East Region Investment Plan

Investment Community Planning Process Overview

In preparation for the East Region community forum on February 8, 2011, extensive outreach was performed throughout the East Region of San Jose to inform individuals from all stakeholder categories about the Prevention and Early Intervention (PEI) Plan and the opportunity to join the Planning Team for the East Region investment community. Residents and community members in the 95116, 95121, 95122, 95127, 95133, and 95148 zip codes were informed via flyers, posters, email, and small group presentations of the community forum. In addition to outreach to community based agencies and associations, the event was publicized to the San Jose City Council, the Santa Clara County Board of Supervisors, and school districts. Notices were posted in a variety of public locations including community centers, senior centers, and local libraries located in the targeted zip codes.

Members of the East Region Planning Team were selected through a voting process at the community forum on February 8, 2011. The Planning Team members represent the following stakeholder categories: Education Providers, Faith Community, Providers of Behavioral Health, Providers of Social/Community Services, Providers of Health Services, Law Enforcement, Individuals with Mental Health Concerns and/or their families, and Underserved Communities/Local Residents. Sixteen community members representing different stakeholder categories were selected at the forum. Six additional members were nominated at the community forum to diversify the membership of the planning team. The Mental Health Department (PEI project) staff outreached to the additional six nominees. Invitations to the additional team members were accepted and by March 8, 2011, the 22 member Planning Team roster was completed (see Appendix A). The Planning Team decided that membership should be finalized by the third meeting. By June 7, 2011, three members became inactive.

The Planning Team expressed and agreed that consensus was the most desirable outcome for the East Region Planning Team’s decisions. A collaborative statement including governance structure (See Appendix B) was formulated on February 22, 2011 that emphasized this desire for consensus and provided mechanisms allowing progress to continue should consensus be unachievable. Throughout the planning process, moving toward consensus frequently occurred organically; initial suggestions were modified on-the-spot in reaction to concerns from team members so that the proposals put forward for consideration were agreed upon.

The spirit of inclusivity and engagement that has been a part of the PEI planning process from the start was reflected in the community engagement plan (See Appendix C) developed by the Planning Team. By having a diverse and well connected membership, the Planning Team was able to represent and to communicate broadly with a range of constituents. Benchmarks, expressed in the planning process graphic (See Appendix D) were communicated to Planning Team members’ networks; this communication resulted in non-members from the public occasionally joining the team for meetings.

Key decisions made by the Planning Team included selecting a focal population, endorsing recommended practices and alternative practices, and providing program guidelines as to the scope, referral process, delivery system, evaluation, and vision of the PEI services.

Focal Population

The Planning Team selected four middle schools and their eighteen feeder elementary schools in which to implement PEI services. They selected a target population of K-8th graders. The
four middle schools are: Clyde Fischer (95122), Bridges Academy (95122), Lee Mathson (95116), and August Boeger (95148). The 4 feeder elementary schools for Clyde Fisher are AJ Dorsa (95122), O.S. Hubbard (95122), Donald Meyer (95122), and Harry Slonaker (95122). The six feeder elementary schools for Bridges Academy are Success (95122), Santee (95122), McKinley (95116), Robert Kennedy (95122), Windmill Springs (95121), and Stonegate (95121). The four feeder elementary schools for Lee Mathson are Clyde Arbuckle (95116), Cesar Chavez (95116), Mildred Goss (95116), and San Antonio (95116). The four feeder elementary schools for August Boeger are Robert Sanders (95127), Mt Pleasant (95127), Valle Vista (95148), and Ida Jew (95148).

The selected middle schools and their feeder elementary schools are located within the East Region’s targeted zip codes. Students who do not reside in the targeted zip codes, but attend a selected school will also be eligible to receive PEI services. Siblings and families of students will also be eligible for PEI services.

Why Focal Population Was Selected

The Santa Clara County’s Risk Rating Study compared risk factors by zip code. 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 in the top third of risk 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 six zip codes was selected and designated as the East Region investment community. The mean risk rating for East Region was 4.77.

The Planning Team decided to narrow their 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 this transition; this period presents parents with novel challenges as children reach new developmental stages.

The Planning Team endorsed the use of a family focused approach. While the primary referral shall be a student at one of the targeted schools, the entire family will be eligible for services, including siblings ages 0-24, family members residing in the home and caregivers. This will allow a broader swathe of residents to receive PEI services and will magnify the opportunities for improving family cohesion and functioning.

To select schools, the Planning Team reviewed data on the eleven middle schools located in the East Region. Data included information on truancy rate, census tract and poverty level, STAR testing score, rate of English learners, and free/reduced lunch rate. After reviewing this data, the Planning Team prioritized schools and selected four out of eleven: Clyde Fischer, Bridges Academy, Lee Mathson, and August Boeger.

While there are already existing local mental health services and family support services in the East Region, the data shows that services are insufficient to meet the mental health needs of the

---

1 To avoid dividing a school district, all schools from the Franklin McKinley School District listed in the Central Region Investment Plan, and associated funds, will be transferred to the East Region plan’s RFP
community. Through PEI funding, additional mental health services will be provided, including to the MHSA priority population of underserved culturally diverse populations.

According to the data, the two largest ethnic communities in the East Region schools are Hispanics and Asian Americans. The two largest racial/ethnic groups for Clyde Fischer Middle are Hispanic (85%) and Asian (5%). The two largest racial/ethnic groups for Bridges Academy are Hispanic (62%) and Asian (27%). The two largest racial/ethnic groups for Lee Mathson Middle are Hispanic (85%) and Asian (10%). The two largest racial/ethnic groups for August Boeger are Hispanic (75%) and Asian (9%).

The selected middle schools were all considered to be high risk by the Planning Team. The schools have a free/reduced lunch rate of 60% or more. STAR testing shows at least 70% of students testing below proficiency level in the Language Arts area. The schools are located in census tracts with high percentages of residents below the poverty line. More than 50% of students are English learners in the schools with the exception of August Boeger, which has 44%. Truancy rate is approximately 40% or greater in each of the selected schools.

PEI services will be culturally appropriate for the diverse community of East Region and providers are expected be culturally and linguistically competent to meet the needs of the underserved communities.

Risk Factors

The 95116, 95121, 95122, 95127, 95133, and 95148 zip codes were selected as an investment community because the measured risk indicators placed the zip codes in the top third of zip codes in the county in terms of level of risk. Risk factors highlighted in the PEI plan that are high in the targeted zip codes and pose challenges for the target population include:

- Child Removals
- Juvenile Justice Entries
- Single Parent Households
- Poverty
- Substance Abuse
- Mental Health Clients
- School Drop Out
- Felony Arrests
- Teen Mothers
- Low Test Scores
- Truancy
- Behavioral discipline

Strategies and Practices

The Planning Team supports and endorses the use of the four PEI strategies; Multi-Level School Based, Enhanced Parenting Support, Family-Based Intervention and Child/Skills Intervention strategies. The strategies address both Selective Prevention and Early Interventions. The Multi-Level School Based strategy is a Selective Prevention strategy. The Enhanced Parenting Support, Family-Based Intervention and Child/Skills Intervention strategies are Early Intervention 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, in families’ homes and at 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 Selective Prevention strategy. The strategy will be selectively applied in the selected schools. Services will be available for all students and families affiliated with the selected schools. When appropriate, families utilizing the program may be referred for Early Intervention services.

The Planning Team endorses the use of a Multi-Level School Based strategy, which may be the Strengthening Families practice model. Additional practices considered by the Planning Team for Multi-Level School Based include:

- Center on the Social and Emotional Foundations for Early Learning (CSEFEL): Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children
- Behavioral interventions and supports programs (e.g., PBIS, BEST)
- The Parent Project
- Mental Health First Aid Training

**Strategy Requirements:**
- Service location: School based
- Staff requirements: Paraprofessional
- Referral source: Self/family, teacher, school administrator, healthcare professional, law enforcement, etc.

**Strategy 2 – Enhanced Parenting Support**

The Planning Team supports the use of Enhanced Parenting Support as an Early Intervention strategy. This program will support parents and caregivers as they address more severe 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:

**Strategy Requirements:**
- Service location: Not school based if Triple P Levels 4 & 5 is selected
- Staff requirements: Paraprofessional or trained professional
- Referral source: Self/family, teacher, school administrator, healthcare professional, law enforcement, etc.

**Strategy 3 – Family Based Intervention Strategy**

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.

The Planning Team suggested that multiple family therapy interventions may be offered so that an appropriate practice can be selected for the referred child/youth. The practice should provide
intensive, direct intervention to children/youth and their families to address severe emerging behavioral/emotional problems. Possible family therapy models include:

- MRI’s brief strategic therapy model

**Strategy Requirements:**
- Service duration: Short-term (12-15 sessions over 3 or more months). Referral for additional support services shall occur when needed and available.
- Service location: School, office, home, or community setting
- Staff requirements: Trained mental health professional
- Referral source: Self/family, teacher, school administrator, healthcare professional, law enforcement, etc.

**Strategy 4 – Child/Skills 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.

**Strategy Requirements:**
- 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.
- Service location: Appropriate therapeutic setting (e.g. office, home, community based)
- Staff requirements: Trained mental health professional
- Referral source: Self/family, teacher, school administrator, healthcare professional, law enforcement etc.

**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 East Region, or will be implemented in the East Region through other funding sources (for example, a grant).
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, and 3) Utilize guidelines in lieu of the restrictive budget allocation model outlined in the PEI toolkit.

Lead Agency Model

• The East Region Planning Team decided that a Lead Agency model will be used
• It is desirable that the lead agency is a Medi-Cal provider or working towards becoming a Medi-Cal provider
• There is an expectation that the lead agency will offer services across the target age spectrum. Service allocation and content will be adjusted to meet the needs of the families
• Service providers must be culturally and linguistically competent and able to serve the East Region investment community

Coordination

A lead agency will establish and coordinate program referrals and case management responsibilities. The agency will broker referrals into the most appropriate service, either one of the PEI programs or other services existing in the community. By triaging eligible referrals efficient use of PEI services and other existing resources will occur. The coordinating duties include having PEI program content and availability respond dynamically to the shifting climate of need in the community.

• A coordinated system with the school leadership will direct children, youth and families to the appropriate service. This coordination will occur through the lead agency
• Leadership of the schools will collaborate with involved referral parties in order for services to be integrated and embedded into existing systems
• Lead agency shall collaborate with and partner with schools. Schools should be treated as program partners
• Lead agency will assure coordination and communication among subcontractors, community agencies and other collaborators to create continuity between services
• The lead agency will have ongoing communication with school personnel, such as Student Success Teams, Study Teams and Multi Service Teams about student progress
• Use of a Case Management Service is recommended to evaluate, refer and follow each client as needed. They will help the student and family navigate the system to receive the appropriate services
• ~10% of the budget may be allocated for coordination/case management of services.
• Lead agency will ensure that parent representation is a part of the coordination process

Referral Process

• There will be a centralized referral system where parents, teachers, school administrators, health care practitioners, community based organizations, etc. are able to make referrals
• The lead agency will be a single point of entry for PEI referrals. The lead agency will receive referrals and triage them to appropriate services (PEI or alternative services)
• Referrals to PEI services may come from parents, teachers, school administrators, health care practitioners, school success/study teams, law enforcement, probation, juvenile justice, etc.
• The lead agency will provide or subcontract outreach and education about the PEI services to teachers and school administrators at the selected schools and to families
• The lead agency is expected to be responsible for coordinating trainings for school staff on screening and referral procedures

Program Implementation

• The lead agency may have subcontractors
• The lead agency will provide parent education classes in multiple languages to meet the needs of identified diverse communities in the PEI plan
• The lead agency will be responsible for assuring availability and quality of services
• The agreement will also address providing the Multi-Level School Based strategy on the school sites
• The program is expected to be flexible and responsive to the changing needs of the community and environment
• Trainings should be provided to teachers and other school administrators about how to identify students for referrals and the referral process, and that supports the selected practice models
• Services appropriate for the needs of the LGBTQ and Special Education communities and other underserved populations are required to be included in the PEI service mix

Reporting/Evaluation Measures/Outcomes

• The Planning Team would like to see the following outcomes with the implementation of PEI services:
  • Preparing children to be mentally healthy and better equipped to face the challenges of the next stage of development
  • Fewer office referrals
  • Increased attendance
  • Improved academic performance
  • Improved grades and testing
  • Improved quality of relationship between students and teachers before and after children receive services
  • A feedback instrument is required to monitor services and contractual obligations
  • A formal agreement must be developed between the lead agency and each school to communicate on expectations and program progress
  • Lead agency will develop feedback systems with schools to provide school personnel with updates about students and families from the school sites. Systems will be tailored to individual school sites.
  • Lead agency will create a quality improvement process to ensure effective service delivery
  • Lead agency will hold meetings to collaborate and share information with school staff, partners and collaborators
• Satisfaction surveys regarding screening, referral and service delivery system should be administered to parents, teachers and children

**Partnerships / Leveraging**

• The Lead agency will leverage insurance if available in order to avoid duplication of services, and refer to additional qualifying services
• The lead agency will have knowledge of additional services available in schools and community. Individuals referred for PEI services will be offered additional or alternative services when appropriate
• Individual’s insurance or Medi-Cal coverage is encouraged to be leveraged for funding sustainability
• All opportunities to leverage should be taken advantage of, such as; any and all county initiatives
• Maximize and collaborate with existing community resources wherever possible
• Establish agreements with community resources for long term sustainability

**Budget**

• ~10% of the budget may be allocated for coordination/case management of services.
• There is an understanding that administrative costs may be associated with the administration of the program and may be included in the proposed budget. This may not exceed 5% of the total budget