INNOVATIVE PROJECT PLAN DESCRIPTION

County: Imperial **Date Submitted** 4/16/18

Project Name: First Step to Success

I. Primary Problem

During the planning process for the Innovation Project, stakeholders expressed their concern about the lack of access to services for young children and the importance of providing early intervention for young children. This was identified an unserved and underserved population in Imperial County. According to the California External Quality Review Organization (CAEQRO) report for FY 13-14, the Imperial County's penetration rate for children ages 0-5 was 1.16%, which was lower than the Small County and State penetration rate of 1.32% and 1.88 %, respectively.

An extensive review of existing systems and processes was conducted and it was identified that for several years Imperial County Behavioral Health Services (ICBHS) has established a very strong relationship with school districts to address the needs of children in second grade to high school; however, communication and collaborative efforts to address the needs of young children in kindergarten has been almost nonexistent. It was identified that there were no established networks or communication systems in place with kindergarten teachers to coordinate services for children ages 4 to 6. The low number of children ages 4 to 6 that have accessed mental health services has made it evident that efforts to provide services for the identified population have not been strongly emphasized. Past efforts in developing a collaborative relationship have been unsuccessful as we have not been able to identify effective ways to sustain collaborative processes. In many cases, ICBHS is only contacted by local schools when children are experiencing a crisis, but once the crisis is resolved, no further contact is made until the next crisis arises.

II. What Has Been Done to Address the Primary Problem?

ICBHS implemented an Innovation Project with the primary goal of establishing and building a sustainable collaborative relationship between Mental Health and Education. An intervention model designed for educators, First Step to Success (FSS), was utilized as a vehicle to introduce mental health staff in kindergarten classrooms and schools to develop the collaborative relationship. The intent of implementing FSS between ICBHS and education was to address the nonexistence relationship between these two agencies and the disparity identified in the low penetration numbers of unserved and underserved children ages 4 to 6.

The Innovation Project has included strategies that have been utilized in the implementation of the FSS model to build a collaborative relationship. These strategies included the following:

a) Joint planning and implementation meeting with administrators from both agencies to identify roles, responsibilities, and protocol for implementing the model;
b) Regular meetings with ICBHS and school administrators to discuss communication issues and develop problem solving strategies;
c) Joint participation in the FSS training where the model was presented to administrators, as well as teachers and mental health staff directly involved in the implementation of FSS in the classroom; and
d) Collocation of mental health staff in the classrooms/schools.

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For the past three years, ICBHS and school personnel have been trained together in the FSS model. The FSS Program supervisor, Manager, and Mental Health Staff, along with School Administrators and Teachers, have participated in several two-day initial FSS Trainings and one-day Booster trainings. The following is a breakdown of the implementation of FSS during the past three fiscal years:

FY	*No. of Schools*	*No. of Classrooms*	*School Districts*
14/15	3	7	1 - El Centro
15/16	3	13	2 - Brawley, Meadows
16/17	8	24	5 - Calexico, Westmorland, Seeley, Heber, and Winterhaven,

Throughout these three years of implementation, strategies to engage administrators and teachers to develop a collaborative relationship have been changed and adapted given the span of the implementation and the different variables affecting each cohort. Some of the variables include lack of teacher buy-in; school staff turnover; large geographic area being covered; and ICBHS staff shortage to cover all schools. Each year the approach has been modified and it is unclear if the modified approach implemented during the third year will give the desire result of sustaining a long term relationship with education for serving kindergarten age children. The expansion of the Innovation Project for two additional years will give us the opportunity to implement lessons learned in additional schools not reached during the initial three years of this Innovation Project.

Since the implementation of the Innovation Project from October 2014 until June 2017, ICBHS has provided services to 167 Kindergarten unduplicated children and approximately 209 parents, for a total of 376 children served. This increase in children served can be observed in the CAEQRO reports completed for the past four fiscal years. This reports show that the penetration rate for Imperial County for children 0-5 has increased as follows:

Fiscal Year	*Imperial County*	*Small Counties*	*State Average*
2013-2014	1.16%	1.32%	1.88%
2014-2015	2.99%	1.70%	2.14%
2015-2016	3.04%	1.56%	2.12%
2016-2017	3.27%	1.46%	2.04%

However, because strategies have been changed and adapted over the three years of implementation of the Innovation Plan, outcome data on the effectiveness of strategies implemented during the third year to building a sustainable collaboration between Mental Health and Education is not available. The expansion of the Innovation Plan will give us the opportunity to evaluate if the new approach is successful in new schools.

Strategies Adaptations: The following outlines the strategies used and changes/adaptations made over the three years of this Innovation Plan:

FY 14/15 - Meetings were held with principals from 3 schools from the city of El Centro. The three principals participated in joint meetings where they were involved in the planning, and development of protocols, roles and responsibilities. The decision to implement the FFS model in 7 classrooms, cohort 1, was made during the Implementation meetings. They then notified

teachers of the plan to implement FSS in kindergarten classrooms. The main challenge faced during the first year was obtaining teachers' "buy-in". Some teachers saw this as an added responsibility in their already busy schedules and did not foresee the program beneficial for their classrooms. This was implemented during the time when Common Core was also implemented and teachers felt overwhelmed by an added task. In some cases, teachers felt the need to contact their union representative because of them not being in agreement. Principals were supportive of the implementation and through joint meetings discussed ways to problem solve and improve communication as this resulted in a lesson learned, and pushed for a new approach on how to obtain the "buy-in" from the teachers.

FY 15/16 - During the second year the strategies were modified to mitigate this challenge and increase teachers' cooperation and buy-in into the program. When ICBHS manager approached principals to offer the implementation of FSS to the second cohort, they were informed that to better prepare teachers for the implementation of this program, it would be important that they participate in a meeting where they would be provided a presentation of the FSS model. During this meeting they would also have the opportunity to review and provide feedback on protocols, roles and responsibilities, hear about testimonies from teachers who have seen results and ask any questions that they might have. This approach was accepted by principals but not all teachers were able to participate. An additional problem faced after the first year of implementation, was that as the program expanded to additional schools, and the need to meet with additional principals increased. It became very difficult to coordinate meetings where all school administrators, from cohort 1 and 2, could participate. Once new teachers were trained and program was implemented in the new schools, it was identified that some of the new teachers were not identifying children that could benefit from the model. It was also noted that despite being in 20 classrooms, the number of children in this age group referred for services by the new teachers was not increasing. According to Clarus Research, the agency assessing the effectiveness of this project, surveys completed by teachers indicated that they did not believe that identifying and referring children to ICBHS was a goal for this program. Teachers reported being satisfied with having the program at school and saw the benefits of having ICBHS on campus because they could consult when experiencing problems with children. They however, did not see the need to refer children to services. As some teachers refused to refer or identify students for the program, they were allowed by their administrator to pull out of the project, which implied the approach taken to obtain the "buy-in" from the teachers had not been effective in obtaining their cooperation. In contrast teachers from cohort 1, generated more referrals and were accepting of the FSS model due to being familiar of the FSS model. ICBHS staff assigned to the schools were ask to provide education on early signs of mental health and available services.

FY 16/17 – During the third year of implementation eight new schools were identified, expanding the implementation of the model to a total of 44 classrooms. Through lessons learned from cohort 1 and 2, the implementation process was modified in efforts to obtain teachers' "buy-in" of the FSS model. The process now focused on increasing teachers' awareness of mental illness, educating on the importance of early identification and early interventions, and reducing stigma associated with mental illness. The introduction of the program to teachers now included a component on mental illness and available services through ICBHS. Moreover, this new approach also included providing information to teachers on FSS and providing assisting through MHRTs to identify students that could benefit from the program. Through this psycho-education, the goal was to provide teachers information on mental illness to decrease stigma and help them became more comfortable in presenting the program to parents, reasons for considering their children

and the benefits to their children. As ICBHS staff provided more assistance to the teachers, it appears they feel more supported and willing to participate in this project. Another adaptation that has been incorporated in the implementation of FSS during this third year is the approach on how the program is introduced to parents. During the first and second cohort, the model was introduced by the teachers to the parents and it was noticed that a large number of parents decided not to participate in the program. To identify if an increase in participation would be obtained, the program was introduced by ICBHS staff rather than the teacher. ICBHS Staff were trained to explain the program, its benefits and the possible consequences of not intervening early.

Based on the lessons learned from the previous three years, it seems that by providing psycho-education and one-on-one training to teachers, ICBHS will be able to obtain the teachers' "buy-in" of the FSS model. ICBHS would like to further test the new approach implemented during the third year to see if the resistance faced by teachers in the first 3 years of implementation is diminished when the program is expanded to additional schools and classrooms. Even though an increase in referrals has been noticed during this third year, whether this new approach will lead to a developing and sustaining a long lasting relationship is unclear.

ICBHS has also faced challenges related to the ability to hire staff fast enough to expand the model to additional schools who have expressed interest in implementing FSS model. Because Imperial County is a rural county, staff is required to travel to different cities limiting their ability to serve more classrooms. To remediate this challenge ICBHS plans to hire additional staff to implement the FSS model in more schools. Similarly, during the second year of implementation, it became almost impossible to coordinate meetings with all school administrators from the different school districts. As a result, meetings with the three cohorts were held individually with school administrators and teachers at their respective districts and/or school sites. This new approach came at the expense of less frequent communication with the first cohort during the second and third year of implementation. Also, the collaborative relationship that was developed with the school administrators of the first cohort, which led to learning and supporting each other, could not be replicated with the second and third year cohorts.

III. MHSA Primary Purpose of the Innovative Project

During the initial Innovation planning process, community members and stakeholders expressed the following concerns:

1. An increase in behavioral and emotional problems in young children, in particular in kindergarten-age children;
2. Parents and school personnel not being aware of services provided by mental health;
3. Parents not accessing services because of stigma related to mental illness; and
4. Teachers and ICBHS staff not being prepared to coordinate or provide appropriate interventions to young children and their families at risk of serious mental illness.

In evaluating the existing relationship between ICBHS and education, it was identified that communication and collaborative relationships to address the mental health needs of kindergarten-age children was almost nonexistent. Communication and collaboration between ICBHS and Education occurred sporadically, and occurred only when kindergarten-age children became unamenable in the school setting. Through the seldom communication and collaboration, once the identified crisis was resolved, contact was reestablished with ICBHS only when the next crisis occurred. It is evident that ICBHS and Education have been successful in maintaining a long

standing relationship between one another for elementary school-age children to high school, where process for communication and referral are well defined; however, relationships to address the mental health needs of kindergarten-age children remained nonexistent. Therefore, it can be concluded that traditional ways of establishing collaborative relationships have not been successful in our county for addressing the mental health needs of kindergarten-age children who are at risk of serious mental illness. An innovative approach is needed to develop a successful and productive collaborative relationship between Mental Health and Education that will address the mental health needs of kindergarten-age children. If successful, the lessons learned from such a collaborative building approach can be replicated in future collaborative efforts with education and other agencies serving young children.

The Innovation Project's primary purse to request an extension is to:

a) Continue to build on lessons learned with the goal to establish a process for developing and sustaining a strong lasting collaboration between Mental Health and Education that can be replicated across all elementary schools in Imperial County.
b) Obtain outcome measurements to evaluate the collaboration between Mental Health and Education.
c) Reduce stigma associated with mental illness by collocating staff in school settings.
d) Increase access to services to kindergarten-age children who are an unserved and underserved population.
e) Obtain approval of funding to hire additional staff to expand mental health services in schools targeting young children in Kindergarten.

IV. The Proposed Change

ICBHS is requesting to extend the Innovation Project First Step to Success up to April 2019.The extension will allow ICBHS to obtain measurable outcomes and to develop a system for collaboration based on lessons learned from the successes and challenges encountered in the initial 3 years of implementation. It will also allow ICBHS to identify successful strategies to replicate and implement them in new schools. The modifications made during years two and three consisting of involving teachers from the beginning of implementation of FSS; providing information on mental health services and benefits of early detection and intervention to teachers and parents, as well as the having ICBHS staff introduce the model to parents. It is anticipated that this new approach will facilitate teachers' "buy-in", and the reduction of stigma associated with mental illness. These components will lead to success of the Innovation Project which is the development of a sustained collaborative relationship with the long term goal of increasing access to services for kindergarten age children.

During FY 17-18, ICBHS has continued to implement the FSS in the existing schools and one new school. MHSA Innovation funds have not been utilized as all approved Innovation funds, $1,498,366, were expended by the end of FY 16/17. The FSS program continued to provide services utilizing Short-Doyle Medi-Cal. Through lessons learned in previous years, the FSS program modified the implementation process. Due to teacher turnover, retirement or new grade assignment, ICBHS Staff have had to provide one on one training to new teachers. Mental health staff has also provided extensive psycho-education to new teachers and in addition, have also provided extensive psycho-education to parents to reduce the stigma related to mental health. It is hoped that this new approach will lead to better acceptance form teachers and parents. However, ICBHS would like to expand to additional schools and classrooms using the strategies utilized in the current school year and see if the resistance faced by teachers in the first

3 years of implementation is diminished. However, this new approach needs to be evaluated as we do not know if utilizing these strategies with new schools and teachers will be effective, and result positively.

ICBHS has collected information on lessons learned from the first three years of implementation and plans to use this information to continue the expansion to new additional schools. Expanding the program to April 2019, would assist in determining whether providing additional one-to-one training and psycho-education to teachers to reduce the stigma related to mental health and the implementation of a school-based intervention will have an enduring outcome in solidifying a long sustained working collaboration between Mental Health and Education. Through the proposed extension request, it is anticipated that improvement in the overall project will address the mental health needs of unserved and underserved kindergarten-age children in a school setting who are experiencing behavioral and emotional problems or are at risk of developing a serious mental illness. This would also allow would allow us to better evaluate if the adaptations made to the strategies during years two and three past years have led achieving the goal of establishing and sustaining a relationship between these two agencies.

V. Innovative Component

The innovative component of ICBHS Innovation Plan is the implementation of FSS, a program designed for education staff that was modified and implemented jointly between education and ICBHS staff. FSS is being used as a vehicle to develop and sustain a collaborative relationship between ICBHS and education to provide access to kindergarten-age children. ICBHS' Innovation Project is unique to Imperial County, as there are no other school-based mental health programs in the County targeting specifically kindergarten age children.

The following are three important reasons for establishing a strong long lasting collaboration between the two agencies. Not only will the Innovation Plan result establishing this collaboration, it is expected that it will provide long lasting benefits in the following areas:

- ***Stigma Reduction***: Offering mental health services to kindergarten-age children in school settings is less stigmatizing to parents, teachers and children, than in a clinic setting, and makes mental health services more accessible. Also more at high-risk children can be identified and be offered additional support services in a natural setting. Schools also hold the potential for providing one of the most efficient and effective service delivery methods for gaining access to large numbers of high risk families with children who can benefit from early mental health intervention programs.

- ***Early identification and early interventions:*** Implementing a collaborative program like First Step to Success, where services are provided in school settings promote collaborations between teachers, parents, children and mental health staff. This collaboration offers a greater opportunity for both agencies to understand each other's functions and goal. By working together ICBHS staff is able to understand education processes and has the opportunity to provide information on mental illness and to conduct early identification of signs and symptoms. The implementation of FSS allows for consistency of interventions to children across settings (from home to school) and the possibility of sustained positive effects. Additionally, a classroom intervention is preferable to "pull-out" programs for high risk children because there are increased opportunities for more prosocial children to model appropriate social skills with the entire classroom. School-based mental health programs offer a greater opportunity

for more access to the children, teachers and parents to provide interventions that coordinate the efforts of families and school staff to help children who are at high risk for developing a serious mental illness.

- ***Prosocial behavior in natural settings:*** FSS allows for the timely and appropriate delivery of interventions in a classroom setting. At times teachers and other child care providers have little training in behavior management strategies and social skills. The importance of training staff that work directly with children is essential for children to have successful early school years. This success also resides in the quality of the child-teacher relationship and the abilities of teachers to provide a positive, consistent and responsive environment. FSS also has a parent component provided by the ICBHS staff. The parents are informed of the skills the child is learning at school and assist parents in reinforcing these behaviors at home. If parents and teachers can provide positive reinforcements and appropriate problem-solving and discipline strategies, the children can develop social competence and reduce aggressive behavior at home and at school.

ICBHS and local education agencies are aware of the need to reduce the gap in mental health services for kindergarten-age children by improving the early identification of at risk-children and of improving access to necessary services. By extending the Innovation Project to April 2019, ICBHS will be able evaluate if the new approach was successful in establishing a sustaining a collaborative relationship with education. The expansion would also allow the expansion to additional schools to provide mental health services to more kindergarten classrooms by developing a system or new approach to collaboration that can be replicated county-wide. The proposed new approach, which is expected to develop a sustained collaborative relationship between Mental Health and Education, is by implementing strategies implemented during the third year. These strategies were changed and adapted based on lessons learned from the initial three-year plan. The program adaptations are the following:

1. To improve teachers' cooperation and willingness to participate in the program, teachers will participate in a meeting prior to implementation of FSS where they will be provided a presentation of the FSS model. During this meeting they would also have the opportunity to review and provide feedback on protocols, roles and responsibilities, hear about testimonies from teachers who have seen results and ask any questions that they might have.
2. To increase teachers' awareness of mental illness and reduce stigma associated with mental illness, they will be provided information on the importance of early identification and early interventions. They will also be provided with information of available services through ICBHS and how to make referrals for assessment.
3. To assist in the process of identifying children in need of FSS or other ICBHS Services, ICBHS staff will assist teachers by conducting classroom observations and consulting with them to identify and refer to appropriate services.
4. To identify if parents' acceptance of program improves, ICBHS staff rather than teachers will introduced the program to parents. ICBHS will also discuss importance of early identification and early intervention and available services.
5. To continue the development of a process in communicating and collaborating effectively, ICBHS staff will continue to meet individually with school administrators and teachers on monthly a basis.

VI. Learning Goals

The following are ICBHS' learning goals:

a) Develop and maintain a new approach to collaborative relationships between mental health and education to improve access to services to unserved and underserved population of children in TK and Kindergarten.

b) Develop an effective system that can be duplicated when developing a collaborate relation between mental health and education.

c) Identify the strategies to effective collaborative relationships that can be replicated in different school districts in Imperial County.

d) Identify the organizational supports at all levels needed that contribute to effective collaborations.

e) Identify mental health and education staff's strengths, attitudes and character that contribute to effective collaborations.

f) Through the development of this collaborate relationship; expand parents and teachers' awareness on the extent of how mental illness reaches into this age group of children to decrease the stigma related to mental health.

VII. Evaluation or Learning Plan

ICBHS' Innovation Project will introduce a new approach in developing a collaborative relationship between Mental Health and Education. It will also introduce new learning in providing school-based mental health services to young children. ICBHS has contracted with Clarus Research to conduct a comprehensive evaluation on the Innovation Project for Imperial County. The purpose of the evaluation is to determine if the implementation of an intervention model in a school setting will lead to the establishment of an effective collaborative relationship between Mental Health and Education that can be maintained over time. The following are Clarus Research data sources and methods for evaluating the Innovation Project:

a) *Survey* – Clarus Research will conduct an online survey to measure collaboration factors. They will also develop a survey to measure stigma and awareness of mental health conditions and interventions to be completed by mental health staff and participating schools.

b) *Interviews* – Clarus will conduct telephone interviews with ICBHS staff and participating schools of the collaboration to gather information about project implementation, strengths, and challenges. An interview protocol was developed for this purpose and interview data is qualitative.

c) *Referral Data* – Clarus will analyze referral data provided by ICBHS. Clarus will specifically analyze changes in referrals rates for the schools involved in the project from year to year and from all other schools not participating in the Innovation Project.

For the past three years, Clarus Research has conducted surveys and telephone interviews with mental health and education administrators. Some of the data collected focused on administrators' attitudes and their support in the process of implementing the intervention model. Data was also obtained on the level of commitment school administrators had in implementing the intervention model in the initial year and in subsequent years. Clarus Research also measured strengths and challenges of the collaboration by measuring the collaborative participation and activities between ICBHS and schools who have implemented the Innovation Project. They also measured the functioning of the collaboration, as well as stigma and awareness of mental health services.

Surveys have been administered and interviews were conducted once per year of project implementation. Both were completed towards the end of each year of project implementation to ensure ICBHS and Education had sufficient time to engage and collaborate in the project.

ICBHS has also been providing Clarus with the numbers of children served and referral data. Referral data is being evaluated to determine if the collaboration, through the implementation of a school-based intervention, between Mental Health and Education has generated an increased number of referrals as well as increasing access for mental health services for young children. Based on the data generated by Clarus Research, the data does not indicate any noteworthy overall increases in referrals of kindergarten age children to mental health since the Innovation Project started.

During the second year of implementation, the process of communicating with the second cohort of school administrators was modified to meet individually with school administrators and teachers at their respective districts and/or school sites and introduce protocols developed during the first year. This new approach came at the expense of less frequent communication between mental health and the first cohort of schools during the second and third year of implementation. Also, the collaborative relationship that was developed with the school administrators of the first cohort, which led to learning and supporting each other, could not be replicated with the second and third year cohorts. Finally, challenges that existed in the first three years of the implementation process was the lack of buy-in from the teachers, and the insufficient data available to determine if the program was successful in building a sustainable collaboration between ICBHS and Education. Clarus Research indicates that further evaluation is needed to gather additional referral data and see if the collaboration has been firmly established, through the implementation of the FSS school-based intervention, between Mental Health and Education.

VIII. Contracting

ICBHS has contracted with Clarus Research for evaluation analysis of the Innovation Project. Should the request to extend the Innovation Project to April 2019 be approved by the MHSOAC, ICBHS plans to continue to contract with Clarus Research to evaluate the effectiveness of the Innovation Project. The contract with Clarus Research clearly outlines the goals of our project and the tools to be utilized, activities and frequency of evaluation reports. ICBHS has also contracted with the developer of the First Step to Success model in order to train ICBHS and education staff. As we expand to new schools, the plan is to continue to contract with the developer to ensure adequate training is provided. These contracts clearly outline expectations and obligations. The supervisor and manager overseeing the Innovation Project will closely monitor to ensure compliance with obligations established in both contracts.

Additional Information for Regulatory Requirements

IX. Community Planning

ICBHS planned and organized different activities to include the participation of stakeholders. These included focus groups, key informant interviews and discussions in the MHSA Steering Meetings. Upon completion of the planning process, the original 3-year Innovation Project for Imperial County was approved in March 2014 by MHSAOC. Updates on this project and evaluation data have been presented on a regular basis at the MHSA Steering Committee attended by community members and stakeholders. Updates have also been provided to school personnel, Special Education Directors, and the Mental Health Board.

Based on the recommendation by Clarus Research to expand the program and based on the fact that not all schools have been given the opportunity to participate in this project as originally proposed in the Innovation Project, the recommendation to expand this project was taken to the Quarterly MHSA Steering Committee on December 19th, 2016 and on April 10th, 2017. ICBHS presented to the Stakeholders in attendance the recommendation to extend the Innovation project to April 2019, making the Innovation project a 5-year project. During the meeting, data gathered from Clarus Research was presented as well as expressed interest from stakeholder to continue the implementation of First Step to Success, school-based intervention model. All attendees supported ICBHS' recommendation to extending the current Innovation Project to April 2019.

X. MHSA Innovative Project Category

Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

ICBHS' Innovation Project will continue to utilize an evidence school-based intervention model (FSS) as a vehicle to promote interagency collaboration between mental health and education. The development of a new approach of collaborative relationship between ICBHS and education through the implementation of FSS represents a new application of mental health services which are generally provided in an outpatient clinic setting. This collaboration will continue to provide mental health interventions in the classroom environment rather than in a office/clinic setting.

XI. Target Population

Since the implementation of the Innovation project from October 2014 until June 2017, ICBHS has provided services to 167 Kindergarten children ages 4 to 6, and approximately 209 parents, for a total of 376 who have been served. With the proposed change it is expected to serve for FY 2017-2018 an estimated 148 Kindergarten children in two new schools and for FY 2018-2019, it is estimated that approximately 176 children will be served after expanding to two additional schools, for a total of 18 elementary schools countywide.

XII. MHSA General Standard

a) ***Community Collaboration:*** ICBHS continues to ensure Community and Stakeholders collaboration. The community and the stakeholders have the opportunity to participate, provide feedback and recommendations at the quarterly MHSA Steering Committee Meetings. Other efforts that keep the community informed of the Innovation Project and its progress is through the MHSA - ICBHS' Outreach and Engagement and the PEI Outreach activities. These activities include: increasing Recognition of Early Mental Health Illness, Stigma and Discrimination Reduction and increasing Access and Linkage to Treatment programs, where the Innovation Project is being included in the Outreach presentations to the community. The Innovation Project has also been presented in the ICBHS weekly radio and podcast shows "Let's Talk About" (English) and "Exprésate" (Spanish) as well as in newspaper articles (Imperial Valley Press) and in a magazine (Valley Women).

b) ***Cultural Competency:*** Staff from both agencies has been exposed to the other agency's culture, norms and values. By working together they have learned from each other where they share the same mission and vision for the purpose of serving children and their families. ICBHS has a well-established Cultural Competency Plan that ensures staff receives extensive training on different aspects of cultural competence. Staff assigned to the

Innovation Project has received trainings to ensure they understand and effectively address the needs and values of the racial/ethnic, cultural, and linguistic needs of the children, families and community members they serve. As of 2012, 80.4% of Imperial County's population was Hispanic-Latino. Currently 85% of ICBHS staff who provide direct services to clients and their families is bilingual in English and Spanish. Staff assigned to this project is representative of the population served.

c) ***Client-Driven:*** The Innovation Project has been guided and developed based on feedback from stakeholders who presented their ideas and concerns through their participation in formal and informal meetings. Stakeholders voiced their desire to focus this Innovation Project on young children at risk of serious mental illness and their families. ICBHS will continue to ensure stakeholders are an integral part of the implementation, evaluation and decision making process, related to this project by continuously engaging them at all levels. Family members have had an essential role in the decision making in identifying the needs of their children.

d) ***Family-Driven:*** Family members are considered vital to the success of any interventions conducted, especially when working with young children. Family members have been provided the needed support by MHRTs to conducting behavioral interventions in their home. The FSS Program Supervisor has conducted several home visits where families have conveyed their gratitude in receiving the needed assistance from the MHRTs.

e) ***Wellness, Recovery, and Resilience-Focused:*** Stakeholders have been involved during the implementation process. Their involvement in this process promotes empowerment, respect, self-responsibility and self-determination, which are essential elements to their wellness, recovery and resilience. By establishing an effective collaboration with education and making a systemic and cultural change, the wellness, recovery and resilience principles will be embedded in the process and will produce long term benefits for children and families in our community.

f) ***Integrated Service Experience for Clients and Families:*** It is anticipated the collaborative approach will establish and result in a long lasting integration between Mental Health and Education in providing services for young children and their families. Staff is currently collocated in several school classrooms, where children and families have the opportunity to access mental health services in a non-traditional setting. By both agencies working together, they have been learning about resources and have linked children and families to partner agencies according to their needs, such as the Child and Parent Council for parenting groups, in a comprehensive and coordinated manner.

XIII. Continuity of Care for Individuals with Serious Mental Illness

Imperial County's Innovation Project's goal is to develop, establish, and maintain a long lasting effective interagency collaboration between ICBHS and the education system to address the mental health needs of unserved and underserved children age's four to six and in a school setting. Should Imperial County not be approved to extend the Innovation Project, ICBHS will continue to promote early mental health intervention services to children who are experiencing behavioral and emotional problems or are at risk of developing a serious emotional disturbance.

XIV. INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement

ICBHS is committed in providing culturally competent services to the community by having a well-established Cultural Competency Plan that ensures staff receives extensive training on different aspects of cultural competence. The Innovation Project targets the unserved and underserved population of children, age's four to six by providing mental health services in the school setting.

As previously mentioned, as of 2012, 80.4% of Imperial County's population was Hispanic-Latino. Currently 85% of ICBHS staff who provide direct services to clients and their families are bilingual in English and Spanish. Staff assigned to this project will continue to be representative of the population served. For Spanish speaking children and their families, materials and information is provided in their language of preference. Also during the quarterly MHSA Steering Committee meetings there is a Spanish speaking translator and equipment available for the stakeholders.

XV. Deciding Whether to and How to Continue the Project Without INN Funds

If the extension of the Innovation Project is approved and proves to be effective on establishing a long lasting relationship between Mental Health and Education, ICBHS will continue implementing the FFS intervention model by utilizing Short-Doyle Medi-Cal and MHSA Community Supports and Services funding.

XVI. Communication and Dissemination Plan

Information has been disseminated to stakeholders in Imperial County during the quarterly MHSA Steering Committee meetings. Findings (success and challenges) and recommendations have been presented to the stakeholders on the collaborative efforts and for their continued support for the implementation of the Innovation Project. Information has also been shared with the Mental Health Board, school personnel/administration, clients, family members and other stakeholders on the evaluation progress and on future planning. Information has also been disseminated via the ICBHS' weekly radio mental health show, "Let's Talk About It". Stakeholders are invited to attend the quarterly MHSA Steering Committee meetings. During the meeting, stakeholders are able to convey their feedback on whether the Innovation Project is being successful in establishing long lasting collaboration with education to address the mental health needs of young children.

XVII. Timeline

FY 2017-2018 Extension

May 2018	Contract with Evaluator to conduct from April 2018 to April 2019: • Evaluation activities to include process and outcome evaluation • Data analysis • Reporting • Technical Assistance
	Provide referral data for school year 2016-2017, to Evaluator for the purpose of evaluation and data analysis and outcome reports
	Coordinate meetings with new school administrator(s) to identify new schools for expansion in the implementation of the evidence-based intervention for school year 2018-2019
	Identify new staff to hire for new school year 2018-2019
	Contract with developer of the evidence-based model to train 8 new teachers and new mental health staff in June 2018
May 2018-June 2018	Continued implementation of evidence-based intervention model in the existing fourteen (14) school sites/ forty-four (44) classrooms.
	Continue monthly collaborative meetings between ICBHS and with the existing eight (8) school districts
June 2018	Evaluator will provide a final report on the process and outcome evaluation findings
	Schedule an evidence-based intervention "Initial" training for new mental health staff and teachers from identified new schools for the expansion of the Innovation Project
	Presentation of the Innovation Project at the quarterly MHSA Steering Committee to provide an update to the stakeholders on the following: • Implementation progress • Collaborative efforts • Obtain guidance on improving process • Lessons learned • Evaluation report for FY 2016-2017 • Obtain continued support for the implementation of the Innovation Project

INNOVATIVE PROJECT PLAN DESCRIPTION

FY 2018-2019

August 2018	Mental Health staff will assist and train teachers in identifying early signs of mental health in young children and decreasing the stigma to obtain "buy-in" of the intervention model from the teachers Provide referral data for school year 2017-2018, to Evaluator for the purpose of evaluation and data analysis and outcome reports
September 2018	Presentation of the Innovation Project at the quarterly MHSA Steering Committee to provide an update to the stakeholders on the following: • Implementation progress in 44 classrooms • Collaborative efforts • Obtain guidance on improving process • Lessons learned • Evaluation report for FY 2017-2018 • Obtain continued support for the implementation of the Innovation Project
	Contract with developer of the evidence-based model to train 8 new teachers and new mental health staff in January 2019
September 2018 – January 2019	Continued implementation of evidence-based intervention model in the existing school sites/ (44) classrooms.
	Implementation of the evidence-based intervention model at new identified schools/districts, (8) classrooms.
	Mental Health Program Supervisor will meet with School Principals and teachers of new schools on a monthly basis
	Continue monthly collaborative meetings between ICBHS and with the existing school districts
	Evaluator will continue to provide Technical Assistance, Evaluation, Data Collection, and Data Analysis
October 2018	Coordinate meetings with new school administrator(s) to identify new schools for expansion in the implementation of the evidence-based intervention for 2nd part of school year 2018-2019
	Identify new staff to hire for new school year 2018-2019
	Mental Health staff will assist and train teachers in identifying early signs of mental health in young children and decreasing the stigma to obtain "buy-in" of the intervention model from the teachers
December 2018	Schedule an evidence-based intervention "Booster" training for new mental health staff and teachers from identified new schools for expansion of the Innovation Project
	Presentation of the Innovation Project at the quarterly MHSA Steering Committee to provide an update to the stakeholders on the following: • Implementation progress in 52 classrooms • Collaborative efforts • Obtain guidance on improving process • Lessons learned • Obtain continued support for the implementation of the Innovation Project
January 2019	Schedule an evidence-based intervention "Initial" training for new mental health staff and teachers from identified new schools for the expansion of the Innovation Project

FY 18/19 Continued

January 2019 – April 2019	Implementation of evidence-based intervention model in the existing school sites/ (52) classrooms.
	Implementation of the evidence-based intervention model at new identified schools/districts, (8) classrooms.
	ICBHS Supervisor will meet with School Principals and teachers of new schools on a monthly basis
	Continue monthly collaborative meetings between ICBHS and with the existing school districts
	Evaluator will continue to provide Technical Assistance, Evaluation, Data Collection, and Data Analysis
March 2019	Presentation of the Innovation Project at the quarterly MHSA Steering Committee to provide an update to the stakeholders on the following: • Implementation progress in 60 classrooms • Collaborative efforts • Obtain continued guidance on improving process • Lessons learned • Obtain continued support for the implementation of the Innovation Project
April 2019	Schedule an evidence-based intervention "Booster" training for new mental health staff and teachers from identified new schools for expansion of the Innovation Project
	Provide referral data for school year July 2018-April 2019, to Evaluator for the purpose of evaluation and data analysis and outcome reports
	Transition the Innovation Project towards utilizing other funding sources other than Innovation funds
	Evaluator will provide a final report on the process and outcome evaluation findings
June 2019	Presentation of the Innovation Project at the quarterly MHSA Steering Committee to provide an update to the stakeholders on the following: • Lessons learned • Evaluation report for FY 2018-2019

Required Comment Period and Public Hearing

Consistent with MHSA statutory and regulatory requirements Imperial County's Innovation component will circulated for review and comment for at least 30 days to representatives of stakeholder groups and any interested party who has requested a copy of the component. A public hearing will then be held by the local mental health board. Substantive comments raised at the public hearing will be included in the final component, including Imperial County's mental health program's response.

INNOVATIVE PROJECT PLAN DESCRIPTION

INNOVATION
FY 2017-18 THROUGH FY 2018-19
MHSA Innovation Two-Year Extension Plan Narrative

Revenues:				2017-2018	2018-2019	TOTAL
			MHSA Current Apportionment Estimates	$ 80,611	$ 450,509	**$531,120.00**
			2011 MH Realignment	$ 3,778	$ 19,252	**$23,030.00**
			Federal Medical	$ 103,328	$ 394,887	**$498,215.00**
			Other (Interest, Patient Fees, etc.)	$ 2,533	$ 15,200	**$17,733.00**
			Revenues:	***$190,250.00***	***$879,848.00***	***$1,070,099.00***

Personnel Expenditures:				2017-2018	2018-2019	TOTAL
Deputy Director	0.00	0.05	(.05FTE) Responsible for the overall planning, development and implementation of this program	$ 0	$ 6,788	**$6,788.00**
Behavioral Health Manager	0.25	0.25	(.25 FTE) Responsible for handling the organizational work in the planning, development and implementation of this program	$ 9,262	$ 27,785	**$37,047.00**
Program Supervisor II	.50	1.00	(1 FTE) Responsible for the overall program and clinical supervision and daily program operations	$ 10,901	$ 68,675	**$79,576.00**
Psychiatric Social Worker	0.00	2.00	(2 FTE) Will provide Intake Assessments out in the community to include schools and homes	$ 0	$ 125,942	**$125,942.00**
Mental Health Rehab. Tech	7.50	11.00	(8.25 FTE) Will provide Mental Health services that include: assessment, plan development, rehabilitation, collateral, crisis intervention and targeted case management.	$ 98,643	$ 426,197	**$524,840.00**
Administrative Secretary	0.00	0.05	(.05FTE) Supports the Deputy Director	$ 0	$ 2,162	**$2,162.00**
Office Tech /Office Asstnt	1.00	2.00	(2.5 FTE) Will provide clerical support	$ 7,022	$ 41,522	**$48,544.00**
	9.25	16.35				
			Personnel Expenditure:	***$125,828.00***	***$699,071.00***	***$824,899.00***

Operating Expenditures:				2017-2018	2018-2019	TOTAL
Contracted Services						
Collaborative Training			*First Step to Success* Estimated value of both training/consultation and education materials	$ 8,000	$ 25,000	**$33,000.00**
Consultation and Evaluation			Continue evaluating programming, impact, significant changes and results of the learning component: new mental health approach in developing an effective collaboration between Education and Mental Health. Funds will continue to be utilized to contract Consultant to measure the effectiveness of the Innovation model. Cost includes delivery of measurement tools/surveys, analysis/reports on results.	$ 7,000	$ 28,000	**$35,000.00**
Contracted Services			Funds will be used to reimburse school districts for having their teachers attend the First Step to Success initial and Booster trainings	$ 5,040	$ 6,300	**$11,340.00**
Program Expenditures			Expenses incurred by Innovation staff to operate the program. Expenses consist of but not limited to communication, household, office supplies	$ 27,086	$ 41,491	**$68,577.00**
			Operating Expenditure:	***$ 47,126.00***	***$ 100,791.00***	***$147,917.00***
Administrative Cost:			Program Administrative Cost	***$ 17,296.00***	***$ 79,986.00***	**$97,282.00**
			Estimate Cost by Fiscal Year:	***$190,250.00***	***$ 879,848***	***$1,070,099***

INNOVATIVE PROJECT PLAN DESCRIPTION

A. Innovative Project Budget by FISCAL YEAR (FY)*

EXPENDITURES							
PERSONNEL COSTs (salaries, wages, benefits)		**FY 17/18**	**FY 18/19**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
1.	Salaries	20,163	96,460	0	0	0	116,623
2.	Direct Costs	98,643	552,139	0	0	0	650,782
3.	Indirect Costs	7,022	50,472	0	0	0	57,494
4.	Total Personnel Costs	**$125,828**	**$699,071**	**0**	**0**	**0**	**$824,899**

OPERATING COSTS		**FY 17/18**	**FY 18/19**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
5.	Direct Costs	27,086	112,707	0	0	0	139,793
6.	Indirect Costs	17,296	8,770	0	0	0	
7.	Total Operating Costs	**$44,382**	**$121,477**	**0**	**0**	**0**	**$165,859.00**

NON RECURRING COSTS (equip, tech)		**FY 17/18**	**FY 18/19**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
8.	**Direct Costs**	0	0	0	0	0	0
9.	**Indirect Costs**	0	0	0	0	0	0
10.	Total Non-recurring costs	**0**	**0**	**0**	**0**	**0**	**0**

CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		**FY 17/18**	**FY 18/19**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
11.	Direct Costs	20,040	59,300	0	0	0	79,340
12.	Indirect Costs	0	0	0	0	0	0
13.	Total Consultant Costs	**$20,040**	**59,300**	**0**	**0**	**0**	**$79,340**

OTHER EXPENDITURES (please explain in budget narrative)		**FY 17/18**	**FY 18/19**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
14.	Direct Costs	0	0	0	0	0	0
15.	Indirect Costs	0	0	0	0	0	0
16.	Total Other Expenditures	**0**	**0**	**0**	**0**	**0**	**0**
BUDGET TOTALS							
Personnel (line 1)		20,162.51	96,460.39	0	0	0	116,622.9
Direct Costs (add lines 2, 5 and 11 from above)		160,846.07	724,145.98	0	0	0	884,992.05
Indirect Costs (add lines 3, 6 and 12 from above)		9,241.55	59,242.02	0	0	0	68,483.57
Non-recurring costs (line 10)		0	0	0	0	0	0
Other Expenditures (line 16)		0	0	0	0	0	0
TOTAL INNOVATION BUDGET		**$190,250**	**$879,848**	**0**	**0**	**0**	**$1,070,099**

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

B. Expenditures by Funding Source and FISCAL YEAR (FY)

Administration:							
A.	**Estimated total mental health expenditures <u>for ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 17/18**	**FY 18/19**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
1.	Innovative MHSA Funds	7,328	40,955	0	0	0	48,283
2.	Federal Financial Participation	9,394	35,899	0	0	0	45,293
3.	1991 Realignment	0	0	0	0	0	0
4.	Behavioral Health Subaccount	343	1,750	0	0	0	2,093
5.	Other funding*	230	1,382	0	0	0	1,612
6.	**Total Proposed Administration**	**$17,295**	**$79,986**	0	0	0	**97,282**
Evaluation:							
B.	Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:	**FY 17/18**	**FY 18/19**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
1.	Innovative MHSA Funds	2,966	14,337	0	0	0	17,303
2.	Federal Financial Participation	3,802	12,566	0	0	0	16,368
3.	1991 Realignment	0	0	0	0	0	0
4.	Behavioral Health Subaccount	139	613	0	0	0	752
5.	Other funding*	93	484	0	0	0	577
6.	**Total Proposed Evaluation**	**$7,000**	**$28,000**	0	0	0	**$35,000**
TOTAL:							
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	**FY 17/18**	**FY 18/19**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
1.	Innovative MHSA Funds	80,611	450,509	0	0	0	**531,120**
2.	Federal Financial Participation	103,328	394,887	0	0	0	**498,216**
3.	1991 Realignment	0	0	0	0	0	**0**
4.	Behavioral Health Subaccount	3,778	19,252	0	0	0	**23,030**
5.	Other funding*	2,533	15,200	0	0	0	**17,733**
6.	**Total Proposed Expenditures**	**$190,250**	**$879,848**	0	0	0	**$1,070,099**
*If "Other funding" is included, please explain.							

FY 2017-18 Through FY 2018-19 Two-Year Extension Mental Health Services Act Expenditure Plan

Innovations (INN) Component Worksheet

County **IMPERIAL** Date: **3/18**

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. FIRST STEPS OF SUCCESS	172,954	73,283	93,934	0	3,434	2,303
2.	0	0	0	0	0	0
3.	0	0	0	0	0	0
4.	0	0	0	0	0	0
5.	0	0	0	0	0	0
6.	0	0	0	0	0	0
7.	0	0	0	0	0	0
8.	0	0	0	0	0	0
9.	0	0	0	0	0	0
10.	0	0	0	0	0	0
11.	0	0	0	0	0	0
12.	0	0	0	0	0	0
13.	0	0	0	0	0	0
14.	0	0	0	0	0	0
15.	0	0	0	0	0	0
16.	0	0	0	0	0	0
17.	0	0	0	0	0	0
18.	0	0	0	0	0	0
19.	0	0	0	0	0	0
20.	0	0	0	0	0	0
INN Administration	17,296	7,328	9,394	0	344	230
Total INN Program Estimated Expenditures	190,250	80,611	103,328	0	3,778	2,533

INNOVATIVE PROJECT PLAN DESCRIPTION

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. FIRST STEP OF SUCCESS	799,862	409,554	358,988	0	17,502	13,819
2.	0	0	0	0	0	0
3.	0	0	0	0	0	0
4.	0	0	0	0	0	0
5.	0	0	0	0	0	0
6.	0	0	0	0	0	0
7.	0	0	0	0	0	0
8.	0	0	0	0	0	0
9.	0	0	0	0	0	0
10.	0	0	0	0	0	0
11.	0	0	0	0	0	0
12.	0	0	0	0	0	0
13.	0	0	0	0	0	0
14.	0	0	0	0	0	0
15.	0	0	0	0	0	0
16.	0	0	0	0	0	0
17.	0	0	0	0	0	0
18.	0	0	0	0	0	0
19.	0	0	0	0	0	0
20.	0	0	0	0	0	0
INN Administration	79,986	40,955	35,899	0	1,750	1,381
Total INN Program Estimated Expenditures	879,848	450,509	394,887	0	19,252	15,200