

## Central Region Investment Plan

### Investment Community Planning Process Overview

In order to ensure the attendance of a diverse stakeholder population representative of the entire community, a comprehensive outreach campaign was performed in San Jose and Campbell publicizing the Central Region Community Meeting. Information regarding the Mental Health Services Act (MHSA), Prevention and Early Intervention (PEI) Program, and the Central Region Planning Process was disseminated through outreach to specific agencies and neighborhood associations in the targeted zip codes (95008, 95110, 95111, 95112, 95113, 95117, 95118, 95119, 95123, 95125, 95126, and 95128). Notices were posted in a variety of public locations, including community centers, libraries, and local businesses. In addition to outreach to specific community based agencies and associations through emails and presentations, the event was publicized to the San Jose City Council, the Santa Clara County Board of Supervisors, and the local school districts.

Members of the Planning Team were selected at the Community Meeting on February 9, 2011. At the conclusion of the general meeting, the Team members already selected in an at-large voting process convened separately and voted for additional stakeholder groups and individuals to recruit. Additional seats on the Planning Team were designated for representatives from Providers of Services for 0-5, LGBT, Parents, San Jose Unified School District, Legal Advocates for Children and Youth, and a Youth Representative. On February 23, 2011, The Central Region Planning Team held its initial meeting. Membership was finalized by the third meeting with a diverse roster of 24 stakeholders. The Planning Team's collaborative statement, approved unanimously including governance structure, emphasized a desire for consensus and provided mechanisms allowing progress to continue should consensus be unachievable.

The inclusive nature of the PEI Planning Process, emphasizing community involvement, was encapsulated by the Team in a Community Engagement Plan that outlined the Team's efforts to expand awareness and receive feedback. By having a diverse and well-connected membership, the Team was able to represent and communicate broadly with a wide range of constituents. Key elements for progress and a preliminary timeline for completion, outlined in the planning process graphic (Tool D), were communicated to Planning Team members' networks. Decisions made by the Planning Team included selecting a focal population and locations, endorsing recommended practices and alternative practices, and providing guidelines as to the scope, referral process, delivery and vision of the services.

### Focal Population

The Planning Team selected the following 25 schools to saturate with services: Sylvandale (95111)<sup>1</sup> and Davis (95111) Intermediate Schools, Burnett (95112) and Hoover (95126) Middle Schools, Campbell Middle School (95008), Luther Burbank K-8 (95128), and all of the feeder elementary schools [Rosemary (95008), Blackford (95128), Capri (95008), Stipe (95111), Christopher (95111), Edenvale (95111) Glider (95123)<sup>2</sup>, Los Arboles (95111), Dahl (95111), Franklin (95111), Hellyer (95111) Seven Trees<sup>3</sup> (95111), Merritt Trace (95126), Horace Mann (95112), Bachrodt

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<sup>1</sup> To avoid dividing a school district, all listed schools from the Franklin McKinley School District, and associated funds, will be transferred to the East Region plan's RFP.

<sup>2</sup> According to the Oak Grove School District, Glider Elementary does not feed into Davis Intermediate. Therefore, in place of Glider, Miner and Del Roble have been selected.

<sup>3</sup> Daniel Lairon Elementary will be substituted for Seven Trees.

(95110), Lowell (95112), Grant (95112), Empire Gardens (95112), and Washington Elementary (95110)]. Other feeder public elementary schools in the zip codes that meet all the criteria would be eligible for services. Selective Prevention and Early Intervention services will be available to all students attending these schools and their families, including siblings in the 0-5 age range and high school aged. The primary referral population will be students attending the selected schools.

### **Rationale for Focal Population Selection**

The Planning Team narrowed the focal population by selecting high risk schools to saturate with services. The Planning Team chose to select high risk middle schools, and to expand services into the elementary schools that feed into the selected middle schools. By including both elementary and middle schools, some continuity of services can be achieved during the transition from elementary to middle school, a period critical for academic success and emotional well-being. The selection of these schools also capitalizes on a need of families going through a transitional period that presents parents with novel challenges as children reach new developmental stages.

To select schools, the Planning Team reviewed data on all of the schools located in the Central Region. Data included information on truancy rate, census tract and poverty level, STAR testing scores, number of English learners, and the percentage of students receiving free or reduced lunches. After reviewing these data, the Planning Team prioritized and selected six schools: Sylvandale (95111) and Davis (95111) Intermediate Schools, Burnett (95112) and Hoover (95126) Middle Schools, Campbell Middle School (95008), and Luther Burbank K-8 (95128), with services also to provided to feeder schools.

By selecting 25 schools in and around the vicinity of the area's highest poverty census tracts, the Planning Team is focusing on communities with a paucity of services and a high level of need. While there are local mental health services and general family support services available in the Central Region (see supplementary data), they do not meet the high level of current need demonstrated by known risk factors in the community.

Davis Intermediate and Edenvale Elementary Schools, for example, are located in the 5120.18 census tract, where 12% of families are living below the poverty line. Although this does not place them in the upper quartile in terms of poverty of the community they are situated in, Davis and Edenvale's students demonstrate some of the highest levels of need among the 85 schools in the Central Region. Davis has 498 students who qualify according to federal guidelines for the free and reduced lunch program. Nearly 85% of the students are minorities, and the school has only a 49% passing rate on the STAR language arts tests.

In contrast, less than 3% of the 5067.02 census tract in the Campbell 95008 targeted zip code is living below the poverty line. This disparity in household income is apparent throughout the selected at-risk zip codes, highlighting the need for the Planning Team to use their expertise and first hand experience to hone in on specific areas and concentrate services. Horace Mann Elementary and Glider Elementary are located in the 5010 census tract and 5019 census tracts where 25% and 21% of families live below the poverty line, respectively. Christopher Elementary lies in the 5032.08 census tract, with 20% of residents reportedly living below the poverty line and an average household size of 4.73. Lowell Elementary is located in the 5016 census tract, where 26% of households are living below the poverty line. In addition to a high level of poverty in these areas, there are high percentages of underserved minorities.

The Planning Team envisions PEI services offered to a set of feeder schools (elementary schools that feed into a middle school). A "Family Focus" approach will be implemented, meaning the primary referral will be a student at one of the targeted schools, with the families, including siblings, of the primary referral being eligible for services. With this approach, two goals are

achieved. Firstly, a broad swathe of resident families and their children can be reached. Secondly, as children advance through the school system, there is an opportunity for continuity of services through key transition periods. The Planning Team believes that the eligibility criteria will result in PEI services being broadly available to children, youth and their families within the Central Region community.

PEI services will be provided to underserved cultural populations, including but not limited to a large Hispanic, Vietnamese, and recent immigrant populations. The Central Region Team has also made special provisions for the LGBT, special education, and repeatedly suspended or truant student populations. PEI services will be culturally appropriate for the diverse community, and providers will be culturally and linguistically competent.

## **Risk Factors**

The Santa Clara County's Risk Rating Study compared risk factors by zip code throughout the county. The risk factors used as indicators included poverty, substance abuse, child removals, juvenile justice entries, mental health consumers, school dropouts, single parent households, felony arrests, teen mothers, low state-wide test scores and low birth weight. Zip codes were ranked and given a score between 1 and 6, with 6 being the highest possible risk score. Those zip codes receiving a mean score of 4.0 and higher were ranked in the top third in the county. Four Investment Communities were selected by clustering the high risk zip codes (mean risk indicator score of 4.0 or higher). A cluster of twelve zip codes was selected and designated as the Central Region Investment Community and allotted a percentage of the PEI funds.

The twelve zip codes in the Central Region (95008, 95110, 95111, 95112, 95113, 95117, 95118, 95119, 95123, 95125, 95126, and 95128) were selected as an Investment Community because the measured risk indicators placed them in the top third of zip codes in the county in terms of level of risk. All of the risk factors highlighted in the PEI plan are high in the targeted zip codes and pose challenges for that population:

- Poverty
- Substance Abuse
- Mental Health Clients
- School Drop Outs
- Felony Arrests
- Teen Mothers
- Low Test Scores
- Truancy
- Child Removals
- Juvenile Justice Entries
- Single Parent Households
- Low Weight Birth Count

## **Strategies and Practices**

The Planning Team supports the use of the four PEI strategies, Multi-Level School Based, Enhanced Parenting Support, Family-Based Intervention Program, and Child/Skills Early Interventions. The strategies address both Selective Prevention and Early Interventions. The Multi-Level School Based strategy is the only strategy that falls into the Prevention category. The

Enhanced Parenting Support, Family-Based Intervention and Child/Skills Intervention Programs are considered Early Interventions strategies. Practice models support the implementation of the strategies.

The aim of the Planning Team is to provide a continuum of Selective Prevention and Early Intervention strategies and practices to address the needs of the entire family. Delivery of the various services will take place in multiple settings, including schools, families' homes, and community-based settings. Strategy specific service locations are outlined below.

### **Strategy 1 – Multi-Level School Based**

The Planning Team supports the use of a Multi-Level School Based strategy, which may be Strengthening Families or an alternative evidence-based or promising practice. The strategy will be selectively applied in the 25 selected schools and also be accessible to their families. When appropriate, families utilizing the program may be referred for Early Intervention services. Additional practices considered by the Planning Team for the Multi-Level School Based strategy include:

- Incredible Years
- Families and Schools Together (FAST)
- First Step to Success
- Second Step to Success
- Family Wellness
- The Parent Project
- Celebrating Families
- Triple P Levels 2 & 3

Strategy Requirements:

Service location: School based

Staff requirements: Paraprofessional

Referral source: Self/family, teacher, school administrator, healthcare professional, etc.

### **Strategy 2 – Enhanced Parenting Support**

The Planning Team supports the use of Enhanced Parenting Support as an Early Intervention strategy. This program support parents and caregivers as they address behavioral difficulties in their children. Enhanced Parenting Support will be an available option for the parents or primary caregivers of any eligible child or youth referred for PEI services. The practice selected for this strategy in the PEI Plan is the Triple P levels 4 & 5. Additional practices considered by the Planning Team for Enhanced Parenting Support include:

- Parent to Parent
- Incredible Years
- Parent Child Interaction Therapy (PCIT)
- Families and Schools Together (FAST)
- Celebrating Families

Strategy Requirements:

Service location: Not school based

Staff requirements: Paraprofessional or trained professional

Referral source: Self/family, teacher, school administrator, healthcare professional, etc.

### **Strategy 3 – Family-Based Intervention Program**

The Planning Team supports the use of a Family-Based Intervention Program strategy, which may be Brief Strategic Family Therapy (BSFT) or an alternative evidence-based or promising practice. The Family Based Intervention Strategy will be an available option for any eligible child or youth referred for PEI services. This strategy is appropriate for families experiencing severe emerging behavioral/emotional problems. Other possible family therapy models include:

- Functional Family Therapy (FFT)
- Multisystemic Therapy (MST)
- Wraparound (Case Management)
- Structural Family Therapy

Strategy Requirements:

Service location: Office, home or community setting

Staff requirements: Trained mental health professional

Referral source: Self/family, teacher, school administrator, healthcare professional, etc.

Service duration: Short-term (12-15 sessions over three or more months). Referral for additional support services shall occur when needed and available.

### **Strategy 4 – Child/Skills Early Intervention**

Trauma Informed Child Skills Practice will be an available option for any eligible child or youth referred for PEI services. This strategy is appropriate as an early response for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events.

A Trauma Informed Child Skills practice will be provided. The practice will provide intensive, direct intervention to trauma exposed children and youth and their caregivers. The trauma informed practice focuses on addressing the skill development necessary to prepare the youth for ongoing intensive treatment if indicated.

Trauma Focused Cognitive Behavioral Therapy, the practice selected in the PEI plan, is one possible practice model. An additional practice considered by the Planning Team for Child/Skills Early Intervention includes:

- Cognitive Behavioral Interventions for Trauma in Schools (CBITS)
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

Strategy Requirements:

Service location: Appropriate setting (office, home, community based)

Staff requirements: Trained mental health professional

Referral source: Self/family, teacher, school administrator, healthcare professional, etc.

Service duration: Short-term (12-18 sessions) and shall focus on addressing the skill development necessary to prepare the youth for ongoing, intensive treatment if indicated. Referral for ongoing, intensive treatment shall occur when needed and available.

### **Alternative Practices**

Organizations responding to the Request for Proposal (RFP) may suggest alternative or additional practices that fall under the required strategies. In order to be considered, practices must meet the following criteria:

- **Replicable:** The practice must be well-articulated, usually in the form of a written manual. Other agencies or groups should be able to use the manual to implement the practice on their own
- **Applicable:** The practice must apply to one of the target populations or age groups
- **Effective:** The practice must be at least as effective as the recommended practice. You must be able to demonstrate that the practice achieves the desired outcomes or results (evaluation is required)
- **Existing:** The practice must be either already in use in the Central Region, or will be implemented in area through other funding sources

### **PEI Program Design Guidelines**

The Planning Team developed PEI program design guidelines in order to 1) Capture the Planning Team's vision for the PEI program 2) Align key elements of the PEI plan and the RFP process 3) Utilize guidelines in lieu of the budget allocation model outlined in the PEI toolkit

### **Vision**

The Planning Team's vision is of an expansion of supports and services that are well-integrated, accessible, and responsive to the needs of the community. New and expanded programs will utilize the talents and resources of community organizations and help families navigate the system. The vision is for the community to embrace this level of change in a sustainable way with systematic change, and to look for opportunities to assure that every family member is healthy and thriving.

### **Lead Agency Model**

- The lead agency will be responsible for developing a sustainability plan
- The lead agency will create an infrastructure to facilitate an integrated movement toward the goals of the PEI initiative
- A lead agency model will be implemented, with the use of subcontractors highly encouraged
- The lead agency will be responsible for developing a sustainability plan
- It is desirable that the lead agency is a Medi-Cal provider
- There is an expectation that contractors will offer services to the entire age range of the focal population. Service allocation and content will be adjusted to meet need
- Service providers must be culturally and linguistically competent
- The lead agency will be evaluated by the Mental Health Department through communication with subcontractors (e.g. a 360 evaluation)
- The lead agency will be responsible for assuring that special populations' needs are addressed, including but not limited to LGBT, special education, and repeatedly suspended and truant students

- The lead agency will establish a grievance process to address concerns of any parties regarding the process or delivery of services and provide a response to each concern submitted
- The lead agency will collaborate with the schools and develop partnerships
- The lead agency will be responsible for ensuring that there is no duplication of services
- The lead agency will be responsible for monitoring the effectiveness of services
- The lead agency will be responsible for scheduling and maintenance of trainings for school staff on screening and referral procedures
- The lead agency is responsible for determining an appropriate referral system (e.g. intake phone number) and for publicizing this point of entry
- The lead agency will provide outreach and education about the PEI program to teachers and school administrators at the selected schools
- The lead agency will develop agreements with each school regarding training teachers about the referral process and training appropriate individuals (e.g. school administrators, teachers, counselors) about how to identify children and families who could benefit from PEI services
- The agreement will also address providing the Multi-Level School Based strategy on the school site

### **Coordination**

- There will be a regular meeting structure for all relevant parties (e.g. District administrators, school administrators, Mental Health Department representative, et al.) to convene to allow for oversight and decision making
- The lead agency will elicit and take into consideration feedback with all partners (e.g. schools, consumers, subcontractors) to ensure that all voices be heard
- The referral system will broker referrals into the most appropriate service, which may be one of the PEI programs or other services existing in the community
- Triaging of eligible referrals will facilitate efficient use of PEI services and other existing resources
- The coordinating duties include having PEI program content and availability respond dynamically to the shifting climate of need in the community
- A coordinated system will direct children, youth and families to the appropriate service. They will help the student and family navigate the system to receive the appropriate services
- The lead agency will assure communication between programs to create continuity between services
- The lead agency will ensure that services are embedded seamlessly in the schools
- The lead agency will avoid duplication of services, communicate with the schools, leverage insurance if available, and refer to additional qualifying services
- Up to 10% of the budget may be allocated for coordination of services

### **Referral Process**

- The referral process will be open with “no wrong door for access”
- Referrals to PEI services may come from parents, teachers, school administrators, health care practitioners, law enforcement, and any other appropriate source

- The referral process will be simple, efficient, accurate, streamlined, and accessible to all, resulting in rapid access to services

### **Program Implementation**

- The lead agency is encouraged to utilize subcontractors, especially when they are already existing in the school or area
- The lead agency will be responsible for assuring availability and quality of services
- Services will be provided through an implementation strategy as appropriate in a variety of locations, such as schools, libraries, community centers, churches, homes, faith based settings, etc.
- The lead agency will develop agreements with community partners regarding training teachers and other appropriate individuals about the referral process

### **Reporting/Evaluation Measures/Outcomes**

- All contractors must report regarding PEI services at a minimum of quarterly
- All contractors must demonstrate fidelity to the therapy model being utilized with appropriate progress and outcome assessment measures
- Parent satisfaction with the program/services will be measured as a means of evaluation
- The Planning Team's vision of successful program outcomes includes improved academic performance of children and youth at risk of school failure. The behavioral measures associated with this risk include office referrals and school attendance issues
- The Planning Team expects the number of student referrals for office disciplinary referrals to decrease and for attendance to increase
- The lead agency will report process and outcome measures regularly. Reports will include the following data at a minimum:
  - Number of office disciplinary referrals (ODR)
  - School attendance
  - Age of individuals
  - Race/ethnicity (White, African American, Asian, Pacific Islander, Native American, Hispanic, Multi, Unknown, Other)
  - Primary language (English, Spanish, Vietnamese, Cantonese, Mandarin, Tagalog, Cambodian, Russian, Farsi, Arabic, Other)
  - Number of LGBT students served
  - Number of Special Education students served
  - Number of students served who have a history of repeated suspensions and/or truancy
  - Number of students whose parents are veterans
  - Number of individuals referred to PEI services and how many received each service or were referred to a non PEI service
  - Length of time between referral and first contact
  - Dates or number of treatment
  - Length of services

## **Partnerships / Leveraging**

- The lead agency will have knowledge of additional services available in the community. Individuals referred for PEI services will be offered additional or alternative services when appropriate, or referred out for those services
- Emphasis will be placed on leveraging services of the contracted counselors already on campus at the selected schools
- Insurance or Medi-Cal coverage will be leveraged
- All other opportunities to leverage should be taken advantage of wherever possible to promote sustainability (e.g. funding, resources, personnel)
- The lead agency will develop agreements with community partners
- Partnerships will be formed with service providers already existing in the identified locations to promote sustainability and encourage continued collaboration

## **Budget**

- Up to 10% of the budget may be allocated for coordination of services
- There is an understanding that costs may be associated with the administration of the program and may be included in the proposed budget