

South County Investment Plan

Investment Community Plan Focus

The Mental Health Department (MHD) involved the South County Planning Team in a Community Asset/Risk Mapping exercise to assist with the development of the Plan Focus. The mapping exercise provided the Planning Team with data categorized as either an Asset (strengths, resources, leveraging and opportunities) or Risk (key mental health factors) identified in the targeted South County Communities (Zip Codes 95020, 95046, 95037). The Planning Team reviewed, added to and discussed the Assets and Risks. The planning team used the collective data to make the determination of the Plan's geographical location(s) and the focus population. The following are the specifics regarding the Planning Team's decisions.

Focal Population

Elementary school age children attending P.A. Walsh and Glen View Elementary Schools in Morgan Hill and Gilroy, and their families including siblings.

The Planning Team selected the focal population to be the underserved cultural population of students and families served by high risk elementary schools living in or attending school in the Morgan Hill census tract 5123.06 and the Gilroy census tract 5126.01.

The primary referral population is elementary school students at the selected schools who are at risk of school failure due to unaddressed emotional and behavioral problems, and services will also be provided to the entire family, including any sibling(s) of the primary referred child.

Why it Was Selected

South County Region:

Santa Clara County's Risk Rating Study compared high risk factors by zip codes, cities, and key mental health risk indicators across the county. The risk factors used as indicators included poverty, substance abuse, child removals, juvenile justice entries, mental health clients, 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. Those zip codes receiving a score of 4.0 are those in the top third of measured risk.

Gilroy's risk rating of 5.3 was higher than Morgan Hill's rating of 4.6 and San Martin's risk rating of 4.0. However, as all three cities' ratings were 4.0 or higher, all three zip codes are considered high risk communities.

2000 Census Tract Data:

The Planning Team took a deeper look at the high risk communities by census tracts and found that Gilroy's (5126.01 tract) and Morgan Hill's (5123.06 tract) had particularly elevated risk factors. Additionally, these census tracts have a large minority population. The Gilroy Census Tract (5126.01) population total was 8,733, and Morgan Hill's Census Tract's (5123.06) total population was 9,207, of which the total ethnic minority population made up the largest numbers.

The Planning Team elected to target services to the areas of highest need underserved minority communities living in high risk areas. However, services will be available as needed to all underserved students in the targeted areas.

A School Focus:

The Planning Team selected local elementary schools serving the high risk census tracts as one of the settings in which to apply prevention and early intervention services. The Planning Team felt that by targeting elementary school age children, they would be providing children and their families with these services relatively early in the lifespan. This will reduce these children's later need for deeper end treatment services, increase academic achievement, and reduce involvement in the dependency and justice systems.

Gilroy and Morgan Hill Unified School District Data:

The Planning Team also reviewed the demographic data of enrollees in the two school districts. Demographic data exists for 96.90% of the Gilroy Unified School District's 11,116 enrollees. At the District level, 19.26% of students on whom data exists are white and 80.74% are ethnic minorities. At the elementary school level, 5,305 students are enrolled and there is data on 5,113 (96.38%) of them. 17.19% of elementary school enrollees on whom data exists are white and 82.81% are ethnic minorities. At Glen View Elementary, 602 students are enrolled and data exists on 590 of them (98.00%). Of the students on whom data exists, 7.29% are white and 92.71% are ethnic minorities. The highest percentage of students (89.15%) is Hispanic/ Latino, followed by white (7.29%) and then African American (.85%).

Demographic data exists for 98.79% of the Morgan Hill Unified School District's 9,620 enrollees. At the District level, 37.94% of students on whom data exists are white and 62.06% are ethnic minorities. At the elementary school level, 4,767 students are enrolled and there is data on 4,702 (98.63%) of them. 32.71% of elementary school enrollees on whom data exists are white and 67.29% are ethnic minorities. At P.A. Walsh Elementary, 676 students are enrolled and data exists on 671 of them (99.26%). Of the students on whom data exists, 14.01% are white and 85.99% are ethnic minorities. The highest percentage of students (74.96%) is Hispanic/Latino, followed by white (14.01%) and then Asian (5.07%).

Based on the Planning Team's focal population, the following risk factors were prioritized with Selective Prevention (SP) and Early Intervention (EI) strategies and practices.

- Substance Abuse (SP or EI)
- Teen Mothers (SP or EI)
- Juvenile Justice (SP or EI)
- School Performance: Social / Emotional / Developmental (SP or EI)
- School Performance: Academic (SP or EI)
- Child Removal (EI)
- Domestic Violence (EI)

Based on Census and School District data, the following elementary schools were selected as the target schools: **P.A. Walsh Elementary in Morgan Hill and Glen View Elementary School in Gilroy**

PEI Plan Guidelines:

The South County Planning Team developed Prevention Early Intervention (PEI) Plan Guidelines in order to, 1). To capture the planning teams vision for the PEI program, 2). To align key elements of the PEI Plan and the Request for Proposal (RFP) process, 3). For use of the Guidelines in lieu of a restrictive budget allocation model outlined in the Toolkit (Tool F).

South County Planning Team Guidelines:

- Must use a School-Centric Model (the school acts as the hub for the program)
- 50% of funding will be allocated to Morgan Hill and 50% to Gilroy
- Use a lead agency model to coordinate and implement the program
- Lead agency and program partners will coordinate to regularly evaluate the efficacy of service and will make modifications as necessary
- Lead agency and program partners will be responsive to the needs of the children, their families and their schools. Service types, program practices and their levels of services will be responsive and adjust in a timely manner.
- Lead agency, program partners and MHD will work together to identify the goals and measurements for the program (e.g. Increase attendance, reduce office referrals)
- Project “Buy-in” by the school and program partners must exist
- Multiple providers can make up the program
- Referral process to the program will be user friendly to everyone
- Services will be culturally and linguistically competent,
- Services will be coordinated and integrated with schools and any other institutions, Community Based Organizations (CBO’s), etc.
- Collaboration of Program Services must occur
- Collaborate with administration / teachers / school staff/ program partners to determine and provide needed trainings
- Training of education personnel to better identify social/emotional/behavioral indicators in students will be provided
- Partnerships will have the latitude to use the revenue for indirect costs/services (e.g. training, coordination, incentives for participation)
- PEI Program Plan should leverage existing services and Mental Health Service Act roll-out programs
- PEI Program Plan will leverage additional revenues (e.g. MediCal) to the fullest extent possible
- Delivery System: Integrated and coordinated, team approach, multidisciplinary
- Referral mechanism: simple, easy and streamlined
- Settings for services: schools, homes, community,
- Provider types: Community Based Organizations, schools, other county departments, Special Education Local Plan Area (SELPA)

Program Description:

The South County Planning Team is using the term, “School-Centric” to define their PEI Plan’s approach. By a School -Centric approach, it is meant that schools and teachers are seen as key partners in all aspects of the program. The Planning Team wants the program to use a Lead Agency model. In this model the Lead Agency is responsible for creating a Program Implementation Team comprised of the school(s), program partner(s), MHD and other relevant partners, coordinate and implement the program model, oversee the efficacy of program services, and work together with program partners, schools and MHD to develop relevant goals and measures for the program. The Planning Team expects that the program’s delivery system will be integrated and coordinated, use a multidisciplinary team approach and have a referral system that is simple, easy and streamlined for rapid access to program services. The Planning Team intends that the programs be responsive to the needs of the children, their families and their schools. These needs will change over time and the service types, program practices and levels of services will be responsive and adjust in a timely manner, and as determined by the Program Implementation Team.

The Planning Teams focal population, Elementary school age children attending P.A. Walsh and Glen View Elementary Schools in Morgan Hill and Gilroy, and their families including siblings, requires that all four strategies are utilized as appropriate to access services. The Planning Team wants to provide program services to all children and their families attending the two target schools. However, that does not preclude siblings who are in different schools and grade levels from receiving the services. As long as one of the family members is a student from the targeted schools, then all others from the family would be served.

Required Strategies/ Recommended Practices:

The Planning Team supports the use of the (four) PEI Strategies; Multi-Level School Based Strategy, Enhancing Parenting Support, Family-Based Intervention, and Child/Skills Intervention Strategies. The aim of the Planning Team is to support providing a continuum of Selective Prevention and Early Intervention Strategies and Practices to address the needs of the entire family. The Planning Team agrees that for the delivery of the various strategies and recommended practices, services will take place in multiple settings, such as the school, the community, in the families’ homes, at community-based organization and/or other settings outside of the school sites.

1). The Multi-Level School Based Strategy

The Multi-Level School Based PEI Strategy will serve as an over arching component for the Plan. The Planning Team endorses the use of this strategy to address their target population.

Recommended Practice:

The Planning Team supports the use of a practice that provides parent education and parenting support.

2). Enhancing Parenting Support Strategy

The Planning Team supports the use of the strategy as an Early Intervention approach. They agree with the strategy to target parents of young school age children and pre teens exhibiting more severe behavioral problems.

Recommended Practice:

They endorse a practice model that will assist parents that are struggling with parenting challenges, learn a variety of child management skills and how to apply these skills at home and in the community. They want the program to leverage any and all opportunities that the DMH will provide regarding training, and the ability to sustain this practice model on-going.

3). Family Based Intervention Strategy

The Planning Team endorses the use of a Family Based Intervention Strategy. This strategy will provide intensive, direct interventions to parents and children to address emerging behavioral/emotional problems.

Recommended Practice:

The Planning Team wants the option to be able to utilize a family intervention practice other than Brief Strategy Family Therapy. They want the option for the program to use a family therapy practice which is sustainable, affordable and effectively meets the changing needs of the target population.

4). Child/Skills Intervention Strategy

The Planning Team endorses the use of a Child/Skills Intervention Strategy. This strategy will provide direct interventions to children utilizing evidence informed practices to address emerging behavioral/emotional problems.

Recommended Practice:

The Planning Team wants to address the significant impact of trauma on children in addition to behavioral, social and emotional difficulties through other causes.

Leveraging Opportunities:

The Planning Team wants to leverage existing services and available revenues as much as possible. The decision to focus on elementary school age children was made in part because strong programs such as First 5 already exist for the 0-5 population. Where possible, leveraging of governmental and non-governmental revenue and program will take place.

Alternative Practices:

The Planning Team supports the alternative practices guidelines as outlined in the PEI Plan and Toolkit. They want to encourage RFP applicants to identify alternative practices which are in alignment with the South County Plan and are in accordance with the PEI Plan requirements for choosing alternative practices (appendix H).