

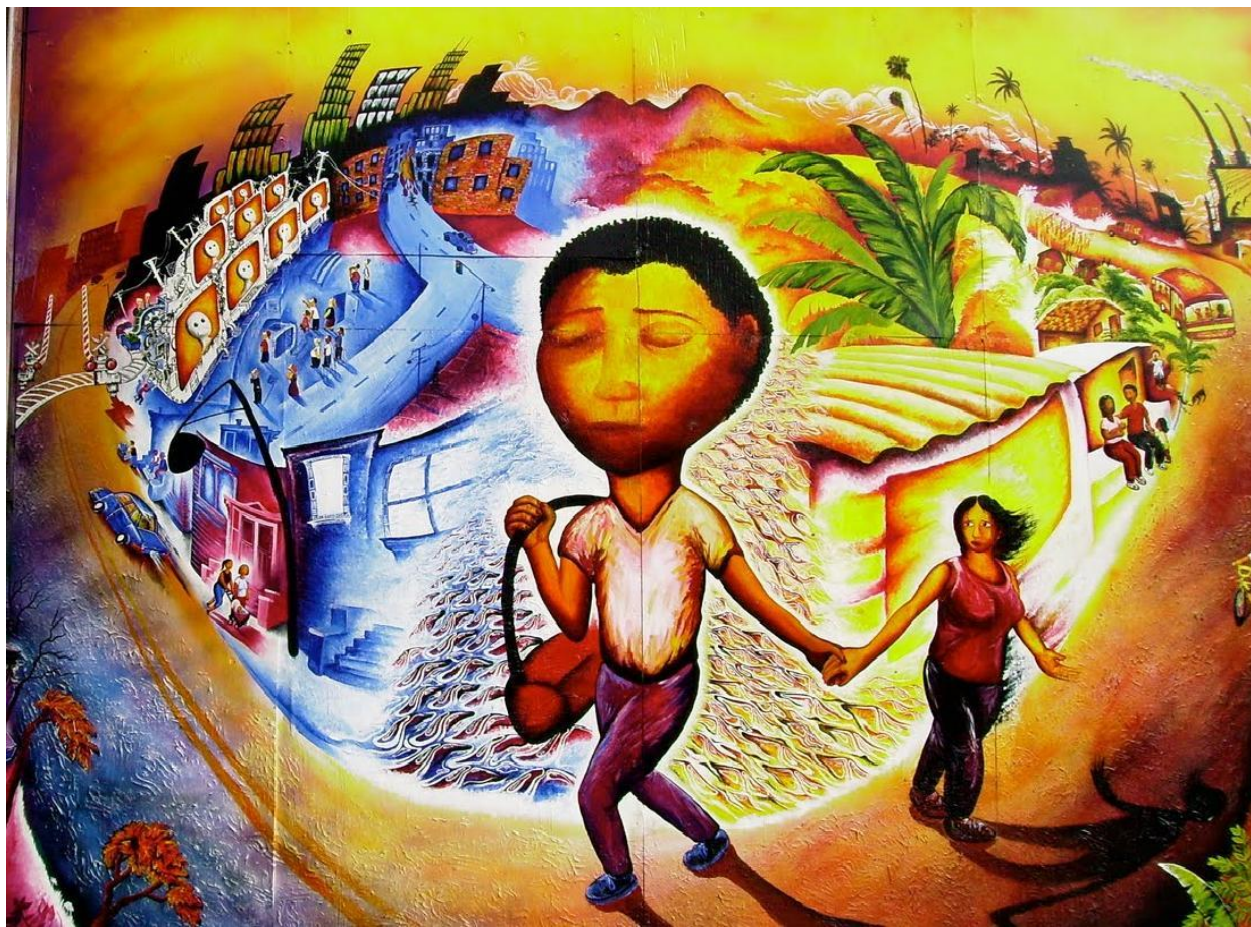


San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



Innovations Learning Project Proposal: *Fuerte* School-Based Prevention Groups



El Inmigrante. Street Mural at Shotwell St. and 23rd St., La Mision, San Francisco, CA. Copyright Joel Bergner (2005).

San Francisco Mental Health Services Act 2018



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Fuerte School-Based Prevention Groups Innovations Proposal

I. Local Review

The recent San Francisco Community Planning Process (CPP) involved various opportunities for community members and stakeholders to share input in the development of our Fuerte School-Based Prevention Groups Innovations Project. Please see the CPP meetings section below for details.

In fulfillment of the provisions of the Welfare and Institutions (W&I) Code Section 5848, a 30-day public review and comment of the Fuerte School-Based Prevention Groups Innovations Project was posted on the San Francisco Mental Health Services Act (SF-MHSA) website at www.sfdph.org/dph and www.sfmhsa.org. This **plan was posted for a period of 30 days from 7/2/18 to 8/1/2018** as an appendix to the FY18/19 Annual Update. Members of the public were requested to submit their comments either by email or by regular mail. We received no comments regarding this project.

Following the 30-day public comment and review period, **a public hearing was conducted by the Mental Health Board of San Francisco on 8/1/18**. We anticipate that this Innovations project plan and Annual Update will be adopted by the San Francisco Board of Supervisors in October 2018.

II. Primary Problem

Our country is at the crossroads of an increasingly divided debate on immigration. Children and adolescents are more than ever caught in the crossfire. While often escaping dangerous and unsafe conditions in their country of origin they are surviving traumatic crossings, hostility and detention at the border and intentional or forced separation from family¹⁻⁴. San Francisco (SF), a sanctuary city, continues to attract and support increasing numbers of newly immigrated youth. Latinx newcomer adolescents (ages 12y – 18y; five years or less post migration to the U.S.) are one of the largest immigrant demographics in California urban centers such as San Francisco⁵. These youth are at high risk of health disparities when compared to U.S. born youth, particularly European American youth, in part due to a range of health care access barriers, including poverty, limited English proficiency, and documentation status^{6,7}. Latinx newcomer youth are also at disproportionately higher risk for behavioral health problems compared to their U.S. born counterparts as they often have pervasive histories of exposure to traumatic events, including events that occur pre-, during, and post-migration to the United States^{2,3,8,9}.

Newcomer immigrant youth are a high-risk and difficult to access population. In San Francisco, newcomer Latinx youth and caregivers may face numerous obstacles to attending appointments, including cost, transportation, and competing responsibilities like work or childcare⁷. This population may have fears relating to their documentation status, distrust of institutions, or attach stigma to mental health services¹⁰. Finally, they often lack resources to navigate the U.S. medical system and low literacy regarding mental health symptoms and appropriate care^{7,11}.



While quantitative data isn't available from the San Francisco Unified School District on the health and well-being of newcomer Latinx youth, anecdotal data from the district's Wellness Centers suggest this population presents with significant stressors and symptoms such as anxiety, depression, and trauma, yet are relatively unlikely to access behavioral health resources. **To address challenges in accessing services, culturally-tailored, school-based programs have been proposed to be the frontline for reducing behavioral health access disparities among this population**^{7,12}.

One element of San Francisco's response to this influx of newcomer Latinx youth was to implement an innovative school-based prevention program, *Fuerte*. Originally designed by a collaboration between UCSF pediatricians and psychologists, *Fuerte* has grown into a **unique, collaborative shared initiative** between the SF Unified School District (SFUSD), SF Department of Public Health (SFDPH), multiple community-based organizations (CBOs), medical providers, and behavioral health personnel. Over the past three years *Fuerte* has served over a



Lowell High School in San Francisco, Mural in Hallway

hundred Latinx adolescents and expanded to multiple schools, with preliminary data indicating positive uptake by youth and school officials. *Fuerte* takes core, evidence-based mental health concepts, but delivers them in innovative manners not described elsewhere. The *Fuerte* curriculum is a six-week curriculum, comprised of weekly group sessions. The curriculum is based around increasing mental health literacy, strengthening social connections, coping & communication skills, and culturally informed by the Latinx immigrant experience. **Among the most innovative elements of *Fuerte* are its delivery system and overall ecosystem.** School-based programming integrates services in locations where youth already are found, allowing access to a high-needs population often at the margins of health care. A group therapy model lead by trained facilitators greatly expands the reach of mental health providers, permits screening and triage of more youth, and decreases barriers to participation.

The SF *Fuerte* program is one of few existing evidence-informed, early intervention programs culturally-tailored to address the needs of Latinx newcomer adolescents with both limited English proficiency and mental health literacy. *Fuerte* is designed as a selective prevention, school-based approach to promote support around acculturation and behavioral health access for immigrant Latinx youth in San Francisco. Given the increasing tensions around immigration at the border and the separation of families we expect increasing numbers of children and youth that have experienced trauma to end up in San Francisco, particularly as it is a top destination in the U.S. for unauthorized immigrants¹³. **The county is not aware of any other school-based, group**



prevention program, other than *Fuerte*, that was explicitly created and adapted to decrease mental health disparities among newcomer Latinx youth.

III. Proposed Project

Background

This Innovations project proposes to **make a change to an existing practice in the field of mental health, including but not limited to, an application to a different population** (Innovations Regulations 3910.a.2.). By making adaptations to the current *Fuerte* model, we intend to **increase access to mental health services to underserved groups** (Innovations Regulations 3910.c.1.), **increase the quality of mental health services, including measurable outcomes** (Innovations Regulations 3910.c.2.) and **promote interagency and community collaboration related to mental health services or supports or outcomes** (Innovations Regulations 3910.c.3.)

First we will describe the current *Fuerte* program to provide a thorough overview. Please see the section titled, “Proposed Innovations and Adaptations” for information regarding the innovative adaptations.

***Fuerte* is a new prevention program that is being introduced into the mental health system of California in order to reduce behavioral health disparities among Latinx newcomer youth.** School-based, preventative programming has been proposed to be the frontline for reducing behavioral health access disparities among Latinx newcomer youth^{7,12}. However, very few evidence-based, selective prevention programs exist that have been tailored to ensure cultural relevance for newcomer Latinx youth with limited English proficiency and low health literacy in under-resourced school settings. Like many urban school districts in California, San Francisco Unified School District is an especially relevant setting for the *Fuerte* program. The district has a high number of newcomer adolescents, with an average of over 500 newcomer adolescents coming into the school district per year, most from Central America and Mexico¹⁴.

The *Fuerte* program promotes interagency and community collaboration with the explicit goals of increasing mental health literacy and service access, as it has been largely enacted through a unique collaboration between the San Francisco Unified School District, the San Francisco Department of Public Health, and the Departments of Psychiatry and Pediatrics at the University of California, San Francisco due to their common need for prevention programming for this high-needs population. Much of the curriculum of *Fuerte* was developed and adapted through feedback from newcomer immigrant youth and their families, as well as providers of the program. In addition, we have created a system of care for these youth in which *Fuerte* helps to facilitate the transition to services for these youth to improve their overall functioning including behavioral health care, medical care, educational, legal, and other social services.

The *Fuerte* program is designed for youth ages 12 to 18 in the San Francisco Unified School District (SFUSD). In order to optimize the exposure of large number of immigrant youth with limited healthcare providers, *Fuerte* is designed as a group format, each group comprised of 4-8 participants. This has the additional benefit of fostering a sense of community and normalizing the therapeutic process in a supportive group setting. Participants are recruited through referrals from



educators and staff in the Wellness Initiative, health centers that are co-located in schools throughout the district. Group leaders are bilingual behavioral health providers from both the school district and community-based organizations with experience working with newcomer Latinx youth.

Program Description

The *Fuerte* program is relatively brief, comprised of six sessions. The curriculum is comprised of five modules. Module 1 focuses on an orientation to the group, establishing goals, and beginning the development of a supportive group community. Module 2 focuses on routines, rituals, and traditions, and begins establishing routines and rituals for the group itself. Module 3 allows group members to reflect on the stress of immigration, provides psychoeducation to normalize stress reactions, and provides information on when stress reactions may need further intervention, including information on seeking behavioral health services. Module 4 develops emotional and affect literacy, and the development of effective coping skills using available resources. Finally, Module 5 seeks to foster attunement to the emotions of others to help group members increase their attachment to present caregivers and/or other supportive individuals in their lives.

Youth are screened for behavioral health symptoms both pre and post group completion. Youth who report at-risk symptoms at either screening time point are referred to a local community-based mental health provider for further assessment of their behavioral health concerns. *Fuerte* clinicians help facilitate these referrals and connections with local community providers, as these clinicians are also often employed by these same organizations.

Preliminary Data

Since its first iteration in 2014, *Fuerte* groups have been implemented in nine SFUSD high schools and middle schools and served over 150 youth. Preliminary data on the *Fuerte* groups suggest that it may be effective with the population of focus. Quantitative analysis using the Pediatric Symptom Checklist-17, a validated self-reported mental and emotional well-being scale for use with this population, revealed that a significant number of students referred to the program screened positively for emotional and behavioral problems. Qualitative analysis of open-ended surveys given to *Fuerte* participants following the completion of the program revealed that one of the most-liked components included those related to social connectedness (e.g., meeting students with similar experiences). Similarly, Community Program Planning meetings with providers of *Fuerte* what they consistently found to be a benefit of *Fuerte* is its ability to build relationships among newcomer Latinx youth who are often isolated in their communities in San Francisco.

While preliminary data provides some initial evidence of both the feasibility of implementing *Fuerte*, as well as positive outcomes experienced by youth who participated in the program, no systematic program evaluation has been performed to date. Therefore, in order to establish the efficacy of *Fuerte* to improve outcomes for these youth, particularly as they relate to mental health service access, a program evaluation is needed at this time. This would establish a basis for comparison for other groups looking to implement *Fuerte* within their own counties, to establish if their implementation has been successful.



Proposed Innovations and Adaptations

While the *Fuerte* curriculum is built on theory and evidence-informed practices, and shows promise of its efficacy through preliminary data, interventions of this type have not existed elsewhere nor has the *Fuerte* program undergone an extensive program evaluation.

Preliminary data provides some evidence that *Fuerte* has positive outcomes in youth but there is a need to scale up to allow an opportunity for additional learning. This proposal aims to iterate on lessons learned and examine the efficacy of *Fuerte* at increasing mental health literacy among this target population. In addition, we want to assess and address the goal of increasing engagement and service access for youth in need of specialty mental health services. To reach this aim, the *Fuerte* groups provide increased screening, referrals and engagement of youth in specialty mental health when applicable. In addition, the program evaluation will seek to understand how clinicians make decisions regarding tailoring the *Fuerte* curricula to different groups of Latinx newcomer adolescents. Specifically, we will quantitatively and qualitatively examine how providers make these decisions with the goal of creating a “playbook” to inform subsequent adaptations of *Fuerte* for other populations of focus with similar concerns (e.g., Middle Eastern immigrants).

Increased demand to deliver *Fuerte* from SFUSD will allow the program to serve over 100 youth annually. At least 14 groups of 6-8 youth will be held throughout the year, 7 groups per semester. Groups will be held in at least 10 SFUSD high schools and middle schools with significant numbers of newcomer immigrant youth.

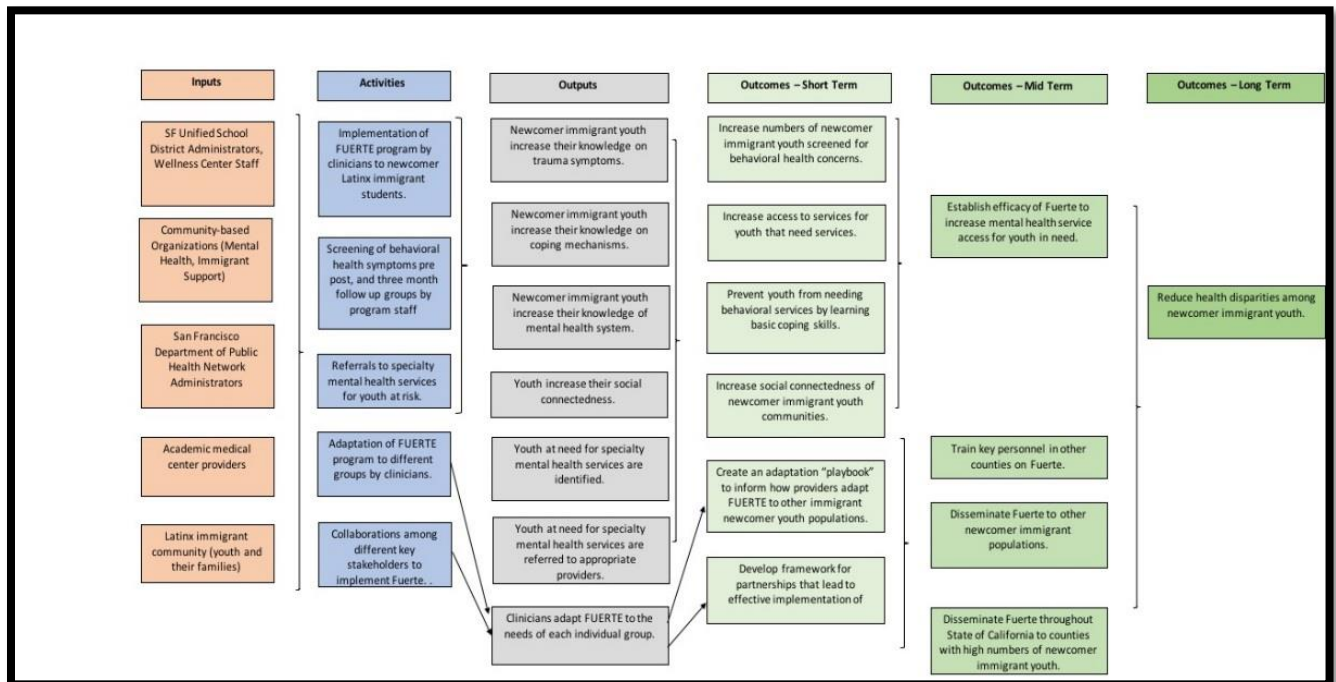
Therefore, **the current proposal for a program evaluation of *Fuerte* will result in a number of products which will increase the ability to disseminate the *Fuerte* curriculum to other counties in need in the State of California.** Products include the following:

- 1. A program evaluation will allow us to ascertain the current efficacy and feasibility of *Fuerte* to increase screening and service access for newcomer Latinx youth.** Through the present proposal, we will gather data on how well *Fuerte* improves treatment access for Latinx youth so that we can use this data as a measure of success when comparing future adaptations of *Fuerte* to other newcomer immigrant populations.
- 2. The *Fuerte* curriculum, available in English and Spanish, will be made broadly available to schools and providers across California for free use and adaptation.** Materials will be made available once a point person in the county or jurisdiction that wants to use *Fuerte* is identified, and is properly trained to deliver the intervention.
- 3. A network of trained *Fuerte* facilitators will be available to lead “train the trainer” sessions for other providers that are interested in undertaking this model.** Currently, the expectation to become a *Fuerte* trainer includes attending a one-day workshop led by current *Fuerte* trainers, and then leading two *Fuerte* groups as a provider. The current proposal will allow us to develop materials to ensure that the program is delivered to fidelity. For example, we will create a framework for coding program sessions to ensure materials were delivered, as well as provide a guidebook for counties to use when attempting to establish fidelity of the program in their own jurisdictions. A point person for counties or jurisdictions that want to use *Fuerte* will be identified and who will be trained to not only train others on the program, but also train others on how to insure that the program is delivered with fidelity to the model.



- Finally, in order to initiate the process of adapting *Fuerte* to be used with other immigrant groups, **a framework on the adaptation and tailoring of *Fuerte* to different groups of newcomer immigrant populations will be innovatively developed based on examining how current clinicians make decisions on tailoring the *Fuerte* curricula.** The framework will allow us to develop a “playbook” that will be used alongside the *Fuerte* manual to guide clinicians and community partners on how to adapt and tailor the main components of *Fuerte* to be used with different populations of newcomer immigrant youth. To date, we are not aware of any prevention program targeting newcomer immigrant youth that will not only allow the flexibility to tailor the program components to other populations, but provide a resource on how to do so. Based on feedback we received from our Community Planning Meetings, we would like to test whether or not the *Fuerte* model is efficacious for the Chinese and Arabic speaking populations, as well as other populations that may benefit.

Logic Model



IV. Research on Components

The *Fuerte* curriculum was developed using various evidence-based frameworks and theory. The Attachment, Regulation, and Competency (ARC) framework¹⁵ was used to develop the components associated with traumatic stress with the model emphasizing that in order to improve the behavioral health of these youth, there is a need for creating systemic changes (e.g., social connectedness). The ARC model was adapted to highlight three targets for prevention



programming: 1) increased social connectedness; 2) adolescent self-regulatory capacity; and 3) developmental competency through building or restoring resilience. In order to adapt the ARC framework for use with newcomer Latinx youth, we incorporated an understanding of the sociocultural contexts that might be particularly salient for newcomer youth including the premigration experience, the experience during migration, as well as postmigration contexts. In addition, cognitive-behavioral principles^{16,17} typically associated with managing stress (e.g., cognitive restructuring, stress management) are used to assist with building group members' self-regulatory capacity.

Currently, while preliminary data has been collected, no formal program evaluation has taken place. The current proposal aims to use a cluster randomized control design to examine the efficacy of *Fuerte*. Youth who qualify for the *Fuerte* curricula will be randomized to either receive the *Fuerte* prevention program in the Fall semester, or into a delayed treatment control group that will receive the intervention in the Spring semester. The program evaluation will allow us to assess whether youth are effectively screened for behavioral symptoms, and for those at risk, increase referrals to specialty mental health providers. In addition, the impact of *Fuerte* on increasing the health literacy of these youth will also be assessed. Finally, in order to initiate the process of developing *Fuerte* to be used with other immigrant groups, a framework on the tailoring of *Fuerte* will be developed using a mixed-methods approach in order to facilitate the adaptation of *Fuerte* for use with other cultural groups.



Mural in the Mission District

V. Learning Objectives

1. Does *Fuerte* increase the mental health literacy of newcomer Latinx immigrant youth?
Specifically, at the conclusion of *Fuerte*:
 - a. Can youth identify common trauma-related symptoms?
 - b. Can youth identify coping mechanisms for managing stress?
 - c. Can youth identify how to seek services in San Francisco County?
2. Does *Fuerte* increase behavioral health access among Latinx newcomer youth?
 - a. Does *Fuerte* increase identification of youth with mental health concerns?
 - b. Does *Fuerte* improve service linkage for specialty mental health services for youth in need?



3. Does *Fuerte* increase youth's social connectedness?
4. In order to adapt to the curriculum to other populations, how do clinicians make decisions regarding tailoring the *Fuerte* curriculum?
5. What are the requirements needed for interagency and partner collaborations in order to make implementation of *Fuerte* possible in other counties?

VI. Evaluation

Participants

All newcomer Latinx youth ages 12 to 18 enrolled in participating SFUSD schools will be considered eligible for inclusion in the *Fuerte* program evaluation. At least eight SFUSD schools will participate in the cluster randomized control trial. Schools will be randomized into the *Fuerte* intervention or into a delayed waitlist control (DWC) group. Youth in schools randomized to the DWC group who are identified as exhibiting significant behavioral health symptoms on premeasures will be given referrals for specialty mental health services. Efforts will be made to have equal numbers of girls and boys represented across study conditions.

Procedure

The evaluation will be carried out in participating SFUSD high schools and middle schools, with a goal of at least ten schools per year and at least 100 participants per year. Each group will be comprised of at least four and no more than eight newcomer adolescents. In schools randomized to the DWC group, a similar number of youths matched by gender and age will comprise the DWC group. In the Fall semester, youth in schools randomized to the *Fuerte* intervention will receive the intervention, while youth in schools randomized to the DWC group will receive the intervention in the Spring semester. The randomized control trial will last four years, and include at least 400 participants.



Schools with significant numbers of newcomer Latinx youth will be identified at the beginning of each academic year. Half the schools will be randomized to receive the intervention in the Fall semester. The other half of schools will be randomized to receive the intervention in the Spring semester, and serve as a control group for the study.

The program evaluation of *Fuerte* will last four years. Premeasures will be completed by youth in both groups by early October each year of the program evaluation. The *Fuerte* program will begin by late October each year and conclude late November/early December of each year. Post measures of intervention and DWC groups will conclude by mid-December of each year. Three-month follow-up measures will be collected in mid-March of each year.



In the Spring semester, youth in the DWC group will now participate in the *Fuerte* program. Premeasures will be completed by early April of each year. The *Fuerte* program will begin in mid April and conclude by late May of each project year. Post measures of intervention and DWC groups will conclude by early June of each project year. Three-month follow-up measures will be collected from both groups in early September of each project year.

The final year of the project will be devoted to analyzing, synthesizing, and disseminating the results of the program evaluation to key stakeholders. In addition, we will finalize all materials (e.g., adaptation playbook), develop online resources, and create infrastructure for technical assistance related to provide trainings to key point persons in counties and other jurisdictions interested in implementing *Fuerte*.



Planning Team

Measures

Learning Objective #1. Does *Fuerte* increase the mental health literacy of newcomer Latinx immigrant youth?

Knowledge of trauma-related symptoms. A three-item measure will be created based on the *Fuerte* curricula that will examine youth's knowledge of trauma-related symptoms. One item will also assess whether youth are able to identify when there is a need for seeking specialty mental health services. The three-item measure will be administered to both *Fuerte* and DWC conditions at pre, post, and 3-month follow-up. Measures will be available in both Spanish and English.

Knowledge of coping mechanisms. A three-item measure will be created based on the *Fuerte* curricula that will examine youth's knowledge of coping mechanisms for traumatic stress. The three-item measure will be administered to both *Fuerte* and DWC conditions at pre, post, and 3-month follow-up. Measures will be available in both Spanish and English.

Knowledge of mental health system. A three-item measure will be created based on the *Fuerte* curricula that will examine youth's knowledge of mental health service access. The three-item measure will be administered to both *Fuerte* and DWC conditions at pre, post, and 3-month follow-up. Measures will be available in both Spanish and English.



Learning Objective #2. Does *Fuerte* increase behavioral health access among Latinx newcomer youth?

Screening. Youth will complete the Pediatric Symptom Checklist (PSC)¹⁸, which is a self-report symptom inventory of common behavioral health problems in youth. The PSC is available in both Spanish and English. The PSC will be administered to youth in the *Fuerte* and waitlist control conditions within the first week of the first *Fuerte* group meeting. The measure will also be administered to youth in the *Fuerte* condition and DWC group within one week of the last *Fuerte* group. In addition, a three-month follow-up measure will be given to youth in both conditions. At each of these timepoints (pre, post, 3-month follow-up) youth who display clinically significant mental health symptoms will be referred for specialty mental health services.

Referrals. Youth in both the *Fuerte* and control conditions will be given a referral for specialty mental health services if they display clinically significant behavioral health symptoms on pre, post, and/or 3-month follow-up measures. At post and 3-month follow-up, youth will be asked if they are currently connected to a mental health provider in the form of a yes/no question. The question will be available in both Spanish and English.

Learning Objective #3. Does *Fuerte* increase youth's social connectedness?

Two measures of social connectedness will be used in the present study. The first is the Social Connectedness scale¹⁹ which is a 10-item scale that measure the degree of interpersonal closeness a youth experiences in their social world. The second measure will be comprised from items adapted from the Los Angeles Family and Neighborhood Survey²⁰ asking youth to indicate how many acquaintances they have in their neighborhood (*How many of the kids in your neighborhood do you know?*) and how many acquaintances they have in school (*How many of the kids in your school do you know?*). Measures will be administered to youth in both *Fuerte* and DWC conditions at pre, post, and 3-month follow-up.

Learning Objective #4. In order to adapt to other populations, how are decisions made regarding tailoring the *Fuerte* curriculum?

To examine how the *Fuerte* curriculum is tailored to different groups of newcomer Latinx youth, a mixed-methods approach will be used. At the end of each *Fuerte* group, clinicians will be asked to complete quantitative measures that assess how they delivered each of the components of the *Fuerte* intervention and their satisfaction with the intervention elements. In addition, qualitative interviews will be held to discuss implementation difficulties, difficulties with program content or activities, and suggestions for improvement. Furthermore, similar items will be completed by youth in the *Fuerte* condition, as well as input will be gathered from key stakeholders serving on community participatory boards. The framework developed by Barrera, Berkel, & Castro²¹ for evaluation of cultural adaptations of prevention interventions will be used to help guide the development of quantitative and qualitative items. These items will be used to inform the development of a "playbook" that will be used to train and provide to support to clinicians leading future



iterations of the *Fuerte* groups, particularly those doing so with other groups of newcomer youth with similar concerns.

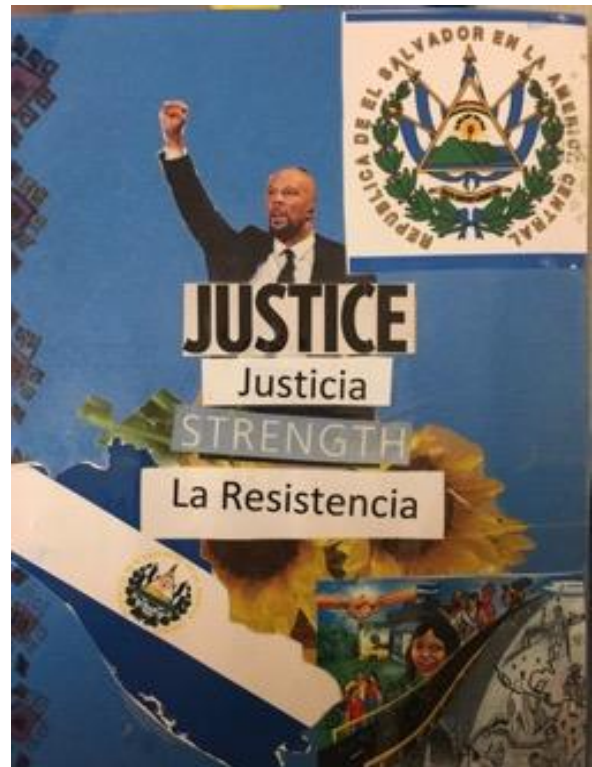
Learning Objective #5. What are the requirements needed for interagency and partner collaborations in order to make implementation of *Fuerte* possible in other counties?

As interagency collaboration is a hallmark of successful implementation of *Fuerte*, the evaluation will measure the elements that lead to successful collaboration using qualitative approaches. A semi-structured interview guide will be used to collect information from key stakeholders involved in the implementation of *Fuerte* including SF Department of Public Health and Unified School District stakeholders, behavioral health providers in SF County community-based organizations, UCSF pediatricians and behavioral health staff, as well as other relevant key community stakeholders needed for interagency collaboration. The semi-structured interview will be developed based on the EPIS framework which provides a conceptual model of implementation of prevention and intervention program in public sector settings²².

These evaluation activities will be carried out in close partnership with SF-DPH Quality Management (QM) to implement this comprehensive evaluation plan. The team and QM will compile evaluation reports summarizing the program design, results, outcomes, lessons learned, and ways to continuously improve program services based on stakeholder feedback.

VII. Contracting

If approved, the county expects to contract out the *Fuerte* innovations project implementation and evaluation through a Request for Qualifications (RFQ). The contractor will collaborate with QM, the in-kind evaluation team employed by DPH, and the MHSA program to execute the evaluation scope of work but will also utilize their own research personnel to manage the robust evaluation. Qualified applicants will include agencies and organizations with at least (5) years of proven experience in advocacy, engagement, prevention and intervention, and community capacity building activities that support the emotional health and well-being of Latinx and newcomer youth and families in diverse urban environments reflective of the City and County of San Francisco. Applicants must meet all requirements set forth under the RFQ including the rules and regulations of contracting with the City and County of San Francisco and compliance with all funding source requirements should they be awarded the contract. This includes compliance with applicable client data collection and reporting requirements. The contractor must also have a record of continuously





monitoring progress towards contract performance objectives and must have established information dissemination and reporting mechanisms to support achievement. All staff (including direct service providers) should be informed of the objectives and the required documentation related to the activities and the service delivery outcomes. Quarterly reports on the progress/status towards each contract objective should be provided to the contractor’s System of Care Program Manager within Behavioral Health Services, Child, Youth, & Families System of Care. If the projected progress has not been achieved for the given quarter, the *Fuerte* Program Director will identify barriers and develop corrective plans of action for review of the System of Care Program Manager. Technical assistance and support will be provided, when needed, by both the System of Care Program Manager and the MHSa Program Manager. In addition, training and support around contract deliverables and evaluation will be provided at monthly MHSa Provider Meetings and MHSa Impact Meetings. Annual contract monitoring and site visits will be conducted by the Department of Public Health, Behavioral Health Services, and the Business Office of Contracts Compliance.

VIII. Community Program Planning Process

The vision for *Fuerte* arose from a community needs assessment which took place in the summer of 2015. During this time, four separate stakeholder focus groups were convened, one each with newcomer Latinx youth, their parents, educators, and community-based mental health providers. This needs assessment provided the qualitative support to support urgent increases in school-based mental health resources for this population, with the primary objective of developing skills to increase social connectedness, including family reunification skills and communication skills.

The project concept was then presented to various stakeholders to gather additional input and feedback. In late 2017 and early 2018, San Francisco Mental Health Services Act (SF-MHSA) hosted eighteen (18) community engagement meetings inviting participants from all over the city to collect community member feedback to better understand the needs of the community. The *Fuerte* project was included in these input gathering meetings. Attendees included mental health and other service providers, consumers of mental health services and their families, representatives from local public agencies, community and faith-based organizations, residents of San Francisco, and other community stakeholders.



CPP Meeting 2018



The most recent CPP planning meeting held on October 1, 2018 was organized specifically to get input from key community stakeholders on the current MHSA proposal. The meeting was comprised of Department of Public Health staff, *Fuerte* providers, and SF Unified School District Wellness Centers staff. Participants provided feedback on the current proposal and feasibility. Participants explained that having at least 10 schools participate per year in the evaluation would be feasible. A concern was having enough providers available to run so many groups and it was suggested that some of proposal budget be devoted to contracting providers to run the groups, as incentivizing community-based organizations with some funding will allow more providers to be available to provide the groups concurrently. In addition, providers commented on the innovation of this proposal, remarking on the great impact this proposal would have to help disseminate *Fuerte* to other populations and counties that could benefit from its services. However, participants of the CPP meeting cautioned that in order for *Fuerte* to be properly disseminated in a jurisdiction, that county must have strong partnerships between its Department of Public Health officials, its school district(s), community-based providers, as well as engaged in the immigrant communities particular to that county. Therefore, participants suggested that the formation of these components should be explored when developing the “playbook” for adapting and disseminating *Fuerte*.

All meetings were advertised on the SF-DPH website and via word-of-mouth and email notifications to service providers. Printed and electronic materials were translated into Spanish, Mandarin, and other languages, and interpretation was provided at all public community meetings, as needed. A brief training was provided to the Community Program Planning participants regarding the specific purposes of gathering input and MHSA requirements for Innovations Projects. The community input gathered from these meetings helped to shape the Innovations Proposal for this project.

The eighteen (18) community engagement meetings are listed in the following table:

Community Program Planning (CPP) Meetings	
Date	CPP Location
November 8, 2017	The Village Visitacion Valley Service Providers 1099 Sunnydale Avenue San Francisco, CA 94134
November 28, 2017	Sunset Mental Health Center Service Providers & Community Advisory Board Members 1990 41 st Avenue, Suite 207 San Francisco, CA 94116
January 24, 2018	Excelsior Family Connections: Chinese families & Excelsior Family Connections staff 60 Ocean Avenue San Francisco, CA 94112
January 29, 2018	SF LGBT Center Population Focused Engagement 1800 Market Street San Francisco, CA 94102



Community Program Planning (CPP) Meetings	
Date	CPP Location
February 5, 2018	Curry Senior Center MHSA Advisory Committee meeting 315 Turk Street – John Stanley Room San Francisco, CA 94102
February 7, 2018	TAY Full Service Partnership Meeting 755 South Van Ness San Francisco, CA 94110
February 15, 2018	Richmond District Neighborhood Center Service Providers Meeting 4301 Geary Boulevard San Francisco, CA 94118
February 26, 2018	Department of Rehabilitation (DOR-BHS) Co-op Administration Meeting (Vocational Programs) 455 Golden Gate Avenue, #7727 San Francisco, CA 94102
February 28, 2018	San Francisco Veterans Town Hall Meeting Veterans & Service Providers Meeting 401 Van Ness Avenue San Francisco, CA 94102
March 2, 2018	Excelsior Family Connections Spanish Speaking Families & Staff Meeting 60 Ocean Avenue San Francisco, CA 94112
March 2, 2018	SFDPH BHS Adult/Older Adult Service Providers Meeting 1 South Van Ness San Francisco, CA 94103
March 9, 2018	API Wellness Center Transgender Program Community Members & Service Providers 730 Polk Street San Francisco, CA 94109
March 13, 2018	Rafiki Coalition Black/African American Community 601 Cesar Chavez Street San Francisco, CA 94124
March 14, 2018	Huckleberry Youth Programs TAY Service Providers Meeting 555 Cole Street San Francisco, CA 94117
March 14, 2018	Crisis Intervention Training Meeting Workgroup – Law Enforcement, Peers & Service Providers 870 Market Street #785 San Francisco, CA 94102



Community Program Planning (CPP) Meetings	
Date	CPP Location
April 18, 2018	SF Behavioral Health Services MHSA Advisory Committee Meeting 1380 Howard Street San Francisco, CA 94103
June 13, 2018	San Francisco Public Library Combined MHSA Provider and Advisory Committee Meeting 100 Larkin Street San Francisco, CA 94102
June 13, 2018	City College of San Francisco - Health Education Dept. Workforce Development Networking Session 50 Phelan Avenue San Francisco, CA 94112
October 4, 2018	Mission Family Center 759 South Van Ness Ave. San Francisco, CA 94110

The stakeholders, including community members and consumers, that participated in the CPP meetings overwhelmingly approved this Innovations project. The feedback and input received from these meetings were used to guide the development of this proposal.

For this Innovations project and the present program evaluation, *Fuerte* will develop a community participatory board of key stakeholders to guide the development and implementation of this project. A youth-led participatory action model developed by researchers at the University of California, Berkeley will inform the development of these boards²³. Board members will include immigrant youth, their parents, teachers and educators, community-based mental health providers, faith-based organizations, and local activists. The boards will help inform program evaluation efforts during each step of the project and will hold meetings at least quarterly each year to inform the progress around the evaluation of the *Fuerte* curriculum so that it best meets the needs of the communities it is serving. All printed and electronic materials that are produced by these meetings will be available in both English and Spanish. All study data will be shared with participants in these boards, and in coordination with the youth-led board, will be disseminated by the youth among key stakeholders both locally and across the State of California.

IX. MHSA General Standards

The *Fuerte* program has been built from the group up using a **community collaborative model** as both newcomer Latinx youth and their caregivers informed much of the initial materials and adaptation of materials that became the current curriculum. In addition, the program is implemented in SF Unified School District schools through active collaborations between faculty and staff at UCSF, the SFUSD Wellness Centers, SF Department of Public Health Officials, and behavioral health providers in county community-based organizations. In addition, *Fuerte* is inherently based on a **culturally competent framework** aimed at reducing behavioral health disparities among newcomer Latinx youth, increase access to mental health services for these youth, includes the impact that acculturation stress and discriminatory immigration policies, and all



services are delivered by Spanish-speaking providers with extensive experience working with this population. **Youth and families also have largely driven** the development of the curriculum and materials, and are actively involved in shared decision-making of all aspects of the program, referral, and mental health service access process. *Fuerte* is largely a model **focused on resiliency** of these youth and families, by using strengths from their cultural backgrounds to help them tailor treatment progress and goals to their own needs. Finally, the goal of *Fuerte* is to increase the access to behavioral health services through a **comprehensive and coordinated integration of services**. The partnerships inherent in delivering the *Fuerte* (e.g., UCSF, DPH, SFUSD) provide an array of medical, behavioral health, educational, and social services that will facilitate access for youth participating in the program.

X. Cultural Competence and Stakeholder Involvement

For the present program evaluation, *Fuerte* will develop a community participatory board of key stakeholders to guide the development and implementation of this project. In addition, a youth-led participatory action model developed by researchers at the University of California, Berkeley will inform the development of a youth board²³. Board members will include immigrant youth, their parents, teachers and educators, community-based mental health providers, faith-based organizations, and local activists. The boards will help inform program evaluation efforts during each step of the project and will hold meetings at least quarterly each year to inform the progress around the



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evaluation of the *Fuerte* curriculum so that it best meets the needs of the communities it is serving. All printed and electronic materials that are produced by these meetings will be available in both English and Spanish. All study data will be shared with participants in these boards, and in coordination with the youth-led board, will be disseminated by the youth among key stakeholders both locally and across the State of California.

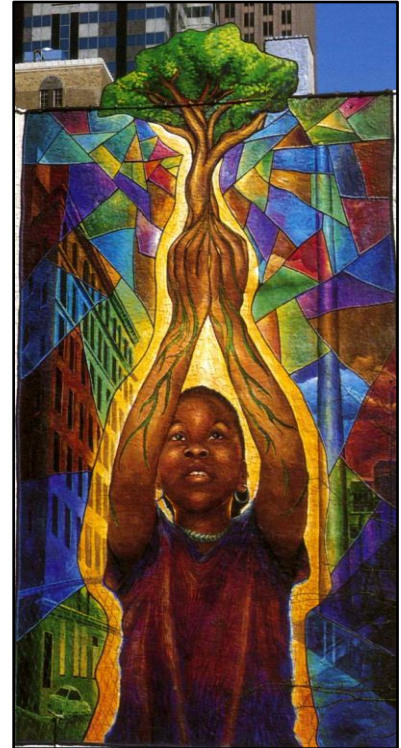


XI. Project Sustainability and Continuity of Care

In order to decide whether the project will continue in its entirety, or continue with particular elements of the project without utilizing Innovations Funding following project completion, we will utilize a few approaches. The entire project team will utilize data reports to identify successful interventions, population needs and opportunities. The Program Manager and Quality Management will analyze project data and present the findings to the MHSA Advisory Committee (mostly comprised of community members and consumers) to determine the efficacious components of this project. These findings will be used to construct a rationale for the ongoing continuation of funding based on the positive impact of the community being served.

The San Francisco Department of Public Health, Behavioral Health, Children, Youth, & Families System of Care (SFDPH-BHS-CYFSOC) will utilize several strategies to secure continuation of funding for the *Fuerte* Project, if the project is found to be effective in meeting our desired outcomes. Children, Youth, & Families System of Care will leverage relationships with other city partners such as Department of Children, Youth, and Families (DCYF) and San Francisco Unified School District's (SFUSD) Wellness Initiative (a jointly funded effort between SFDPH-BHS-CYFSOC and DCYF). In addition, the department will explore grant funding through Prevention and Early Intervention funds or other State/Federal grant opportunities.

Given *Fuerte* is designed to be a prevention program, individuals suspected of having a severe mental illness after being screened for the *Fuerte* program will be referred to a specialty mental health provider for further evaluation thus ensuring a continuity of care. In addition, for youth who do not need specialty mental health services, but would benefit from continued support within the school setting, youth may access services offered within the SFUSD Wellness Centers.



XII. Communication and Dissemination Plan

The results of the *Fuerte* evaluation will be disseminated to key stakeholders using a number of methods. One, results will be disseminated to youth and families through relevant community advisory boards. Youth participants of *Fuerte* and their families will be involved in the planning process for how to best effectively disseminate this information to relevant communities. In addition, the *Fuerte* curriculum, as well as the adaptation playbook for providers, will be freely available to any behavioral health provider or other county mental health system who is looking to implement the program. Personnel involved in the development and evaluation of *Fuerte* will be available to provide technical assistance to county systems who are looking to implement *Fuerte* within their school districts and/or with other groups of newcomer immigrant youth.



In addition, successful practices and lessons learned will be shared with the San Francisco Mental Health Board and San Francisco Board of Supervisors, as well as with the BHS Executive Team. SF-MHSA team members will present findings at the MHSA Advisory Committee and MHSA Provider Meetings, which include community-based agencies. Project successes and challenges will be presented at the Client Council, a committee of consumers that perform an advisory role on BHS affairs. The findings will be disseminated to stakeholders via the SF-MHSA website, the email distribution system, and through the monthly BHS Director’s Newsletter. Lastly, the results will be disseminated on a state-level to the MHSOAC.

Keywords: immigration, Latinx, adolescents, trauma, school-based

XIII. Timeline

The expected project duration is five years. The expected start date is January 2019 and the end date would be December 2024.

Month	Milestone
Jan – March 2019	<ul style="list-style-type: none"> • Hire program coordinator and other evaluative staff • Staff training • Begin monthly meetings with collaborators • Completed memorandum of understanding between SFUSD and all providers
Apr – June 2019	<ul style="list-style-type: none"> • Develop evaluation plan • Develop registry and database for program evaluation • Begin measure development • Identify participating schools
July – Aug 2019	<ul style="list-style-type: none"> • Finalize measures • Backward-forward translation of measures into Spanish • Begin developing plan for community advisory board • Consultations with youth participatory model experts at UC Berkeley • Finalize clinicians for Fall 2019 Semester
Sep – Oct 2019	<ul style="list-style-type: none"> • Randomize schools into <i>Fuerte</i> and delayed waitlist control groups • School personnel will identify participants eligible to receive <i>Fuerte</i> • Consenting and pre-measures of all youth who will participate in <i>Fuerte</i> in FY19-20 • Begin <i>Fuerte</i> groups
Nov – Dec 2019	<ul style="list-style-type: none"> • Complete <i>Fuerte</i> groups • Complete post group measures with <i>Fuerte</i> and DWC conditions • Finalize clinicians for Spring 2020 • Collect qualitative data from clinicians on adaptations used
Jan – March 2020	<ul style="list-style-type: none"> • Complete pre-measures with youth in DWC condition • Complete three-month follow-up for youth in Fall 2019 <i>Fuerte</i> groups • Begin <i>Fuerte</i> groups
April – June 2020	<ul style="list-style-type: none"> • Complete <i>Fuerte</i> groups • Complete post group measures with <i>Fuerte</i> and DWC conditions • Collect qualitative data from clinicians on adaptations used
July – Aug 2020	<ul style="list-style-type: none"> • Finalize clinicians for Fall 2020 Semester • Finalize members of community advisory board



Sep – Oct 2020	<ul style="list-style-type: none"> • Randomize schools into <i>Fuerte</i> and delayed waitlist control groups • School personnel will identify participants eligible to receive <i>Fuerte</i> • Consenting and pre-measures of all youth who will participate in <i>Fuerte</i> in FY20-21 • Begin <i>Fuerte</i> groups • Begin community advisory meetings
Nov – Dec 2020	<ul style="list-style-type: none"> • Complete <i>Fuerte</i> groups • Complete post group measures with <i>Fuerte</i> and DWC conditions • Finalize clinicians for Spring 2021 • Collect qualitative data from clinicians on adaptations used
Jan – March 2021	<ul style="list-style-type: none"> • Complete pre-measures with youth in DWC condition • Complete three-month follow-up for youth in Fall 2021 <i>Fuerte</i> groups • Begin <i>Fuerte</i> groups
April – June 2021	<ul style="list-style-type: none"> • Complete <i>Fuerte</i> groups • Complete post group measures with <i>Fuerte</i> and DWC conditions • Collect qualitative data from clinicians on adaptations used
July – Aug 2021	<ul style="list-style-type: none"> • Finalize clinicians for Fall 2021 Semester • Preliminary data presented to key stakeholders
Sep – Oct 2021	<ul style="list-style-type: none"> • Randomize schools into <i>Fuerte</i> and delayed waitlist control groups • School personnel will identify participants eligible to receive <i>Fuerte</i> • Consenting and pre-measures of all youth who will participate in <i>Fuerte</i> in FY21-22 • Begin <i>Fuerte</i> groups
Nov – Dec 2021	<ul style="list-style-type: none"> • Complete <i>Fuerte</i> groups • Complete post group measures with <i>Fuerte</i> and DWC conditions • Finalize clinicians for Spring 2021 • Collect qualitative data from clinicians on adaptations used
Jan – March 2022	<ul style="list-style-type: none"> • Complete pre-measures with youth in DWC condition • Complete three-month follow-up for youth in Fall 2021 <i>Fuerte</i> groups • Begin <i>Fuerte</i> groups
April – June 2022	<ul style="list-style-type: none"> • Complete <i>Fuerte</i> groups • Complete post group measures with <i>Fuerte</i> and DWC conditions • Collect qualitative data from clinicians on adaptations used
July – Aug 2022	<ul style="list-style-type: none"> • Finalize clinicians for Fall 2022 Semester
April – June 2022	<ul style="list-style-type: none"> • Complete <i>Fuerte</i> groups • Complete post group measures with <i>Fuerte</i> and DWC conditions • Collect qualitative data from clinicians on adaptations used
July – Aug 2022	<ul style="list-style-type: none"> • Analyze data on <i>Fuerte</i> groups • Present preliminary analyses to key stakeholders
Sep – Oct 2022	<ul style="list-style-type: none"> • Randomize schools into <i>Fuerte</i> and delayed waitlist control groups • School personnel will identify participants eligible to receive <i>Fuerte</i> • Consenting and pre-measures of all youth who will participate in <i>Fuerte</i> in FY22-23 • Begin <i>Fuerte</i> groups



Nov – Dec 2022	<ul style="list-style-type: none"> • Complete <i>Fuerte</i> groups • Complete post group measures with <i>Fuerte</i> and DWC conditions • Finalize clinicians for Spring 2023 • Collect qualitative data from clinicians on adaptations used
Jan – March 2023	<ul style="list-style-type: none"> • Complete pre-measures with youth in DWC condition • Complete three-month follow-up for youth in Fall 2021 <i>Fuerte</i> groups • Begin <i>Fuerte</i> groups
April – June 2023	<ul style="list-style-type: none"> • Complete <i>Fuerte</i> groups • Complete post group measures with <i>Fuerte</i> and DWC conditions • Collect qualitative data from clinicians on adaptations used
July – Dec 2023	<ul style="list-style-type: none"> • Analyze outcome data from <i>Fuerte</i> groups • Begin coding qualitative data gathered from <i>Fuerte</i> providers • Begin developing semi-structured interview of interagency collaboration
Jan – March 2024	<ul style="list-style-type: none"> • Begin interviews of interagency collaborations with providers • Finish coding provider qualitative data
April – Sep 2024	<ul style="list-style-type: none"> • Complete interviews of interagency collaborations with providers. • Complete coding of interviews of interagency collaborations • Develop playbook for adaptation
Oct – Dec 2024	<ul style="list-style-type: none"> • Disseminate findings to local and state key stakeholders • Technical assistance calls for dissemination of <i>Fuerte</i>

XIV. Budget Narrative

The following is the budget narrative for the *Fuerte* Project:

- \$149,896 for FY19-20 personnel direct costs which include fringe and personnel costs to cover evaluation activities (in addition to our evaluation budget). The indirect rate is capped at 12%. The personnel direct costs increase year-over-year due to cost of living adjustments. The 5 year total personnel direct costs budget will be \$828,894 and will fund the following positions:
 - 0.2 FTE for one project director, expertise to carry out the program evaluation and will oversee and manage all aspects of the project
 - 1.0 FTE for one project coordinator, will be responsible for the day-to-day operations of the project
 - 0.01 FTE for statistician to analyze quantitative data gathered during the evaluation
- \$25,000 for annual general operating, including supplies, transportation between sites, food for clients, group art supplies, client incentives, for 5 years. Total \$125,000.
- \$6000 for non-recurring costs for laptops and associated computer equipment for new hires. \$2,000 will be used in subsequent years to purchase equipment as needed or for maintenance of current equipment. Total: \$14,000
- \$25,000 for hiring of clinical and subject matter consultants, for 5 years: Total \$110,000. As the groups will run for only four years as part of the evaluation process, less costs are



associated with the 5th and final year as we will not need to pay as many clinical consultants.

- \$5,000 for annual staff training and development for 5 years: Total \$25,000.
- Annual evaluation costs including staff time, software purchases, materials, and other associated costs, for 5 years. Costs vary per year depending on current year evaluation needs: Total \$296,519. As stated above, there are additional evaluation funds included in the personnel costs as well.

Revenue

The total amount being requested for this project is **\$300,000 in FY 19-20** and we will not be using reversion funds for this project. The **total five year budget will be \$1,500,000.**

XV. Budget Table

A. Fuerte Project Budget FY 19-20 to FY 23-24							
PERSONNEL COSTs (salaries, wages, benefits) *Includes personnel costs for program evaluation		FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	Total
1	Salaries	\$149,896	\$155,456	\$164,767	\$174,647	\$185,128	\$829,894
2	Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
3	Indirect Costs	\$17,988	\$18,655	\$19,772	\$20,958	\$22,215	\$99,587
4	Total Personnel Costs	\$167,884	\$174,111	\$184,539	\$195,605	\$207,343	\$929,481
OPERATING COSTs		FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	Total
5	Direct Costs	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$125,000
6	Indirect Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



7	Total Operating Costs	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$125,000
	NON RECURRING COSTS (equipment, technology)	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	Total
8		\$6,000	\$2,000	\$2,000	\$2,000	\$2,000	\$14,000
9							
10	Total Non-recurring costs	\$6,000	\$2,000	\$2,000	\$2,000	\$2,000	\$14,000
	CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	Total
11	Direct Costs	\$25,000	\$25,000	\$25,000	\$25,000	\$10,000	\$110,000
12	Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
13	Total Consultant Costs	\$25,000	\$25,000	\$25,000	\$25,000	\$10,000	\$110,000
	OTHER EXPENDITURES (please explain in budget narrative)	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	Total
14.	Training	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$25,000



15. Evaluation	\$71,116	\$68,889	\$58,461	\$47,395	\$50,657	\$296,519
16. Total Other expenditures	\$76,116	\$73,889	\$63,461	\$52,395	\$55,657	\$321,519
BUDGET TOTALS	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	Total
Personnel (line 1)	\$149,896	\$155,456	\$164,767	\$174,647	\$185,128	\$829,894
Direct Costs (add lines 2, 5 and 11 from above)	\$50,000	\$50,000	\$50,000	\$50,000	\$35,000	\$235,000
Indirect Costs (add lines 3, 6 and 12 from above)	\$17,988	\$18,655	\$19,772	\$20,958	\$22,215	\$99,587
Non-recurring costs (line 10)	\$6,000	\$2,000	\$2,000	\$2,000	\$2,000	\$14,000
Other Expenditures (line 16)	\$76,116	\$73,889	\$63,461	\$52,395	\$55,657	\$321,519
TOTAL INNOVATION BUDGET	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$1,500,000

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