Solano County
Health & Social Services

Mental Health Services Act
Prevention and Early Intervention Plan

DRAFT FOR PUBLIC REVIEW

June 27, 2008

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County: Solano **Date: 6/27/08**

PEI Community Planning Process

Overview of PEI Planning Process

The PEI Community Planning Process included broad general outreach, community forums in all 7 cities, targeted outreach (to ethnic minorities and underserved populations), a public stakeholder process, creation of community-based workgroups, and the mobilization of existing mental health staff and advisory groups.

1. **Orientation to PEI of existing mental health advisory groups and staff. (September-November, 2007).** All of the following groups received orientation and training to PEI and dedicated time at their regular meetings to identify prevention and early intervention needs and best practices. They were also kept informed of the progress of PEI planning and continued to offer input on the process.

    - **The Health and Social Service (HSS) Executive Staff**, which includes top management of health, mental health, social services, substance abuse treatment, employment/eligibility, and research and planning.
    - **The Cultural Competency Committee,** which includes the mental health director and mental health managers, supervisors and line staff, as well as community partners such as Latino Family Services and NAACP.
    - **Adults System of Care Planning Group**, which includes HSS adult services managers, supervisors and line staff; crisis services staff; contractors for adult mental health services; in-patient mental health treatment providers; vocational rehabilitation, community college staff, homeless service providers; substance abuse providers and adult consumers.
    - **Children's System of Care Planning Group**, which includes HSS children's services managers, supervisors and line staff; Child Welfare Services; contractors for children's mental health services; Special Education Local Planning Area (SELPA) and other school-based children's services; and community child advocates
    - **Consumer and Family Advisory Committee,** which includes adult consumers, family members of adult and child consumers of mental health services, as well as representatives of NAMI and the Bi-Polar Support Group. This group monitors implementation of MHSA, identifies service gaps and recommends service strategies. The group regularly discussed and provided feedback to the PEI planning process.

2. **Outreach** – Information on PEI and the PEI Community Planning Process, as well as flyers inviting all community members to attend local PEI Community Forums, was 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. Flyers were distributed at the advisory committees listed above, and information was posted on the Solano County MHSA website http://www.solanocounty.com/FileDownloads/Downloads.asp?NavID=1199 .

3. **Community Forums** – In October and November 2007, Community Forums were held in each of the seven Solano County cities, from Dixon in the north county, to Vallejo and Rio Vista in the southwest and southeast. The agenda of each forum included opportunities for local residents to share personal situations where early intervention could have made a significant difference, and discussion of the following questions:

    - Who are the people who are most underserved? Who would benefit the most from prevention and early intervention services?
    - Who needs to be enabled to respond to the underserved?
    - What are the elements of an intervention program?
    - Where do we deliver the services?

    Over 90 people attended the forums, ranging from six in Fairfield to 22 in Vallejo. Participation in the smaller communities of Dixon (10 participants), Benicia (14), Suisun (10) and Rio Vista (16) was particularly noteworthy. Attendees represented every segment of the community, from residents and consumers to cities, schools, libraries, churches, and non-profit and county employees. Summaries of forum responses regarding underserved populations and needs for each age-group population are included in Section 3.

    In addition, a focus group for the Filipino and Pacific Islander community was held in May 2008 with approximately 20 participants.

4. **Stakeholders Group Meetings (September 2007- May 2008).** Members of the CSS (Community Services and Support) Stakeholders Group were re-convened in September 2007 to provide input and oversight to the PEI process. The Stakeholder Group 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 all cultural/ethnic communities in the county (white, African-American, Asian/Pacific Islander/Filipino, Hispanic) were included in this group. Over the course of the seven months of meetings, this core group expanded to include additional individuals and groups specifically providing prevention and early intervention services to individuals across the span of age groups.

Stakeholders Meetings were open to all, and discussion and questions were invited from all participants. All representatives of organizations that participated in the Stakeholders Group are listed below by category.

Category	Agency
Underserved Communities	Latino Family Services, NAACP, Cultural Competence Committee, a Rio Vista City Councilmember and a Rio Vista Police Chief, and representatives of the Solano County Senior Coalition
Education	Adult Education, Solano Special Education Local Planning Area, Solano County Office of Education, and Vacaville, Fairfield/Suisun, Vallejo, Benicia and Dixon School Districts
Mental Health Consumers and Family Members	Chair, Mental Health Board, National Alliance on Mental Illness (NAMI), Consumer and Family Advisory Committee (2), Solano Parent Network and 3 Transition Age Youth (TAY)
Public and Private Providers of Mental Health Services	County Mental Health Deputy and Assistant Directors and Staff (Children, TAY, Adults, Older Adults, Fiscal, Consumer Liaison, Research, Planning and Quality Management) and private mental health service providers including, among others, Aldea, Seneca and Rio Vista Cares
Health	Partnership Health Plan, Planned Parenthood, La Clinica, Family Health Services, Touro University, MCAH, Health Partnerships, North Bay Health Centers, Solano Coalition for Better Health and County Public Health and Substance Abuse Services
Social Services	County Child Welfare Services, SSI Advisory Committee CalWORKs, First 5 Children's Nurturing Project, CAP Solano, Solano Family and Children's Services, Youth and Family Services
Law Enforcement	Public Defender; Rio Vista, Dixon and Vacaville Police Department; County Sheriff and Probation
Community Family Resource Centers	Children's Network and six Family Resource Centers, Mission Solano (homeless services), Faith in Action
Employment	Workforce Investment Board, County Employment and Eligibility.

The six Stakeholders Meetings were announced on the Solano County MHSA website and through e-mails to all attendees, and were open to all. The Stakeholders Group met six times to review information gathered from the community forums, the CSS planning process and CSS implementation; to determine county PEI needs and target populations; to establish workgroups; to develop and refine workgroup projects; and to develop criteria to select projects to be included in the PEI plan. Discussion and questions were invited from all participants, and decisions were made by consensus.

5. **Workgroups. (October 2007-May 2008)** In order to develop projects, the stakeholders formed five workgroups. Based on needs and target populations identified in community forums and meetings of advisory groups and the Stakeholders Group, five workgroups were originally established, each chaired by a member of the Stakeholders Group. The original five groups were:

    - Underserved Populations
    - Stressed Families/Early Childhood
    - Children and Youth at Risk of School Failure
    - Children and Youth at Risk of Juvenile Justice Involvement
    - First Break/Transition-Aged Youth (TAY)

The groups were open to all interested community members, and included a variety of public and private members. (See individual project descriptions in Section 3.) Each group was charged with conducting outreach and research to determine specific needs of their population and target groups, and developing projects to include in the PEI plan.

By February, it became clear that the School Failure and Juvenile Justice Groups were recommending similar projects, so the two groups were combined. In addition, the Underserved Populations Group, which had had difficulty in defining both its membership and target populations, was beginning to focus more on older adults. In March, all workgroups were charged with addressing the needs of underserved populations, and a new Older Adult Group replaced the Underserved Populations workgroup.

6. **Selection of Projects. (May 2008)** A subcommittee of the chairs of the 4 workgroups, the county's consumer liaison, the Director of Mental Health and the Interim MHSA program manager, was appointed to determine whether projects met the state's and county's criteria for PEI, and to determine funding allocations. The results are presented in Section 3 of the plan.

County Staffing

An experienced and expert county team ensured that the Community Planning Process was comprehensive and effective despite the challenge of leadership transitions during this period. The team included:

- **Marcia Jo**, MHSA Coordinator and Program Manager in the Mental Health Division of the Solano County Department of Health and Social Services, led the PEI Planning Process between September 2007 and January 2008. An experienced manager who was responsible for the Community Services and Supports Planning Process, plan-writing and program implementation, Ms. Jo designed and implemented the first stages of the planning process. In January, in preparation for her departure from the department and to ensure that the transition to a new MHSA Coordinator would be smooth, Ms. Jo contracted with an experienced policy consultant, Lynn DeLapp, to guide the Community Planning Process, facilitate the Stakeholders Group and workgroups, and write the PEI plan.
- **Glenda Lingenfelter,** MHSA Coordinator and Mental Health Division Program Manager assumed responsibility for PEI (and CSS) in March 2008. She guided the planning process during its final four months, oversaw the work of the independent consultant, and held primary responsibility for the Stakeholders Group, project selection, external communication and community partner involvement with PEI. She acted as liaison with the staff team and the Department Executive Team, and met regularly with county planning groups and advisory committees.
- **Michael Oprendek**. Michael Oprendek, appointed Mental Health Director in December 2007, brought in-depth knowledge of MHSA and PEI from his previous work at the State Department of Mental Health and California Institute for Mental Health. He has overseen the project, provided insight to the intent and details of the PEI planning process and Guidelines, and participated in the process to select projects to be included in the PEI plan.
- **Stephan Betz**, Deputy Director and Interim Mental Health Director until December 2007 oversaw the beginning of the PEI Community Planning Process. Mr. Betz participated in statewide discussions of MHSA and PEI, and supported the MHSA Coordinator in the design of the PEI process. He brought an extensive background in service integration and coordinated planning to the effort.
- **Mental Health program and fiscal staff**
    - Michael Kitzes, Mental Health Manager, Jacqueline Smith, MH Supervisor and Donna Fields, Deputy Director of Older and Disabled Adults attended Stakeholders meetings, served as liaisons and provided assistance to the Early Childhood, Transition-Aged Youth and Older Adult workgroups.
    - Karl Cook, Staff Analyst and Moira Sullivan, Assistant Director of Solano County Health & Social Services attended the Stakeholders meetings and provided budgetary data.
    - Robert Sullens, MHSA Housing Project Manager facilitated seven community forums.
    - Janet Flores, Family Advocate and Rachel Ford, Parent-Consumer Advocate, ensured participation of clients and family members.
    - Joseph Robinson represented the Cultural Competency Committee and provided information on the Workforce and Employment Training component of PEI.

- Cathy Woodhall, Natasha Montgomery, and Christine Westdyk 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 planning process implementation, facilitation of workgroups and the Stakeholders Group, development of a project selection process and to write the PEI plan.

Participation of Key Groups

Representation of unserved and/or underserved populations and family members of unserved/underserved populations.

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

- ***Hispanic and Spanish-speaking residents of all ages were found to be underserved***. Most underserved 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 represented in the Stakeholders Group and workgroups by leaders of the Hispanic Community including the Latino county staff representative and the Executive Directors of Latino Family Services, Faith in Action, La Clinica Vallejo and Crestwood, a contract agency providing mental health services to Hispanic clients in Dixon under the CSS plan.

- ***Asian/Pacific Islanders.*** CSS data analysis showed that Asian/Pacific Islanders across all age ranges were underserved. Solano County, and particularly the city of Vallejo, is home to a significant underserved population of Filipinos. Although several Asian and Filipino representatives attended the Stakeholders meetings, Asian/Pacific Islander representatives were asked but declined to participate in the Underserved Populations workgroups. To ensure direct input and feedback from the community, however, a Filipino/Asian focus group was held midway through the planning process at a Filipino Community Center in Suisun. The forum, which drew approximately 20 community leaders, was co-led by a member of the Filipino community and offered translation in Tagalog. The focus group offered participants the opportunity to comment on PEI projects developed by the workgroups and to offer revisions to ensure that the projects addressed their needs.

- **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 underserved. During the initial phase of PEI Community Planning, Older Adults were included as one of several potential target populations by the Underserved Populations workgroup. After that workgroup was disbanded, an Older Adult workgroup was formed to focus on older adult issues and services. This new workgroup was composed of older adult activists, service providers, family members, consumers and community members as well as representatives of the Hispanic community and service providers to the Filipino Community. 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, pages 68-70.)

- **Transition Age Youth (TAY).** CSS data indicated that TAY youth of all ethnicities, cultural groups and geographic communities were underserved. To gain a better understanding of the needs of this population, three Transition Age Youth including a Hispanic youth served on the PEI TAY/First Break workgroup and the Steering Committee, and made a presentation to the Steering Committee. The TAY workgroup discussed potential projects with 33 TAY county clients to identify activities/services which might have prevented or reduced the impact of their illness. A description of additional research on this population is found in the description of the Transition Age Youth Project on pages 51-53.

- **Children 0-18** While analysis showed that few prevention or early intervention mental health services were available to *any* children, the greatest service disparities were identified among Asian/Pacific Islander and Hispanic English learners, and Hispanic children (often from undocumented or farmworker families living in remote areas). Children were represented on the Stakeholders Group by three community based organizations dedicated to serving children and families, public schools, the Special Education Local Planning Area, juvenile probation, the Solano Parent Network, and family members. In addition, the Early Childhood/Stressed Families workgroup included representatives of the Early Childhood Mental Health Collaborative which conducted an extensive needs assessment across the county, gathering data from all underserved populations. A description of this research is found in the description of the Early Childhood Project starting on pages 16-19.

- **Other** In addition to specific underserved 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 Stakeholders Group included a city councilmember and police chief from Rio Vista, the Director of Special Education from Dixon and a representative of the Dixon Police Department.

- **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 Stakeholders Group and workgroups. The small Native American Community in Solano County was invited to participate in the PEI planning process but we were not able to engage them to do so.

Diversity - geographic location, age, gender, race/ethnicity, language.
The Solano PEI Community Planning Process provided opportunities for diverse participation.

- **Geographic location:** As reported above, early in the Community Planning process, Community Forums were held in each of the seven Solano County cities, from Dixon in the north county, to Vallejo and Rio Vista in the southwest and southeast. The Stakeholders Group also included representatives of all communities.

- **Age** Special efforts were made to ensure involvement in the PEI Community Planning Process of age groups which were perceived as not being well-represented during CSS planning:
    - **Early childhood** – The Stakeholders Group included representatives of Solano First 5 and two community-based organizations providing services to this population. The Stressed Families/0-5 workgroup drew members and information from the Early Childhood Mental Health Collaborative, a public-private collaborative of 60 individuals representing a plethora of organizations providing mental health or related services to children 0-5 and their families. (See Early childhood project description) The workgroup supplemented county population and health information with extensive data on countywide mental health needs and services from an October 2007 early childhood mental health needs assessment.

    - **School Age Youth** – Children and Youth from 6 to 17 were represented on the Stakeholders Group by family members, county staff responsible for children's services, the County Office of Education, the Special Education Local Planning Area, four school districts, Juvenile Probation and non-profit organizations serving children and families. Two workgroups, (1) children and youth at risk of school failure and (2) children and youth at risk of juvenile justice involvement- addressed children and youth issues. The workgroup on children at risk of school failure included: parents of students referred for student support services, and the group on children at risk of juvenile justice involvement included a parent of youth with juvenile justice involvement. To further ensure that the views of parents and students informed workgroup proposals, input from parents and students included in the County Office of Education strategic planning committee findings were reviewed. As noted above, the groups merged midway through the planning process.

- **Transition Age Youth (TAY) –** The Stakeholders Group as well as the First Break/TAY workgroup included youth, non-profit organizations and county staff serving TAY and their families.

- **Older Adults –** Older Adults were represented on the Stakeholders Group by representatives of a non-profit and public organizations serving older adults, consumers and county mental health staff. In addition, the MHSA coordinator met with the Senior Coalition and Vallejo Senior Roundtable to obtain input on prevention and early intervention needs of older adult advocacy groups. The Older Adult workgroup also drew upon a recent needs analysis and recommendations from a countywide strategic plan for Older Adults. The Older Adults project was reviewed and endorsed by the Solano County Senior Coalition.

- **Gender, Race and Ethnicity –** The Stakeholders Group and workgroups were well-balanced for gender; the Stakeholders Group included a representative of the GLBT community. As noted above, the Stakeholders Group included representatives of multiple ethnic/cultural groups, with the exception of Native Americans. (The Tribal Council was asked to send a representative but declined.) All workgroups made significant efforts to ensure diverse participation and gathered race/ethnicity specific data.

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 educate participants and offering their perspectives on needs and existing services. Solano County mental health staff, including a family advocate and a parent/consumer advocate were charged with outreach to consumers and family members. These staff members always discussed PEI at CFAC, NAMI and the Bi-Polar support meetings. They also collected information from family and consumers, which they brought back to the larger stakeholder meetings, and conferred with the workgroups.

Participation (See above) and Training Stakeholders and other participants received the following training:

Many members of the Stakeholders Group had previously participated in the CSS community planning process and received training on the MHSA and its principles, and their role in the MHSA process. Training on PEI and the Community Planning Process was conducted at the county and community advisory committees listed above in the overview and at the first Stakeholders meeting. The MHSA also developed a briefing paper on PEI, which was distributed widely. Both the briefing paper and the training sessions included a refresher on MHSA, the purpose and role of the Stakeholders Group, and new information on the PEI Guidelines and Policies. Differences between PEI and CSS were emphasized, using the prevention-early intervention and treatment continuum diagram, and emphasizing the continuing need to address stigma and

disparities of service. Stakeholder training also included instruction on the roles and responsibilities of the workgroups in obtaining input from consumers, families and their constituencies and developing recommended projects to meet needs identified in the community forums and their own work group research. Workgroup leaders were given the responsibility of training their workgroups on their roles and responsibilities.

Community education was provided in the seven local forums, the Asian-Pacific Islander forum, presentations to numerous community groups, and regular updates on the Solano MHSA website.

Summary of Community Planning Progress Effectiveness

Solano County learned key lessons during the CSS Community Planning Process that have been applied to the PEI process.

Lesson #1: The process must be transparent and inclusive. Since approval of the CSS plan, criticism has been raised about the transparency of the CSS process. Several constituencies noted that they had not been informed of changes made to a component of the plan that was sent back to the county for revision or claimed that their group had not been involved in the process.

During PEI, significant attention has been paid to transparency and inclusivity, in the following ways:

- *Broad invitation to participate.* All community members have been invited to attend *and participate* in the Stakeholders meetings, workgroups and community forums. A special forum was convened midway through the process when it became apparent that representation of the Filipino community was inadequate.
- *Flexibility*. When older adults spoke up midway through the planning process and said that their needs were not being addressed through the existing workgroup structure, changes in the workgroups were made to ensure that their needs were addressed.
- *Substantial active involvement.* Stakeholders were directly involved in both the development of the projects and the writing of the plan. Thus, stakeholders were kept in the picture as plans evolved. They will continue to be involved in the public comment process and in monitoring the implementation of the plan. During the 2008-09 fiscal year, a new MHSA advisory group will be created to monitor progress on the MHSA projects, to provide linkages with community resources, to seek ways to leverage resources across projects and provide feedback on the implementation of all components of the MHSA plan.

Lesson #2: Stakeholders must make the key decisions. Several CSS stakeholders claimed that the county had made all the decisions about who would get the CSS money. While not accurate, this statement reflects perceptions that stakeholders were not significantly involved in the allocation of CSS funding. During the PEI process, stakeholders made the key decisions.

- ✓ Projects were developed primarily by workgroups with only limited representation by county staff,
- ✓ Criteria for selection of projects above and beyond the criteria required by the PEI guidelines were discussed and decided by consensus by the Stakeholders Group, and
- ✓ A subcommittee composed of the four workgroup leaders, two mental health managers and a consumer liaison made final decisions on project selection and overall allocation of funding among the projects.
- ✓ When several groups advocated for specific projects and funding levels outside the Community Process, including complaints to the Board of Supervisors, the Mental Health Director and MHSA Coordinator remained adamant about closely following the State Guidelines for the PEI Community Planning Process, and honoring the stakeholder/workgroup process adopted by the Stakeholders Group.
- ✓ A member of the Stakeholders and Older Adult Workgroup, Father Robert Fuentes remarked at the close of the project selection process, "The planning process was very affirming in ensuring the community was absolutely involved in the process."

Lesson #3: Close attention must be paid to providing realistic and inclusive cost estimates in the plan. Several programs approved within the CSS plan had to be substantially scaled back because administrative and personnel costs had not been accurately calculated. Stakeholders and county staff are closely reviewing the proposed budgets for PEI projects to prevent a repeat of this error. If errors are found, stakeholders will be brought in to discuss budgetary changes.

Measures of success that outreach efforts produced an inclusive and effective community program planning process with participation by individuals who are part of the PEI priority populations, including Transition Age Youth.

Measures include:

- Direct participation in project planning (older adults and TAY) or indirect participation, including surveys of parents and students, as well as in-depth needs assessment (early childhood) were a feature of the projects.
- A community forum aimed specifically at the Filipino/Asian population, when it was recognized that outreach to that community had not yielded enough feedback from that group.
- Involvement of individuals who are part of the priority populations in community forums.
- Projects that reflect statistical and research findings about priority populations.

County Public Hearing

The Public hearing is scheduled for July 28, 2008. The Three-Year Program and Expenditure Plan was circulated to representatives of stakeholder interests and any other interested parties in the following ways:

- Solano MHSA website
- Notices of plan availability posted in public buildings, libraries, and offices of mental health providers.
- Copies of the plan sent out to all members of the Stakeholders Group and workgroups

Summary and analysis of substantive recommendations for revisions
(To be completed after the Local Mental Health Board Public Hearing)

___ individuals representing ___ organizations participated in the Public Hearing which was held by the Local Mental Health Board on _____. In addition, ___written comments on the plan were received. Listed below are substantive recommendations for revision and analysis by county staff:

County: Solano **PEI Project #1 Name: Early Childhood Mental Health** **Date: 6/27/08**

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	☐	X	☐
2. Psycho-Social Impact of Trauma	X	☐	X	☐
3. At-Risk Children, Youth and Young Adult Populations	X	☐		
4. Stigma and Discrimination	X	☐	X	☐
5. Suicide Risk	☐	☐	☐	☐

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
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	X	☐	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☐	☐	☐
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	☐	☐		
		☐		

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

The strategies included in the Early Childhood Project were selected on the basis of the following stakeholder input and data analysis.

Stakeholder Input

- **CSS Planning Process**. During the CSS community planning process, stakeholders identified the following prevention and early intervention needs for young children:

  - Education for family members, teachers, and other caregivers about child development, emotional development, conditions which would benefit from services, and how to access services
  - Special efforts to serve unserved ethnic groups
  - More coordinated, integrated services with child welfare and service providers
  - Transportation support

- **PEI Community forums**: Each of the seven PEI community forums identified young children and their families as underserved populations. The following tables list specific underserved populations related to young children and needed services for these populations identified by forum participants:

Underserved Populations Identified at PEI Community Forums
Children 0-5 and Their Families

Populations	Rio Vista	Vallejo	Dixon	Suisun	Vacaville	Benicia	Fairfield	Total
0-5 and their parents, grandparents, caregivers	x	x	x	x	x	x	x	7
Latinos/mono-lingual Spanish/undocumented/ immigrants	x	x	x	x	x	x	x	7
Children in stressed families (substance abuse, domestic violence/trauma, pregnant/parenting teens, incarcerated parents, homeless)	x		x	x	x	x	x	6
Low-income/ uninsured			x	x	x	x	x	5
Asian /Filipino		x		x	x		x	4
Foster children	x		x	x		x		4
Childcare, preschool providers		x	x	x				3
Geographically isolated	x					x		2
Military families				x			x	2

Service Needs Identified in PEI Community Forums
Children 0-5 and Their Families

Needs	Rio Vista	Vallejo	Dixon	Suisun	Vacaville	Benicia	Fairfield	Total
Parent Education	x	x	x	x	x	x	x	7
Training for health care providers, community organizations	x	x	x	x	x	x	x	7
Outreach/community education		x	x	x	x	x	x	6
Training on early intervention for childcare, preschool teachers	x	x	x		x	x	x	6
Screening/Assessment			x	x	x	x	x	5
Culturally, linguistically competent staff			x	x		x	x	4
Support groups			x		x	x	x	4
Transportation	x	x	x			x		4
Resource guides/ /hotlines		x				x	x	3
Case mgmt/family advocates/navigators				x		x	x	3
In-home services		x	x		x			3

Overall, participants identified low-income Hispanic and Asian/Filipino populations as underserved, as well as foster children and young children living in stressed families due to substance abuse, child abuse or neglect, teen parents, domestic violence or other high risk familial or environmental situations. Participants recommended community outreach and education and training on early childhood mental health issues to parents and community-based organizations. The forums recommended that services and education be offered where parents and children gather, including childcare and preschool sites, homes and neighborhood sites, Family Resource Centers and primary health care clinics.

The PEI Stressed Families/0-5 Work Group. This workgroup included 21 representatives of public and private agencies and departments working with the 0-5 population and their families. They included representatives of health care providers, public health, foster care, children's collaboratives, teen parent services, childcare planners and providers, child welfare services, early mental health services, child care and preschools, First 5, and others. The group brought diverse opinions and concerns to the table and eventually came to consensus on the priority strategies to be addressed for this population. In addition, the group researched and compiled a 0-5 Best Practices list of evidence- and research-based screening, assessment, and treatment models to bring into the projects as well as the collaborative group of 0-5 providers.

Solano Early Childhood Mental Health Collaborative Needs Assessment. Input from PEI forums complemented an extensive county-wide Needs Assessment of early mental health conducted by the Solano Early Childhood Mental Health Collaborative. The Collaborative, a broadly representative group of parents and public and private

mental health, social services, faith, health care providers, health care and insurance organizations, preschool and child care providers, special education agencies and other organizations serving children 0-5, includes representatives of all geographic and cultural/ethnic/language groups. The needs assessment included:

Demographics A review of Solano county demographics of children 0-5 revealed there are approximately 35,000 children age birth through 5 in Solano County. National research from the Zero to Three Organization (www.zerotothree.org) as well at the national data from ACF (Administration for Children and Families) and the NIMH (National Institute for Mental Health) indicate that between 10-15% of the population, including 0-5, have a mental health/social emotional condition severe enough to warrant medical necessity for treatment services. Extrapolating this data to Solano County, between 3,500 and 5,250 Solano infants and preschool age children need mental health and/or social/emotional/developmental intervention. Among all current providers for early mental health services for Medi-Cal eligible children, Solano County is currently serving approx. 300 0-5 children annually. This means that over 90% of the children who need services have not yet been identified.

Assessment of Existing Services. A countywide review of mental health services for children 0-5 and their families, conducted in 2007, found that while there were limited early intervention and treatment services available, there are significant gaps in provider capacity, training, early screening and identification of children needing services, community outreach and service coordination across programs and providers. [1]

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, 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. 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%).

[1] 0-5 Service Matrix and Gap Analysis, *Solano Early Childhood Developmental Health Collaborative Strategic Plan,* November, 2007.

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 Partnership.[2] 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 their community.

3. 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 are new programs that build on small pockets of existing but un-related services and programs throughout the County. 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, homelessness, parents with developmental delays or mental illness.)

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

Although services will be offered countywide as resources permit, 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 CPS referral rates and the experience of service providers working in these neighborhoods.

[2] Duerr Evaluation Resources, *Mental Health needs Assessment for Children Aged 0-5 Years in Vallejo, California,* January, 2007.

Strategy 1: Parent and Caregiver Education
This universal prevention program will provide workshops or other parent education activities each year to 250 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 organizations 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 classes 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 community 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 three months after a contract has been signed with Solano County, 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 70 parents and caregivers.
- Within twelve months, 250 parents and caregivers will have participated in the workshops.

Strategy 2: Provider Education and Training. The second universal prevention strategy is to educate and train public and private providers of services for children ages zero to five in high-risk neighborhoods and 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 (years 1 and 2) with an average of fifteen participants per training. Length of trainings will range from one to three hours with an average of two hours. Providers may include staff from family child care, childcare/early education and preschool centers, recreation programs, primary health care clinics, community-based organizations such as Family Resource Centers, WIC and others. During the first year of the program, priority will be given to providers serving children from birth to three years old. Workshops will be conducted by professionals and/or 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. Providers will also learn and apply basic social, emotional and developmental screening skills based on identified best practice models and curricula, including the Ages and Stages Questionnaire (ASQ), 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 Family Resource Center Network, the Early Childhood Developmental Health Collaborative, as well as Solano Family and Children's Services and local medical/pediatric groups.

Milestones and Timelines for Implementation:

- Within three months after a contract has been signed with Solano County, 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 approximately 75 providers, who will be qualified to administer ASQ and ASQ-SE.
- Within twelve months, 200 providers will have participated in the workshops and be qualified to administer ASQ and ASQ-SE.

Strategy 3: Screening, Assessment and Referral The third strategy is screening and assessment for 350 infants and young children and their parents annually who have been identified by home visitors, pediatricians, child care providers, or others as at high risk for negative social/emotional outcomes. 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. 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/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. Referrals will be triaged by the system-wide "Coordination" function for referral to screening/assessment services. Infants/children who do not have high risk factors and those aged from three to five years may receive screening services as capacity allows.

Screening/assessment will be conducted with the parent-child dyad by qualified staff from 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 organizations offering family support services. Developmental screening will initially be conducted using the Ages and Stages (ASQ) and Ages and Stages Social Emotional (ASQ-SE) 0-5 tools. If indicated and appropriate, the child will receive further assessment from skilled and qualified staff with expertise in the use of more specialized assessment instruments

(from the attached Best Practices list) such as the AAPI (Adult-Adolescent Parenting Inventory), BITSEA (Brief Infant Toddler Social Emotional Assessment), Carey Temperament Scales, tools included in the DC 0-3R, Dunn Sensory Integration Screening, Edinburgh Depression Scale (for postpartum depression), ITSEA (Infant Toddler Social Emotional Assessment), and M-CHAT (screening for autistic symptoms in toddlers). See attached list for comprehensive battery of possible instruments.

Children and their parents showing significant concerns and meeting medical necessity criteria for further intervention will be immediately referred to public or privately funded programs such as EPSDT mental health, North Bay Regional Center Early Start (age birth-3), school districts (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 concern will be evaluated for possible services under Strategies 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 three months after a 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 ASQ and ASQ-SE, and a referral process shall be developed for both the initial screening and assessment services.
- Within six months, at least 100 infants and their parents will be screened
- Within twelve months, 350 infants and their parents will have been screened.

Strategy 4: Parent Coaching. The final strategy is intensive parent coaching to improve the parent-child relationship for approximately 110 parents and 140 children. Families referred to the program will have been identified by community providers and/or Child Protective Services as meeting the criteria for “stressed families” and will include families reported to CPS 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 curricula. For one on one coaching only, trained providers of PCIT (Parent-Child Interaction Therapy) will provide the coaching for the most complex and intensive cases needing coaching. The Coordination function of this project, (as described in section number 6, page 25,

identified as 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 these services, 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. Once all three models have been evaluated for outcomes and effectiveness with cost-benefit analysis for services in Year 1, parent coaching models will be selected for Year 2 and ongoing, and may include any or all of the following Best Practices: Nurturing Parenting Program (one on one and/or group), Incredible Years (one on one and/or group), and Parent-Child Interaction Therapy (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 collaboratives and health organizations identified for Strategies 1 and 2.

Milestones and Timelines for Implementation:

- Within three months after a contract has been signed with Solano County, qualified agency staff will have been identified 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.

4. Programs

Program Title	Proposed number of individuals or families through PEI to be served through June 2009		# months in operation through June 2009	Proposed number of individuals or families through PEI to be served June 2009-June 2010 (program will be in operation 15 months through June 2010)	
	Prevention	Early Intervention		Prevention	Early Intervention
Parent and Caregiver Education ASQ, ASQ-SE	Individuals: 250 Families:	Individuals: Families:	12	Individuals:250 Families:	Individuals: Families:
Provider Education and Training ASQ, ASQ-SE	Individuals:100 Families:	Individuals:100 Families:		Individuals:100 Families:	Individuals:100 Families:
Screening and Assessment: Ages and Stages (ASQ) and Ages and Stages Social Emotional (ASQ-SE) 0-5; see attachment for other best practice screening and assessment instruments.	Individuals: Families:	Individuals: 350 Families: 300		Individuals: Families:	Individuals:350 Families: 300
Parent Coaching: Nurturing Parenting Program, Incredible Years, and Parent-Child Interaction Therapy (PCIT)	Individuals: Families:	Individuals:250 Families: 110 (110 parents, 140 children)		Individuals: Families:	Individuals:250 Families:110
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals: 350 Families**:	**Individuals: 700 Families**: 410		**Individuals: 350 Families**:	**Individuals: 700 Families**: 410

5. Alternate Programs

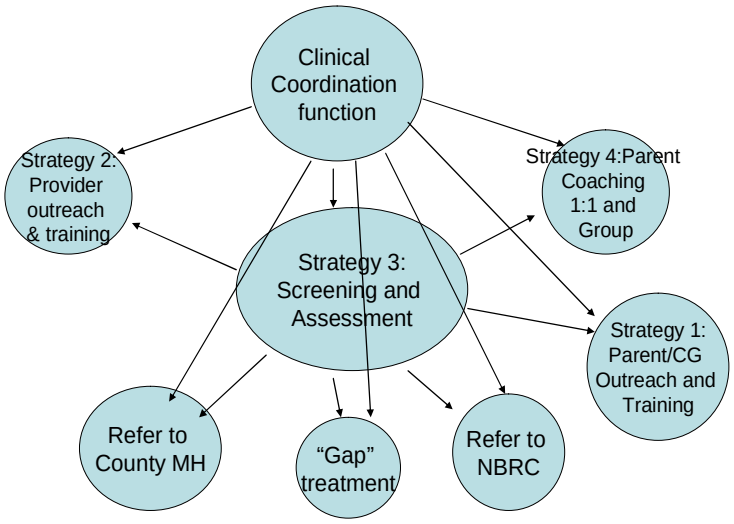
☑ Please check box if any of the programs listed above are not in the PEI Resource Materials.

Please see attached document: Solano Early Childhood Developmental Health Collaborative approved Best Practices model list for 0-5 screening, assessment, and intervention services, approved November 2007

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

The Screening and Assessment Component links participants who need assessment or extended treatment to County Mental Health, North Bay Regional Center, primary care providers or other mental health providers through providing direct referrals to these agencies, and following up to ensure that they receive treatment or further assessment.

The overarching element that pulls all 4 early childhood strategies together is the "Coordination" function, which is critical to the overall success of this project.
The Coordination function would interface with all 4 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 would link 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.



Ideally the Coordination function would be staffed by a qualified licensed or license eligible mental health clinician with expertise in early childhood practice and supervision, plus an administrative assistant capable of providing all the support functions necessary. The coordinator would triage families into the most appropriate service(s) for their needs, as well as provide 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 could also serve as the repository of outcome and participant data from all four strategies including data from the ASQ and ASQ-SE instruments administered by project and other trained staff. If successful in the first two years, the coordination function should expand in year 3 and beyond as service demand and triage opportunities also increase with expanded agency capacity and collaboration.

The coordination function will be funded jointly between MHSA PEI and the First 5 Solano Early Childhood Mental Health initiative.

7. Collaboration and System Enhancements

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

- The broad-based Solano Early Childhood Mental 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, faith, and other agencies and organizations serving children 0-5. It includes representatives of all geographic and cultural/ethnic/language groups. The Collaborative has recently completed a comprehensive, county-wide master plan for early childhood mental health in Solano County. The Master plan identifies the strategies included in the PEI plan as top priorities. The members of the collaborative actively participated in the community planning process for PEI, and in the development of this PEI project.
- All 4 service strategies will be coordinated with existing initiatives and partnerships through the Early Childhood Developmental Health Collaborative, Integrated Family Support Initiative, BabyFirst Solano, County Mental Health, North Bay Regional Center, 0-5 EPSDT health and mental health providers, child care providers, primary care medical providers and schools. The purpose of the coordination will be to ensure that all initiatives and organizations work together to fill gaps, reduce redundancy and strengthen the existing mental health and primary care system. In future years, the Screening and Assessment strategy may be incorporated into a broader Assessment Center if additional funding becomes available.
- 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-aged project and/or other available services for children over 5. Outreach activities will also be coordinated with the school-aged project.
- Funding for the Early Childhood PEI project will be leveraged using First 5 Solano Early Childhood Developmental Health Initiative funds (approved by First 5 Commission for joint funding opportunities as appropriate), North Bay Regional Center Early Start, Solano County Mental Health (EPSDT), and possible outreach leverage through Quality Assurance.
- The program will be sustained through ongoing PEI funding, the leveraged funds identified above, and EPSDT.

8. Intended Outcomes

The outcomes and measures for the Early Childhood Project include:

Individual outcomes:

- **Parent/Caregiver Education.** Parents and caregivers completing the parent/caregiver education class will have a better understanding of typical and atypical development of infants and young children and how they can improve the mental health 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 development and will be able to identify signs of mental health issues, as measured by retrospective survey. Providers will also demonstrate competency in using the ASQ and ASQ-SE by meeting established measures for administering the instruments.
- **Assessment and Screening:** 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.
- **Parent Coaching:** Outcomes for participants will include improvement in the child's mental health, improvement in parent-child relationships, and increased parental ability 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 (Adult Adolescent Parenting Inventory) 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 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
- 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; and
- Evaluated outcomes and changes for children and families, service providers, service systems, and communities.

9. Coordination with Other MHSA Components

An MHSA stakeholders group will be formed to advice, monitor and provide input and feedback on all MHSA programs.

Workforce Education and Training funding will be used to partially support the Provider Education strategy.

10. Additional Comments

None

Early Childhood Developmental Health Collaborative Best Practices Subcommittee recommended 0-5 best practice tools and models

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
****ASQ, ASQ-SE** Ages and Stages Questionnaire, and Ages and Stages Questionnaire- 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 and ITSEA (Brief Infant Toddler Social Emotional Assessment, and 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 (EDS)**	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**	16-48months	Screener for autistic symptoms in toddlers/preschoolers age 16-48 months. 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.
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)** **Nurse Family Partnership (Olds Model)**	0-5 prenatal to age 2	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. David Olds Public Health Nursing home visiting model targeted at high risk first time pregnant moms, follows for 2 years in sequences curriculum with intensive parent education and assessment.
****PCIT** Parent-Child Interaction Therapy	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.

BUDGET NARRATIVE MHSA PEI EARLY CHILDHOOD MENTAL HEALTH PROJECT:

The Early Childhood Project will be a jointly funded project and as such will be released as a joint funding solicitation with the leveraged monies from First 5 Solano.

PERSONNEL: Year 1 (07-08) - $0 Year 2 (08-09) - Total $695,250
Staff will be allocated/hired by the agency(s) selected for implementation in this RFP process, and will consist of the following:

Strategy 1 and 2 – Parent/Caregiver and Provider Education and Training

Project Trainers- 2.0 FTE at $50,000 each Total $100,000

This allocation may be a combination of part time staff totaling 2.0 FTE
Staff will be trained and highly skilled in child development, early childhood mental health, parenting, screening and assessment utilizing the ASQ and ASQ SE, MCHAT, and other listed best practice instruments. Selected staff will also be skilled at public speaking, presentation, and have excellent knowledge of community resources.

Strategy 3—Early Childhood Mental Health/Developmental Screeners

3.0 Screening and Assessment Specialists 3.0 FTE at average $55,000 Total $165,000

Staff will be trained at a minimum of a Bachelor's level in child development, psychology or related field with at least 3 years direct experience in developmental and social emotional screening and/or assessment of infants and toddlers in a family support model.

Strategy 4-- Parent Coaching

Parenting Coaches/Facilitators 2.0 FTE at $50,000 each Total $100,000

Staff will have expertise and training as a certified facilitator in one or both of the following selected Parenting models:

Incredible Years
Nurturing Parenting Program

Staff will also have a minimum of a Bachelors Degree in Social Work, Psychology, Child Development or related field plus at least 1 year of direct experience in delivering the curriculum in both group and home based one on one models, with stressed parents who have risk factors for child abuse and neglect.

Coordination (overarching all strategies)

Licensed Mental Health Clinician/ECMH Specialist 1.2 FTE Total $100,000

The Coordinator function would support all 4 service strategies in the ECMH project as well as serve as liaison to established service collaboratives currently working with high risk families with 0-5 children as an expert in early childhood mental health.

Administrative Support 1.0 FTE Total $50,000

This highly skilled Administrative position would directly support the Coordinator(s), scheduling of related meetings, trainings, processing of program referrals across strategies and agencies, and data collection as indicated

Benefits and Taxes Year 1 (07-08) - $0 Year 2 (08-09) Total $180,250

Benefits and Taxes are calculated at 35% of salary, and includes FICA, health and dental coverage, SDI, workers compensation insurance, state and federal payroll taxes

OPERATING EXPENSES

Facility Costs **Total $5,000**

Strategy 1 and 2 for rental for training and meeting space primarily $3,000
Strategy 4- rented space as needed for parenting groups/meetings $2,000

Other Operating Expenses Year 1 and Year 2 Total $150,741

Will be allocated as appropriate to each strategy plus Coordination function (when RFPs written)

Curriculum- training, parenting, NPP, Incredible Years $20,000

Materials- program supplies for parents and children, including give away items at meetings and trainings, early literacy books, brochures, resource info, books, etc $10,000

Screening and Assessment Instruments and forms—
ASQ, ASQ SE (multiple sites), other best practice tools and resources $15,000

Staff mileage across strategies (10 staff at average of 500 miles per wk = 60,000 miles a year at current IRS rate of .585 per mile= $35,100 rounded to $35,000 $35,000

Staff Communication/ Cell phones/PDA's $ 7,500

Project IT equipment, software and licenses, programs and data base system to house an electronic screening tool	$36,500
Reproduction/copy machine lease costs/ photocopies	$10,000
Office supplies and A/V equipment specific to project	$12,000
Meeting/Training refreshments	$ 4,741

Indirect Costs- Administrative Overhead calculated at 7.4%
Year 1 and 2 **Total $63,659**

Indirect/Admin expenses cover items such as utilities, rent, clinical and administrative oversight and supervision, agency insurance, legal and professional fees related to program, general admin staff time, etc, will be based on contracted amt. for each selected provider

Subcontracts/Professional Services
Year 1 and 2 **Total $9,350**

Funds will be allocated for a subcontract with one or more nationally recognized experts in the early childhood mental health field for consultation and training purposes,

Form No. 4

County Name: Solano Date: 6/27/08

PEI Project Name: Early Childhood Mental Health

Provider Name (if known): unknown,

Intended Provider Category: CBO's

Proposed Total Number of Individuals to be served:	FY 07-08	N/A	FY 08-09	1050
Total Number of Individuals currently being served:	FY 07-08	0	FY 08-09	
Total Number of Individuals to be served through PEI Expansion:	FY 07-08	0	FY 08-09	1050
Months of Operation:	FY 07-08	0	FY 08-09	12

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
2.0 FTE Parent Coaches/ Facilitators (IY/NPP)	$0	$100,000	$100,000
2.0 FTE Parent and Provider Trainers, Parent Educators	$0	$100,000	$100,000
3.0 FTE ECMH /Developmental Screeners	$0	$165,000	$165,000
2.2 FTE Coordination (1.2 FTE Clinician plus 1.0 Admin.Asst.)	$0	$150,000	$150,000
b. Benefits and Taxes @ 35%	$0	$180,250	$180,250
c. Total Personnel Expenditures	$0	$695,250	$695,250
2. Operating Expenditures			
a. Facility Cost	$0	$5,000	$5,000
b. Other Operating Expenses	$0	$150,741	$150,741
Indirect Costs/Admin. @ 7.4%		$63,659	$63,659
c. Total Operating Expenses	$0	$924,000	$924,000
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Training (Dr. Chasnoff or other expert	$0	$9,350	$9,350
a. Total Subcontracts	$0	$9,350	$9,350
4. Total Proposed PEI Project Budget	$0	$924,000	$924,000
B. Revenues (list/itemize by fund source)			
First 5 Solano	$0	$488,000	$488,000
1. Total Revenue	$0	$488,000	$488,000
5. Total Funding Requested for PEI Project	$0	$436,000	$436,000
6. Total In-Kind Contributions	$0	$0	$0

County: Solano County **PEI Project #2 Name: School-Aged** **Date: 6/27/08**

Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

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	☐	☐	☐
2. Psycho-Social Impact of Trauma	x	☐	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	x	☐		
4. Stigma and Discrimination	x	☐	☐	☐
5. Suicide Risk	☐	☐	☐	☐

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
A. 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	x	☐		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	x	x		

B. 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:

Data Analysis:

Demographic, need and service data for school-aged children 6-18 in Solano County

Solano County currently has 106 schools, including 3 schools in Rio Vista which are part of the Sacramento County Office of Education but are physically located in Solano County. The schools serve over 70,000 students in Kindergarten through High School. Of these students approximately 27% are Hispanic, 20% African American, and 33% White. Solano County school age youth include 11.5% special education students and 13% English Learners. Thirty-six % of students receive free or reduced price meals. The county currently has over 3300 students enrolled in alternative education programs including Continuation Schools (836), pregnant/parenting teen (48), County Community Schools (206), Juvenile Court Schools (138), and Community Day Schools (247).

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

Truancy, Suspension, and Expulsions

District	Enrollment	# of Students with Unexcused Absences or Tardy on 3 or more days (Truants)	Truancy Rate	Expulsions	Suspensions
Benicia Unified	5,000	429	8.58%	8	411
Dixon Unified	4,075	144	3.53%	2	148
Fairfield-Suisun Unified	23,009	8,075	35.09%	366	8,140
Solano County Office Of Education	574	59	10.28%		130
Travis Unified	5,291	1,382	26.12%	5	501
Vacaville Unified	13,268	4,432	33.4%	51	2,217
Vallejo City Unified	17,708	4,369	24.67%	106	4,593
Solano County	68,925	18,890	27.41%	538	16,140
California State	6,242,862**		25.22%	28,339	815,744

Solano County Drop-Out Rates are reflective of the needs of the various underserved population groups:

Drop-Out Rate by Grade and Learner Subgroups

Grade	Migrant Education		English Learners		Special Education		Socioeconomically Disadvantaged	
	Dropouts	Percent of Total Dropouts	Dropouts	Percent of Total Dropouts	Dropouts	Percent of Total Dropouts	Dropouts	Percent of Total Dropouts
Gr. 09	5	2.8	33	18.4	12	6.7	48	26.8
Gr. 10	1	0.7	18	13.3	6	4.4	26	19.3
Gr. 11	5	4.0	13	10.5	14	11.3	27	21.8
Gr. 12	9	2.7	81	24.2	30	9.0	88	26.3
Total	20	2.6	145	18.8	62	8.0	189	24.5
Statewide Totals:	1,710	2.5	22,770	33.7	5,810	8.6	29,851	44.2

Juvenile Justice Enrollment by Race

Students in Solano County Court Schools (Juvenile Detention Facility, New Foundations, Redwood Pod, and Challenge Classroom)	
Number of Students	138
African American	45.65%
American Indian or Alaska Native	0.72%
Asian	0.72%
Filipino	2.17%
Hispanic of Latino	26.09%
Pacific Islander	2.9%
White (not Hispanic)	21.01%
Multiple or No Response	0.72%
Socioeconomically Disadvantaged	6%
Students with Disabilities	23%

As summarized by Jack O'Connell, "Implementing programs to ensure regular attendance and high school graduation of our highest-risk students is one of the most daunting challenges we face in public education."

Stakeholder Input

1. **CSS Planning Process**. During the CSS community planning process, stakeholders identified the following unmet needs for prevention and early intervention services for children ages 6-18:
    - Services for children in foster care and juvenile hall
    - Coordinated, onsite services with schools, juvenile hall, probation
    - Education for family members, teachers, other caregivers about services, conditions, child and adolescent development
    - Special efforts for unserved ethnic cultural groups
    - Integrated services for the child or family members who may have problems with co-occurring disorders

- Mandatory sensitivity training and information regarding family and parent services at school with family and peer counselor for all education staff working with children with possible mental health issues.

2. **PEI Community forums**: Each of the seven PEI community forums also identified specific needs for School-Aged children, and recommended greater access to services for residents in Dixon, Benicia, Suisun and Rio Vista.

Underserved Populations by Location of Community Forum (Population noted in at least 3 forums)

Underserved Populations	Rio Vista	Vallejo	Dixon	Suisun	Vacaville	Benicia	Fairfield	Total
Latinos/Mono-lingual Spanish /undocumented/ immigrants/Asian /Filipino	x	x	x	x	x	x	x	7
Low-income/ uninsured	x		x	x	x	x	x	6
Children in stressed families (substance abuse, pregnant teens, incarcerated parents, children of mental health clients, domestic violence or trauma)	x		x	x	x	x	x	6
Adolescents 10-18			x	x	x	x	x	5
Homeless	x		x	x	x		x	5
Foster children	x		x	x		x		4
Elementary, including introverted, bullied	x		x		x	x		4
Children w/ or risk of JJ involvement, 601s, runaways	x		x	x				3
Geographically isolated	x					x	x	3

Forum participants identified the following service needs for school-aged children:

Needs Identified By Location of Community Forum
(Reported in at least 3 forums)

Needs	Rio Vista	Vallejo	Dixon	Suisun	Vacaville	Benicia	Fairfield	Total
Parent Support/Ed, (including classes on blended families)	x	x	x	x	x	x	x	7
Early classroom intervention /School-based social skills classes for bullying/ anger mgmt/self-esteem	x	x	x		x		x	5
Outreach/community education		x	x	x		x	x	5
Training for school counselors, teachers	x	x			x		x	4
Screening/Assessment				x	x	x	x	4
Mentoring	x		x		x			3
Transportation	x		x			x		3
Culturally, linguistically competent staff				x		x	x	3

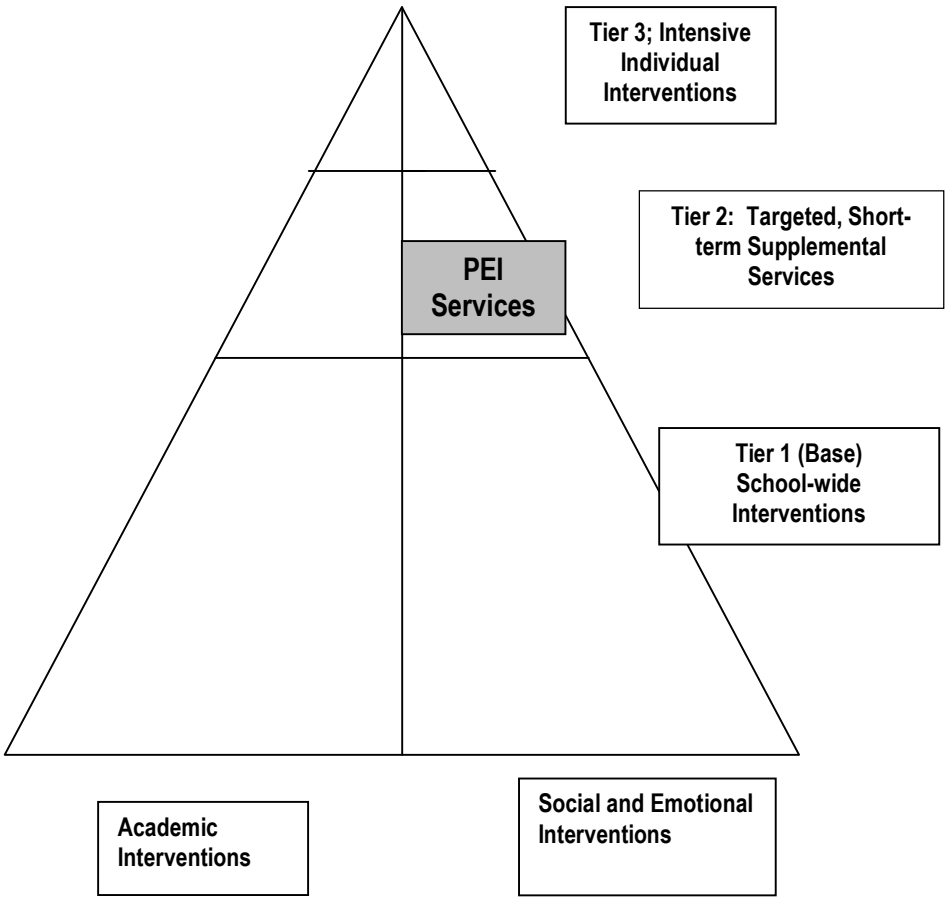
3. **Workgroup input.** Two separate workgroups, addressing children at risk for school failure and children at risk of experiencing juvenile justice involvement (later combined into a single group), were charged with identifying PEI projects based on the needs identified in local statistical data and the MHSA planning processes. The workgroup addressing students at risk of entering the juvenile justice system included a local Chief of Police, probation officers, a parent of youth with juvenile justice involvement, and school district and community agency leaders. The workgroup addressing children at risk of school failure included: parents of students referred for student support services; site, district and county level public school agencies from all district represented; community agencies; and family resource support services. Additionally, recent school district and County Office of Education strategic planning committee findings were reviewed for input from parents, students and other community stakeholders in the areas of prevention and early intervention needs and services.

3. PEI Project Description:

Based on the prevention and early intervention needs identified above, the School-Aged Project will include two distinct but complementary programs.

1. **School-Based Targeted Student Assistance Program**. This new school-based program, serving students in grades 4-8, will provide short-term selective 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.



Targeted intervention programs will be based on a theory of levels of intervention represented by the figure above. This 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. The model posits that 80% of the overall school population (the Base or first tier) will be adequately served by services and interventions addressing all students. Currently, two school-wide, research-based intervention models are being implemented in Solano County Schools. Second Step (Tier 1 School-wide program) and BEST[3]. (Building Effective Schools Together) address improving the school culture to promote healthy physical and emotional development. Both programs implement and support school-wide discipline and character development/social skills training efforts that are proven to reduce school violence, bullying, and suspension rates and increase attendance rates and student test data.

[3] Sprague, J., Walker, H., Golly, A., White, K., Myers, D.Rl 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*.

Currently, BEST programs are in place or being implemented in nine Fairfield elementary schools serving predominantly low-income minority populations. Second Step (Tier 1) programs are currently in a minimum of two schools in the county. To leverage funding for PEI and ensure that all elementary and middle schools in the county will be able to benefit from the program, the Solano County Office of Education has committed resources to provide training, materials and support to implement the BEST program in all interested elementary and middle schools countywide, including Rio Vista area pending coordination through Sacramento County Office of Education. Multiple BEST trainings are scheduled for fall 2008 to accommodate all interested elementary and middle 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 the pyramid) are considered at risk of school failure; at some point they will need targeted supplemental intervention to prevent current emotional needs from escalating to the need for more intensive treatment. Resources, however, have not been available to fund this second tier of services -- short-term individual and small group prevention and early intervention services for individual children who have been identified by their student referral process (school study team) as needing additional assistance but who do not meet criteria for special education services for severe emotional disturbances. Without such services, students frequently withdraw from school through truancy, act out in class thus being suspended 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.

PEI will fund second tier supplemental services to students in elementary and middle schools, using either the unfunded Tier 2 supplemental services components of Second Step or other intervention strategies (anger regression therapy, grief counseling, post traumatic stress counseling) which offer research based methodologies for intervening early and preventing more prolonged and/or intensive mental health needs.

Supplemental services/Second Step (Tier 2) includes:

- Student interventions, including anger management; handling stressful emotions; problem solving; resolving conflict; dealing with rumors, peer pressure and bullying; and communication skills. Additional targeted support groups for grief counseling, divorce groups, and social skills will be incorporated.
- Parent education and support through collaboration and consultation with the parent to support the strategies being learned in counseling.

- Teacher education and support through collaboration and consultation with the teacher to support the strategies being learned in counseling.
- Outreach and information through existing school information venues, and existing community partnership referral networks, and school district information and referral processes.
- Training for schools so that they can sustain the program.

Individual students will be referred by teachers, parents or administrators to the school's Student Study Team (SST), a school-based prevention and early intervention process composed of the student, his/her parents, teachers, a school administrator and community-based organizations including foster care and family support agencies, as appropriate. The SST will identify the student's strengths, assets and obstacles to student success, and develop and implement a practical improvement plan (including these supplemental services) that all school, caregiver and community team members agree to follow. Follow-up meetings provide a continuous casework management strategy to maximize the student's achievement and school experience.

Supplemental services programs funded by PEI will be made available only to schools which have already implemented the first-tier school-wide BEST or Second Step Programs. During the first two years, priority will be given to elementary schools (that have received this training) with 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.

We estimate that approximately 10% of students (an average of 60) students in each of the nine schools with existing BEST programs will be served during the first school year, for a total of 540 students, and an additional 900 students in 15 schools will be served during the second school year. As additional schools implement the school-wide programs, they will be offered the supplemental programs, again prioritized by school and student need. When fully implemented we estimate that the project will serve 40 of the 61 elementary schools and at least five of the sixteen middle schools in the county and provide services for up to 4000 students per year.

Tier 2 Second Step/supplemental services programs will be operated through contracts with community-based organizations, the county office of education or by school districts directly (either in-house or through agency partnerships). All staff and materials will be sensitive to special needs and culturally and linguistically appropriate. All services will be provided at the student's school of attendance.

Milestones and Timeline:

- Within the first three months after funding has been allocated, all schools will have had an opportunity to participate in school-wide, first-tier BEST

training. Fifty percent of all schools (30 elementary and 8 middle schools) will have implemented BEST or Tier 1 (school-wide) Second Step practices with 80% fidelity.

- Within the first six months (beginning of 09-10 school year), staff to provide and support Second Step training will have been hired, outreach and information to the schools will be underway, and Second Tier Supplemental Services sites selected.
- Within nine months Second Step/Supplemental services training will have been completed and intervention groups started at 15 local schools with at least 4 groups active per school site.
- Within two years, at least 45 school sites will have targeted intervention groups active with at least 6 groups active at each site.

2. Educational Liaison to Juvenile Probation Multi-Disciplinary Teams (MDTs). The second strategy in the school-aged project will serve secondary students who are at risk of or who have had a first contact with the juvenile justice system. Solano County criminal justice representatives on the workgroup report that the best time to reach these youth is before they have committed a serious offense landing them in juvenile hall. Once a youth is in juvenile hall, they report, the focus is on addressing criminal behavior rather than addressing early signs of mental illness.

Within the last three months, the Vacaville Police Youth Services Department has begun initial implementation of an unfunded pilot program to convene a multi-disciplinary team composed of police officers, probation officers, school district staff, family support services, child protective services and mental health staff to review cases of youth referred for criminal citations. Most of these youth have been cited for misdemeanors including drug related violations, vandalism, battery, theft, etc. A range of five to ten youth are referred to the team each week. The team works with the youth and his/her family to collaborate on addressing community, family and school related issues, so that the youth can get back on track and lead a productive, non-criminal life.

Juvenile justice teams in the other two large cities of Solano County, Vallejo and Fairfield are limited to police and juvenile probation officers. Missing from these teams are county social services, mental health and school district representatives who could provide crucial mental health and school-related information on academic achievement, attendance and disciplinary issues. Absent this participation, this crucial information remains confidential, and police and probation staff report that the youth frequently do not receive the necessary support to reenter the educational setting, or become involved in healthy community activities or employment. Instead, these teams typically invoke punitive rather than preventive or rehabilitative measures, leaving youth at greater risk of future police involvement.

This PEI project would fund the multi-disciplinary team pilot program in Vacaville and expand it to Fairfield and Vallejo, the three communities with the highest youth crime and youth gang involvement. Referrals from other areas in the county will be

coordinated on a case by case basis. PEI funding will be used to support school district involvement in multi-disciplinary teams in the three cities. Specifically, it will fund one position, divided among the Vacaville, Vallejo and Fairfield/Suisun Unified School Districts, to attend the meetings and develop school-based interventions to address the needs of these youth. The school representative(s) will be responsible for identifying appropriate educational settings for these youth and monitoring their attendance, behavior and academic progress. To address the social/emotional needs of these youth, they will also direct students to appropriate school-related or school-based youth services and counseling groups. Further, they will be responsible for monitoring all school-related activities and progress towards high school graduation.

Milestones and Timelines:

- Within 3 months of funding allocation, multi-disciplinary teams will be convened on a weekly basis by the Vallejo, Fairfield and Vacaville Police Departments, and staff will be hired to ensure educational representation and participation.
- Within 6 months, all youth of middle school or high school age in Vacaville, Fairfield and Vallejo referred for a first or second citation will meet with MDTs including school representatives.
- Within 12 months each student referred to the MDT will have a well developed action plan, including school-related activities, to address social emotional and academic needs and services. The school representative will monitor and report on all school-based activities to the MDT, diversion officer or probation officer.

4. Programs

Program Title	Proposed number of individuals or families through PEI to be served through June 2008		# months in operation through June 2008	Proposed number of individuals or families through PEI to be served July 2008-June 2009	
	Prevention	Early Intervention		Prevention	Early Intervention
School Based Targeted Student Assistance Program: BEST, Second Step,	Individuals: 0 Families: 0	Individuals: 0 Families: 0	3	Individuals: 0 Families: 0	Individuals: 4000 Families: 0
Educational Liaison to Juvenile Probation Multi-Disciplinary Teams (MDTs)	Individuals: 0 Families: 0	Individuals: 0 Families: 0	3	Individuals: 0 Families: 0	Individuals: 200 Families: 100

Program Title	Proposed number of individuals or families through PEI to be served through June 2008		# months in operation through June 2008	Proposed number of individuals or families through PEI to be served July 2008-June 2009	
TOTAL PEI ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS	**Individuals: Families**: 0	**Individuals:0 Families**:0	3	**Individuals: Families**:	**Individuals:** 4200 **Families**:100

5. Alternate Programs

☑ Please check box if any of the programs listed above are not in the PEI Resource Materials. Attach a narrative providing a rationale for selecting the alternate programs (refer to Instructions for Form No. 3).

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

School-Based Targeted Student Assistance Program – Each school has an existing school-based student assistance program. These programs identify student strengths and concerns. Action plans are developed to address barriers to learning which may include attendance, health (both physical and mental health), behavior and/or academics.

At this time, schools have virtually no resources for students with emerging or low level mental health needs. Students who qualify for special education may have access to school-based counseling and/or mental health services through AB 3632. For many students the system leads to students having to wait until they are seriously emotionally disturbed enough under IDEA (Individuals with Disabilities Education Act) to qualify for special education to receive counseling. This is especially true for families with low income and who lack comprehensive medical insurance which includes substance abuse and counseling services. Most students spend the majority of their waking hours in school. By providing school-based services, the student is able to receive services without missing vital educational hours by leaving to go a clinic. In addition, the skills taught in counseling sessions can be practiced in a safe and supportive environment. By providing early and targeted interventions, students and their families will have a better chance on not needing more intensive and possibly restrictive mental health and educational placements and services.

7. Collaboration and System Enhancements

- This program is grounded in partnerships collaboration among the Solano County Office of Education, local school districts, the Special Education Local Planning Area, community-based organizations and city and county agencies. School Districts currently use the three tier model of intervention for academic interventions.
- The Solano County Office of Education has offered Response to Intervention Training to all county schools. Participants have included schools'

representatives from Travis, Vacaville, Dixon, Benicia and Fairfield School Districts. In addition, the school-wide BEST program provides 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 also 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.
- Data collection services will be provided as in-kind service from the Solano County Office of Education (SCOE). 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. The consolidation of data is part of the grant and will be done by SCOE.
- Community youth services will provide parent education and support as included in the BEST and Second Step programs.
- Youth service counseling services is available at some middle schools and middle schools throughout the county. These services will be leveraged to include youth not involved in the juvenile justice system.
- The educational liaison to the juvenile MDTs will enhance coordination of services for youth receiving their first or second police citation. The services will help ensure targeted youth have the support they need to continue in school and progress toward earning a high school diploma.

8. Intended Outcomes

Individual Outcomes
School-Based Targeted Student Assistance Program

1. Reduce Number of Office Referrals for targeted students, as measured by school discipline records of targeted students.
2. Increase time on task for targeted students (based on teacher input). These data will be gathered through pre- and post-teacher surveys.
3. Increase school attendance of targeted students as measured by school attendance records.

Educational Liaison to Multi-Disciplinary Teams.
In addition to the outcomes listed above, for youth with existing police contacts, the program will

1. Reduce the incidents of subsequent police contacts for targeted youth, as measured by voluntary participant and caregivers surveys.
2. Improve progress towards graduation. Targeted high school students will earn a minimum of 9 credits per quarter toward high school graduation.
3. Maintain adequate behavior and attendance records as determined by student placement.

Program/systemic outcomes

1. Improved approaches for delivering targeted supplemental services for students with mental health issues.
2. Expanded ongoing interagency and interdisciplinary collaboration; and
3. Evaluated outcomes and changes for students, schools, juvenile justice and communities.

9. Coordination with Other MHSA Components

This project will be coordinated with the early childhood PEI projects for parents receiving services through that project who also have a school-aged child.
An MHSA stakeholders group will be formed to advise, monitor and provide input and feedback on CSS and PEI programs.

10. Additional Comments - None

PREVENTION AND EARLY INTERVENTION BUDGET NARRATIVE SCHOOL AGED YOUTH:

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, providing for Multidisciplinary Team Liaison to Solano County Office of Education County Probation Department, 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 - $65,000
The contractor shall employ a Project Coordinator/Probation Multidisciplinary Team Liaison to facilitate communication, monitor subcontracts to schools (through their districts), coordinate and report data as specified by Solano CMH. 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.

Subcontracts - **$370,000**
The contractor shall also be responsible for identifying eligible schools that have the minimum qualifications to implement supplemental interventions as described in the plan, and execute subcontracts to respective districts on behalf of those schools. The contractor, through the MDT Coordinator, shall facilitate communication between the Department of Probation and designated school district contacts for participation on multidisciplinary teams (MDT) as described in the plan.

Indirect costs - $54,000
10% has also been figured into the budget to offset indirect costs incurred by the contractor in the implementation of this grant.

In-Kind contributions – Value $50,000
Finally, the budget includes an estimate of in-kind contributions from participating school districts and the Solano Special Education Local Plan Area. SELPA is providing BEST Training to any school in the county that wishes to establish the base behavior program necessary to be determined as eligible for supplemental funding through PEI. 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.

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name: Solano Date: 6/27/08

PEI Project Name: **School Age Youth**

Provider Name (if known): Unknown

Intended Provider Category: Local Education Agencies/Institutions of Higher Education

Proposed Total Number of Individuals to be served:	FY 07-08	0	FY 08-09	4200
Total Number of Individuals currently being served:	FY 07-08	0	FY 08-09	0
Total Number of Individuals to be served through PEI Expansion:	FY 07-08		FY 08-09	
Months of Operation:	FY 07-08	0	FY 08-09	12

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
Probation MDT Liaison/Project Coordinator	0	$50,000	$50,000
			$0
			$0
b. Benefits and Taxes @ 30 %		$15,000	$15,000
c. Total Personnel Expenditures	$0	$65,000	$65,000
2. Operating Expenditures			
a. Facility Cost	$0	$0	$0
b. Other Operating Expenses Indirect 10%	$0	$54,000	$54,000
c. Total Operating Expenses	$0	$54,000	$54,000
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
To eligible schools (districts)	$0	$370,000	$370,000
Direct Sustained Technical assistance/monitoring of school-	$0	$50,000	$50,000
based behavior programs	$0	$0	$0
a. Total Subcontracts	$0	$420,000	$420,000
4. Total Proposed PEI Project Budget	$0	$539,000	$539,000
B. Revenues (list/itemize by fund source)			
MHSA PEI Revenue (projected)	$0	$539,000	$539,000
	$0	$0	$0
	$0	$0	$0
1. Total Revenue	$0	$539,000	$539,000
5. Total Funding Requested for PEI Project	$0	$539,000	$539,000
6. Total In-Kind Contributions	$0	$50,000	$50,000

Solano SELPA: BEST Training
Member LEAs: Data Collection & Reporting

PEI Project #3, Name: Education, Employment and Family Support for At-Risk Transition Aged Youth (TAY)

County: Solano **Date: June 27, 2008**

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	☐	☐
2. Psycho-Social Impact of Trauma		x	☐	☐
3. At-Risk Children, Youth and Young Adult Populations		x		
4. Stigma and Discrimination		x	☐	☐
5. Suicide Risk		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	☐	☐	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	x	☐	☐
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	☐	☐		

B. The strategies included in the TAY Project were selected on the basis of the following stakeholder input and data analysis:

Stakeholder Input

- **CSS Planning Process**. During the CSS community planning process, stakeholders identified the following prevention and early intervention service needs for TAY:
    - Supported employment, education, vocational services
    - Transportation
    - Life skills
    - Case management for youth transitioning from juvenile hall, foster care
    - Central place for information and referral
    - Outreach
    - Information for families, teachers, etc.
    - Integrated substance abuse and mental health services
    - Multi-purpose center for recreation, vocational and social support
    - Safe, affordable housing
- **PEI Community forums**: Six of the seven PEI community forums identified older adolescents and Transition-Aged Youth as an underserved population. They identified the following specific populations which include TAY

Underserved Populations Identified at Three or More PEI Community Forums
Transition-Aged Youth and Their Families

Populations	Rio Vista	Vallejo	Dixon	Suisun	Vacaville	Benicia	Fairfield	
Latinos/Mono-lingual Spanish /undocumented	x	x	x		x	x	x	6
Low-income/ uninsured	x		x	x	x	x	x	6
Adolescents 10-18			x	x	x	x	x	5
TAY 18-25	x				x	x	x	4
Homeless	x		x	x	x		x	5
Pregnant, parenting teens			x	x	x	x		4
Foster children	x		x	x		x		4
Youth experiencing trauma/DV	x					x	x	3
Youth w/ or risk of JJ involvement, 601s, runaways	x		x	x				3
Geographically isolated	x					x	x	3

Participants also recommended educational/vocational assistance for young people who have dropped out of school or not finished their education, job-readiness and employment services; assistance with housing for homeless youth, more focused help for TAY who are at risk of, or who have already experienced a “first break” with psychosis and greater access to services for residents in Dixon, Benicia, Suisun and Rio Vista.

Service Needs Identified at Community Forums
Transition Aged Youth

Needs	Rio Vista	Vallejo	Dixon	Suisun	Vacaville	Benicia	Fairfield	Total
Parent Support/Ed, (including classes on blended families)	x	x	x	x	x	x	x	7
Social skills/anger mgmt, self esteem training	x	x	x		x		x	5
College-based supported education/incentives		x	x	x		x	x	5
Outreach/community education		x	x	x		x	x	5
Training for school counselors, teachers	x	x			x		x	4
Screening/Assessment				x	x	x	x	4
Mentoring	x		x		x			3
Transportation	x		x			x		3
Culturally, linguistically competent staff				x		x	x	3
Peer counselors/ support groups/youth empowerment		x			x		x	3
Supported employment /Life skills training	x	x				x		3
Resource guides/ case management/navigators/hotlines		x				x		2

- **The PEI TAY/First Break workgroup** was composed of one representative from non-profit organizations, three county staff serving TAY, one family and client advocate and three TAY youth. The workgroup invited young people to present their needs to the PEI Stakeholders Group. The youth recommended that PEI fund the following services:
    - Psycho-educational support classes on emancipation/independent living skills and medication management
    - Mental health assessment with self-care plan for TAY
    - Information and Referral Directory for community services
    - Vocational guidance, vocational training programs and supports (e.g. job coaching) to help youth find and maintain employment.
    - Tutoring and educational support
    - Training on how to tutor and counsel others (peer counseling)
    - Consultation and assistance about financial aid options
    - A TAY wellness, recovery and recreation center (Wellness and Recovery Center), including peer or rap counseling, classes, recreational and social activities and phone and computer access.
    - Transportation to the Center

A survey of TAY mental health consumers validated the services identified by the PEI TAY/First Break workgroup as core priorities.

Data Analysis:

Demographic and service data for existing prevention and early intervention services for TAY in Solano County revealed:

- Research conducted for the Solano County MHSA Community Service and Supports Planning Process indicated that no county-funded prevention or early intervention services are available for TAY who are over 18 or who have graduated from high school, and are at risk of a First Break. Thus, most TAY who are at risk of mental illness are both unserved and uncounted.
- U.S. Census data for FY 07-08 estimates the total number of Solano County TAY youth (age 15-24) as 65,505 or 14.7% of the total population. Based on National Institute of Mental Health 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 5000 Solano youth are seriously mentally ill.
- The State Department of Mental Health's Client and Service Information System for 05-06 shows a total of 899 TAY received services funded by Medi-Cal. In 2006-07, statistics gathered for the CSS Planning Process indicated that the Solano County Health and Social Services Mental Health Division served 408 clients with severe mental illness in the age 18-24 range. Of these, 123 TAYs age 16-24 had 262 hospitalizations, and 163 TAY age 18-25 received "medication only" services. One hundred eleven, who were not diagnosed as having a serious emotional disturbance or severe mental illness diagnosis, are likely to have been under 19, enrolled in high school and served under EPSDT services.
- Extrapolating from these various demographic and prevalence statistics and taking into account population size and growth, Medi-Cal and EPSDT eligibility rates, the number of school-aged youth and seriously mentally ill youth currently served through Medi-Cal and EPSDT and estimates of those who are at-risk of first break, we estimate that between 1000 and 2000 TAY are either at-risk for, or have already experienced a First Break.

3. PEI Project Description:

The TAY PEI project was selected to address the unmet needs of TAY who are at risk of, or who have experienced a First Break. The project includes two strategies:

Strategy #1 - Community College-Based Supported Education and Employment. The California Education Code requires schools and colleges to include services to students with psychological disabilities. Students recovering from mental illness currently comprise the largest group of disabled students on college campuses. It is expected that this group will continue to grow based on the estimate from the National Institute of Mental Health that one in five Americans over the age of 18 suffers from a mental disorder in any given year. Students with psychological disabilities have unique service needs due to ongoing fluctuation in functional limitations created by their disability, and vulnerability to stress, which frequently leads to dropping out of school.

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 for TAY, and the Disability Services Program of Solano Community College, the program is designed to serve 40 Transitional Age Youth (TAY) between the ages of 18-25 annually, including five youth transitioning from foster care. (After the first year, it is anticipated that, the program will serve up to sixty students annually.)

Based on the Supported Education/Supported Employment best practice model developed by Karen Unger, Ph.D.[4] and the Wellness and Recovery Action Plan developed by Mary Ellen Copeland, Ph.D.[5], the proposed TAY Supported Education/Employment program is grounded on the principle that each youth's mental health wellness and recovery can best be facilitated by providing individualized and enriched education and employment support at this formative time in their lives.

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; result in a decreased incidence of hospitalization; and result in higher 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 with extended pre-vocational preparation.

Eligibility. Solano County residents who are either high school graduates or who are not in school will be eligible to participate in the program. TAY from underserved cultural populations and Foster Care will be specifically targeted. To be eligible for the PEI Supported Education and Employment program, 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 a TAY is diagnosed by a qualified mental health professional as having: schizophrenia, schizoaffective disorder; brief psychotic psychosis; schizophreniform disorder; bipolar disorder with psychotic features; or major depression with psychotic features. TAY having a second psychotic break will not be eligible.

[4] Karen Unger, Ph.D. "Handbook on Supported Education: Providing Services for Students with Psychiatric Disabilities".
[5] Mary Ellen Copeland, Ph.D. "Wellness Recovery Action Plan: a system for monitoring, reducing and eliminating uncomfortable or dangerous physical symptoms and emotional feelings".

Program eligibility for "at-risk for a First Break" will be based on students fitting "At Risk Mental States (ARMS)" profiles[6], including

- A combination of several symptoms, some of which may include, but are not limited to: odd thinking and behavior; seeing things no one else sees; being fearful for no good reason; hearing sounds/voices that are not there; declining interest in people, activities and self-care; trouble in school or work; suspiciousness or mistrust of others; withdrawal from family and friends; dramatic changes in sleep or appetite; suicidal thoughts or attempts.
- Heavy use/abuse of marijuana (or street drugs) that starts in adolescence and produces psychotic-like symptoms (especially if there's a family history of psychosis).
- An unexpected decline in the way a youth is functioning or relating to others (especially if there is a family history of psychosis).

Referrals to the Supported Education/Employment program may come from parents, if their child meets one of the qualifying mental health profiles, through coordination with: their primary care physician or clinic; County psychiatrist; Family Resource Center; school or adult school; community based agencies; county agencies; or faith based organizations. In addition primary care physicians; psychiatrists; and agency, school or faith based staff can refer eligible youth to the college program through the designated Intake and Referral process.

Selection of participants will be made by the contractor in consultation with a TAY Intake and Referral Committee comprised of supervisors from Solano County Mental Health, representatives of Child Welfare Services and as appropriate, adult and juvenile probation and substance abuse services.

Program Components. The program will include:

- Active outreach by a bilingual-bicultural Education/Employment Specialist to enroll TAY youth from underserved 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 TAYs from underserved populations (e.g. Filipino food market in Vallejo or Latino food market in Dixon).
- Transportation to and from the TAY program at Solano Community College from Vallejo, Fairfield, Vacaville, Rio Vista and Dixon. Local pick-up and drop-off sites

[6]Research indicates that there is a 33-50% risk of a First Break within one year for TAY experiencing several of these "ARMS" symptoms. Among TAY with a family history of schizophrenia, there is a 68-80% risk of a First Break within one year if the youth is currently experiencing: recent deterioration in functioning; higher levels of unusual thought content; higher levels of suspicion/paranoia; greater social impairment; and high substance abuse.

will be located in central locations on bus lines used by TAYs of multiple cultural-ethnic groups.

- A comprehensive assessment at program entry by a mental health clinician of each youth's mental health, educational and vocational needs.
- An individualized educational, employment, empowerment plan (IEEEP) developed by the youth with the assistance of the TAY Educational and Employment Specialist staff and Mental Health Clinician based on the youth's developmental level, educational and employment history, interests, goals, skills, special needs, and accommodation requirements. 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.
- A plan for classroom support developed by the youth with the assistance of an on-campus Educational and Employment Specialist, that supports student learning and provides assistance in developing independent living skills and finding employment.
- Five new educational/employment programs will be offered at Solano Community College designed specifically for TAY and taught by the college's instructors. The programs include:

    - Peer Counselor Certificate Program – 15 units/1 year program
    - Computer Certificate Program – 15 units/1 year program
    - Culinary Certificate Program – 21 units/ 1.5 year program
    - Fast Track Program – 6 units/ minimum 6 month program
    - Compass Program – 15+ units/ minimum 1 year program (for youth who will gradually define their educational and employment preferences)

  Each program will include two core classes essential to a young adult's ability to develop independent living skills and an effective self-care system to manage their mental health challenges. Curricula will be geared to a second to third grade reading level to facilitate mastery for those students with academic challenges due to: mental health disability; learning disorders; development delays; truancy; or histories of frequent residency and placement changes and/or placement failures (in group homes or foster care homes). These programs can be chosen as career paths, or used as stepping stones to other educational, training and employment options available through Solano Community College and partnering agencies. Instructors and materials will be culturally and linguistically appropriate, as well as sensitive to the special needs of students enrolled in the program.

- Upon completion of on of the education programs, a job coach will find paid work for each TAY, develop a plan of work accommodations, and monitor the youth's progress on the job site.
- Programs will start at the beginning of each academic term, up to four times a year.
- Fee waivers for classes and books will be available to students who qualify based on income criteria.
- One hour per week per class of paid work experience, paid internships, and assistance finding work after coursework has been completed.

- Linkages to Workforce Investment Board, California Department of Rehabilitation, and community employers for job training sites and paid employment for eligible students.
- A proposed on-campus Wellness and Recovery Center facility where youth enrolled in the program can safely hang out with peers, complete homework, receive tutoring, use computers, participate in recreational activities, and give and receive peer support.[7]

Milestones and Timelines:

- Solano Community College has made a commitment to develop and assign instructors to the 5 new educational/vocational programs as soon as a contractor has been selected.
- Within one month of getting awarded the TAY contract; Contractor will apply for Medi-Cal certification for billing of unbundled mental health services at college.
- As soon as TAY contractor is hired, the contractor will develop, in consultation with County Mental Health, an Intake and Referral process for college enrollment.
- Within one month of getting awarded the TAY contract, Contractor will apply for grant funding from the Federal Department of Transportation for lease of the 5 required 11-passenger vans necessary to provide round trip transportation to the college program, with 80% of cost paid by grant.
- Contractor and County will collaborate closely to identify 20 TAY college students who will enroll in classes starting in the 6/09 academic quarter.
- Within the first three months, after the contract is awarded, probably by June 2009, the contracting agency will hire campus educational and employment case managers.
- Within three months, the Contractor will have started cultural outreach efforts to locate students (TAYs) and parents from underserved cultural populations for enrollment in classes, especially in underserved geographic areas in Rio Vista and Dixon.
- Within four months, Contractor will have started outreach efforts to identify employers for supported employment and training sites for TAY college students.
- By month four, working in consultation with County Mental Health, the Contractor will enroll at least 20 students in the program; within a year, 40 students will be enrolled.

[7] The Center is proposed based on Solano Community College identifying and providing a building as an in-kind donation. A convenient on-campus site, with land donated by the college, is available and has been identified for the Wellness and Recovery Center. Additional funding is being sought for operating costs and staffing.

- By end of the first year, all five programs will be operational. To the extent that the programs are not fully enrolled by TAY students, they will be filled with other students.

Strategy # 2 – Parent/ Caregiver Education and Support: A new class, "Parenting Your Transitional Age Youth" will be offered by the Fairfield-Suisun, Vallejo and Dixon, Adult Schools. (Dixon has been identified as an underserved geographic area.) Negotiations are underway for classes to also be offered by the Vacaville Adult School, and the River Delta Adult Education Program (serving the underserved target community of Rio Vista). This class, offering education and support to parents, foster parents, and other primary caregivers of TAY youth 16-25, will assist parents/caregivers in recognizing and addressing mental health issues, and providing appropriate support to their children.[8] The ten-week, 20-hour class, serving up to 20 parents of TAY, 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. Materials will be available in the language of parents/caregivers participating in the class, and will parallel curricula on life skills and mental health provided to students in the Supported Education and Employment Program. Staff will be trained to be culturally competent, and will address the needs of students and families within their own cultural/ethnic communities. Parents will pay a course fee estimated at $20 for the class.

Milestones and timelines:

- Within 3 months of contract award, Contractor will have the program fully staffed and operational.
- Within three months the Contractor will have firm commitments from Adult Schools (and the Solano County Office of Education) to offer the parent/caregiver education classes starting in Fall 2009.

[8] Approximately $2500 of MHSA Workforce, Education and Training funds will be used for curriculum development

4. Program

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009	Proposed number of individuals or families through PEI expansion to be served through June 2010 by type	
	Prevention	Early Intervention		Prevention	Early Intervention
Supported Education and Employment	Individuals: Families:	Individuals: 20 Families:	3	Individuals: Families:	Individuals: 40 Families:
Parent/Caregiver Education	Individuals: Families:	Individuals: Families: 0	0	Individuals: Families:	Individuals: Families:60
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals: Families**:	**Individuals: 20 Families**: 0	3	**Individuals: Families**:	**Individuals: 40 Families**: 60

5. Alternate Programs

☑ Please check box if any of the programs listed above are not in the PEI Resource Materials. Attach a narrative providing a rationale for selecting the alternate programs (refer to Instructions for Form No. 3).

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

- Contractor will outreach to parents, physicians, community agencies for education and training to help them identify the early signs of serious mental health problems, and take intervention steps early. Parents will be given an Information and Referral Directory to identify and access community services and support.
- Information on both programs, as well as procedures for referral to the supported education/employment program, will be provided to County psychiatrists; Family Resource Centers; schools and adult schools; community based agencies; county agencies; faith based organizations, primary care physicians and clinics, etc.
- College students can access mental health counseling through the Solano Community College on-campus Student Counseling Center, in addition to receiving mental health support from their assigned Education and Employment Specialist.

- Students not already receiving mental health services can also identify and access other services and supports through their Information and Referral Directory.
- Students enrolled in the Supported Education/Employment Program will be immediately referred to the County or private mental health providers if their mental health issues worsen and they need acute services.

7. Collaboration and System Enhancements

The Education, Employment and Family Support Project for At-Risk TAY is built on multiple partnerships among community-based organizations, the community college, county agencies, and schools. Through working together in the following ways, the entire mental health and primary care system will be strengthened. Key partners include:

- Solano Community College. The Solano Community College administration and Disability Services Program have enthusiastically endorsed the 5 proposed TAY educational/employment programs as providing much needed strategic expansion and augmentation of existing campus programs. The college has made a commitment to develop supported education curricula and assign instructors to the 5 new educational/vocational programs. Solano Community College will also provide classroom facilities and Disability Program staff to do the following: special education testing for learning disorders; evaluation and assessment of educational supports and accommodations needed; be liaison with instructors to explain the accommodations needed in classroom and monitor whether additional accommodations and supports are needed; find or hire note takers, readers and/or test taking assistants for students; work with instructors on using other instructional methods; and provide screening, coordination and referral to mental health providers, Workforce Investment Bureau and Dept. of Rehabilitation. The College will also provide access to student services such as the Career Center, the Student Counseling Center, and Financial Aid Office.
- Solano Community College will pre-screen and refer eligible students to the Workforce Investment Bureau or Department of Rehabilitation: to find work experience field placements; employment training and guidance; vocational testing; vocational rehabilitation services; job coaching; and to locate and link with employers who employ mental health consumers in need of work accommodations.
- The Vallejo, Fairfield-Suisun and Dixon Adult Schools will provide instructors, class materials and classroom facilities, and translators (as needed) for the 10 week adult education class for parents of TAY.
- Parents will pay an estimated $20.00 to enroll in the 10-week Parent/Caregiver education class, which includes a workbook and Information and Referral Directory.
- Schools, the Special Education Local Planning Agency, public agencies, primary care health providers, local police, the courts, Solano County Health and Social Services, recreation programs, family resource centers, community-based mental health organizations and others comprising Solano County's public/private referral network will refer young people with mental health issues to the

supported education/employment program, and parents/caregivers to the parent education class.

- Solano County Juvenile and Adult Probation, Child Welfare Services and Substance Abuse Services will assist as needed in the intake process.
- Family Resource Centers will provide translation services in Spanish at no cost for TAY or families needing assistance completing referral forms for potential enrollment of the TAY youth at the college, for enrollment in a parent education class at the Adult Schools, or for translation assistance in accessing services identified in the Information and Referral Service Directory.
- Local transportation agencies will consult with the program operator to maximize transportation options for students participating in the Supported Education/Employment Program. The contractor will be encouraged to apply for Federal Department of Transportation grant to offset 80% of lease costs for passenger vans providing round trip transportation of students to college.
- Local and neighborhood organizations serving cultural and ethnic communities will be requested to provide information on and referral forms to the programs for potential participants.
- Local newspapers and other media will be asked to provide public service announcements or feature stories about the program.
- Solano County Children's, TAY and Adult Mental Health programs and case managers, as well as private mental health providers, will be kept closely informed about the new programs and coordinate with campus case managers as needed to provide case management services to eligible participants when they are not on campus.
- Medi-Cal will be billed for individual or group rehabilitation services at the college for income-qualified students. These services will enable students to receive the mental health support needed to keep their functional impairments from interfering with attendance or the completion of course assignments/homework; to help students cope with stress to prevent dropping out; and to mediate any attention, motivation or behavior problems that could be an obstacle to learning.

The Program will be sustained through the ongoing partnerships with Solano Community College and three-five Adult schools, continued MHSA funding and partial Medi-Cal funding for eligible participants.

8. Intended Outcomes

Individual Outcomes:

Supported Education/Employment

- Program completion, measured by the number and percentage of enrolled students and subset of former students in foster care, who complete the program;
- Development of Wellness and Recovery Action Plan, measured by the number of students who develop plans and make progress on achieving plan goals and objectives.

- High school completion, measured by the number and percentage of students who complete their GED or high school equivalence while enrolled in the program.
- Transition to mainstream classes, as measured by the percentage of students in the program who transition to mainstream classes or training programs.
- Paid employment, measured by the percentage of all students (and foster care student subset) who have paid employment within 6 and 12 months of completing a supported educational/employment program.

Parent/Caregiver Education

- Program completion, measured by the number of participants completing at least one parent/caregiver course.
- Among parents and caregivers completing the classes, better understanding of the mental health needs and issues of their children, and greater ability to identify signs of concerns regarding their children's mental health with knowledge about where to locate resources. Measured through the use of pre- and post-tests.

Program/systemic outcomes:

- Improved approaches for delivering educational and employment services for TAY youth with mental health issues.
- More effective methods, measures, and resources for screening, assessment, service coordination, service delivery, and funding;
- Expanded education, training opportunities, support, and supervision for parents and caregivers of TAY youth with mental health issues
- Expanded ongoing interagency and interdisciplinary collaboration; and
- Evaluated outcomes and changes for youth and families, service providers, service systems, and communities.

9. Coordination with Other MHSA Components

CSS Coordination:

- An MHSA stakeholders group will be formed to advise, monitor and provide input and feedback on CSS and PEI programs.
- Upon implementation of the CSS TAY Full Service Partnership and awarding of the PEI TAY contract, program operators will consult to determine how they can collaborate. Any PEI TAY youth who has a second psychotic break during the program will become ineligible for the program, and will be qualified and referred depending on their age and severity of mental health diagnosis, to either the County or Seneca TAY program as appropriate.

Workforce, Education and Training:

$2500 of Workforce Education and Training funds will be used to develop the curriculum for the 10 week, 20 hour parent education class offered through the Adult Schools. If any WET funds are remaining and needed, they will also be used to translate the parent education handbook into Spanish and provide an Information and Referral Directory.

10. Additional Comments

None

BUDGET NARRATIVE: TAY/FIRST BREAK
The expenses and revenues were determined through consultation with community based non-profit organizations specializing in supported education and supported employment programs for mental health consumers.

There will be a minimum of one consumer position.
There will be a minimum of one bilingual-bicultural Spanish position.

No out of state travel has been budgeted.

Personnel - **Total Personnel Expenditures - $249,050**

- Executive Director/Administrator 0.3 FTE -$19,500
- Clerical support (0.7 FTE), including a 0.2 Office Assistant (preferably filled by a consumer) and a 0.5 Office Assistant/Medical Billing Specialist - $27,600
- Licensed Mental Health Clinician (0.4 FTE) - $28,200
- 2.0 FTE - Education/Employment Specialists (1preferably bilingual Spanish to provide on-campus services to students, and be responsible for community education & outreach - $59,000
- 1.0 FTE – Job coach (preferably bilingual Spanish to provide on-campus vocational services, serve as a community and employer liaison, and drive a van. - $22,000
- 40 part-time students, working two-hours per week for 36 weeks - $23,000

Benefits, Insurance and taxes have been budgeted at 35% for $69,750.

Operating Costs - $86,700

- **Facilities** – Solano Community College and the adult schools are providing space for the program as in-kind donations
- **Student Transportation - $61,500 per year.** The program will provide transportation from five cities to accommodate students from those areas. Student transportation costs will include partial funding of the lease for vans, assuming the provider has obtained a federal transportation grant; vehicle insurance and maintenance and gasoline.
- **Employee mileage** is budgeted at $6000.
- **Telephone and internet** are budgeted at $6600.
- **Office equipment and supplies**, including computers, a leased copier, office furniture and office supplies are budgeted at $12,600.

Sub-Contracts - $2250
Three adult schools will receive sub-contracts each year to provide instruction and materials to the TAY Parent Education class. Each contract is estimated at $750.00 total/yr.

Total Project Budget - $338,000
Revenue - $50,000
Medi-Cal Reimbursement for eligible students is estimated at $48.80 per year
In addition, up to 60 parents, for a maximum of $1200 will pay a $20 fee for the Parent Education Class.

Total Funding Request - $288,000

Form No. 4

County Name: Solano Date: 6/27/08

PEI Project Name: **TAY**

Provider Name (if known): NA

Intended Provider Category: CBO

Proposed Total Number of Individuals to be served:	FY 07-08	0	FY 08-09	40
Total Number of Individuals currently being served:	FY 07-08	0	FY 08-09	0
Total Number of Individuals to be served through PEI Expansion:	FY 07-08	0	FY 08-09	40
Months of Operation:	FY 07-08	0	FY 08-09	12

		Total Program/PEI Project Budget		
Proposed Expenses and Revenues		FY 07-08	FY 08-09	Total
A. Expenditure				
1. Personnel (list classifications and FTEs)				
a. Salaries, Wages				
0.3 FTE	Administrator	$0	$19,500	$19,500
0.7 FTE	Clerical Support/medical billing (consumer position)	0	$27,600	$27,600
0.4 FTE	Mental Health Clinician	0	$28,200	$28,200
2.0 FTE	Education/Employment Specialist – 1 bilingual	0	$59, 000	$59, 000
1.0 FTE	Job coach/employer and community liaison	0	$22,000	$22,000
	Student wages (40 students 2hr/week for 36 wks)	0	$23,000	$23,000
b. Benefits, Insurance and Taxes @ 35%		0	$69,750	$69,750
c. Total Personnel Expenditures		$0	$249,050	$249,050
2. Operating Expenditures				
a. Facility Cost		$0	$0	$0
b. Other Operating Expenses		0		
Student Transportation		0	$61,500	$61,500
Employee Mileage		0	$6000	$6000
Telephones and Internet		0	6600	6600
Office equipment and supplies		0	12,600	12,600
c. Total Operating Expenses		$0	$86,700	$86,700
3. Subcontracts/Professional Services (list/itemize all subcontracts)				
	Contracts with adult schools to support parent education program	$0	$2250	$2250
4. Total Proposed PEI Project Budget		$0	$338,000	$338,000
B. Revenues (list/itemize by fund source)				
	Medi-Cal Reimbursement (minimum estimate)	$0	$48,800	$$48,800
	Fees for Parent Education Class	$0	$1200	$12000
1. Total Revenue		$0	$50,000	$50,0000
5. Total Funding Requested for PEI Project		$0	$288,000	$288,000
6. Total In-Kind Contributions		$0	$0	$0

County: Solano **PEI Project #4, Name: Older Adult** **Date: June 27, 2008**

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	☐	☐	☐	☑

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
A. 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	☐	☐		

"Geriatric mental illness brings together two of the most damaging elements of discrimination in America: the stigma of advanced age and the stigma of mental illness. Worse than being invisible, an older person suffering from depression or dementia is devalued and dismissed." [9]

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

Review of Demographic Information

- In 2000, nearly 13% of Solano County residents were over age 60.[10] Of these, 11% are African American; 14% Asian; 8% Hispanic/Latino origin; 1.5% other; 65.5% Caucasian.
- 23.2% are considered poor or near poor (0-199% of poverty).
- By 2010 the estimated population of those 65+ will be 60,493, an increase of nearly 59%, and by 2050, the estimate is 134,925, an increase of 99%.[11]
- It is estimated that that by 2010 over 12,100 older adults in Solano will be at risk of depression.
- Many of the 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 many different tribal languages). [12]

Stakeholder Input

Area Agency on Aging (AAA) Survey. AAA of Napa and Solano Counties conducted an older adult survey in 2005 to gauge: quality of life; health and mental health status; services: importance, availability, usefulness, access; to identify gaps in service; and to address unmet needs.[13] 438 Solano seniors from throughout the county responded. Findings included:

- Reported problems: 23.7% loneliness/isolation; 28% getting information about services; 16.9% mental health/depression; 17.4% cultural/language barriers; 27.8% cannot do household chores; 49% report not having enough money for food, utilities and their mortgage or rent.
- Reported stresses: financial stress[14] and serving as caregivers without respite.[15]
- 48% reported they would be most receptive to mental health services provided in their home.
- When asked if they knew how to find services in general, 29% said they knew how to find services; when asked the reason they do not use available services, 20% did not know how to use or find services.

[9] Mental Health Task Team Report to the California Commission on Aging
[10] 2000 U.S. Census
[11] California Dept. of Finance
[12] Dr. Melien McBride, Stanford Geriatric Education Center.
[13] "Older Adults in Solano County", powerpoint presentation by Terri Resteilli-Deits, Area Agency on Aging.
[14] 49% report not having enough money for food, utilities and their mortgage or rent
[15] 26% care for others at least part of the time. Of those, 45% never have help.

PEI Community Forums. Findings related to Older Adults from PEI Community Forums included the following:

- Seven community forums were conducted in order to assess the community needs and stakeholders desires
- Participants at the Vacaville and Benicia forums identified the elderly as among the most underserved. Rio Vista and Vallejo participants targeted chronically ill older adults as at greatest risk.
- Communities and the county need to build the capacity of community based organizations, Area Agency on Aging, Senior Centers, primary care providers, clinics, families, communities of faith, and paraprofessionals to provide early intervention and prevention care.
- There is a widespread need to address the stigma of mental illness, and to increase public awareness of PEI resources.

Solano County Senior Coalition (SCSC) focus group. A November 2007 focus group led by the MHSA/PEI coordinator, found the following:

- Trauma: Older adults suffer many losses (including relationships, health, independent living in one's own home, mobility, social role, financial independence, etc.) Many are isolated. Some are abused. They all suffer stigma and age discrimination.
- Poverty and isolation are thought to be the strongest indicators of the underserved within this population.
- Many older adults are misdiagnosed as having dementia or have co-existing disorders.[16] This makes it difficult to receive mental health reimbursements.
- Medical profession is not adequately trained to recognize and refer for older adult mental illness.
- Stigma and lack of understanding of mental health services prevent older population from seeking services

SCSC Status of Seniors Report. A March 2008 report prepared by the SCSC found that depression is a problem[17] and older adults are at risk of suicide.

- 10-20% of older adults suffer from mental illness, especially depression
- Depression is a major predictor of suicide in late 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

[16] The diagnosis of dementia can be complicated by the possibility of other disorders that coexist with, or share features of Alzheimer's disease. For example, delirium is a common condition in older patients and can be confused with dementia in its acute stages. Cognitive deficits are prominent in both late-life depression and schizophrenia. While the severity of deficits is less in these disorders than that in later stages of dementia, distinctions may be difficult if the dementia is early in its course. See "Mental Health: A Report of the Surgeon General, Chapter 5 for Older Adults" www.surgeongeneral.gov/library/mentalhealth/chapter5/sec4.html

[17] Arean, P. (2007). "Treating depression in older adults," Presentation at the Senior Health Summit, Vacaville, CA.

- 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, and 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."[18]
- Suicide rates are highest among older adults (ages 65+) compared to other age groups, and the highest rate is among persons 85 years and older.[19]

3. PEI Project Description

The Older Adult PEI Workgroup was established on April 4, 2008. Members included Fr. Robert Fuentes from Faith in Action, Leanne Martinson and Terri Resteilli-Deits from the Area Agency on Aging; Lauren Rolfe from In Home Supportive Services; Tracee Scott from Prime Time Seniors Magazine; Juliana Acker from Merrill Gardens, Laura Eggers from SCSC, and Donna Fields from Older Disabled Adults. The Older Adult PEI Workgroup met on April 8, 22, and 28 to review needs and to develop projects to address these needs.

Barriers to services. Upon review of the stakeholder input and recent research on older adults in Solano County, the workgroup summarized the following barriers to older adult access to mental health services: stigma associated with identifying oneself with mental illness; lack of information about successful treatment options; lack of publicity about available mental health resources; lack of financial resources to access private resources and sometimes, too many resources to access public mental health; lack of clinicians trained in geriatric mental health (there were no geriatric psychiatrists working in Solano County at the time of this report); lack of knowledge among primary care physicians about older adult mental health (currently 5% of primary care training is dedicated to geriatric diagnosis and care) and lack of transportation to services, especially in rural areas.

Recommendations to improve mental health outcomes for older adults relative to PEI included:

1. Promote public awareness about mental health problems in older adults to reduce stigma
2. Build community partnerships to include non-traditional partners in addressing mental health related issues in older adults
3. Increase access to mental health services

[18] Mental Health: A Report to the Surgeon General
[19] U.S. Department of Health and Human Services

4. Use a mobile crisis unit to serve all parts of the county. This strategy might also be successful in addressing the need for isolated seniors to have access to mental health services.
5. Recruit mental health clinicians and social workers with training in geriatric mental health
6. Develop a peer mental health counseling program
7. Train primary care physicians to identify and treat mental health issues, and promote mental health prevention and wellness[i]
8. Train primary care physicians on the availability of local mental health resources and how patients can access care
9. Encourage multi-disciplinary approaches to treating older adults with co-morbid health and mental health problems

Given stakeholder input and findings, the workgroup identified three strategies which overcome identified barriers:

1. Reach older adults where they live by training those who come in contact with seniors on how to identify early signs of mental illness.
2. Establish a referral, support and case management process to link older adults to prevention and early intervention services.
3. Train health professionals in geriatric mental health screening, diagnosis, and treatment.

The PEI Older Adult project has three interrelated strategies, all new programs for Solano County. All three of these strategies are aimed at identifying older adults at risk of trauma-induced mental illness, depression, anxiety, suicide, and late onset mental illness, as well as undiagnosed and misdiagnosed seniors. Solano seniors as a group have repeatedly been identified as an underserved population.

Strategy # 1: The Gatekeeper Program

This universal prevention strategy addresses the high rates of depression and isolation of older adults. The Gatekeeper program trains those who come in contact with older adults to recognize signs of depression and other mental illness and to help seniors connect to services. This responds to the SCSC finding that up to 20% of older adults suffer depression and their recommendation to build community partnerships with non-traditional partners in addressing mental health related issues in older adults. It also responds to the AAA survey finding that older adults prefer receiving services where they live and overcomes the transportation barrier identified in both the AAA survey and the SCSC recommendations. This component helps identify at-risk seniors and will connect them to the system Navigators for information and assistance (please see strategy #2).

This promising practice model, based on the work of E.R. Florio[20], trains existing senior allies how to screen, support and refer seniors for preventive and early intervention services.

This program will reach isolated seniors and seniors in residential facilities, who are at higher risk of depression and suicide. Targeted outreach will be done through faith-based communities, the Filipino and African-American Chambers of Commerce, through Veterans organizations and other cultural brokers. Trainings will be available in Spanish.

MHSA Workforce Education and Training (WET) will fund the Gatekeeper curriculum development. It will include the following key elements: understanding mental illness, how it manifests, confidentiality, identifying criteria for further assessment, communication skills, and other core competency skills related to mental health and older adults to be identified during planning stages. Academic entities with geriatric mental health and geriatric expertise will assist with curriculum development and training. Experts in the field of gerontology and/or other entities respected for their strong expertise in developing aging related curricula would be considered such as the UC Berkeley School of Social Welfare or Stanford Geriatric Education Center (SGEC).

The program will be piloted in 2008 and the expert advisors, members of the Senior Coalition, and cultural brokers, as mentioned above, will be consulted on the program's cultural competence.

Key Components

- Potential gatekeeper trainees will be recruited from existing volunteers and staff in senior-serving organizations. This is to leverage existing organized efforts, and build a community program presence. These senior-serving organizations are referred to as "implementation partners."
- Second year efforts will include additional outreach and recruitment through ethnic associations (such as the Filipino and African-American chambers of commerce), communities of faith and civic organizations.
- During the second year, the program will be expanded to provide training of family members and neighbors.
- Customization of screening tools and training curriculum for Solano County on recognizing signs of early mental illness and how to connect seniors to resources. Training will include how to use a simple mental health screening tool, referral options and procedures. Curriculum will be developed from existing screening and training resources and will include local referral information.
- Coordination, scheduling and provision of training.
- Maintaining ongoing working relationships with implementation partners (see list below) to:

[20] Florio, E.R., Rockwood, T.H., Hendryx, M.S., Jensen, J.E., Raschko, R., Dyck, D.G. (1996). A model gatekeeper program to find the at-risk elderly. *Journal of Case Management, 5*(3):106-114.

- Identify potential Gatekeepers from community members already interfacing with seniors, most often, at the senior's home.
- Schedule and host trainings.
- After the trainings and where feasible, provide ongoing coaching and support to their volunteers and monitor the referral process.

- Budget accommodates 1FTE staff coordinator/ trainer. Qualifications at the level of a geriatric social worker.
- Training will be promoted and reported broadly through all local media outlets. This is to aid in both recruitment and public awareness of the mental health needs of older adults.

Initial Implementation Partners include existing public, private and non-profit agencies currently serving older adults. More detail can be found in the table below.

GATEKEEPER: INITIAL IMPLEMENTATION PARTNERS	**POTENTIAL Over Time**		**FY ' 08-'09**	
	Gatekeepers to be trained	**Older Adults seen/year**	**Target # trained**	**Est. # Screened**
1. In Home Supportive Services (Care Providers)	2700	2700	50	300
2. Community Clinics	2	3000	2	100
3. First Responders (Fire Dept, EMT, Ambulance, Police.)	300	5000	20	150
4. Meals on Wheels & Brown Bag (3262 homes; 3275 groups; 586 brown bags)	100 volunteers 3 staff	7123	50	1000
5. Faith in Action Volunteers (Friendly Visitor, Peer Counseling, and Ride with Pride programs.)	125	700	50	200
6. Area Agency on Aging Programs Multi-purpose Senior Services Programs (4 staff who see 160 seniors); Linkages Program (3 staff, 60-70 unduplicated older adults/year); Title III Program (3 FTE, 450 unduplicated older adults/year); Information/Assistance/Outreach (5 staff, 40,000 contacts/year)	15	675 to thousands	15	100
7. Licensed Residential Care Facilities (172)	800 staff	2300 unduplicated	100	250
8. Senior Centers (~ 70,000 contacts with seniors /mo) McBride Center in Vacaville, Fairfield Senior Center , Florence Douglas in Vallejo, Filipino Center in Vallejo, Benicia Senior Center, Dixon Senior Center, Rio Vista Senior Center, Suisun Senior Center	49 staff	Estimate 20,000[21]	30	5,000
9. Family Resource Centers	10	300	5	150
10. Adult Protective Services (w/ WET funds)	16	1065	12	700
11. Older and Disabled Adult Services (w/ WET funds)	40	2373	35	1200
Total w/ Initial Implementation Partners	4160	***Most of Solano's 60,000 Seniors***	367	9150

[21] 20,000 reported total contacts per month

Milestones

- Within the first six months of funding allocation, the provider agency (to be selected) will hire qualified staff, gather existing screening and training resources, customize the Solano Gatekeeper training program materials, and schedule trainings with implementation partners.
- By month nine, three trainings will have been piloted and any curriculum refinements made.
- By end of one completely funded year, at least 360 gatekeepers will have been trained and the program will have received media coverage throughout the county.

Strategy # 2: System Navigator Program

The Navigator program is a selective prevention strategy designed to provide supplemental support in the referral process, and to assist and monitor older adults in gaining access to preventive and early intervention services. This is a variation of the cancer support Navigator model.[22] Most of the older adults referred to Navigators, at least in the initial year, will be identified through the Gatekeeper program. Older adults who call or are referred to Navigators will have an initial screening. Case management services will be provided for up to one year for clients in need of ongoing case management. This will include "Problem Solving Therapy" counseling for stabilization if they are experiencing early onset of psychiatric illness or to prevent development of depression. The program design allows for serving 300 clients and providing case management for 50 older adults in FY '08-09.

Key Components

- The provider agency, likely a Community Based Organization with an existing case management program, will be determined by RFP process.
- The program creates 2 FTE skilled navigator/ case management positions.
- The Navigator/case managers will provide intake, informal assessment of need, accurate local information, referral, and assistance, and at least one follow-up call to client.
- Special attention will be paid to caregivers of older adults, who are at-risk.
- In cases where referrals are not readily available and there is evidence of risk of depression or early onset of psychiatric illness, the Navigator will provide case management and problem solving therapy.
- Navigators/case managers will provide brief counseling and case management services for up to a year in situations where community services are not available.
- Navigators/case managers will use a Depression screening tools for assessments.
- Navigators/case managers will supply evidence of, or be trained in cultural competence.

[22] Center to Reduce Cancer Health Disparities, National Cancer Institute

- The Navigators/case managers will be available by phone, email, and by appointment at senior centers and other sites frequented by seniors. They will also be available to help seniors and family members fill out paperwork, and for home visits. The program will be available during unconventional hours, depending on need.
- Referral sources will include trained Gatekeepers, medical providers, county mental health, crisis lines, self referral, and family referral.
- The program will be promoted through all the other Older Adult projects.
- The program will track utilization, outcome, and program improvement data for all aspects of the older adult project (Gatekeepers, Navigator, Health Provider training)
- Intake will include measures of isolation, anxiety, medication management and other select indicators. All referred clients will receive follow-up calls.
- A sample of those clients who have a case record will be called to gather additional post-referral status for program evaluation purposes.
- This program would leverage all senior serving agencies for outreach: SCSC, Coalition of Senior Centers, MSSP, AAA, Meals on Wheels, all Gatekeeper partners.
- RFP would require successful candidates to pursue additional funding sources including pharmaceutical companies, foundations and local businesses.

Milestones

- Within first four months of award, the selected provider agency will hire staff, establish phone lines, develop intake protocol, and compile initial referral resources.
- Within first year, Navigator publicity will be distributed to all Gatekeeper partner agencies, appear in print in the 8 local publications, and will receive at least 300 referrals.

Strategy # 3: Health Provider Education (Professional Development to improve Mental Health Consultation in Primary Care)

SCSC focus groups and their status report identify a need for increased health provider understanding of geriatric mental health. They believe there is an over diagnosis of dementia which creates administrative and reimbursement obstacles for those with other mental health challenges to receive the treatment they need. This PEI strategy builds on the longstanding medical profession culture of continuing education and specialized training. By training health providers on unique geriatric mental health issues, differentiation of dementia from other mental illnesses, and local referral options, seniors will be encouraged to use prevention and early intervention services from trusted professionals and fewer may be misdiagnosed with dementia. Workgroup interviews indicated that no current geriatric mental health training is being offered in Solano County, so this will be a new program.

Key Elements

- Budget includes a 0.2 FTE program coordinator who administers the program, secures health provider partners, coordinates trainings with local health

providers, publicizes trainings in local media, and seeks supplemental funding for older adult mental program.

- During the first full year of funding, there will be 6 trainings per year; each training will serve an average of 25 medical professionals. The program will subcontract with a Geriatric Psychologist/Trainer to teach health care providers about diagnosis of early signs of mental illness in older adults, and the dangers of a dementia misdiagnosis.
- To assure program access and success, the provider agency will:
    - Partner with health care providers to leverage their networks and training schedules
    - Provide trainings in places and times convenient to health providers
    - Offer CEU credits
    - Charge reasonable fees for the training.
- Trainees will include: public and private medical doctors, nurse practitioners, registered nurses, emergency room professionals, mental health providers (MFT, LCSW, MSW), veterans administration providers from the clinic and Travis Air Force Base, and public health staff.

Milestones

- Coordinator hired by month two.
- Geriatric Psychologist/Trainer secured by month four.
- First training offered by month four.
- Negotiations with health providers to schedule trainings begun by month three.

4. Programs

Program Title	FY 07-08	FY 08-09	
	# Served	Proposed number of individuals to be served through PEI expansion through June 2009	
	Prevention & Early Intervention	Prevention	Early Intervention
Gatekeeper	**0**	**9150** individuals screened	**500** referred to Navigators
Navigator	**0**	**300** individuals & 75 Families in contact w/ Navigators	**50** receive case management
Health Provider Training .	**0**	At least **1000** older adults receiving more qualified mental health assessment	**200** receive mental health treatment
Total PEI Project Estimated *Unduplicated* Count Of Individuals	**0**	**10,450**	**750**

5. Alternate Programs

☑ Please check box if any of the programs listed above are not in the PEI Resource Materials. (See program descriptions above.)

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

- The Navigator Program will link older adult clients 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 preventive programs such as senior centers, park and recreation programs, meals programs, Friendly Visitor, Peer Counselors, Ride with Pride and other Gatekeeper implementation partners.
- The Health Provider Training directly trains and links health providers to knowledge and resources to support older adult mental health.
- The Gatekeeper and Navigator programs' design includes outreach through non-traditional partners including linguistic and ethnic minorities.

7. Collaboration and System Enhancements

Collaborative Relationships

- The Navigator and Gatekeeper programs will be promoted through systematic outreach to civic, faith-based, public and private agencies and broadly through local media. (see program description.)
- The Health Provider Training Program will work closely with existing health service providers, including primary care, community clinics and health centers (see program description.)

Leveraged Resources and Sustainability

- The Gatekeeper program leverages existing senior-serving agencies for recruitment, training facilities, and referral coaching.
- In home supportive services and Area Agency on Aging have committed a portion of their training budget for Gatekeeper training.
- Navigators will leverage community prevention and early intervention resources.
- Navigators will leverage all senior serving agencies for outreach: SCSC, Coalition of Senior Centers, MSSP, AAA, Meals on Wheels, all Gatekeeper partners.
- RFP would require successful candidate to pursue additional funding sources including pharmaceutical companies, foundations and local businesses.
- Health Provider Training will include fee for service and will leverage health provider continuing education programs.
- Older Adult Mental Health Advisory Committee will develop strategies for pursuit of additional funding and resources.

8. Intended Outcomes

Gatekeeper Outcomes
Individual outcome
- Increase # of referrals to prevention and early intervention services (individual)

System outcomes
- Train at least 600 community members as Gatekeepers within first two years.
- Pre- and post-test for trainees will demonstrate increased knowledge of senior mental health issues, signs of depression, and means of referral.

Navigator Outcomes
Individual Outcomes
- Increased # of older adults who access prevention and early intervention services measured by #/% of cases referred and successfully connecting to mental health resources.
- # of clients who received brief case management intervention services.

System Outcome
- Increased coordination between mental health and health services through collaboration with physicians.

Health Provider Training Outcomes
Individual Outcome
- Reduced misdiagnosis of dementia measured by sample survey of trainees 6 months after the training.

System Outcomes
- Increased # of health care providers trained in geriatric mental health diagnosis and treatment.
- Increased understanding among medical providers of geriatric psychology, signs of depression, dangers of misdiagnosis of dementia. (pre- & post-training survey)
- Increased self-report of confidence to diagnose, treat and refer older adult for mental health issues on annual provider surveys through Partnership Heath.

Overall System Outcome
- Improved integrated older adult mental health service coordination.

9. Coordination with Other MHSA Components

The County will establish an MHSA Stakeholder Advisory Council to promote coordination, project oversight and the leveraging of resources. It will have an Older Adult Committee, recruited in collaboration with SCSC, which will advise older adult project programs, provide policy direction and assist in the development of a coordinated sustainability plan.

CSS component included hiring of geriatric psychologist. This person, once hired, may be able to provide some of the health provider training.

Workforce Education and Training funds will support participation of county mental health employees in the Gatekeeper and Health Provider trainings, as well as develop curriculum.

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name:	**Solano**			Date:	June 27, 2008
PEI Project Name:	**Older Adult**				
Provider Name (if known):	**TBD by RFP Process**				
Intended Provider Category:	**CBO, not-for Profit**				
Proposed Total Number of Older Adults to be served:		FY 07-08	0	FY 08-09	10,825
Total Number of Older Adults currently being served:		FY 07-08	0	FY 08-09	0
Total Number of Older Adults to be served through PEI Expansion:		FY 07-08	0	FY 08-09	10,825
	Months of Operation:	FY 07-08	0	FY 08-09	3

Budget inserted on next page.

Total Program/PEI Older Adult Project Budget

Proposed Expenses and Revenues	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
Gatekeeper- Geriatric SW- 1FTE	$0	$45,000	$45,000
Navigator/Case Manager - 2 FTE	$0	$90,000	$90,000
Coordinator - Professional Development - .25 FTE	$0	$11,250	$11,250
Subtotal	$0	$78,000	$78,000
b. Benefits and Taxes @ 35 %	$0	$27,300	$27,300
c. Total Personnel Expenditures	$0	$251,550	$251,550
2. Operating Expenditures			
a. Facilities	0	0	$0
b. Start-up Cost - recruitment, phones, computers, office furniture, assessment tools, software	$0	$20,000	$20,000
c. Operating Expenses	$0	$36,000	$36,000
d. Total Operating Expenses	$0	$56,000	$56,000
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
a. Geriatric Psychiatrist (Health Provider Training)	0	5,000	$5,000
b. Program Consultant	0	16,295	$16,295
c. Total Subcontracts	0	21,295	$21,295
d. Subtotal Proposed PEI Project Budget	0	328,845	$328,845
e. Agency indirect	0	25,155	$25,155
4. Total Proposed Older Adult Project Budget		354,000	$354,000
B. Revenues (list/itemize by fund source)			
WET	0	5,000	$5,000
In Home Supportive Services	0	1,500	$1,500
Area Agency on Aging	0	1,500	$1,500
Health Provider Training Fees	0	6,000	$6,000
Total Revenue	0	14,000	$14,000
5. Total Funding Requested for PEI Project	**0**	**340,000**	$340,000
6. Total In-Kind Contributions	0	46,400	$46,400
Gatekeeper Recruitment		30,000	
Gatekeeper Training Hosting (space, food)		9,000	
Gatekeeper Volunteers		30,000	
Gatekeeper Support		15,000	
Health Provider Recruitment		3,000	
Health Provider Training Hosting		1,800	

BUDGET NARRATIVE: OLDER ADULT PROJECT

This project creates new programs through an RFP process. FY 2008-2009 will include staff recruitment, hiring, purchasing software, hardware, and program development and nine months of service provision.

These budget figures were developed through consultation with the Area Agency on Aging of Napa and Solano, were reviewed by the Older Adult Workgroup, and Solano MHSA Coordinator.

Individuals to be Served

Program	'08-'09 Progress	Output	Outcome
Gatekeeper	Develop and pilot Solano program. Ramp up and train 100 50 Gatekeepeers/mo.	Train 367 Volunteers	Who informally screen 9150 seniors.
Navigator	Establish procedures, handle Gatekeeper and community referrals, case manage 50.	Serve 300 older adults and 75 families	Expect 50 to be case managed, remainder provided referral and follow-up
Health Provider Training	Hire coordinator, schedule '09-'10 trainings, contract with training consultants, pilot trainings, and train	Train 150 medical providers who able to screen 1000 older adults	And provide early intervention to at least 200 older adults in this FY

A. EXPENDITURE

1. Personnel Expenditures

Gatekeeper Program 1 FTE Geriatric Mental Health Educator
Navigator/Case Manager 2 FTE Geriatric Social Workers
Health Provider Training .25 FTE Program Coordinator

All benefits were calculated at .35 salaries. It was estimated that staff would be working 75% of FY '08-'09 due to start-up.

These positions have not been designated for mental health clients or family members. It is expected that mental health clients and family members will be trained as volunteer Gatekeepers.

2. Operating Expenditures

None of the programs would require new facilities, rather, they will dependent on agencies office space. FY '08-'09 include one-time costs of recruitment, hiring, program development, office furniture, phones, computers, software, and screening tools. Ongoing operating expenses were calculated at 10% of salaries. None of the funds are allocated for out-of-state travel.

3. Subcontracts

Gatekeeper Program would include contracting with a program advisor to develop curriculum (from WET funds), ensure cultural competency and to customize for Solano. The Navigator program includes consulting with Geriatric specialists to ensure application of promising and culturally competent practices. Geriatric Psychiatrist would be hired to provide the health provider training.

4. Other

A 10% indirect cost based upon salaries were included for the contracting agency.

B. Revenues

- Revenues include use of WET funds for elements of training for existing county staff.
- The Area Agency on Agency and In Home Supportive Services each anticipate contributing $2,000/year for their staff to be trained. This was prorated at 75% to account for late startup
- The health provider trainings will include a workshop tuition fee.

C. In-Kind

Each of the Gatekeeper implementation partners will be providing considerable in-kind support. These include use of their facilities for the trainings, food at the training, recruitment of gatekeepers to be trained and support for gatekeepers once trained.

The health provider trainings will be planned in coordination with public and private service providers. These providers will assist in recruitment, promotion and will provide the training venue and food at the training.

ADMINISTRATION BUDGET NARRATIVE: FY 2008-2009

The budget narrative was determined by Solano County administrative staff.

A. EXPENDITURES

1. Personnel- Total Personnel Expenditure = $132,312

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 2008-2009. The overall amount is a sum of salaries and benefits and taxes shown below.

- Salaries and Wages:
  - 1.0 FTE Prevention and Early Intervention Coordinator **$65,101**
  - The 1.0FTE PEI Coordinator will provide overall PEI coordination under the direction of the MHSA Coordinator to ensure appropriate implementation of the PEI plan goals and programs.
  - 0.5 FTE Office Assistant **$24,563**

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

- Benefits and Taxes
  Benefits are estimated at **$42,648** for fiscal year 2008-2009. This includes costs for P.E.R.S., social security, pre-tax flex plan, post-tax flex plan, and life insurance.

2. Operating Expenditures-
Total Operating Expenditures are estimated at $117,750

a. Facility Costs.
b. Other Operating Expenditures:
This category includes costs for the following:

• 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 (gasoline costs, postage & shipping)	$ 5,000

3. County Allocated Administration **Total $37,509**

4. Total PEI Funding Request for County Administration Budget **Total $287,571**

B. REVENUE

1. Total Revenue NONE

C. TOTAL FUNDING REQUIREMENTS **Total $287,571**

D. TOTAL IN-KIND CONTRIBUTIONS NONE

Form # 4 PEI ADMINISTRATION BUDGET WORKSHEET

	Client and Family Member FTEs	Total FTEs	Budgeted Expenditure FY 2007-08	Budgeted Expenditure FY 2008-09	Total
A. Expenditures					
1. Personnel Expenditures					
a. PEI Coordinator		1.0	0	65,101	65,101
b. PEI Support Staff					
c. Other Personnel (list all classifications)					0
Office Assistant II		0.5	0	24,563	24,563
					0
					0
					0
d. Employee Benefits				42,648	42,648
e. Total Personnel Expenditures	0.0	1.5	0	132,312	132,312
2. Operating Expenditures					
a. Facility Costs					0
b. Other Operating Expenditures				117,750	117,750
c. Total Operating Expenditures			0	117,750	117,750
3. County Allocated Administration					
a. Total County Administration Cost			0	37,509	37,509
4. Total PEI Funding Request for County Administration Budget			0	287,571	287,571
B. Revenue					
1. Total Revenue					
C. Total Funding Requirements			0	287,571	287,571
D. Total In-Kind Contributions					

Form No. 6 BUDGET SUMMARY

County:	Solano
Date:	6/27/08

		Fiscal Year			Funds Requested by Age Group			
#	List each PEI Project	**FY 07/08**	**FY 08/09**	**Total**	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
1	Early Childhood Mental Health	$0	$436,000	$436,000	308,000		$128,000	
2	School-Aged	$0	$539,000	$539,000	539,000			
3	Transition Aged Youth	$0	$288,000	$288,000		288,000		
4	Older Adult	$0	$340,062	$340,062				340,062
	Administration	$0	287,571	287,571				
	Total PEI Funds Requested:	$0	$1,890,633	$1,890,633	$847,000	$288,000	$128,000	$340,062

Solano County June 27, 2008

☐ 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 a 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

Project Selection

This PEI project was selected for the following reasons.

- It received 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 will be served.
- It is likely to have measurable results. It is likely, given the resources, that the programs will be large enough to have a measurable 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 an 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 upon research, needs assessment, and recommendations of the 60-member Early 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

a. Increased parent and caregiver knowledge *(Parent/Caregiver Education Program and Parent Coaching Program)*
   (1.) Of typical and atypical infant and early child development.
   (2.) Of behaviors to support infant and early childhood emotional well-being and child/caregiver relationship
   (3.) Of behaviors to support parent/caregiver emotional well-being
   (4.) On how to access supplemental mental health resources for themselves and the infants and young children in their care.

b. Increased early childhood provider knowledge and competency regarding *(Provider Education and Training Program)*
   (1.) Typical and atypical infant and early child emotional development.
   (2.) Behaviors to support infant and early childhood emotional well-being and child/caregiver relationship
   (3.) 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.

c. Increased early identification, referral and linkages to mental health services for children 0-5 *(All programs – quarterly service reports)*
d. Increased early identification, referral and linkages to mental health services for parents and caregivers of children 0-5 *(All programs – quarterly service reports)*
e. Improved child mental health *(Parent Coaching Program)*
f. Improved parent/caregiver mental health *(Parent Coaching Program)*
g. Improvement in parent-child relationships *(Parent Coaching Program)*

System

a. Number and percent of parent/caregivers enrolling and completing infant and early childhood mental health program (*Parent/Caregiver Education Program)*
b. Number of child service providers qualified to administer ASQ and ASQ-SE *(Provider Education and Training Program)*
c. Number of young children screened for mental health *(Screening Program, Assessment and Referral Program)*
d. Number of parents/caregivers screened for mental health *(Screening Program)*
e. Number and percent of screened young children and caregivers identified as significant concern for medical necessity for further intervention. *(Screening Program)*
f. Percent of referrals engaged in follow-up services. *(Screening Program)*
g. Increased integration of early mental health services in neighborhood-based CBOs, child care and education and primary care settings *(All - quarterly service reports)*

h. 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
ETHNICITY/ CULTURE							
African American			**263 (18%)**				
Asian Pacific Islander			**15 (6%)**				
Latino			**584(40%)**				
Native American			**6(.4%)**				
Caucasian			**248 (17%)**				
Other (Mixed, Unknown)			**67 (4.6%) 204 (14%)**				
AGE GROUPS							
Children & Youth (0-5)			**1050**				
Transition Age Youth (16-25)			**50**				
Adult (18-59)			**357**				
Older Adult (>60)			**3**				
TOTAL			**1460**				
Total PEI project estimated ***unduplicated*** count of individuals to be served : 1050							

NOTE: Ethnicity numbers were calculated by applying the utilization rates for the county family resource center network and then allocating an additional 5% from 'unknown' to Asian/Pacific Islander, due to the planned outreach strategy to this population. The age group allocations are based on program estimates and the targeting of teen parents as an at-risk population.

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).

All four programs will count and report service contacts on a quarterly basis.

The RFP process will require proposals 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 number served, training sign-in sheets)
- Assisting evaluator in developing and administering any program assessment tools
- Data collection tools and methods

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:

1. 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.
2. 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:

- 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.
- Participant competency in using the ASQ and 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 the 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). These will be reported by service providers in quarterly reports.

Parent Coaching
The parent coaching program will utilize standardized model assessments and focus groups.

- The Parent Coaching Program is the most intensive and targeted intervention of the project and may utilize one of the following models: Incredible Years; Nurturing Parenting Program; and/or Parent-Child Interaction Therapy. Each of these models has standardized outcome assessment for every participant, which will be administered at program completion by the coaching agencies and reported to the evaluator. Providers will select from a list of norm-referenced tools that have been tested for reliability and validity and are available in multiple languages. These include: Adult Adolescent Parenting Inventory (AAPI-2) Pre and Post assessment; Eyberg child behavior inventory (ECBI) for PCIT only (pre- and post-test); Child Behavior Checklist (CBCL); Parenting Stress Index (PSI) in either long or short version; Therapy Attitude Inventory; North Carolina Family Assessment Survey, pre- and post- (NCFAS); and Family Development Matrix, pre- and post- (FDM) (pre and post).

- A sample of parent participants will be invited to participate in focus groups for each funded program. Questions will include important personal goals 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. These focus groups will be conducted within three months of the final session. At least one focus group will be conducted in Spanish.

5. Data Collection and Analysis

Service 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

The RFP will require evidence of 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 RFP for the Parent Coaching Program will require description of procedures, staff development, monitoring and other steps to be implemented to ensure program fidelity. This is the only program requiring an established curriculum.

8. Local Dissemination

First 5 Solano will be featuring evaluation findings locally through its annual Results Fair, a participatory public event, and it's Community Impact Report, which is printed and distributed throughout the county and state and to the Solano Early Childhood Mental Health Collaborative.

Solano 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.

PUBLIC HEARING COMMENTS

Public Hearing comments will be submitted after the 30 day posting and Public Hearing to take place in July 2008.