. The 23 item screener is recommended and will more accurately indicate potential ASD; however caution providers to refer on for further evaluation by Regional Center to positively diagnose.
**NCAST Feeding and Teaching Scales	0-3	Assessment of parent child interaction during feeding or teaching episode, measures infant cues, regulation, engagement and disengagement, and parent responses as well as contingency.

** 4 P's Plus	Pre-birth	Prenatal substance use screening, simple questionnaire with follow up. Utilized by BabyFirst Solano prenatal providers. Developed by Ira Chasnoff, MD
Circle of Security (COS)	0-5	Attachment based therapeutic intervention also utilizes videotape. Several local 0-5 mental health clinicians recently completed intensive training in COS approach.
**Nurturing Parenting Program (NPP)	prenatal to age 5 (and older)	Parenting and children's curricula for various populations including 0-5, prenatal, teen parents, parents of school age kids, parents of adolescents, parents of special needs children, parents of foster children,. etc. Available in English and Spanish, and other languages.
**PCIT	2-5	Parent-Child Interaction Therapy, didactic model of intensive parent child therapy, clinic or home based models/
Touchpoints	0-5	International evidence based training on behavioral and neurodevelopment intervention (Brazelton model)
Triple P Parenting	0-5	Multi-dimensional parent child interaction and coaching curricula, home and group based, relationship focused
VIT Video Intervention Therapy	0-5	Videotaped parent child interaction and follow up evaluation and coaching by therapist- Allows parents to actively participate in developing responses and intervention based on observed behaviors. Local 0-5clinicians have been trained in evidence based model.

Best Practice List by selected ACTIVITY:

Screening/Early Identification/Assessment

- ASQ3/ASQ-SE (0-5)
Developmental screening and parent guidance
- AAPI-2 (0-18)
Measures parent-child relationship
- BITSEA
- Carey Temperament Scales
- DC 0-3R (0-5)
For assessment, diagnosis, and treatment
- Dunn Sensory Integration Screener (6 mo. To 5 yrs.)
- Edinburgh Depression Scale
Postpartum depression
- ITSEA
- M-CHAT
23-item screener for autistic symptoms in toddlers age 16-48 mo.
- NCAST (0-3)
- 4 P's Plus
Substance use screening in prenatal women

Treatment/Intervention Models

- Circle of Security
- DC 0-3R Diagnostic criteria and related intervention models
- Video Interaction Therapy (VIT)
- Touchpoints
- PCIT

Parent Coaching/Early Intervention (group and one-on-one all include both parent and child in intervention)

Models Requirement: All models/programs must have a relationship/attachment based philosophy.

- Incredible Years (age 2-8)
Home (individual) and group (center) based
- Nurse-Family Partnership
PHN home-based model for first-time, high-risk moms
- Nurturing Parenting Program (age 0-18)
Home (individual) and group (center) based
- PCIT (age 2-8)
Clinic-based therapeutic intervention for relational/behavioral concerns
- Triple P Parenting (0-teen)
Home or group based, multiple curricula

Form No. 4

County

Name: Solano

Date: 11/30/11

PEI Project Name: Early Childhood Mental Health

Provider Name (if known):

Intended Provider

Category:

Proposed Total Number of Individuals to be served:

Annual: 900

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 12-13	FY 13-14	FY 14-15
A. Expenditure			
1. Personnel (list classifications and FTEs)			
Salaries, Wages:			
Licensed Clinical Supervisor 1.15 FTE	81,688	84,139	86,663
Early Childhood Mental Health Clinicians/Facilitators 3.96 FTE	206,386	212,577	218,954
Screening/Assessment Family Support Specialists 3.66 FTE	111,396	114,738	118,181
ECDH Coordinator- 0.25 FTE	25,000	25,750	26,523
Data Collection and Other Admin .33 FTE	25,325	26,085	26,867
Administrative Support 1.3 FTE	43,314	44,613	45,952
b. Benefits and Taxes @ 25 %	125,705	126,975	130,784
c. Total Personnel Expenditures	\$618,814	\$634,877	\$653,924
2. Operating Expenditures			
a. Facility Cost	\$50,537	\$50,537	\$50,537
b. Other Operating Expenses	\$66,697	\$66,697	\$66,697
c. Indirect/Admin Costs	\$119,184	\$122,125	\$125,138
d. Total Operating Expenses	\$236,418	\$239,359	\$242,372
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
PEAK IDT	\$61,050	\$62,058	\$63,096
a. Total Subcontracts	\$61,050	\$62,058	\$63,096
4. Total Proposed PEI Project Budget	\$916,282	\$936,295	\$959,392
B. Revenues (list/itemize by fund source)			
First 5 Solano ECMH (match)	\$460,282	\$460,282	\$460,282
	\$0	\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$456,000	\$476,013	\$499,110
6. Total In-Kind Contributions	\$0	\$0	\$0

Solano County 0-5 Early Childhood Mental Health PEI Project Budget Narrative

Personnel

Salaries, Wages: Year 1 (2012/13)

Licensed 0-5 Clinical Supervisor *1.15 FTE total* *\$81,688*

The clinical Supervisors for the project oversee the ECMH clinicians and support specialists, and also provide direct clinical assessment and intervention services.

EMCH Clinicians/Facilitators *3.96 FTE total* *\$206,386*

0-5 Clinicians are registered or licensed with the California Board of Behavioral Sciences and are experienced with mental health assessment and treatment of high risk infants and young children and their families. ECMH facilitators are trained in the evidence-based practice models utilized by the 0-5 project, specifically The Incredible Years, Nurturing Parenting Program, and Parent-Child Interaction Therapy.

Screening/Assessment Family Support Specialists *3.66 FTE total* *\$111,396*

Family Support Specialists and Family Service Coordinators are at a minimum a B.A. level in child development, psychology, or related field, and have a minimum of three years of experience working with high-risk families with children birth to 5. Staff provide home-based social emotional and developmental screening utilizing the evidence-based tools selected for the 0-5 project, specifically the ASQ3, ASQ-SE, Developmental Profile 3 (DP-3), and others on the Solano ECMH approved best-practices list.

ECDH 0-5 Coordinator *0.25 FTE total* *\$25,000**

The collaborative coordination function for the 0-5 project and partner agencies will include a small amount of time to coordinate collaborative trainings, planning meetings, and key strategic initiatives that further the efficiency and reach of the early childhood project.

* This position will be funded with the PEI portion of funding, not First 5 Solano

Data Collection and Outcomes Tracking/other Admin *0.33 FTE total* *\$25,325*

Partner agency data and outcomes tracking, across strategies

Administrative Support *1.3 FTE total* *\$43,314*

Direct administrative support staff to the 0-5 project partner agencies.

Benefits and Taxes calculated at 25% of total wages *\$125,705*

TOTAL PERSONNEL EXPENDITURES **\$618,814**

(Note: Years 2 and 3 Personnel costs budgeted on worksheet at increase of 3% in Year 2 and 3% in Year 3 for Annual Cost of Living Adjustment)

Operating Expenditures

Facility Costs \$50,537

Rent, lease, and facility costs associated for 0-5 services for all partner agencies.

Other Operating Expenses \$66,697

Other necessary operating expenses related to all partner agencies for the 0-5 program

Indirect/Admin Costs \$119,184

Indirect/overhead costs calculated at 15%

TOTAL OPERATING EXPENSES **\$236,418**

Subcontracts

PEAK Interdisciplinary Team (IDT) \$61,050

Pediatric OT, PT, ST, SELPA Specialist consultant time for team evaluations of highest risk children.

TOTAL Proposed 0-5 PEI Project Budget **\$916,282**

Revenue:

First 5 Solano ECMH Initiative Funds \$460,282

Total MHSa funding requested for 0-5 PEI Project \$456,000

PEI PROJECT SUMMARY

County: Solano County

PEI Project Name: School- Aged

Date: 11/28/2011

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	X	<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 projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	X	<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	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Children and Youth at Risk for School Failure	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Underserved Cultural Populations	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

The strategies included in the School-Aged Project were selected on the basis of the following stakeholder input and data analysis:

Stakeholders Input

The overall theme resonating from the eleven stakeholder input is that Solano County Mental Health needs to continue to fund PEI services (direct services and Multi-Disciplinary Teams) to school-aged students, their families, and the staff at the students' schools.

PEI Planning Process – Community Forums

Fifteen stakeholders attending the August 31st Education Community Forum at the Solano County Office of Education (SCOE) generally agreed that PEI services currently provided were appropriate and effective. Their comments, as well as comments about services to school-age children gathered at other community forums, are included below.

Un-served, under-served populations	Service Gaps	Suggestions for changes to Current Programs
<ul style="list-style-type: none"> • Benicia • Middle school and high school except in Vacaville • K-3 • 9-12 • Teen parents • Children in juvenile hall • Foster youth 	<ul style="list-style-type: none"> • Little knowledge about mental illness, especially in high school – don't know red flags or services • School-based direct services to students in grades K-3 and 9-12 • School-based direct services to all districts • Coordinated, onsite services with schools, juvenile hall, and probation • Community awareness of disorders, ways to identify them • Education for teachers • Native American children with depression • Art therapy, other alternative, creative therapy for children • Traditional Native American parenting education 	<ul style="list-style-type: none"> • Expand to other schools or expand services within schools that already have services • Increase flexibility with structuring/formatting groups. Instead of having a certain number of sessions for specific topics, identify the need of the group, then structure and design the curriculum depending on the individual therapeutic needs of the child. Currently missing kids that don't fit into designated group topics. • Expand Multi-Disciplinary Team (MDT) case management and direct services. Integrated services (wrap-around support) for the child or family members who may have problems with co-occurring disorders • Consolidate grants and funds to get better services and coordination i.e. Vacaville Police/Education

	<ul style="list-style-type: none"> • Parenting skills support groups for parents of children with mental illness 	<ul style="list-style-type: none"> • Change contract language to state that counselors may provide group or individual counseling depending on what is most clinically appropriate for the child • Look for other early intervention services that are not currently being utilized to fill some of the gaps • Leverage partnerships – collaborate with community providers serving population i.e. Head Start, Family Resource Centers, recreation centers for youth, school-based non-profits • Look at region-central programs/process? • Review fund allocation – coordinated application, more centrally located/written, other intervention services • More school-age clinicians, more bi-lingual clinicians • Mentoring program across lifespan • Special efforts for un-served ethnic/cultural groups – Vacaville school-age program should be expanded to other school districts
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Solano County Education Community Input Forum

During the education stakeholders community input meeting (one of the eleven), there was unanimous agreement that the Direct Services and Multi-Disciplinary Team components of the previously funded projects have made a difference in their schools’ climate, disciplinary issues, attendance, and school success, and therefore need to continue. The consensus was that PEI is needed at all schools and districts for all grade levels across Solano County

Education Workgroup Input

A workgroup comprised of school district representatives and input from the school district superintendents validated the gaps in services identified during focus group meetings and through correspondence. This group addressed the gaps as follows:

- Increase direct services provided to grade levels K-8 at the schools that are presently receiving services
- Add school-based direct services to grade levels 9-12

- Students in foster care – some foster care students have received services due to social emotional issues not covered through mental health services
- Juvenile Detention Facility (JDF) population is transient. By the time services could begin for the general population, students will have left. There is a group of students that are housed at the JDF for approximately four months that already receive mental health services from Seneca
- Coordinated services (school counselors, psychologists, admin) are provided on-site at schools
- A bi-lingual clinician would help with the language barrier with parents. It has not been an issue working with students.
- MDT component would best be served by adding school-based, direct services.

Data Analysis

The data collected from CDE 2010-11 shows that Solano schools serve nearly 64,000 students in Kindergarten through High School. There has also been a shift in ethnicity. The Hispanic population is now the largest at 32%, White population at 29%, and the African-American population is at 17%. Also to be noted is that the combined Asian, Pacific Islander, and Filipino population is at 14%. Solano County school-age youth include 11.5% special education students, and 14.9% English-learners which has increased by almost 2%. Thirty-eight percent of students receive free or reduced-price meals. The county currently has over 3000 students enrolled in alternative education programs including Continuation Schools, pregnant/parenting teen, County Community Schools, Juvenile Court Schools, and Community Day Schools.

PEI direct services (counseling) currently provided through the 2009-2012 Mental Health grant have contributed to the reduction of school failure evident through a decrease in suspensions, truancy, and expulsions and an increase in attendance in the eighteen targeted schools. However, Solano County currently has 102 schools, and grant-funded services are only addressing the needs of 18% of our schools.

During the past grant period from 2009-2012, the Educational Liaison focus has been on a comprehensive approach to develop MDTs that are coherent and consistent across city and school districts. There are now established MDTs for Vacaville, Fairfield, and Vallejo, the three communities with the highest youth crime and youth gang involvement. The MDT services for students in grades 9-12 in Vacaville, Fairfield-Suisun, and Vallejo City school districts have shown positive results as evident from the data collection for the past three years.

School Failure can be correlated with drop-out rates, suspension/expulsion rates, and school attendance/mobility. Solano County school districts' suspension, truancy, and expulsion rates are as follows:

Solano County School Districts suspension, truancy, and expulsion for 2010 – 2011

District	Enrollment	# of Students with Unexcused Absences or Tardy on 3 or more days (Truants)	Truancy Rate	Expulsions	Suspensions
Benicia Unified	4,976	180	3.62%	12	475
Dixon Unified	3, 725	478	12.83%	21	525
Fairfield-Suisun Unified	21, 588	7,448	34.50%	130	3,352
Solano County Office of Education	453	104	22.96%		131
Travis Unified	5,336	1,088	20.39%		568
Vacaville Unified	12,620	3,990	31.62%	46	1,894
Vallejo City Unified	15,236	4,647	30.50%	84	8,281
Solano County	63,946	17,935	27.97%	293	15,226
California State	6,163,074	1,837,013	29.81%	21,526	701,990

Juvenile Justice Enrollment by Race: One-day Snapshot

Number of Students	88	100%
African American	41	46.59
American Indian or Alaskan	3	3.41
Asian	0	0
Filipino	0	0
Hispanic or Latino	23	26.14
Pacific Islander	3	3.41
White	18	20.45
Multiple or No response	0	0

Over the past two years, the Direct Services program has served over 800 students through 4,865 sessions of counseling. Teachers of targeted students have received help in addressing their students' behavior and family issues through more than 2,400 conferences/contacts with the clinicians. Also, parents have been provided useful techniques to continue to reinforce the work the clinician has done with the student.

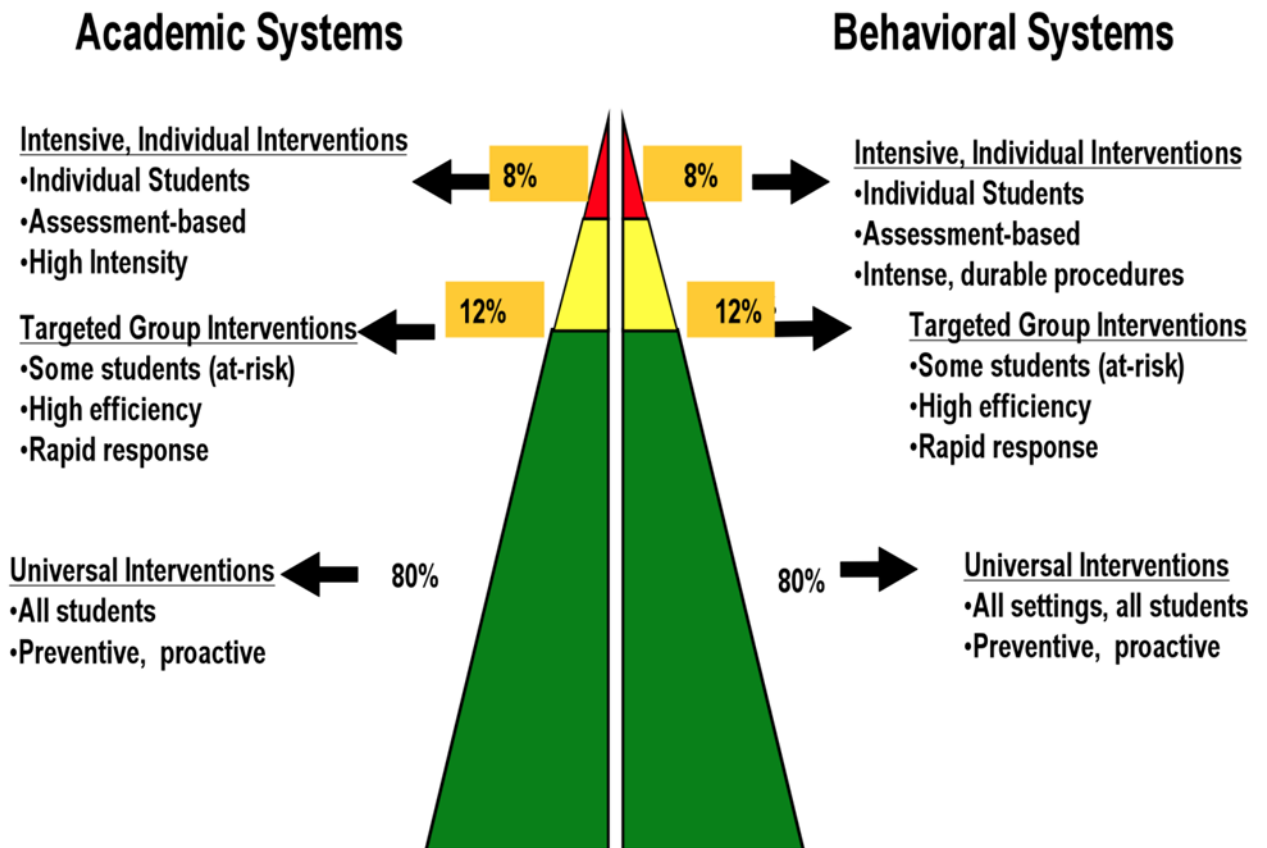
2. PEI Project Description

Based on the community input, there was agreement that prevention and early intervention needs identified above for the School-Age Project support continued PEI direct services to students at their schools.

Evidence-Based Practices

Targeted intervention programs will continue to be based on the theory of levels of intervention represented by the Pyramid of Interventions (as shown). This evidence-based model has been used by school and community-based agencies as a framework for targeting resources, in this case for students at-risk of school failure because of social emotional issues, represented by the right side of the pyramid.

Pyramid of Interventions



The model suggests that 80% of the overall school population (the Base or first tier) will be adequately served by services and interventions addressing all students. Research-based Positive Behavior Intervention Strategies are being implemented in many Solano County schools. Two that are most prevalent are: Second Step (Tier 1 school-wide program), and Building Effective Schools Together (BEST)¹⁰, which address improving the school culture to promote health physical and emotional development. Both programs implement and support school-wide discipline and character development/social skills training efforts. SCOE continues to commit resources to provide support for Positive Behavior Intervention strategies for all county schools.

The 8% of students at the top of the pyramid will require intensive services. These students are typically eligible for and receive services through Special Education. The remaining 10-12% of students (second tier/middle right segment of pyramid) are considered at-risk of school failure. At some point they will need targeted supplemental intervention to prevent current emotional demands from escalating to the need for more intensive treatment. As identified through the stakeholder input meetings, services should continue with short-term individual and small group prevention and early intervention services for children who have been identified by their student referral process (SST) or MDT as needing additional assistance, but who do not meet criteria for special education services for severe emotional disturbances. These services would also address the secondary students who are at-risk of or who have had first contact with the juvenile justice system. Without such services, students frequently withdraw from school through truancy, act out in class resulting in suspension from class or school, become bullies or victims of bullying, or develop pathological behaviors such as self-mutilation, suicidal thoughts, delinquent behavior, and substance abuse.

School-Age Services

The PEI School-Age Project includes two school-based, targeted student assistance strategies, one providing direct services for K-12 students, and the second offering case management services for specific students in grades 7-12. Students provided services through either strategy will be referred by teachers, parents, or administrators to the school's Student Study Team (SST) for Strategy 1, or the school's Multi-Disciplinary Team (MDT) for Strategy 2. Both the SST and the MDTs are school-based, prevention and early intervention processes composed of the student, his/her parents, teachers, a school administrator, and, as appropriate to the students' needs, community-based organizations including foster care, family support agencies, or law enforcement. All services will be provided at the students' school of attendance.

¹⁰ Sprague, J., Walker, H., Golly, A., White, K., Myers, D. RI and Shannon, T. (in press): Translating Research into effective practice: The effects of a universal staff and student intervention on key indicators of school safety and discipline. *Education and Treatment of Children*, 23.

All direct services, education, and training included in both strategies will respect and promote multi-cultural understanding. All staff and materials will be sensitive to special needs and culturally and linguistically appropriate, and services and facilities will be accessible to those with disabilities. The project will also continue to support information being translated into the student and parents' preferred language.

Strategy 1: School-Based Targeted Student Assistance Program Direct Services K-12

Strategy 1 will provide direct services (individual and group counseling) to serve students in grades K-12 through short-term, selective prevention and/or early intervention services to children who have been identified as at-risk of school failure due to social emotional issues such as loss of a parent, exposure to substance abuse or domestic violence, parental divorce, lack of social skills or emotional resiliency, or other early signs of mental health issues. These services will be centered on research-based intervention strategies, such as anger regression therapy, grief counseling, and post-traumatic stress counseling aimed at addressing issues early and preventing more prolonged and/or intensive mental health needs. Services will be structured and scheduled flexibly, based on the individual needs of the children to be served and the topic of the group/services. They will include:

- Student interventions, including anger management, handling stressful emotions, problem solving, resolving conflict, dealing with rumors, peer pressure and bullying, and communication skills
- Targeted support groups for grief counseling, divorce, and social skills
- Parent/caregiver education and support through collaboration and consultation, with the goal of supporting strategies learned in counseling and increasing parental competence and improving child-rearing practices such as handling difficult behaviors. Educational opportunities will be offered at the targeted schools through parent meetings or through linkages with other community partners such as Parent Project and Family Resource Centers.
- Teacher education and support through collaboration and consultation with the goal of supporting strategies learned in counseling, and to increase teachers' ability to prevent and handle class discipline, and increase their ability to support students' emotional needs

In addition, schools participating in Strategy 1 will offer mental health education to school-age students, parents, and staff in an effort to create awareness and provide interventions and strategies to reduce and overcome stigmas. The intervention strategies can be delivered to a school-based population and/or integrated into the classroom curriculum. A brief educational program can be an effective intervention to increase knowledge and improve attitudes on stigmas.

The School-Age project will reach out to public and private providers for training and education.

Strategy 1 supplemental services funded by PEI will be made available only to schools that have already implemented Positive Behavior Interventions and Strategies. Priority will be given to schools (that have received this training) with the highest numbers of ethnic minority students and schools which can demonstrate that they have implemented and made progress on plans to reduce average suspension/expulsion rates. The under-served racial/ethnic and cultural populations are embedded in the Solano County schools and are the best place to provide these services.

Strategy 2: School-Based Targeted Student Assistance Program Case Management 7-12

Strategy 2 will provide case management services to students who are in grades 7-12 and who are:

- Pregnant or parenting teens
- At risk or who have had first contact with the juvenile justice system
- Incarcerated or re-entering county schools

Integration of community, school, and mental health services will be needed to best deliver the services.

The established MDT referral process will be used to determine the services and specific needs of each student. The MDT will identify the students' strengths, assets, and obstacles to success, and develop and implement a practical improvement plan (including tier 2 supplemental services) that all school, caregiver, and community-team members agree to follow. Parent involvement will be emphasized and parent educational and support services described above for Strategy 1 will be offered. Referrals from other areas in the county will be coordinated on a case-by-case basis.

Outreach and Administration

Services for both strategies will be operated through contracts with the SCOE, school districts, or community-based organizations. Services may be offered either by school/county office staff, or through partnerships with community agencies. A project coordinator will work with districts and schools to coordinate strategies and outreach efforts, collect data (student attendance, behavior and academic progress), and prepare any reports required for the project.

All school and community contractors will be responsible for providing outreach and information about PEI school-based services through existing school and community information venues and referral processes, including websites and newsletters.

They will also be responsible for seeking community and other school resources to maximize services through collaboration and leverage physical, financial, and social resources.

Milestones and Timelines for Implementation:

- Within the first year of funding, all schools receiving services will have had an opportunity to participate in school-wide, Tier 1 Positive Strategies training
- Within the first three months of funding, staff will be hired to provide the direct intervention services
- Within the first three months of funding, Tier 2 Supplemental Service sites will be selected
- Within three months of funding, MDT or SST teams will be convened on a regular basis to assess students for services
- Within in the first four months of funding, intervention groups will be started at eighteen local schools
- Each year, the program will be evaluated for effectiveness and modified accordingly

3. Programs

	Proposed number of individuals and families through PEI to be served through June 2013	Proposed number of individuals or families through PEI to be served July 2013 - June 2014	Proposed number of individuals or families through PEI to be served July 2014 - June 2015
Prevention & Early intervention			
School Based Targeted Student Assistance K-12	Non-duplicated: 500 students & families	Non-duplicated: 700 students & families	Non-duplicated: 800 students & families
Targeted Student Assistance for Students grades 7-12 using the MDT approach	Non-duplicated 30 students	Non-duplicated: 50 students	Non-duplicated 60 students
Total PEI estimated <i>unduplicated</i> count of individuals	Non-duplicated 530 students & families	Non-duplicated: 750 students & families	Non-duplicated 860 students & families

Approximately 2000-3000 students could be served over the three-year period. The goal is to serve 20% of the schools in Solano County in the first year, and to serve 5% more each year after that. These percentages and number include both the school-based, targeted students grades K-12 and the MDT-targeted student assistance for grades 7-12.

Some services may need to be provided for longer periods of time and/or across multiple school years as determined by the service provider – duplication may occur.

4. Linkages to County mental Health and Providers of Other Needed Services

The school-based, targeted assistance program will provide a linkage to mental health services through awareness training and education.

5. Collaboration, System Enhancements, and Leveraged Resources

This program is grounded in partnership collaboration among the SCOE, local school districts, the SELPA, community-based organizations, and city and county agencies. School districts currently use the three tier model of intervention for academic interventions.

- The SCOE has offered Response to Intervention (RTI) and Positive Behavior Intervention training to all county schools. In addition, the Pyramid of Intervention focuses primarily on Tier 1 level support, in this context the response to intervention paradigm, is focused on behavioral interventions that provide all students with research-based instruction and support in character education, anti-violence, anti-bullying, resiliency skills, etc... Teachers are trained and supported in child development, supporting students through crisis and handling most adjustment difficulties.
- Schools will continue to provide facilities for the interventions. School district administrators or their designees will monitor and coordinate services, ensure parent permission and collaboration, and monitor individual student outcomes.
- Each participating school will maintain attendance and discipline records on targeted students. Teachers will complete before and after intervention surveys. School staff will support the collection of family/caregiver surveys.
- Community-based agencies will provide parent education and support as included in the Positive Behavioral Intervention Support programs.
- Youth service counseling services are available at some schools throughout the county. These services will be leveraged to include youth not involved in the juvenile justice system.
- Secondary students who are at risk of, or who have had first contact with the juvenile justice system will receive the support to continue in school and progress toward earning a high school diploma.
- Parents are advised of alternative resources to help their child when necessary, including Solano County Mental Health, parents' private health providers, Family Resource Centers, and other Social Services

6. Intended Outcomes

Individual Outcomes

School-Based Direct Targeted Student Assistance Program

- Reduce number of office referrals for targeted students, as measured by school discipline records of targeted students
- Increase time on task for targeted students (based on teacher input). This data will be gathered through pre- and post-teacher surveys
- Increase school attendance of targeted students as measured by school attendance records
- Reduce the incidence of subsequent police contacts for targeted youth, as measured by voluntary participant and caregiver surveys
- Improve progress towards graduation

Program/Systemic Outcomes

- Improved approaches for delivering targeted supplemental services for students with mental health issues
- Expanded ongoing inter-agency and inter-disciplinary collaboration
- Evaluate outcomes and changes for students, schools, juvenile justice , and communities

7. Coordination with Other MHSA Components

- School-age program will interface with both the PEI 0-5 program and the Transition-Age Youth (TAY) program as children move through the various age components of PEI
- The MHSA Stakeholders and Steering Committee, Continuum of Care Collaborative, and other cross-system agencies/groups will provide ongoing inter-agency collaboration and be utilized as a resource to review the program and make recommendations

Form No. 4

County

Name: Solano

Date: 11/30/11

PEI Project Name: School-Age Youth

Provider Name (if known):

Intended Provider

Category:

Proposed Total Number of Individuals to be served:

Annual: _____

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 12-13	FY 13-14	FY 14-15
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages:			
Project Coordinator, Direct Services K-12			
Coordinator, Case Management 7-12			
Clerical Support			
b. Benefits and Taxes @ 27.5 %	\$33,140	\$34,132	\$35,156
c. Total Personnel Expenditures	\$153,640	\$158,247	\$162,994
2. Operating Expenditures			
a. Facility Cost	\$8000	\$8000	\$8000
b. Other Operating Expenses	\$24,972	\$24,972	\$24,972
c. Indirect/Admin Costs	\$57,030	\$57,537	\$58,059
d. Total Operating Expenses	\$90,002	\$90,509	\$91,031
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Clinicians	\$325,000	\$325,000	\$325,000
a. Total Subcontracts	\$325,000	\$325,000	\$325,000
4. Total Proposed PEI Project Budget	\$568,642	\$573,756	\$579,025
B. Revenues (list/itemize by fund source)			
PEI Revenue	\$568,642	\$573,756	\$579,025
	\$0	\$0	\$0
1. Total Revenue	\$568,642	\$573,756	\$579,025
5. Total Funding Requested for PEI Project	\$568,642	\$573,756	\$579,025
6. Total In-Kind Contributions	\$50,000	\$50,000	\$50,000

County School-Age Youth Mental Health PEI Project Budget Narrative

It is the intent of this budget to contract the full amount allocated to a single umbrella entity for the purpose of coordinating the overall project and implementing subcontracts to eligible local education agencies on behalf of eligible schools. This umbrella agency is presently unidentified, but rather will be identified through an RFP process as soon as possible. The umbrella agency may be a regional entity, local education agency, or institution of higher education.

Personnel: \$153,640 - \$162,994

*Project Coordinator, Direct Services K-12
Coordinator, Case Management grades 7-12
Clerical Support*

The contractor shall also ensure, through direct services or subcontract, ongoing technical support for implementing schools, in an effort to ensure treatment fidelity relative to stated intent.

Operating Expenditures: \$90,002 - \$91,031

Operating expenses include facility, materials and supplies, duplicating, travel, training, etc...

Subcontracts: \$325,000

The contractor shall also be responsible for identifying eligible schools that have the minimum qualifications to implement supplemental intervention as described in the plan, and execute subcontracts to provide services.

Indirect Costs: \$57,030 - \$58,059

Ten percent has also been figured into the budget to offset indirect costs incurred by the contractor in the implementation of this grant.

In-kind Contributions: \$50,000

Finally, the budget includes an estimate of in-kind contributions from SCOE, participating school districts, and the SELPA. School districts have extensive data collection systems in place, as well as trained data input, and administrative support personnel that will provide the information necessary for accountability reporting and progress monitoring

County: Solano

Name: Transition Age Youth (TAY)

Date: December 2011

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

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

1. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s)

The Transition-Age Youth (TAY) PEI project was initially selected to address the unmet needs of TAY who are at risk of, or who have experienced a first break. The two strategies that were selected were 1) Community College-Based Support Education and Employment; 2) Parent/Caregiver Education and Support. After gathering input from a series of eleven community planning sessions and a final decision from the PEI steering committee, these two strategies remain valid. However, the strategies were revised to ensure needs identified through the community planning sessions were included, making this plan a more comprehensive and sound TAY PEI project.

Stakeholder Input

CSS Planning Process

During the CSS planning process, stakeholder identified the following prevention and early intervention service needs for TAY:

- Provide services through this project to individuals ages 16-25
- Education to include career technical education
- Short and long-term employment
- Transportation
- Social and emotional support
- Mental health education to high school students to reduce stigma
- Community awareness of mental health illnesses
- Mental health education for educators and families
- Services to incarcerated TAY, homeless, foster, and those on probation
- Outreach to include under-represented populations, Lesbian/Gay/Bisexual/Transgendered/Questioning (LGBTQ)
- Integrated substance abuse and mental health services
- Safe, affordable housing
- Warm hand-off for 25-year olds and/or those that have completed the education program

PEI Community Forums

Seventeen stakeholders attended the TAY community forum at the August 3rd TAY Collaborative meeting. Their comments, as well as comments about services to TAY gathered at other community forums are included below.

Un-served, under-served populations	Service Gaps	Suggestions for Changes to current programs
<ul style="list-style-type: none"> • Youth in foster care, • Incarcerated youth, probation • Truant youth • Homeless/transient youth • youth age16—18 • Teen parents who have recently lost services 	<ul style="list-style-type: none"> • Services for more than 1 school year • MH services • Direct services • On-going, follow-up services • role models, peer counseling and guidance • MH Education and resources for: <ul style="list-style-type: none"> ○ Teachers ○ High school students (include stigma) 	<ul style="list-style-type: none"> • Centralized service hubs; (one-stop centers) establish recreational support centers- fun is important to youth • support caregiver/connection to youth • Offer support in vocational classes • Increase visibility, accessibility; look at more non-traditional portals or access points • Offer services at places frequented by youth (libraries, B&G club, Matt Garcia center, shelters, FRCs) • Provide info in grocery stores, other places where youth and parents go • Better communication, Warm hand-off among agencies, b/w school-age and TAY programs • Clarify referral process • Focus on Vallejo, Fairfield/Suisun • Leverage funding through TAY collaborative • Education/employment critical for TAY • Streamline process for MH Services; CWS/probation direct referrals • Increase connections with high school counselors; provide life skills • Provide MH services at Juvenile Hall • Increase individual therapy • Increase awareness of MH issues and services • Utilize technology with youth • Alternatives to Juvenile Hall for Mental Health • Mental Health staff in Juvenile Hall • Mentoring programs across lifespan

Data Analysis

The demographic and services data provided below is based on information gathered for the original PEI TAY plan. Current data was not available.

- U.S. Census data for 2010 estimates the total number of Solano County TAY (age 15-24) as 59,245, or 14.3% of the total population. Based on National Institute of Mental Health (NIMH) prevalence data indicating that 5.4% of all adults in the United States have a serious mental illness (SMI), with 2.6% of U.S. adults having severe and persistent mental illness (SPMI), over 3000 Solano youth are seriously mentally ill. Unfortunately, a substantial proportion of youth with severe mental disorders do not receive mental health care.¹¹
- In 2010, statistics gathered for the CSS planning process indicated that the Solano County Health and Social Services Mental Health Division served 257 clients with severe mental illness in the 18-25 age-range.
- Since May 2009, through the MHSA PEI Solano County TAY project, fifty-six TAY have developed an Empowerment Plan. Of those fifty-six, thirty-six TAY have enrolled at Solano Community College or Adult School, and thirty-five have been provided supported employment for 90 days.

2. PEI Project Description

The TAY PEI project was initially selected to address the unmet needs of TAY who are at risk of, or who have experience a first break. The two strategies that were selected and revised are 1) Supported Education and Employment; 2) Educating Parent/Caregiver and Educators; Educating Students to Reduce Stigma.

Strategy 1: Supported Education and Employment

The proposed PEI Supported Education and Employment program combines best practices for Supported Education and Employment. Operated through a partnership between a non-profit organization experienced in supported education and employment TAY, the program is designed to serve 60 TAY between the ages 16-25 annually, including youth transitioning from foster care and incarcerated youth.

There are several evidence-based programs that have demonstrated to produce positive outcomes for supported education/support employment programs. The contractor will need to demonstrate that their services are indeed modeled after evidence-based programs that have demonstrated positive outcomes based on services provided. In Solano County, the Department of Rehabilitation's Transition Partnership Program, WorkAbility II and WorkAbility III models that were developed in collaboration with county offices of education, school districts, adult schools, and Solano Community College, have demonstrated over time, continuous, positive outcomes in supported education and long-term employment. These programs are grounded on the principle that each individual is capable of achieving academic and career goals with support from trained staff and a net of agencies/community resources. This is a model that may apply to this project.

¹¹ NIMH-funded survey, January 2011, Journal of the American Academy of Child and Adolescent Psychiatry

Supported education can decrease attrition rates for students with psychological disabilities from approximately 90-95% to approximately 17-20%. Supported education programs lead students to report a greater level of satisfaction with their quality of life than persons recovering from mental illness who are not attending college, resulting in a decreased incidence of hospitalization and increased rates of employment (approx.. 50%) for students with psychological disabilities. Similarly, fifteen years of research has established that supported employment is an evidence-based practice that more effectively facilitates wellness and recovery than social rehabilitation programs or psychotropic medication management services alone.

Compared to other methods of vocational rehabilitation, supported employment consumers who are placed directly into jobs with training and support have higher rates of employment than consumers who are placed directly into jobs with training and support have higher rates of employment than consumers with extended pre-vocation preparation.

Eligibility: Solano County residents who are 16-25 years old and who are in school or have the desire to enroll in an education program will be eligible to participate in the project. To be eligible for the PEI Supported Education and Employment project, a youth must be at risk for a first break (resulting in psychosis), or have already experienced a first break (but not a second psychotic break). Eligibility based on First Break will be met when it is determined the TAY is at risk of or having schizophrenia, schizoaffective disorder, brief psychotic psychosis, schizophreniform disorder, bipolar disorder with psychotic features, post-partum psychosis, or major depression with psychotic features and anger management issues. TAY having a second psychotic break will not be eligible. TAY from under-served cultural populations, foster youth, and incarcerated youth will be specifically targeted.

Referrals: Referrals to the TAY project may come from any agency, parent/caregiver, education, health provider, faith-based organization, self-referral, etc... The contractor will play an integral part in the TAY Collaborative as efforts are being made to provide all available resources in Solano County through the collaborative.

Selection of participants will be made by the contractor in consultation with a mental health clinician, if appropriate.

Project Components - The project will include:

- Active outreach to enroll TAY from under-served Hispanic, Asian/Pacific Islander, and Native American populations residing in Solano County. Outreach will be made to schools, SELPAs and Adult Schools, primary care physicians, primary health care clinics, Family Resource Centers, newspapers, faith-based organizations, public agencies, and community-based organizations serving teens, families, and ethnic/cultural groups. In addition, demographic information will be used to locate and outreach to ethnic faith-based organizations, businesses and other ethnic stores, markets, and restaurants frequented by TAY from under-served populations (e.g. Filipino food market in Vallejo or Latino food market in Dixon). Outreach will also be provided to incarcerated youth who will be exiting the juvenile detention facility and the county jail within 30 days. Outreach materials will be available in Spanish and Tagalog

- A comprehensive assessment at program-entry of each youth's mental health, educational, and employment needs
- An Individualized Empowerment Plan (EP) developed by the youth with the assistance of the project staff based on the youth's developmental level, educational and employment history, interests, goals, skills, special needs, and accommodation requirements including housing needs. For former or current foster youth, this plan will supplement any Independent Living Plan (ILP) developed in conjunction with Child Welfare Services prior to emancipation from foster care. The EP must include a timeline which clearly states when TAY will complete project goals
- Provide TAY consultation with mental health clinician as needed
- When student is enrolled in an academic or vocational education program (Career Technical Education, GED, high school diploma or community college, adult schools, and private schools):
 - Mobility training to and from education site; provide bus passes
 - A plan for classroom support developed by the youth with the assistance in developing independent living skills
 - Assistance to students in applying for fee waivers for classes and books who qualify based on income criteria
 - Short-term supported employment (work experience) opportunity provided by project
 - Activities for peer support and socialization
- When student has completed or nearly completed education program:
 - A plan for obtaining long-term employment developed by the youth and project staff, that provides training of employability skills (resumes, cover letters, interviewing, job retention)
 - Mobility training to and from work site
 - Job coaching at the work site when necessary
 - Monitor the youth's progress on the job site
- Provide community resources to TAY
 - Workforce Investment Board
 - Solano Employment Connection
 - California Department of Rehabilitation
 - National Alliance of Mental Illness (NAMI)
 - Solano Community College DSP
 - Transportation
 - Housing
 - Others
- Seeking additional funding opportunities
 - Applying for state and federal grants that may be available that will assist with providing services described in this project
- Creation of project exit plan
- TAY and project staff will develop and individualized project exit plan prior to turning 25 years old. The plan should include next steps and linkages to other support agencies

Milestones and Timelines:

- As soon as TAY contractor is hired, the contractor will develop an Intake and Referral process for the project enrollment
- Once awarded, the contracting agency will work with staff from Solano Community College, adult schools, juvenile detention facility, and county jail to acquire meeting space on-site.
- Within the first three months after the contract is awarded, the contracting agency will hire project staff and provide for a “as needed” mental health clinician.
- Within three months, the contractor will have started cultural outreach efforts to locate TAY from under-served cultural populations for enrollment in classes.
- Contractor and county will collaborate closely to identify ten TAY who will enroll in classes starting in the 2012 academic calendar
- Contractor will continue to provide project services to those youth already enrolled in the project
- Within four months, contractor will have started outreach efforts to identify employers for supported employment and training sites for TAY students
- Within six months, the contractor will enroll at least twenty TAY in the program
- Within a year, the contractor will enroll at least sixty students will be enrolled (duplicate county)
- Contractor will demonstrate that additional funding opportunities were sought out
- Contractor will be an active participant of the TAY collaborative

Strategy 2: Education Parent/Caregiver and Educators; Educating Students to Reduce Stigma

A series of workshops will be provided throughout the community to educate parents/caregivers and educators on supporting TAY at home and in the classroom. These workshops, offering education and support strategies to parents/caregivers and educators of TAY 16-25, will assist parents/caregivers and educators in recognizing and addressing mental health issues, and providing appropriate support to their TAY. These workshops will be offered three times a year in rotating geographic locations. Each class will cover understanding mental health risk factors, the importance of early intervention, treatment options, how to access mental health, medical and support services, Wellness and Recovery self-care plans, communication techniques for empowering youth, empowering youth for independent living, employment resources, and information and referral options to community resources. Additionally, project staff will reach out to provide education to students to reduce stigma in the high schools. This information can be provided through school newsletters, daily bulletins, presentations at school events, or other means.

Milestones and Timelines:

- Within three months of contract award, Contractor will have the program fully staffed and operational
- Within three months the Contractor will have established calendar of workshops to be offered to include date, time, and location
- Within three months, the Contractor will have a well-developed plan to provide activities/presentations to reduce stigma amongst youth in Solano County

3. Program

Program Title	Proposed number of individuals of families through PEI expansion to be served through June 2013 by type		Proposed number of individuals or families through PEI expansion to be served through June 2014 by type		Proposed number of individuals or families through PEI expansion to be served through June 2015 by type	
	Prevention	Early Intervention	Prevention	Early Intervention	Prevention	Early Intervention
Supported Education and Employment	Individuals Unduplicated: 0 Duplicated: 0	Individuals Unduplicated: 40 Duplicated: 100	Individuals Unduplicated: 0 Duplicated: 0	Individuals Unduplicated: 80 Duplicated: 180	Individuals : 0 Duplicated: 0	Individuals Unduplicated: 120 Duplicated: 180
Educating Parent/Care giver, Educating Students to Reduce Stigma	Individuals:40 Families: 20 Educators: 100 Students: 500	Individuals:0 Families: 0 Educators: 0 Students: 0	Individuals:80 Families: 40 Educators: 200 Students: 1000	Individuals:0 Families: 0 Educators: 0 Students: 0	Individuals:1 20 Families: 40 Educators: 300 Students: 1500	Individuals:0 Families: 0 Educators: 0 Students: 0
Total PEI project estimated count of individuals to be served	Individuals:40 Families: 20 Educators: 100 Students: 500	Individuals Unduplicated: 40 Duplicated: 100 Families: 0 Educators: 0 Students: 0	Individuals:40 Families: 20 Educators: 100 Students: 500	Individuals Unduplicated: 80 Duplicated: 180 Families: 0 Educators: 0 Students: 0	Individuals:1 20 Families: 40 Educators: 300 Students: 1500	Individuals Unduplicated: 120 Duplicated: 180 Families: 0 Educators: 0 Students: 0

Total Number of Individuals to be served through PEI: FY 12-13: 740 FY 13-14: 1,400 FY 14-15: 2,080

4. Linkages to County Mental Health and Providers of Other Needed Services

Several initiatives have formed in Solano County over the last several years to improve services to youth. In the last two years, many service providing agencies have come together with Solano County Mental Health to streamline services and provide for an improved referral process. This consolidation of agencies/services, known as the TAY Collaborative, has been instrumental in coordinating referral efforts to ensure youth are provided all appropriate services in Solano County.

The contractor will play an integral part in the TAY Collaborative to ensure each participating TAY is referred to all appropriate services in Solano County. The contractor will provide information on both strategies to the TAY collaborative, educational agencies, community-based agencies, county agencies, faith-based organizations, primary care physicians and clinics, etc...

TAY enrolled in the Supported Education/Employment Project will be immediately referred to the County or private mental health providers if their mental health issues worsen and they need acute services.

5. Collaboration and System Enhancements

The TAY project is built on multiple partnerships among community-based organizations, county agencies, and schools. Through working together the entire mental health and primary care system will be strengthened. Key partners include:

- Solano County Health and Social Services
- Solano County Office of Education
- Solano Community College
- All school districts in Solano County (to include adult schools and high schools)
- Family Resource Centers, community-based mental health organizations, and others comprising Solano County's public/private referral network
- Solano County Juvenile and Adult Probation, Child Welfare Services, and Substance Abuse services
- Local transportation agencies
- Local housing authorities
- Local organizations serving cultural and ethnic communities

6. Intended Outcomes

Supported Education and Employment

- Program completion, measured by the percentage of enrolled TAY who complete a program of study, supported employment, and obtain long-term employment (subset for foster youth, incarcerated youth, and youth on probation)
- Development of Empowerment Plan, measured by the number and percentage of TAY who develop plans and make progress on achieving plan goals and objectives
- High school completion, measured by the percentage of TAY who complete their high school diploma, GED, or high school equivalence while enrolled in the project
- Paid employment, measured by the percentage of all students who have paid employment within three and nine months of completing a supported educational/employment program

Educating Parent/Caregiver and Educator; Educating Students to Reduce Stigma

- Project completion, measured by the number of parents/caregivers and educators attending workshops
- Participants gained better understanding of the mental health needs and issues of TAY, and greater ability to identify signs of concerns regarding their TAY's mental health with knowledge about where to locate resources. Measured through the use of survey.
- Activities/Presentations provided to high school students to reduce stigma
- High School students participating in activities to reduce mental health stigma
- High School students provided with mental health resources
- Number of high schools providing activities to reduce mental health stigma

Program/Systemic Outcomes

- Improved approaches for delivering of educational and employment services for TAY at-risk of/with mental health issues
- More effective methods, measures, and resources for meeting education and employment goals of TAY at-risk of/with mental health issues
- Expanded education, training opportunities for parents/caregivers, educators, and students
- Expanded awareness of mental health issues at the high schools level to reduce stigma of mental health illnesses
- Expanded ongoing inter-agency collaboration

7. Coordination with Other MHSA Components

This project will interface with the School-Age PEI project as those children move into adolescence and adulthood. The TAY program is also likely to serve parents of some of the 0-5 PEI children, so integrating and coordinating more with these projects will be necessary.

8. Additional Comments

None

County Name:

Date:
Jan-12

PEI Project Name: Transition Age Youth (TAY)

Proposed Total Number of Individuals to be served: FY 12-13 740 FY 13-14 1400 FY 14-15 2080

Total Program/PEI Project Budget				
Proposed Expenses and Revenues	FY 12-13	FY 13-14	FY 14-15	Total
A. Expenditure				
1. Personnel (list classifications and FTEs)				
a. Salaries, Wages				
Program Director (.25 FTE)	\$25,000	\$25,750	\$26,523	\$77,273
Clerical Support (.25 FTE)	\$11,000	\$11,330	\$11,670	\$34,000
Education/Employment Specialists (3.0 FTE)	\$169,540	\$174,626	\$179,865	\$524,031
Job Coach (1.0 FTE)	\$37,000	\$38,110	\$39,253	\$114,363
MH Clinician (as needed)	\$17,440	\$17,963	\$18,501	\$53,904
TAY Salary	\$12,960	\$13,349	\$13,749	\$40,058
b. Benefits and Taxes @ %				
c. Total Personnel Expenditures	\$272,940	\$281,128	\$289,561	\$843,629
2. Operating Expenditures				
a. Facility Cost				
	\$0	\$0	\$0	\$0
b. Other Operating Expenses				
	\$32,600	\$32,600	\$32,600	\$32,600
c. Total Operating Expenses	\$32,600	\$32,600	\$32,600	\$97,800
3. Subcontracts/Professional Services (list/itemize all subcontracts)				
	\$0		\$0	\$0
	\$0		\$0	\$0
a. Total Subcontracts	\$0		\$0	\$0
4. Total Proposed PEI Project Budget	\$355,540	\$363,728	\$372,161	\$1,094,429
5. Total Funding Requested for PEI Project	\$305,540	\$313,728	\$322,161	\$941,429
6. Total In-Kind Contributions	\$50,000	\$50,000	\$50,000	\$150,000

Solano County Transition-Age Youth Mental Health PEI Project Budget Narrative

Personnel

Salaries, Wages:		Year 1 (2012/13)
<i>Program Director</i>	<i>0.25 FTE total</i>	<i>\$25,000</i>
<i>Clerical Support</i>	<i>0.25 FTE total</i>	<i>\$11,000</i>
<i>Education/Employment Specialists</i>	<i>2.0 FTE total</i>	<i>\$104,000</i>
<i>Job Coach</i>	<i>1.0 FTE total</i>	<i>\$37,000</i>
<i>Mental Health Clinician</i>	<i>As needed</i>	<i>\$17,440</i>
<i>20 TAY working 60 hours at minimum wage</i>		<i>\$12,960</i>
<i>Benefits, Insurance, and Taxes have been budgeted at 35%</i>		
TOTAL PERSONNEL EXPENDITURES		\$207,400

Operating Expenditures

<i>Facility Costs(in-kind)</i>		<i>\$50,000</i>
<i>Student Transportation</i>		<i>\$10,000</i>
<i>Employee Mileage</i>		<i>\$6,000</i>
<i>Telephone and Internet</i>		<i>\$6,600</i>
<i>Office Equipment and Supplies including computers, leased copier, office furniture, and office supplies</i>		<i>\$10,000</i>
TOTAL OPERATING EXPENSES		\$32,600

County: Solano

Date: December, 2011

PEI Project Name: Engaging Mental Health Consumers; Early Intervention Wellness Services /Integrating Mental Health and Primary Care Services

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

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

1. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s)

Community Forums

Mental Health Prevention and Early Intervention Services for adults age 25 to 59 were addressed at several PEI Community Stakeholder Planning Forums, as well as the CFAC and NAMI meetings. Comments about his population from these and other forums are included below:

Un-served, under-served populations	Service Gaps	Suggestions for Changes to current programs
<ul style="list-style-type: none"> • Adults under 60 • Those who can't express themselves • Homeless • Ethnic/cultural minorities; competence and responsiveness to Hispanic, East Asian and Native American populations • Incarcerated adults • English-learner population • Undocumented • Homeless/transient newly homeless – short term crisis issues. No way to connect, no shelter services • Ages 26-59- where is hand-off after 25? • Early retirees with no insurance/not eligible for Medicare • Older and current veterans • Those that have medical insurance that does provide MH/only given 1/month of MH services • Those not connected to other services • Individuals who have no medical services – uninsured, undocumented, more specifically in Rio Vista and Dixon • Those that hold on to the stigma of MH • New prisoner population and their families 	<ul style="list-style-type: none"> • Nutrition, educating the mind, vitamin therapy, • self-help courses • MH counselors, interns, especially in Fairfield • MH Education and resources for: <ul style="list-style-type: none"> ○ Parent/adults/ family members – i.e. Family to Family ○ Public ○ Faith-based programs • Alcohol/drug treatment before MH diagnosis; dual diagnosis • BH integration after screening • Bilingual/bicultural psychiatric professionals • Transportation • Primary care, gap for screening • Community engagement-Rio Vista, Dixon • Services in Vallejo • Case mgmt. – all areas • Responsive health professionals 	<ul style="list-style-type: none"> • Programs should include: <ul style="list-style-type: none"> ○ Communication skills, social skills, self-esteem ○ Counseling services ○ Family involvement ○ Meditation, holistic approach ○ Help navigating education system (financial aid, etc.) ○ Life skills- financial literacy, hygiene, computers, etc. ○ Self-help and support, including coping skills ○ Employment support, training, getting jobs, soft skills ○ Assistance in researching medication ○ Physical activity • Ensure PEI programs reach all ethnic, cultural and isolated groups • Mental Health court • Parent and family advocate to guide to resources • Referrals to NAMI for family-to-family program • Public service announcements, more publicity/outreach • Support groups and peer-to-peer help • Entry-level identification at Solano County Mental Health clinic • Programs for parents – parents of mentally ill children and youth are often also suffering with mental illness • Better communication between jails and SCMH; inmates released without medications, linkage to services • Caregiver education • Service integration between programs and age groups • Mentoring programs-all ages

Additional Stakeholder Input – CSS and Strategic Planning

During the past two CSS Planning Processes and the 2009 Mental Health Strategic Planning Process, wellness services were widely discussed and approved by the CSS and Strategic Planning Steering Committees.

2. PEI Project Description

The Engaging Mental Health Consumers; Early Intervention Wellness Services program is designed to link those at risk of mental illness or in early illness with community resources and peer support, with the goal of preventing early mental illness from progressing. This includes learning about mental illness, acquiring skills for coping with the effects of mental illness, successful fulfillment of constructive roles in the community, and the development of supports, which in combination will permit maximum independence and quality of life. Particularly, this project will focus additional resources on the Latino and Filipino communities, identified consistently in stakeholder meetings and in external program audits, including the CAEQRO 2011-2012, as being under-served in Solano County.

Structured, time-limited support groups will be led by paraprofessionals, mental health consumers, or other appropriate leaders, including pairing with trained clinicians when appropriate, for people at risk of mental illness, those in early stages of mental illness, and their families. Groups may be offered on such topics as anxiety, depression, bipolar disorder, co-occurring issues, etc... Some groups may be offered in partnership with community-based organizations including the California Hispanic Commission on Drug and Alcohol Abuse (CHCADA), Caminar Inc. Wellness Centers, National Alliance for Mental Illness (NAMI), faith-based or healthcare organizations, or other public or private agencies. Consumers in leadership roles for these groups will bring unique skills and expertise to the groups, as well as the perspective of “what works” based upon lived experience with mental illness.

Structured, realistic, client-centered, and client/family-driven wellness skills development services will be integral to program design/service delivery and will include development of Wellness and Recovery Action Plans (WRAPs, an evidence-based practice), daily living skills, and assistance in helping people develop their purpose and passion. Services will be offered in partnership with schools, colleges, worksites, and the Department of Rehabilitation, as appropriate. Paraprofessionals and people with lived behavioral health experience will work in tandem with clinically trained professionals to accomplish this goal.

Peer mentoring will form an important part of this effort. People at risk of, or in early mental illness, and family members will have the opportunity to participate as mentors or be mentored for one-to-one interactions with clients and families. Examples of appropriate roles may include:

- Peer/family greeters to offer support to clients and families at initial intake and assessment for mental health services

- System guides to help clients and families understand and navigate the mental health system.

To address disparities in access to mental health services, the Early Intervention Wellness Services Program will outreach to under-served communities in Solano, including Solano's Latino and Filipino communities and distant geographic locations such as Dixon and Rio Vista, to increase access to services for those communities. Examples of outreach may include distributing flyers to culturally-g geared businesses and organizations (e.g. Mexican markets, Filipino Cultural Center) and co-hosting informational sessions at sites where people may be accessing other services (e.g. Dixon Family Practice). All services provided will be culturally appropriate and offered in appropriate language(s) for the populations served. In addition, the program will provide outreach and education to community providers, including faith-based groups, family resource centers, health care professionals and others, about how to link to mental health services. In Solano County, partnering with community-based or grass-roots organizations have been effective strategies in reaching populations traditionally un-served and under-served by Solano County Mental Health.

Milestones and Timelines for Implementation

- The first three months of the project will be used to hire staff, develop curricula for groups, and establishing billing and documentation policies
- The final six months of the first year will be spent building caseloads using defined triage criteria, implementing groups, and building capacity
- By the second year, the contractor/contractors will operate at full capacity

3. Programs

Program Title Engaging Mental Health Consumers	Proposed number of individuals or families to be served July 2012 - June 2013		Proposed number of individuals or families to be served July 2013 - June 2014		Proposed number of individuals or families to be served July 2014 - June 2015	
	Prevention	Early Intervention	Prevention	Early Intervention	Prevention	Early Intervention
Support Groups	Individuals: Families:	Individuals: 60 Families:		Individuals: 60		Individuals: 60
Wellness and Recovery Skills Development	Individuals: Families:	Individuals: 50 Families:		Individuals: 50		Individuals: 50
Peer Mentoring	Individuals: Families:	Individuals: 30 Families:		Individuals: 30		Individuals: 30
Total PEI Project Estimated Unduplicated Count of Individuals to be	Individuals: Families:	Individuals: 140 Families:		Individuals 140 Families:		Individuals: 140 Families:

4. Linkages to County Mental Health and Providers of Other Needed Services

Consumers receiving wellness and peer mentoring services who display the need for additional, more intensive mental health services than are offered through the Engaging Mental Health Consumers Program will be linked to appropriate resources through Solano County Mental Health and/or other community-based providers. Additional services may include medication support, outpatient mental health treatment, full service partnerships, etc... Participants will receive information on how to access Psychiatric Emergency Team services (PET). Additional needed services may be provided by Solano County Mental Health or its community partners.

5. Collaboration and System Enhancements

As discussed in the Program Description, many of the services will be offered in partnership with community programs and providers to increase collaboration, introduce participants to new resources, and ensure smooth linkages between service providers. All participants will be linked to a primary care provider for health services. Community partners may be asked to dedicate in-kind resources, such as space for groups to ensure services are offered at culturally and geographically appropriate locations throughout the county.

Collaborative Partners include:

- Aldea (In-kind Mental Health First Aid training)
- Integrated Family Supportive Initiative First 5 Solano
- Family Resource Centers in Dixon, Vacaville, Rio Vista, Fairfield/Suisun, and Vallejo
- Food Bank of Contra Costa and Solano (in-kind)
- Yolo Wayfarer Center Christian Mission (in-kind services provided include food, copier, furniture, tile, office supplies)
- Solano County Children and Family Services
- Caminar (in-kind, no-cost training)
- Solano County Mental Health (in-kind with Patient Rights, Housing, Snacks, lunch, mental health information)
- NAMI (in-kind Christmas gifts, lunches, snacks and water for NAMI walk)
- Laurel Creek
- Laurel Gardens (in-kind space for education groups)
- Hand in Hand Substance Abuse Specialist
- Vacaville Police Department
- Vaca Valley Hospital
- Vaca Valley Storehouse (faith-based, The Father's House)
- Child Abuse Prevention Coordinator
- Stella Steven, Anger Management Trainer (in-kind services as a volunteer)
- Kaiser Permanente Behavioral Health
- Janet Flores, owner and operator of Independent Living Homes
- Board and Care facilities
- First Aid training (in-kind diabetes training)
- Woodland Costco (in-kind food donated)

6. Intended Outcomes

Intended outcomes include both outcomes for participants and outcomes for the system.

At the individual level, consumers will:

- Feel more positive about their behavioral health services as compared with their peers served in less culturally sensitive programs within the Local Mental Health Plan
- Accept referrals to other Local Mental Health Programs as necessary with a completing rate comparable to the overall completion rate for the Plan
- Increased knowledge about mental illness, coping and wellness skills, and community resources
- Improvement in symptoms/life skills, as reported by the participant
- Increase in strong connections to family (as defined by participant) and community
- Increase in feeling of having a constructive role in the community

At the systems level, outcomes include:

- Increased coordination/seamless services and referrals with other mental health, physical health, and community services
- Increased staff cultural competence, customer services, and sensitivity

7. Coordination with Other MHSAs Components

The Engaging Mental Health Consumers Program will coordinate services with the other PEI Programs including the TAY Supported Education and Employment and the Older Adult Project, as appropriate. For example, an older adult participant may need additional case management services to provide home visits, which may be provided by the Older Adult Project.

The Engaging Mental Health Consumers Program will also coordinate with the Wellness and Recovery Services offered through MHSAs Community Services and Supports (CSS), and vocational services offered through MHSAs Workforce, Education and Training (WET). Wellness services for those who are in early mental illness may be offered at the same time as services for those who are in recovery to increase peer support and peer-to-peer learning. Participants who show elevated need for services may be referred to additional services through MHSAs CSS.

In addition, staff providing services may access training provided through the MHSAs WET component.

The MHSAs Stakeholder group and Steering Committee will be actively involved in reviewing the program and making recommendations for program improvement.

The Mental Health Collaborative was established in order to develop a coordinated, seamless continuum of care and referral system among providers and to build a positive working relationship among public and private MHSAs providers in Solano County.

Budget Worksheet and Budget Narrative (Form No. 4)

Form No. 4

County Name: Solano

Date:
12/5/11

PEI Project Name:

Proposed Total Number of Individuals to be served: FY 12-13 140 FY 13-14 140 FY 14-15 140

Total Program/PEI Project Budget				
Proposed Expenses and Revenues	FY 12-13	FY 13-14	FY 14-15	Total
A. Expenditure				
1. Personnel (list classifications and FTEs)				
a. Salaries, Wages	\$159,800	\$159,800	\$159,800	
Program Director (.25 FTE)				
Program Manager (1.0 FTE)				
Consumer Staff (1.0 FTE)				

b. Benefits and Taxes @ 20%	\$39,165	\$39,165	\$39,165	
c. Total Personnel Expenditures	\$198,965	\$198,965	\$198,965	
2. Operating Expenditures				
a. Facility Cost	\$21,000	\$21,000	\$21,000	
b. Other Operating Expenses	\$50,035	\$50,035	\$50,035	
c. Indirect/Admin Costs @10%	\$30,000	\$30,000	\$30,000	
d. Total Operating Expenses	\$101,035	\$101,035	\$101,035	
3. Subcontracts/Professional Services (list/itemize all subcontracts)				
_____	\$0		\$0	\$0
_____	\$0		\$0	\$0
a. Total Subcontracts	\$0		\$0	\$0
4. Total Proposed PEI Project Budget	\$300,000	\$300,000	\$300,000	
5. Total Funding Requested for PEI Project				
6. Total In-Kind Contributions	\$10,000	\$10,000	\$10,000	

**Solano County Engaging mental Health Consumers; Early Intervention Wellness Services/Integrating Mental Health and Primary Care Services
Mental Health PEI Project Budget Narrative**

Personnel

Salaries, Wages

This category represents Division Directors, Program managers, and direct line staff. Direct line staff positions will be filled by consumers and/or family members of consumers.

Benefits and Taxes

Represents Federal, State and local taxes plus %29 of salary benefit allocation.

Operating Expenditures

Facility Costs

Represents the cost of leasing program space

Other Operating Expenses

Represents the cost of other general expenditures (i.e. utilities, transportation, staff recruitment, etc...)

Indirect/Admin Costs

Cost to contractor of providing indirect services (i.e. Human Resources, fiscal, IT, etc...)

Revenue

None

In-kind Contributions

Represents donations to clients by outside vendors, organizations or individuals

Total Funding

\$300,000

County: Solano

PEI Project Name: Senior PEI Project

Date: 12/02/11

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

2. PEI Priority Population(s) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>		
6. Underserved Cultural Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

1. Summarize the Stakeholder input and Data Analysis that resulted in the selection of the priority population(s).

Review of Demographic Information

The senior population has been historically under-served in terms of mental health services. Many seniors report feelings of loneliness, isolation, and worry. Depression and anxiety are among the most prevalent mental health problems of older adults, and the two conditions often go hand in hand. Fortunately, late-life depression is one of the most successfully treated issues.

- In 2010, seventeen percent (70,065) of Solano County's population was 60 years old or older. This number is up from 2000 Census data, which showed residents 60 years old and older accounted for thirteen percent of the population.
- In 2010, 130,078 residents were ages 50 years old and older, accounting for 31% of the population.¹²
- The California Department of Aging (CDA) projected that in 2011 there would be 31,259 seniors in Solano County who are considered a race/ethnicity other than white. The CDA also projected that there are 2,799 geographically isolated individuals over the age of 60, and that 755 are non-English speakers.
- Many Spanish-speaking elders prefer services in Spanish. While a large Filipino population exists in the county, service providers report that this population speaks English (as well as many different tribal languages).
- There were 4,391 grandparent householders in Solano County responsible for their grandchildren in 2010, with an estimated 10,008 children living with a grandparent.
- Of the grandparents responsible for grandchildren, 809 of them were at or below the federal poverty level.

Stakeholder Input

PEI Community Planning Process

Eleven community forums were conducted as part of the PEI Community Planning Process. Several themes emerged that are relevant to this project proposal:

- Services provided to cultural communities should be offered by bilingual providers from those communities
- Services should include culturally responsive practices
- Increase community awareness and education
- Collaborate across service systems
- Encourage multi-generational services
- Streamline referral systems
- Provide services to under-served populations, such as undocumented individuals, Filipino and Native American communities, Veterans, and to under-served areas such as Rio Vista and Dixon
- Address gaps in services, such as support groups and case management services

¹² The State of Mental Health and Aging in America, Center for Disease Control, retrieved from www.cdc.gov/aging/pdf/mental_health.pdf

Specific comments about this population are included below:

Un-served, under-served populations	Service Gaps	Suggestions for Changes to current programs
<ul style="list-style-type: none"> • Adults under 60 • Filipino seniors 	<ul style="list-style-type: none"> • Adults under 60 (brief interventions) • Filipino seniors • Early retirees with no insurance/not eligible for Medicare • Older and current veterans 	<ul style="list-style-type: none"> • Retain case management and education • Proactive support for those affected by economy • Extend services to include all adults rather than differentiating between adults and older adults, but still keeping in mind that older adults have unique needs – there is a cultural competence component around older adult services. • Peer support within underserved cultural communities to take away the unknowns. • Leverage natural partnerships • Increase intergenerational/integrated adult and older adult programs • Isolated groups (ESL, older adults with stigmas) need to be drawn out – better outreach • Increase support for grandparents • Mentoring programs across lifespan

Focus Group: Senior Coalition of Solano County (SCSC)

The Senior Coalition of Solano County provides a wide range of senior services/programs, and is an Advisor Body to the Solano County Board of Supervisors. On October 7, 2011 SCSC attended a focus group regarding older adults and mental health. The SCSC provided the following input:

- Case management is an indispensable and continued need
- Brief interventions are essential
- There is a continued need to raise awareness and provide training and education
- Lower the age of eligibility to 45 or 50 as there are many people below the age of 60 who need support
- Retain the Gatekeeper and Navigator programs
- “Before the PEI Senior Program there was little to no services available to serve our senior mental health community” (direct quote)
- If you have to cut anything, cut the medical provider training
- Develop training materials for agencies who can train Gatekeepers; have training materials available in Spanish and Tagalog

Conclusions to Stakeholder Input

To improve mental health outcomes for seniors, the new Senior PEI plan should address:

- Reducing stigma and barriers to serving under-served and un-served seniors by promoting public awareness about mental health problems in seniors, education on how to recognize the signs that a senior is having difficulty and at risk of a mental health crisis, and on how and where to make referrals for services (e.g., rural seniors, Filipinos, Native Americans, Hispanics, and Veterans)
- Building community partnerships to include traditional and non-traditional partners in addressing mental health related issues in seniors
- Increasing access to mental health services for all seniors ages 50 and over
- Recruiting individuals with bilingual, bicultural skills for positions
- Training Gatekeepers, including primary care providers, to identify and treat mental health issues and promote mental health prevention and wellness

Solano County Status Report on Seniors 2008

A comprehensive report on seniors in Solano County conducted by the Senior Coalition of Solano County found

- 10-20% of older adults suffer from mental illness, especially depression
- Depression is a major predictor of suicide late in life
- 30% of older adults with a medical illness also have depression
- 50-75% of homebound older adults or those living in a residential care facility have depression
- Depression can share symptoms with other medical conditions making diagnosis particularly challenging (e.g. poor concentration, forgetfulness, trouble making decisions, weight loss, sleeping problems, aches and pains)
- Depression in older adults not only causes distress and suffering, but also leads to impairments in physical, mental, social functioning. Despite being associated with excess morbidity and mortality, depression often goes undiagnosed and untreated. “The startling reality is that a substantial proportion of older patients receive no treatment or inadequate treatment for their depression in primary care settings, according to expert consensus”¹³
- Suicide rates are highest among older adults (ages 65+) compared to other age groups, and the highest rate is among persons 85 years old and older

The State of Mental Health and Aging in America

The Center for Disease Control (CDC) collected data on the mental health of older adults utilizing the Behavioral Risk Factor Surveillance System (BRFSS). The report indicated some interesting differences emerged between adults’ ages 50 to 64:

- Adults 50-64 were more likely than adults 65 or older to report that they were “dissatisfied” or “very dissatisfied” with their lives
- Adults 50-64 reported current depression (9.4%) and lifetime diagnosis of depression (19.3%) compared to those 65 and over (5% and 10.5% respectively)
- Adults 50-64 reported a higher rate of lifetime diagnosis of existing anxiety (12.7%) compared to those 65 and over (7.6%)
- Women ages 50-64 were especially likely to report a lifetime diagnosis of existing anxiety (16.1%)

¹³ “Mental Health: A Report to the Surgeon General”, U.S. Department of Health and Human Services, 1999

2. PEI Project Description

Given stakeholder input and findings, the Older Adult Project will change its name to Senior PEI Project, to reflect decreasing the age from 60 and over to 50 and over. The PEI Senior Project will continue two inter-related strategies, the Gatekeeper and Navigator Case Management strategies. Both have demonstrated positive outcomes for seniors living in Solano County and are evidence-based models. These two strategies are aimed at identifying seniors at risk of trauma-induced mental illness, depression, anxiety, and suicide, as well as undiagnosed or misdiagnosed seniors. Specifically, the two strategies help reduce stigma by providing targeted outreach and training: Case management where seniors live and gather, and referrals linking older adults to prevention and early intervention services.

Strategy 1: The Gatekeeper Program

This universal prevention strategy addresses high rates of depression and isolation of older adults. This program's primary focus is to reach seniors who are living independently in the community, but who need some level of support to maintain safety in their homes. A promising practice model based on the work of E.R. Florio, the Gatekeeper strategy trains existing senior allies to recognize signs of depression and other mental illnesses, and then screen, support, and refer them for preventative and early intervention services. Training will also be provided to staff in residential care facilities to learn how to recognize the signs that a senior may be at risk of depression and/or suicide. Gatekeepers will also connect at-risk seniors to system Navigators for information, brief interventions, and case management.

Key Components

- Recruitment of potential Gatekeeper trainees from existing volunteers, staff in senior-serving organizations, and medical providers, which leverage existing organized efforts and build a community program presence
- Train-the-Trainer program offered to equip Gatekeepers and other service providers with the information and resources to provide training to their relevant constituent groups. Trainings held in places and times convenient to all Gatekeepers, traditional and non-traditional
- Outreach, education, and recruitment through Gatekeeper Targeted Community Partner Groups, e.g. Filipino-American Chamber/senior groups, Filipino, Hispanic and African-American Chambers of Commerce, Betty Frank Senior Center in Vallejo, Dixon Senior Center (specific outreach to Latino/Hispanic population), Rio Vista Senior Center, Benicia Senior Center, Chinese Christian Seniors Fellowship, Native American Tribal Councils, Faith-based communities, senior housing including mobile home parks, veterans organizations (U.S. Veteran Family Resource Center), LGBT groups (PRIDE center), Grandparents Raising Grandchildren networks and civic groups, Police Department Volunteer Programs, La Clínica, Licensed Residential Care Facilities and SNF's-specific staff trainings (Suicide Risk)
- Training to existing support groups (e.g., Grandparents Raising Grandchildren)
- Training on how to use an evidence-based mental health screening tool for referral and assessment

- Coordination and scheduling of trainings to be held throughout the county, ensuring that training materials are culturally and linguistically competent, and utilizing staff or recruiting Gatekeepers who are bi- or multi-lingual
- Broad promotion of the program through all local media outlets to aid in both recruitment and public awareness of the mental health needs of older adults

Strategy 2: Navigator Case Management Program

The Navigator program is an early intervention strategy designed to provide support in the referral process and to assist and monitor seniors in gaining access to preventative and early intervention services. This is a variation of the cancer support Navigator model. Many of the seniors referred to Navigators will be identified through the Gatekeeper program. Case managers help seniors and family members with quality of life issues that affect their physical, emotional, psychological, and spiritual well-being and put them at risk of mental health challenges. Case managers also provide support to caregivers, especially to spouses and adult children or other relatives who are at-risk. Case management services may be offered for up to a year in situations where needs are high and community services are not available. Two Navigators will perform brief interventions and case management for seniors who are at-risk. For those referred seniors who do not need full case management the staff will provide brief intervention to link them to available community resources. At least one Navigator should be bilingual, and both will receive cultural competency training. Navigators should have a B.S. degree, primarily in a human services field. The Navigators will serve seniors 50 and over throughout Solano County in places where they feel comfortable (e.g. their homes, senior service centers, recreation congregate dining places, senior fairs or functions, churches, etc...)

Key Components

- Navigators/case managers provide intake, assessment of need, assistance and referral. Assessment will include evidence-based mental health screens and measure of isolation, anxiety, medication management, and other select indicators. All referred clients will receive follow-up calls as well as the referring person
- Navigators provide brief interventions to seniors who need or desire to be linked to community resources and do not need or want further case management services. Navigator case managers, community educators, program coordinators, and Gatekeepers perform brief interventions
- Evidence-based mental health screens will be used during assessments, brief interventions, community trainings, and while providing active outreach at senior events and other outreach events and locations
- Navigators will assist with the expansion of the Grandparents Raising Grandchildren Support Group into another city to provide support to seniors, children, and youth. The program will track utilization, outcomes, and program improvement data
- Client satisfaction surveys will be administered at the close of clients' cases

Milestones and Timelines for Implementation (Gatekeeper & Navigator Strategies)

- Within the first three months after the contract is awarded, the contracting agency will hire project staff and provide a Consulting Psychologist and Program Consultant, as needed
- Within four months, the contractor will have established strategies for curriculum development and a calendar of workshops/conferences to be offered
- Within four months, outreach will be provided to new Gatekeeper Targeted Community Partner groups (currently un-served or under-served) for relationship building
- Within four months the Contractor and staff will receive training on the Grandparent Raising Grandchildren Support Group
- By month four, the Gatekeepers trained will begin to make referrals to the Senior PEI program, with 15 seniors enrolled in case management
- Within six months, the contractor will develop a plan for a Grandparents Raising Grandchildren Support Group in another city that is not currently being served
- By the end of the first funded year, four of the new Gatekeeper Targeted Community Partner groups/individuals will have been outreached to (as well as other new and existing Gatekeepers). A total of 550 Gatekeepers will be trained, with 307 screenings and referrals to the Navigators for brief interventions, and 50 seniors enrolled in case management
- By the end of the first year, the Grandparents Raising Grandchildren Support Group will be ready for participants in another city that is currently under-served
- By the end of the second year, 600 Gatekeepers will have been trained, with 407 screenings and referrals to Navigators for brief interventions, and 60 seniors enrolled in case management
- By the end of the second year, eight of the new Gatekeeper Targeted Community Partner groups/individuals will have been outreached to (as well as other new and existing Gatekeepers)
- By the end of the third year, twelve of the new Gatekeeper Targeted Community Partner groups/individuals will have been outreached to (as well as other new and existing Gatekeepers). A total of 650 Gatekeepers will be trained, with 507 screenings and referrals to the Navigators for brief interventions, and 70 seniors enrolled in case management

3. Program

Program Title:	Proposed number of individuals or families to be served July 2012 - June 2013		Proposed number of individuals or families to be served July 2013 - June 2014		Proposed number of individuals or families to be served July 2014 - June 2015	
	Prevention	Early Intervention	Prevention	Early Intervention	Prevention	Early Intervention
Senior PEI Program						
Gatekeeper Training Program	Individuals & Families Unduplicated: 500 Duplicated: 50		Individuals & Families Unduplicated: 550 Duplicated: 50		Individuals & Families Unduplicated: 600 Duplicated: 50	
Navigator Case Management		Individuals & Families Unduplicated: 300 Duplicated: 7		Individuals & Families Unduplicated: 400 Duplicated: 7		Individuals & Families Unduplicated: 500 Duplicated: 7
Total Senior PEI Project estimated count of individuals and families to be served	Individuals & Families Unduplicated: 500 Duplicated: 50 Total: 550	Individuals & Families Unduplicated: 300 Duplicated: 7 Total: 307	Individuals & Families Unduplicated: 550 Duplicated: 50 Total: 600	Individuals & Families Unduplicated: 400 Duplicated: 7 Total: 407	Individuals & Families Unduplicated: 600 Duplicated: 50 Total: 650	Individuals & Families Unduplicated: 500 Duplicated: 7 Total: 507

4. Linkages to County Mental Health and Providers of Other Needed Services

- The Navigator program will link senior clients 50 and over and their families to County Mental Health, primary care providers, or other mental health providers by providing direct referrals to these agencies and following-up to ensure that they receive treatment or further assessment
- The Navigator will refer clients to other non-traditional preventative programs such as senior centers, part and recreation programs, meals programs, Seniors Without Walls, Peer Counselors, and other Gatekeeper Community Partners
- The Gatekeeper Program will train and link health providers to knowledge resources to support senior mental health
- The Gatekeeper and Navigator programs design includes outreach through non-traditional partners, including linguistic and ethnic minorities

5. Collaboration and System Enhancements

The Navigator and Gatekeeper programs will be promoted through systematic outreach to civic, faith-based, public, and private agencies by:

- Working closely with existing health service providers, including primary care, community clinics (behavioral health integrated, i.e. La Clínica, and non-behavioral health integrated) to co-sponsor Gatekeeper trainings and cross-refer
- Promoting broadly through local media and websites
- Cross-referring to and from other MHSA PEI programs

- Providing CEU credits to medical providers and offer CME credits to Physicians, when appropriate
- Collaborating with Area Agency on Aging programs

Leveraged Resources and Sustainability

- The Gatekeeper program leverages existing senior-serving agencies for recruitment, training facilities, and referral coaching
- Navigators will leverage community prevention and early intervention resources
- Navigators will leverage senior-serving agencies for outreach: SCSC, Coalition of Senior Centers, Multi-Senior Services Program (MSSP), Area Agency on Aging (AAA), Meals on Wheels, Family Caregiver Support Program's respite for family members for seniors and Grandparents Raising Grandchildren program (a support group), all other Gatekeeper partners
- Training conferences will include a fee to cover food, speaker and CEU's, when feasible
- Project will take advantage of a free assessment and technical assistance (TA) related to cultural proficiency through On-Track
- Utilize college interns, when appropriate
- Establish MOU's with Police Departments within Solano County cities to give Gatekeeper Training to their volunteers to use while performing welfare checks

6. Intended Outcomes

Gatekeeper Individual Outcomes

- Increased knowledge among Gatekeepers of senior mental health issues and concerns, signs a senior is having difficulty that could lead to mental health crisis, and how to make a referral
- Increased knowledge and skills for recognizing indicators of common mental health concerns
- Increase the number of referrals to prevention and early intervention services
- Increase outreach and support to groups with demonstrated mental health disparities (e.g. Hispanic, African-American, Filipino, Native Americans, especially ages 50-64)
- Train at least 500 community members as Gatekeepers during FY 12-13, 550 in FY 13-14, and 600 in FY 14-15, including Gatekeeper Targeting Community Groups/individuals and families

Navigator Individual Outcomes

- Increased number of seniors age 50 and over (specifically those who are un-served or under-served, possibly due to stigma and cultural barriers and/or identified as Gatekeeper Targeted Community Groups/individuals) who access prevention and early intervention services measured by the number of cases referred and successfully connected to mental health, primary care and/or

preventative programs

- Number of seniors who received brief early intervention services
- Number of seniors who received case management services
- Number of seniors who have feelings of support and decreased isolation and depression at exit
- Increase support provided to seniors at risk for mental health concerns
- Increase outreach and support to groups with demonstrated mental health disparities (e.g. Hispanic, African-American, Filipino, Native American, specifically ages 50-64)

Overall System Outcome

- Improved integrated senior (age 50 and over) mental health service coordination

7. Coordination with Other MHSA Components

The County's Mental Health Services Act Stakeholder Advisory Council promotes coordination, project oversight, and the leveraging of resources. It has an Older Adult Committee, recruited in collaboration with the SCSC, which advise on senior project programs, provide policy direction and assist in the development of a coordinated sustainability plan. Contractor will also participate in the Mental Health Collaborative (formerly the Continuum of Care Collaborative).

Budget Worksheet and Budget Narrative (Form No. 4)

Form No. 4

County Name: Solano

Date:

PEI Project Name: Older Adult

Proposed Total Number of Individuals to be served: FY 12-13 857 FY 13-14 1007 FY 14-15 1157

Total Program/PEI Project Budget				
Proposed Expenses and Revenues	FY 12-13	FY 13-14	FY 14-15	Total
A. Expenditure				
1. Personnel (list classifications and FTEs)				
a. Salaries, Wages				
Program Coordinator	\$57,468	\$59,192	\$60,968	\$177,628
Navigator Case Manger	\$45,261	\$46,619	\$48,017	\$139,897
Navigator Case Manager	\$39,004	\$40,174	\$41,379	\$120,557
Community Educator	\$39,004	\$40,174	\$41,379	\$120,557
b. Benefits and Taxes @ 20%				
c. Total Personnel Expenditures	\$216,425	\$222,919	\$229,606	\$668,950
2. Operating Expenditures				
a. Facility Cost				
	\$11,050	\$11,050	\$11,050	\$33,150
b. Other Operating Expenses				
	\$63,182	\$66,098	\$69,103	\$198,383
c. Total Operating Expenses				
	\$74,232	\$77,148	\$80,153	\$231,533
3. Subcontracts/Professional Services (list/itemize all subcontracts)				
Consulting Psychologist	\$15,000	\$15,000	\$15,000	\$45,000
Program Consultant	\$8,000	\$8,000	\$8,000	\$24,000
Indirect Costs @ 19%				
	\$47,049	\$48,460	\$49,914	\$145,423
a. Total Subcontracts				
	\$23,000	\$23,000	\$23,000	\$69,000
4. Total Proposed PEI Project Budget				
	\$360,706	\$371,527	\$382,673	\$1,114,906
5. Total Funding Requested for PEI Project				
	\$360,706	\$371,527	\$382,673	\$1,114,906
6. Total In-Kind Contributions				
	\$51,950	\$51,950	\$51,950	\$155,850

Solano County Older Adult Mental Health PEI Project Budget Narrative

These budget figures were developed through consultation with the Area Agency on Aging of Napa and Solano and Solano County MHSa PEI Coordinator. There will be a minimum of one bilingual/bicultural position. No out of state travel has been budgeted.

Personnel

Includes benefits and taxes calculated at 20% with addition of 3% COLA for fiscal years 2013/14 and 2014/15.

<i>Program coordinator</i>	<i>1.0 FTE total</i>	<i>\$177,628</i>
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Oversight for program development/implementation, staff hiring, training, management, and supervision.

<i>Navigator Case Managers</i>	<i>2.0 FTE total</i>	<i>\$260,454</i>
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<i>Community Educator</i>	<i>1.0 FTE total</i>	<i>\$120,557</i>
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TOTAL PERSONNEL EXPENDITURES		\$668,950
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Operating Expenditures

Includes facility cost based upon rent and utilities. Other operating expenses include start-up costs such as recruitment, hiring, program development, office furniture, phones, computers, software, and screening tools. Does not include subcontracts or indirect costs.

<i>Facility Costs</i>		<i>\$33,150</i>
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<i>Other Operating Expenses</i>		<i>\$198,383</i>
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TOTAL OPERATING EXPENSES		\$231,533
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Subcontracts

<i>Geriatric Psychologist</i>	<i>As needed</i>	<i>\$45,000</i>
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To provide support and recommendations regarding challenging cases, develop curriculum, and present for specific Gatekeeper trainings/conferences at \$15,000 for each fiscal year during the contract.

<i>Indirect Costs</i>		<i>\$145,423</i>
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Indirect costs were calculated at 19% and include overall project management and bookkeeping costs

TOTAL SUBCONTRACTS		\$69,000
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Facilities \$15,000

Office space for the Navigators for each fiscal year from 2012 to 2015

CEUs \$1,500

AAA acts as a vendor for CEUs for the Gatekeeper Medical Provider trainings

Gatekeeper Support Staff \$30,000

Includes Outreach Coordinator, Latino Outreach Coordinator, Information & Referral Support, and Family Caregiver Support Coordinator

College Intern \$4,200

The college intern will provide 100 hours per semester to help with Navigator program activities at least one time per year.

Other \$1,250

Other community partners, such as RCFEs and SNFs, provide use of their facilities for trainings, food for the training, recruitment of Gatekeepers to be trained and provide support to Gatekeepers once they are trained.

TOTAL IN-KIND SUPPORT **\$155,850**

Revenue

Workshop Fees \$3,750

\$1,250 per year for each fiscal year from 2012 through 2015, includes CEUs or CMEs. This revenue will add additional monetary support for outreach.

TOTAL Proposed Older Adult Project Budget **\$1,114,906**
Includes first year of grant funding

PEI Administrative Budget

**Form
No.5**

County: Solano

Date: 1/12

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2012-13	Budgeted Expenditure FY 2013-14	Budgeted Expenditure FY 2013-14
A. Expenditures					
1. Personnel Expenditures					
a. PEI Coordinator		1.0	76,910	79,219	81,596
b. PEI Support Staff					
c. Other Personnel (list all classifications) Office Assistant II		.5	24,563	25,300	26,818
d. Employee Benefits			50,736	50,736	50,736
e. Total Personnel Expenditures			152,208	\$155,255	\$159,150
2. Operating Expenditures					
a. Facility Costs			\$0	\$0	\$0
b. Other Operating Expenditures			\$117,750	\$117,750	\$117,750
c. Total Operating Expenditures			\$117,750	\$117,750	\$117,750
3. County Allocated Administration					
a. Total County Administration Cost			\$37,509	\$37,509	\$37,509
4. Total PEI Funding Request for County Administration Budget			\$307,468	\$310,543	\$314,409
B. Revenue					
1. Total Revenue					\$0
C. Total Funding Requirements			\$307,468	\$310,543	\$314,409
D. Total In-Kind Contributions			\$0	\$0	\$0

ADMINISTRATION BUDGET NARRATIVE: FY 2012-13

The budget narrative was determined by Solano County administrative staff.

A. EXPENDITURES

1. Personnel- Total Personnel Expenditure = \$152,208

All recruitment and hiring will comply with Solano County hiring policies, seeking culturally and linguistically diverse individuals. Total personnel cost amount to \$132,312 for fiscal year 2012-13. The overall amount is a sum of salaries and benefits and taxes shown below.

2. Salaries and Wages

1.0 FTE Prevention and Early Intervention Coordinator **\$76,910**

The 1.0FTE PEI Coordinator will provide overall PEI coordination under the direction of the MHSa Coordinator to ensure appropriate implementation of the PEI programs.

0.5 FTE Office Assistant **\$24,563**

The 0.5 FTE Office Assistant will provide clerical support to the PEI Coordinator.

3. Benefits and Taxes

Benefits are estimated at \$50,736 for fiscal year 2012-13. This includes costs for P.E.R.S., social security, pre-tax flex plan, post-tax flex plan, and life insurance.

a. Operating Expenditures

Total Operating Expenditures are estimated at \$117,750

b. Facility Costs.

c. Other Operating Expenditures:

- Contract for Plan Consultant \$45,000
- Contract for Plan Evaluation \$20,000
- Office Supplies \$3,000
- Equipment and Furnishing \$4,000
- Computer acquisition cost \$4,500
- Employee Travel & Training \$21,000
- Rental of Equipment (vehicle/copier) \$ 750
- Incentives for Clients \$1,000
- Interpretation Services \$10,000
- Printing(documents and flyers) \$5,000
- Miscellaneous Expenses \$5,000
(gasoline costs, postage & shipping)

4. County Allocated Administration **Total \$37,509**

5. Total PEI Funding Request for
County Administration Budget **Total \$307,468**

B. REVENUE

1. Total Revenue NONE

C. **TOTAL FUNDING REQUIREMENTS - \$307,468**

TOTAL IN-KIND CONTRIBUTIONS NONE

**Form
No. 6**

County:	Solano
Date:	January, 2012

#	List each PEI Project	Fiscal Year				Funds Requested by Age Group			
		FY 12/13	FY 13/14	FY 14-15	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
1	Early Childhood Mental Health	\$456,000	\$476,013	\$499,110	1,431,123	1,356,123		75,000	
2	School-Aged	\$568,642	\$573,756	\$579,025	1,721,423	1,721,423			
3	TAY	\$305,540	\$313,728	\$322,161	\$941,429		941,429		
4	Engaging Mental Health Consumers	\$534,263	\$431,850	405,113	1,371,226	137,123	68,561	1,028,420	205,684
5	Senior	\$360,706	\$371,527	\$382,673	1,114,906				1,114,906
	Administration	\$307,468	\$310,543	314,409	\$932,420				
	Total PEI Funds Requested:	\$2,532,619	2,477,417	2,502,491	\$7,512,527	3,214,669	1,009,990	1,103,420	1,320,590

- Check this box if this is a “very small county” (see glossary for definition) and the county is electing the option to waive the requirement to conduct a local evaluation of the PEI project. Very small counties electing this option do not need to complete the remainder of this form.

1. PEI Project Name: Early Childhood Mental Health

This project includes four programs:

- Parent/Caregiver Education
- Provider Education and Training
- Screening, Assessment and Referral
- Parent Coaching (Intensive case management)

Project Selection

This PEI project was selected for the following reasons:

- It continues to receive the highest investment of all four projects. Including the match from First 5 Solano, nearly \$1 million is dedicated to this project annually
- It targets a large population. By the second year of implementation, over 700 individuals were served
- It is likely to have measurable results. It is reasonable, given the resources, that the programs will be large enough to have a measureable impact
- Supplemental evaluation resources are available. The evaluation is planned as a joint effort of First 5 and PEI. Through collaboration and joint funding, the capacity to develop and effective evaluation design, to collect and analyze data, and to measure both process and outcome is greatly enhanced
- The outcomes of the programs are specific, targeted, and measurable
- The programs are relevant and important, with strong support among stakeholders. The Early Childhood Workgroup drew up research, needs assessment, and recommendations of the 60-member Early Childhood Mental Health Collaborative
- The partner organizations have excellent capacity to participate in the evaluation. Both funding agencies (Solano County and First 5) have experience and expertise in assisting contract agencies to engage in evaluation design, implementation, and interpretation

2. Expected Outcomes

Individual

Increased parent and caregiver knowledge (*Parent/Caregiver Education Program and Case Management*):

- Of typical and atypical infant and early childhood development
- Of behaviors to support infant and early childhood emotional well-being and child/caregiver relationship
- Of behaviors to support parent/caregiver emotional well-being
- On how to access supplemental mental health resources for themselves and the infants and young children in their care

Increased early childhood provider knowledge and competency regarding (*Provider Education and Training program*)

- Typical and atypical infant and early childhood emotional development
- Behaviors to support infant and early childhood emotional well-being and child/caregiver relationship
- Types and administrative procedures for using mental health screening tools, and competency using the ASQ and ASQ-SE tools, demonstrated by meeting established measures for administering the instruments
 - Increased early identification, referral, and linkages to mental health services for children 0-5 (*all programs – quarterly service reports*)
 - Increased early identification, referral, and linkages to mental health services for parents and caregivers of children 0-5 (*all programs – quarterly services reports*)
 - Improved child mental health (*Case Management*)
 - Improved parent/caregiver mental health (*Case Management*)
 - Improvement in parent-child relationships (*Case Management*)

System

- Number and percent of parent/caregivers enrolling and completing infant and early childhood mental health program (*Parent/Caregiver Education Program*)
- Number of child services providers qualified to administer ASQ and ASQ-SE (*Provider Education and Training Program*)
- Number of young children screened for mental health (*Screening Program, Assessment and Referral Program*)
- Number and percent of screened young children and caregivers identified as significant concern for medical necessity for further intervention (*Screening Program*)
- Percent of referrals engaged in follow-up services (*Screening Program*)
- Increased integration of early mental health services in neighborhood-based CBOs, child care and education, and primary care settings (*all programs – quarterly services reports*)
- Increased service coordination and interagency and interdisciplinary collaboration (*Screening Program Coordinator*)

3. Demographics: Persons to Receive Intervention

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	STRESSED FAMILIES	SCHOOL FAILURE	JUV. JUSTICE	SUICIDE PREVENTION	STIGMA/DISCRIMINATION
<u>ETHNICITY/CULTURE</u>							
African American			602 (23%)				
Asian			63 (2%)				
Pacific Islander			25 (.9%)				
Latino			1043 (39%)				
Native American			7 (.1%)				
Caucasian			477 (18%)				
Other (Mixed, Unknown)			96 (4%) 345 (13%)				
<u>AGE GROUPS</u>			2,658				
Children & Youth (0-5)			1615				
Transition Age Youth (16-25)							
Adult (18-59)			1043				
Older Adult (>60)							
TOTAL			2,658				
Total PEI project estimated unduplicated count of individuals to be served : 1,615							

Note: Ethnicity numbers are based on actual experience during the last fiscal year. The age group allocations are based on program estimates and the targeting of teen parents as an at-risk population. The unduplicated county of individuals served will increase 3%, 3 and 4% each year.

4. Outcome Measurement by Program

All four programs will be required to gather and report participant demographic data (ethnicity, age, geographic location, home language, health insurance) on a monthly basis.

The process will require contractors to supply a logic model and evaluation plan narrative that will address:

- Collection of client demographic data
- Securing appropriate release statements
- Maintaining records of client participation in provided training/service (service type, number of service units, time for service unit, unduplicated numbers served, training sign-in sheets)
- Assisting evaluator in developing and administering any program assessment tools
- Data collection tools and methods

All four programs will count and report performance measures and outcomes on a quarterly basis

An independent evaluator will be contracted to collect, analyze, and develop data for MHSA. This evaluator will coordinate efforts with the First 5 evaluator who will be responsible for generating reports required by First 5.

Additional evaluation methods for each of the four programs include:

Parent/Caregiver Education

The parent/caregiver education program will have two customized evaluation methods:

- a. All participants will answer a retrospective survey regarding their knowledge on workshop content before and after the workshop series. This will be available in English, Spanish, and any other language in which instruction is provided. It will be administered by a parent on the last class meeting and be returned in a sealed envelope to the evaluator who will summarize the data and make it available to the provider and funder agencies.
- b. Three focus groups will be held with parents regarding what is the most important personal goal they take from the workshop series, how they have applied the lessons from the workshops, what was most effective, and what suggestions they have for a more culturally competent program, and other suggestions for program improvement. At least one will be conducted in Spanish. One will be for teen parents. These focus groups will be held within three months of the final class.

The community agency administering the program will assist the evaluator in the development of the training survey instrument, the administration of the survey, and in arranging the focus groups.

Provider Education and Training

The provider education and training program will have two customized evaluation methods:

- a. Provider understanding will be measured through a retrospective survey regarding their knowledge of child development and their ability to identify signs of developmental delays and mental illness before and after the workshop series. The survey will be available in English, Spanish, and any other language in which instruction is provided. It will include one scaled and one open-ended question on cultural competency. It will be administered in the last 15 minutes of each workshop by a provider and returned in a sealed envelope to the evaluator who will summarize the data and make it available to the provider and funder agencies.
- b. Participant competency in using the ASQ and the ASQ-SE will be measured by meeting established standards for administering the instruments

The community agency administering the program will assist the evaluator in the development of the training survey instrument, the administration of pre- and post-tests, and supply results of numbers of participants newly qualified to administer the ASQ and ASQ-SE.

Screening, Assessment, and Referral

The screening, assessment, and referral program will be evaluated on its service contacts (numbers screened), its referral rates (numbers and percent referred), and its follow-up results (percent referral engaged in follow-up services). Service Providers will report these numbers in quarterly Performance Reports.

Intensive Case Management

- Short-term intensive case management will be provided for at least 100 families a year by the two lead agencies during the Screening and Assessment process. Intensive case management includes activities and communication, case coordination, and follow-up for children needing ongoing work and additional services that support that overall health and well-being of the child and family. The goal is to ensure access to needed services through proactive linkage to publicly or privately funded programs in which the child and family qualify. Intensive case management may include referring and linking the family to appropriate community services that help encourage the child's healthy development and/or support the parent's mental health. Still other efforts may include reaching and gathering information for the parent that will assist them in supporting the child's development and facilitating coordination of care. In order for families to promote their children's health and well-being, intensive case management is critical. Parents need additional resources and support as they struggle with added stressors.

PEAK Interdisciplinary Team (IDT) Evaluation

- At least 10 children 0-5 per year will be evaluated with complex developmental/mental health and/or health concerns by the IDT. Referrals for IDT Evaluation may originate from PEAK partners or other community providers and will be reviewed and triaged by the PEAK coordinator for appropriateness for an IDT appointment. The IDT consists of multiple pediatric professionals skilled in services for children 0-5. The team includes a pediatric physical, occupational, and speech therapist. Other team members are communication and feeding specialist, early childhood mental health clinician, developmental specialist, and pediatric registered nurse. Due to PEAKs entrenched collaborations, the IDT also includes an early intervention specialist from the Solano Special Education Local Planning Area (SELPA) to expedite the eligibility and referral processes as appropriate. Other providers, such as child welfare worker or public health nurse are invited as appropriate, in order to form a comprehensive view of each individual child and family's concerns and needs.

5. Data Collection and Analysis

Services providers will collect all demographic and service count data and report quarterly to MHSA and First 5 Solano. Evaluators will have access to these data. Outcome data will be collected as identified above. The evaluator will analyze all evaluation data and generate summary reports of findings, including system outcomes that link all four programs and demonstrate system change over time. Data will be analyzed for trends according to zip code, ethnicity, and gender.

6. Cultural Competency

All evaluation instruments will be administered in the language in which the program is provided (English, Spanish, and other to be determined). Focus groups will be designed for the Parent/Caregiver Education and Parent Coaching programs to explore participant goals and suggestions for improved cultural competency.

7. Program Fidelity

The Parent Education Program will require description of procedures, staff development and monitoring to ensure program fidelity with established instruments in order to gauge progress.

On a yearly basis, program workshops will be provided each year to 100 parents and other primary caregivers of children ages 0-5, including teen parents, foster parents, and kin/grandparents caregivers. Each workshop will accommodate approximately ten participants, and will last approximately two hours. Workshops will be conducted by community-based organizations with expertise in early childhood development and mental health and parenting education.

8. Local Dissemination

First 5 Solano will be featuring evaluation findings locally through its annual Evaluation Report, which is printed and distributed throughout the county and state and to the Solano Early Childhood Mental Health Collaborative.

Solano County Mental Health will distribute findings on its website and to the MHSA Advisory Committee, and promote links via e-mail to all those persons registered as early childhood stakeholders at the planning meetings.

Exhibit 3A
First 5 Special Needs Definition

First 5 California defines children with special needs as having one of the following:

- **Children with identified disability, health, or mental health conditions requiring early intervention, special education services, or other specialized services and supports; or**
- **Children without identified conditions, but requiring specialized services, supports, or monitoring.**

First 5 California does not require counties to track the children under each category separately.

Operational Definitions:

Children with identified disability, health, or mental health conditions requiring early intervention, special education services, or other specialized services and supports

1. Children who are protected by the Americans with Disabilities Act (ADA).

Americans with Disabilities Act (ADA), Public Law 101-336. The ADA's protection applies primarily, but not exclusively, to individuals with disabilities. The term disability means, with respect to an individual:

Has a physical or mental impairment that substantially limits one or more of the major life activities such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working

Has a record of such an impairment, or

Is regarded as having such an impairment

Examples of these impairments are: orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease.

2. Children who have, or are at-risk for a developmental disability as defined by the Individuals With Disabilities Education Act (IDEA) Part C (Early Start 0-3 years old) or have a specific diagnosis as defined by IDEA part B (3 years and above)

IDEA PART C: Children birth to 3 years with disabilities or who are at risk for a disability as defined by California Intervention Services Act (Early Start Program) eligibility:

(1) Infants & toddlers with developmental delay in 1 or more of the following 5 areas: cognitive, physical/motor, communication, social/emotional, adaptive;

(2) infants & toddlers with established risk conditions (known etiology with established harmful developmental consequences);

(3) infants & toddlers who are at high risk of having substantial developmental disability due to a combination of biomedical risk factors

[Title 14, California Early Intervention Services Act, Chapter 4, Section 95014(a)—the Lanterman Act]

IDEA PART B: CHILDREN 3 TO 5 YEARS OF AGE WITH A DISABILITY AS DEFINED BY THE CALIFORNIA DEPARTMENT OF EDUCATION, PRESCHOOL SPECIAL EDUCATION ELIGIBILITY:

Having a disabling condition or an established medical disability, such as autism, deaf-blindness, deafness, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, other health impairment, serious emotional disturbance, specific learning disability, speech or language impairment, traumatic brain injury, visual impairment, and established medical disability [California Education Code, Part 30, Chapter 4.45, section 56441.11(b)(1)].

3. Children that meet the DSM/ZERO TO THREE/California Infant, Preschool, and Family Mental Health Initiative definition or that meet the Federal Maternal and Child Health Bureau at the U.S. Department of Health and Human Services Special Needs definition

DSM classifications: mental retardation, learning disorder, communication disorders, pervasive developmental disorders (including autism and Asperger's syndrome), disruptive behavior disorders (including attention deficit disorder and oppositional defiant disorder), feeding and eating disorders, tic disorders, elimination disorders, and other disorders of infancy, childhood, or adolescence (including anxiety disorder and reactive attachment disorder).

MCH definition: Those children who have or at risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

Children without identified conditions but requiring specialized services, supports, or monitoring.

These children may not have a specific diagnosis but are children whose behavior, development and /or health affect their family's ability to find and maintain services. For example, concerns may be in the area of behavior and social development, communicative development, cognitive development, physical/motor development, or in general development.

Note: The operational criteria are purposely broad. First 5 California assumes counties have an operational protocol for collecting and reporting data on children who fall into this category, using specific criteria which may include:

- *Provider who identifies the condition*
- *Duration of the condition*
- *Screening/assessment tools utilized to identify the condition*

Exhibit 3B

Definition of “Screening” and “Assessment”¹⁴

Screening

The identification of “immediate/current” behavioral health (mental health or substance use) needs. A screening process, usually documented in the form of a standardized instrument, is typically quick, easy to administer and score, and can be reported and/or documented by the child/youth, family member/caregiver, teacher, clinician or other reliable source who knows the child/youth. Screening is usually based on clinical, behavioral, or functional status that is 1) immediate or current; 2) observable; 3) includes the family with their informed consent; and 4) is dependent on state law of the minor youth...If a child/youth is screened and determined to meet the clinical/behavioral/functional criteria to enter services, the child/youth would then be referred for an assessment.

Assessment

A process that is more comprehensive, includes the family, and as AACAP recommends, assesses the child in all life domains including evaluating the strengths of the child/youth and family. The assessment usually takes place within 30 days of intake and screening and must contain certain components:

- It should be conducted by a qualified individual with the appropriate credentials required by the licensing authority
- The assessment should be developmentally appropriate for the age and cognitive capabilities of the child
- It must be culturally and linguistically appropriate for the child/youth and family, taking into consideration the family’s level of acculturation and assimilation; their cultural world views of health/wellness, illness, and treatment; and their values, traditions, beliefs, rituals, and practices. In addition, it should be conducted in the preferred language and in a setting that is conducive to the most cooperation from, and ease for, the child/youth and family

In general, assessment must be individualized to meet the needs and identify the strengths of the child/youth. As with all interventions, informed consent must be sought and properly documented.

¹⁴ From the American Academy of Child and Adolescent Psychiatrists