

INNOVATIVE PROJECT PLAN RECOMMENDED TEMPLATE

COMPLETE APPLICATION CHECKLIST	
<p>Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:</p>	
<p><input type="checkbox"/> Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.</p> <p><i>(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)</i></p>	
<p><input checked="" type="checkbox"/> Local Mental Health Board approval</p>	<p>Approval Date: <u>March 18, 2019</u></p>
<p><input type="checkbox"/> Completed 30-day public comment period</p>	<p>Comment Period: <u>March 27, 2019</u></p>
<p><input type="checkbox"/> BOS approval date</p>	<p>Scheduled Date: <u>April 9, 2019</u></p>
<p>If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: _____</p> <p><i>Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.</i></p>	
<p>Desired Presentation Date for Commission: _____</p> <p><i>Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all requirements</u> have been met.</i></p>	

County Name: Ventura County

Date submitted: February 25th, 2019

Project Title: Conocimiento – *Addressing ACEs through Core Competencies*

Amount requested: \$1,047,100

Duration of project: Four Years

Innovation Project Defined: As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as a project that “the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports”. As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- ☐ Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- ☒ Applies a promising community-driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☐ Supports participation in a housing program designed to stabilize a person’s living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

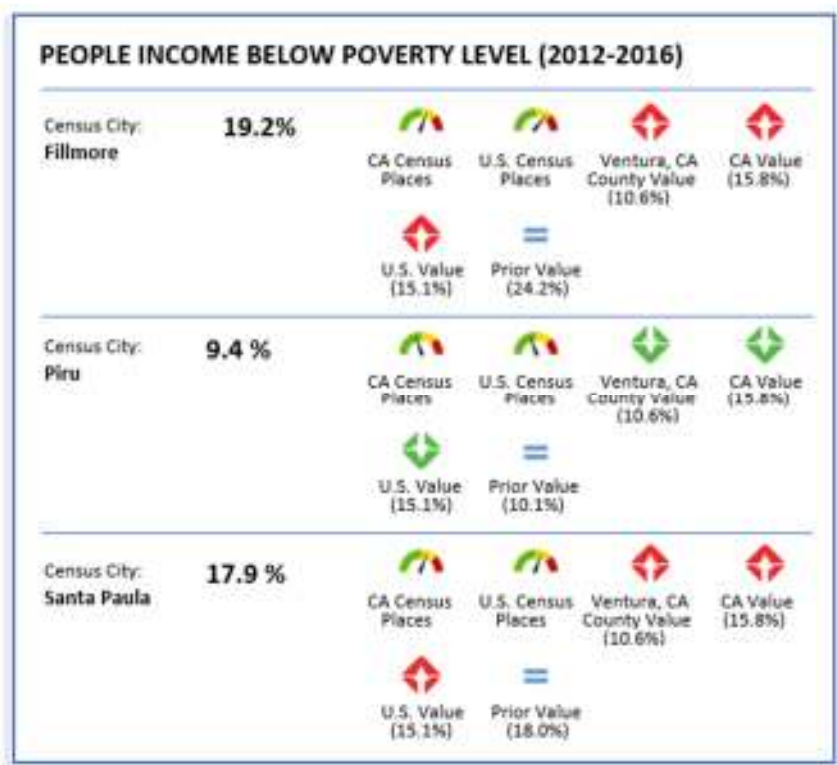
- ☐ Increases access to mental health services to underserved groups
- ☐ Increases the quality of mental health services, including measured outcomes
- ☒ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes

Section 2: Project Overview

PRIMARY PROBLEM

Growing up in the picturesque Santa Clara Valley (Santa Paula, Fillmore, and Piru communities) does not provide the same educational or economic advantages as the rest of Ventura County. The area is one of the more rural in the county and has limited transportation options. In 2018, three of the four school districts had schools with more than 80% of children who qualified for free or reduced lunch programs, and some schools were as high as 95%. To qualify for such programs, a family of four would have survived on \$25,000 a year or less in a county where the average household income more than triples that amount at \$81,972 (U.S. Census 2018). Several of these families work multiple jobs, odd hours or long days, and many are farmworkers with few job benefits.

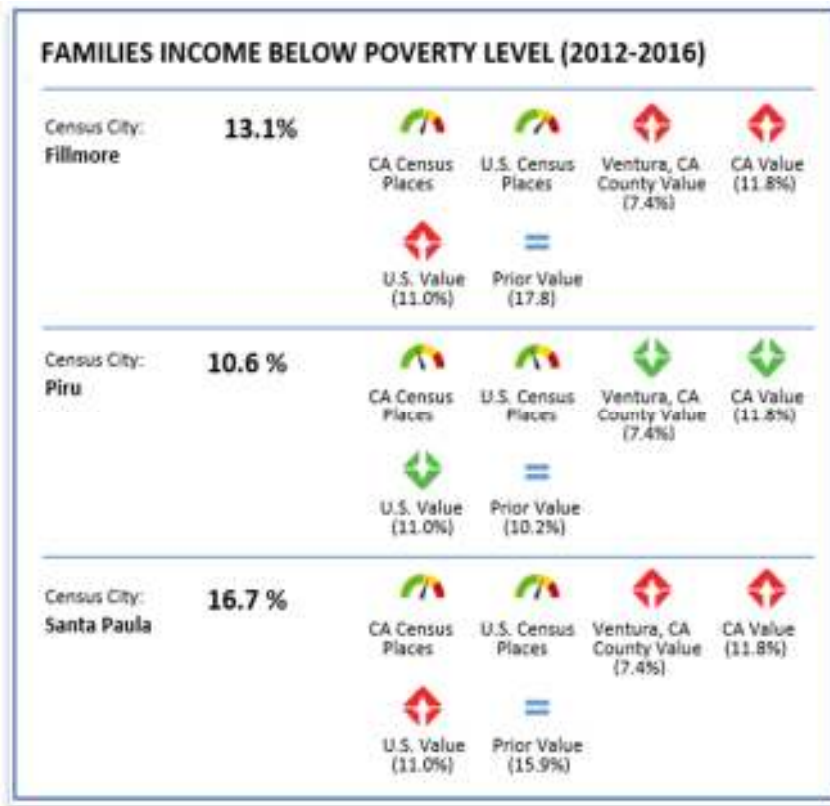
The area suffers from many of the same issues as other rural small towns. School resources are limited, with just two high schools across the three regions. The population is more than 95% Hispanic, with high levels of English learners in schools. School suspension rates in Santa Paula double the state average, and Fillmore and Santa Paula have expulsion rates that also double the state average (California Department of Education, 2018). There are few activities beyond school sports, and limited transportation means many teens hang around with few organized interests to keep them occupied past 5th grade,



especially if a low GPA means students can't qualify for school sports. Academic performances measures for English and math often remain orange (meaning, a rating of 2 out of 5) year after year on the California School Dashboard's site. And although the Santa Clara Valley does not have the same level of disparities as South Los Angeles or extremely rural communities, but it is considerably lacking when compared to the rest of the county.

Two afterschool programs have been developed with community support that offer youth positive environments to spend their time. One Step a la Vez was established in 2009 and is located in Fillmore. Ignite is a newly established (2017) teen program located in Santa Paula. A few youth at the One Step

Center in Fillmore highlighted the limitations of their experiences. One 13-year-old had never even been to the beach in Ventura, which was a mere 30-minute drive. Another youth said he had never gotten out of the car in Santa Paula, which was 10 miles away, because he was worried about the possibility of being jumped if someone found out he was from Fillmore. This speaks to a long-standing rumor of rivalry between the two cities. As with many small towns in rural areas, rivalries emerge and are encouraged through sporting events. During the late '80s and early '90s, both areas had significant gang rivalries that still have some (mostly rumored) lingering effects today.



Given the history of the two town dynamics, one idea submitted during the FY16/17 community planning process was about uniting the two communities with the goal of building from each community's strengths and resources rather than separating and competing. A forum was held on the proposed idea, and 35 youth from Fillmore and Santa Paula attended. The teens discussed their desires to leave the past behind, expand creative opportunities, and get to know each other better.

ACEs, or the Adverse Childhood Experiences, has become a rallying cry. ACEs combines years of research into a single acronym that's synonymous with broad understanding of the predictive health and functioning risk factors of adverse experiences in childhood. ACEs information blankets the internet in multiple articles, TED talks, dedicated pages on the CDC, and the SAMHSA website. National Public Radio (NPR) even has a webpage that encourages the public to learn about the assessment and take it. All sites intend to get the word out about the predictive nature of these ACEs scores; however, in determining what type of intervention is an effective counterpunch to these predictors has yet to be broadly understood. Resilience is repeatedly listed as the key element to counteract ACEs risks. Testing

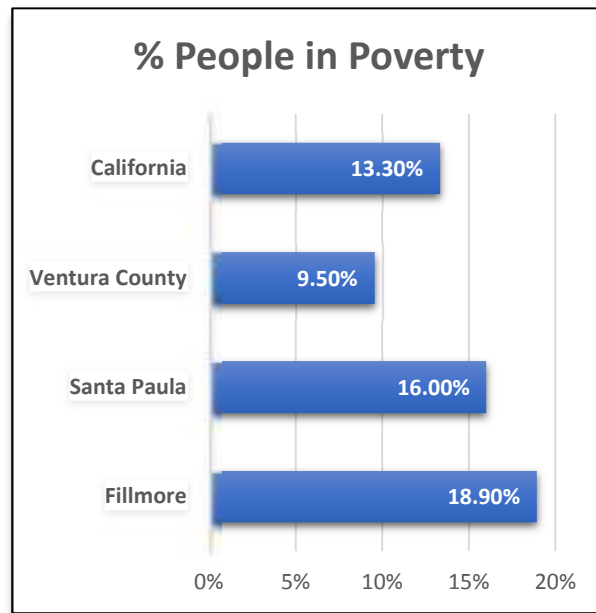


what that means and how to build it is the heart of the proposed project: Conocimiento. This program will combine the science of building up resilience, the power of community involvement and the innovative support of the Mental Health Services Act to test the effects on preventative mental health.

The communities of the Santa Clara Valley are heavily invested in building better environments that foster resilience and counteract negative experiences of ACEs that can have lifelong effects on their youth. Protective experiences and well-developed coping skills are effective equalizers to significant ACEs and the ongoing stress of living in poverty. One way to build these skills is through regular family dinners, which incorporate many of the resiliency strategies naturally; however, given the irregular schedules of the working poor, regular family dinners are not always feasible. According to the Center on the Developing Child at Harvard, research indicates the presence of the following four factors as the most effective strategies to building resilience.

- Facilitating supportive adult relationships;
- Building a sense of self-efficacy and perceived control;
- Providing opportunities to strengthen adaptive skills and self-regulatory capacities;
- Mobilizing sources of faith, hope and cultural traditions (developingchild.harvard.edu)

These capabilities can be developed at any age, but the following program is designed on the premise of promoting development of each of these areas over a four-year period for youth and their family members who are 13-19 years of age.



PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

Two teen centers located in Fillmore and Santa Paula will partner to implement Conocimiento, a supportive and supplemental program to the teen centers' activities. Once a week, meals will be planned and attended by youth at the opposite site and vice versa the following week. Transportation, one of the major barriers to interaction, will be provided. Meals will be part community building and part skill building with a list of topics and guest speakers with the intentions of fostering executive functioning (adaptive skills and self-regulatory capacities) and resilience in the participants. Topics, which will be split into nine focus areas over a four-week period. Will include:

- Decision making and prioritizing skills
- Mental Health awareness/treatment/access
- Building social capital
- Self-assessment/goal setting
- Perseverance and impulse control
- Emotional identification
- Cultural identity
- Independent living skills
- Future focus planning

The weekly program will build toward a summer event that's chosen and designed by the youth participants through a consensus decision-making process so all perspectives are considered. Consensus decision-making is a process that's designed to take additional time and allow each youth's perspective to be valued. Some ideas that have already been brought forth by the youth include designing and painting a mural, filming a mental health awareness video, and planning a weekend retreat.

The community will play a supportive role through collaborative partnerships. City Council representatives have pledged to present at these dinners. High school administration teams are willing to invite staff on campus and make referrals, and

Probation will identify youth for referral and recruitment into the program. Behavioral Health will partner through outreach for youth who are in need of mental health services and provide referrals for youth currently in treatment who are in need of local supportive programming. Community members will be invited to attend the meals and help facilitate the small group discussions that will take place after dinner.

A family liaison will support the program by providing outreach and recruitment to the families of youth. Families will be invited to participate, but it will not be a requirement of the program participants. Families willing to enroll will receive in-home services designed to offer non clinical case management, system navigation, parent support meetings, skills development and emergency resources for high-need families. They will also establish routines such as family dinners. The current goal is to include local community leaders, elders, and professionals to assist in the support of these families.

A variety of short assessments will be completed upon enrollment and bi-annually and at discharge through a survey app that will track progress. Participant and personal ACEs information will remain anonymous. This is an important factor in the two small towns, particularly for our LGBTQ youth and their families and for our undocumented community members.

B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

The project applies a promising community-driven practice or approach that has been successful in a non-mental health context or setting to the mental health system. Family dinners have been well documented in home and in communities to foster parent child relationships. This project proposes to apply this approach through a community mental health prevention program and study the effects on youth and parent participants.

C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

Years of scientific research has demonstrated many physical, mental health and academic benefits of family dinners. Research links regular family meals with healthier eating habits and the reduction of high-risk teenage behaviors such as “drug use and teen pregnancy, lower rates of depression and anxiety, stronger resilience and self-esteem, and even higher grade point averages and improved vocabularies” (www.The Good Project.org, Harvard Graduate School of Education). Resilience is the key component to combating many of the lifelong risks associated

with ACEs. The program is designed to combine these promising practices with family style dinners, meaningful conversation and the building of core competencies.

D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

Two hundred youth will be served through this program, or fifty youth per year. Fillmore averages 20 to 40 kids per day who attend their afterschool drop-in center. Santa Paula averages 30 to 50 youth twice a week. In order to see an effect, participants would need to commit for at least four months to be considered fully enrolled and completion being one year. A goal of 50 participants per year or 200 over the four years of services is achievable for the centers and would allow a dosage measurement and comparison for the evaluation.

E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

Within the predominantly Latinix population focus will be on youth with experiences of ACEs, juvenile incarceration and childhood poverty. Additionally, LGBTQ+ youth support groups exist in both cities and will be targeted for participation. Due to size of the communities, there will be no eligibility qualifications. All interested youth will be invited to participate. The evaluation plan proposes ways to drill down on the target population through program intake assessments. If this approach exceeds the budget and staff capability, eligibility standards can be added in later years, although the hope is this will not be needed. Multivariate perspectives will be used and compared through the demographic intake and assessment, which would anonymously identify the above targeted groups.

RESEARCH ON INN COMPONENT

A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

The program is designed to prevent mental illness through increasing protective factors associated with the risks of ACEs. The project attempts to replicate some of the benefits of family dinners through a community collaboration program focused on building youth resilience, increasing core competencies, and community connectedness. Efforts to find similar programs did not yield any comparable results.

B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

A literature review was performed using several peer-reviewed journal databases, including Research Gate, the U.S National Library of Medicine, National Institutes of Health (NIH), JStore and Google Scholar, among others. A close review of the Center on the Developing Child at Harvard University website indicated the proposed program would utilize some of the latest research to create a program that was not currently being tested. This project is not a part of the Center on the Developing Child. An adjacent review of the Family Dinner project, in partnership with The Good Project under Harvard Graduate School of Education, also indicated our theory of replicating positive effects though community support was untested. The proposed project is not affiliated with The Good Project or Harvard Graduate School of Education.

A secondary review of Innovation projects among all counties was made in the fall of 2019. A close assessment of the Urban Beats program in San Diego generated key differences that administration felt were different enough to continue pursuit of the approval process. Whereas Urban Beats is a supplemental program for youth enrolled in mental health services, Conocimiento is a prevention program. Primary intervention of Urban Beats is expression though art, whereas the primary goal of Conocimiento is to build resilience in youth to reduce ACEs risks and reduce stress by supporting their families.

LEARNING GOALS/ PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

In accordance with MHSA INN regulations, learning goals have been outlined to strengthen, grow or improve resilience as defined by Center for the Developing Child at Harvard:

- Facilitating supportive adult relationships;
- Building a sense of self-efficacy and perceived control;
- Providing opportunities to strengthen adaptive skills and self-regulatory capacities;
- Mobilizing sources of faith, hope, and cultural traditions

Learning Goals

Primary Learning Goals

1. To what degree does the program have an effect on youth's resilience?
2. Does program involvement increase the number of supportive adult relationships youth have?
3. To what degree are youth's core competencies improved as a result of the program?
4. To what degree was there a change in parenting self-efficacy?

Secondary Learning Goals

5. Were youth satisfied with the weekly meal programming?
6. Do youth have a connection to faith and cultural tradition?
7. How satisfied were families with the program?
8. To what degree did families feel less stress due to program involvement?

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

The program seeks to counteract risks of ACEs through building core competencies, community connections and bolstering resilience in participants to prevent the onset of mental illness. Learning goals are based off key reliance indicators and participant satisfaction. Program strategies are designed specifically to build core competencies, expand exposure to community resources and practice executive functioning, which are all identified as skills that contribute to resilience. Core competencies are defined adaptive skills and self-regulatory capacities. Further defined in the data measures as the ability to prioritize commitments, practice impulse control, persevere and solve problems creatively.

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

Target Participants

Target participants will be existing members of the two teen center programs located in Fillmore, Piru, and Santa Paula ages 13-19. Additional youth will be referred by the juvenile justice division of Ventura County Probation, the Insights program (Ventura County Behavioral Health Service), and the local school districts middle and high school administrations. All

parents of youth participants will be invited to receive additional education and support through the parent services track.

Data Collection

This process evaluation, is a mixed methods research design utilizing self-assessment surveys and focus groups to assess the programs effect and impact on the participants. Intake, bi-annual, and discharge assessments will be administered through an online platform. Assessments will include ACEs baseline and other measures being considered below at intake and biannually, as well as focus groups that will take place annually. Program is planned to take place over four years. Participants may participate for all four years so long as they remain in the eligible age range (13-19). There is no minimum attendance requirement. Participants will be considered fully enrolled after 4 months.

Data to be collected will include participant demographics, the attendance frequency, level of participation (dosage), and outcome surveys, which will be collected through the online survey platform. Secondary goals of satisfaction, cultural connection and family stress will be assessed though annual focus groups. A qualitative and quantitative process design method will be used to evaluate the learning goals, using the above data. Self-reporting survey data will be evaluated to establish a baseline for comparison of pre- and post-intervention. Online pre- and post-surveys will measure self-reporting of dosage and targeted outcomes. Dosage will be defined as number of meals and planning sessions youth attended in a semester. Dosage and outcome surveys will be administered at intake and twice a year for the duration of the program. ACEs information will be taken twice; first, at intake and again at the end of the program. Program end will be defined as Semester 3, Year 4 of the program, or upon the summer after graduation for youth 18 to 19 years of age (whichever comes first). Efforts, such as outreach at the schools, phone calls, and possible incentives will be made to follow up with participants who drop of out of program. Focus groups will take place once a year for youth and family member participants separately.

The following table outlines the measures are currently being considered in relation to the Learning Goals. Psychometric properties were taken in to consideration for all measures under consideration. Each of the measures have quantifiable attributes (to be valid and reliable) regarding the listed indicators. Additional considerations in the selection of measures included available and tested version in Spanish, previous use with similar population (at risk youth), and brevity.

Primary Learning Goal	Measures Under Consideration	Indicator	Completed by	Timing
Q.1. To what degree does the program have an effect on youth's resilience?	Resilience Scale 14 (RS-14)	Improved Resilience, Perseverance, Equanimity, Self-Reliance, Authenticity	Youth Participant	Intake/ Biannual/ Discharge

Q.1. To what degree does the program have an effect on youth's resilience?	Self-Control scale of the social emotional and character development scale (SECDS-4)	Improved Self-Control	Youth Participant	Intake/ Annual/ Discharge
Q.1. To what degree does the program have an effect on youth's resilience?	Community Engagement and Connections Survey-Connection to Community Subscale (CEC-5)	Improved Community Connectedness	Youth Participant	Intake/ Annual/ Discharge
Q.2. Does program involvement increase the number of supportive adult relationships youth have?	Presence of a Very Important Adult Scale	Improved Adult Relationships – Non-Parent	Youth Participant	Intake/ Annual/ Discharge
Q.3. To what degree are youth's core competencies improved as a result of the program?	Revise Implicit Theories of Intelligence (RITI-3)	Improved Growth Mindset – Academics	Youth Participant	Intake/ Annual/ Discharge
Q.4 To what degree was there a change in parenting self-efficacy?	Multicultural Inventory of Parenting Self-Efficacy	Improved Parental Self-Efficacy and Positive Control	Parent Participant	Intake/ Annual/ Discharge
Client Profile	ACEs + Poverty and Immigration	Risk Profile	Parent and Youth Participants	Intake/ Discharge
Client Profile	MHSA Demographic Regulations	Demographics	Parent and Youth Participant	Intake

Secondary Learning Goals	Measures	Indicator	Completed by	Timing
Q.5. Were youth satisfied with the weekly meal programing?	Focus Groups /Likert Satisfaction Scale Question	Degree of Satisfaction with Program Elements	Youth Participant	Annual
Q.6. Do youth have a connection to faith and cultural tradition?	Focus Groups /Modified versions of FICA Spiritual Assessment and the HOPE Spiritual Assessment	Degree of Connection to Faith and Culture	Youth Participant	Annual
Q.7. How satisfied were families with the program?	Focus Groups /Likert Satisfaction Scale Question	Degree of Satisfaction with Program Elements	Parent Participant	Annual
Q.8. To what degree did families feel less stress due to program involvement?	Brief Family Distress Scale	Lower Family Stress	Parent Participant	Annual

Data Collection Procedures

- **Weekly Meal Program (N=200)**

Intervention will involve participating in the planning and attendance of weekly meals for at least one school year. Partial enrollment will be considered for at least four months of consistent participation. At the program's midway point and again at one year, participants will complete an online survey set that tracks progress and outcomes. Participants will repeat the outcomes survey set biannually with the exception to intake ACEs survey. All measures, including the ACEs survey, will be repeated at Year 4 Semester 3 or at discharge, whichever comes first.

- **Family Support (N=35)**

Intervention for family participants will include in-home support services for skill building, case management, parent education, emergency resources and parent support meetings. Parent engagement efforts have failed in the past; thus, the target enrollment has been set low and will be designed to take place in the home as often as possible. One online survey will be administered to participants at intake and annually two measures are being considered and are listed in the above tables.

Data Analysis

Data analysis is the process and outcomes evaluation of the program. Evaluation data will be screened and reviewed in multiple forms, including measuring the effect in three population's low risk ACEs

scores (0-1), medium risk scores (2-4), and high risk (scores over 5). Any ACEs score is an important consideration of a youth's development and may impact each youth differently. Score sets have been defined as low-high for evaluation purposes only not to rank the effects of any ACEs. Within these areas, data that includes age, demographics and sex will be reviewed.

Data will be reviewed to establish the effect intervention had on resilience, problem solving, connectedness, adult relationships and self-control for youth. For family participants, data will be reviewed to establish the effect intervention had on parenting self-efficacy and potentially, family strengths. Data will be compared by age demographic of the participants and ACEs risk groups (low, medium and high risk) using t-tests and chi-square analyses.

Because of potential differences in the level of engagement of the youth and family participants, and to account more directly for the dosage, additional analyses will be performed repeating all the analyses above. This will include only individuals who participated regularly over one year and those who had irregular participation. The groups will be compared by t-tests. Additional analysis may be relevant and decided as the program grows.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

The County will oversee all program activities and monitor contract adherence. Quarterly reports and biannual contract meetings will take place with the contractors. One Step a la Vez and Roadrunner are current county contractors that have held and successfully completed contracts in the past. Catalyst church, the current underwriter of Ignite, would be a new contractor to the county. Ignite was the only site in Santa Paula willing and able to execute this project. Please refer the community program planning process for details of this partnership. Transportation will be provided by Road Runner a current and reliable county contractor with an existing service contract.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

The Community Program Planning Process

The County modified its approach to the Community Planning Process in 2016. Based on these changes, community forums were held in three geographic regions of the County, all with translation services available. Community members were trained on MHSA rules and regulations, Guiding Principles, and Innovation criteria. Community members were asked to submit ideas for needed program and innovative concepts. Needs and concepts could be contributed to the meeting by writing on the provided posters on the wall, picking up a submission form or completing information online. In addition to community forums, this training was provided for several groups and committees to invite their participation. A full list of community needs, as well as 52 innovative concepts, were compiled.

The MHSA Planning Committee

The MHSA Planning Committee reviewed all 52 innovation concepts, along with a small accompanying literature review, that highlighted which programs after a preliminary search seemed to be new concepts. The Planning Committee was comprised of Behavioral Health Advisory Members (BHAB) who were members of or represented the following populations: Consumers, Youth, Transitional Age Youth, Law Enforcement, Older Adults and Adults. The group picked five innovative project ideas to pursue. The final list with the highest number of votes was compiled and presented to the full Behavioral Health Advisory Board for approval.

The Communities

Members of the One Step a La Vez teen program submitted the original idea in 2017 and were agreeable to expanding their programming for this new service. Santa Paula did not have a teen center at the time, so the County approached several community members and various service leaders, including local schools and county nonprofits operating in the area. In the spring of

2018, Ignite had been in operation a few months and agreed to explore hosting the program expansion. Ignite hosted a youth forum (complete with pizza) that brought 35 youth from Fillmore, Piru and Santa Paula together to discuss program interest and ideas for uniting the communities. Most youth felt the stereotypes of the other's town were mostly rumors that were sustained by the sports rivalry. They also felt transportation was one of the most difficult obstacles to getting together. Youth left the event reporting their excitement about the program's potential. In the months since, city council members, high school administration and other community organizations have pledged their support to this proposed program.

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSAOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

- A) Community Collaboration:** Both cities have been actively involved in the development of the program idea, and a long list of local and county entities have committed to be collaborative partners.
- B) Cultural Competency:** The program was conceived, developed and adapted by the youth living in the community. Youth and staff, the majority of whom identified Hispanic, were from the area and were current participants in the two active youth centers. Special consideration has been made for privacy, LGBTQ+ youth, undocumented families and families experiencing intergenerational trauma.
- C) Client-Driven:** The services engage families and youth participants in the program and are designed to facilitate integrated services in partnership with county services.
- D) Family-Driven:** Families are invited to participate in a separate set of services, either in addition to youth services or with a youth eligible for services, to support and recruit families who don't have a youth interested in participating. This is also for youth who do not have parents interested in participating.
- E) Wellness, Recovery, and Resilience-Focused:** The program is designed to build resilience and prevent the risk of developing mental illness.
- F) Integrated Service Experience for Clients and Families:** The program has been developed in partnership with Ventura County Behavioral Health, Probation, Juvenile Services, Fillmore Schools and Santa Paula Schools. Target youth can be identified and incentivized if needed through any of these avenues. They can also self-enroll or be recruited through families who choose to participate in the parent service component. The goal is to create a network that is responsive to youth who need positive connection and are ready to take action.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

All measures being considered have Spanish versions and have been tested and verified in Spanish. Team members, (staff, community committed volunteers, and peer leaders) will review and decide upon final measures during the program planning phase. Team members will consider youth perspectives that may be bicultural, LGBTQ+, criminal justice involved, or undocumented.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion.

If the program demonstrates a measurable effect, the program will be considered for further funding under PEI dollars. This program may be modified or expanded to other communities as part of a menu of supportive services for schools in line with SB1004.

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

Individuals with SED/SPMI are not the target for services. The program is designed to be a prevention program, but SPMI/SED are eligible to participate. Individuals who display symptoms of mental illness or equivalent of SED/SPMI will be referred to Ventura County Behavioral Health through an integrated service delivery model.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

A documentary video will be part of the program process. Videos will be posted on the county website, shown at the partnering high schools and shared with the city councils and Behavioral Health Advisory Board.

B) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search

Family Dinner, Resiliency, community building, core competencies, at-risk youth.

TIMELINE

- A) Specify the expected start date and end date of your INN Project
- B) Specify the total timeframe (duration) of the INN Project
- C) Include a project timeline that specifies key activities, milestones, and deliverables — by quarter.

Semester and Year	Activities	Milestone
Trimester 1, Year 1	Hiring and planning period. All program staff hired and trained. Staff trainings to include RISE, ACEs, Mandatory Reporting, and County Policy. Community volunteers recruited to assist in family groups. All team members review and decide upon outcome measurements. VCBH partnership training. Equipment purchased. Survey database built and tested by staff. Quarterly report completed	Program prepared to launch
Trimester 2, Year 1	Youth plan and implement 15 weekly dinners to take place. Four topic areas covered. One parent meeting takes place. Summer event is planned. Two quarterly reports submitted.	Enrollment begins; first semester completed
Trimester 3, Year 1	Summer Event: Possible idea – Retreat Final Quarterly Report Completed for year 1.	Youth must be involved prior to summer events
Trimester 1, Year 2	Youth plan and implement 15 weekly dinners to take place. Four topic areas covered. Summer event decided. Parent education group takes place. First quarterly report due	Programing continues; full enrollment scheduled
Trimester 2, Year 2	Youth plan and implement 15 weekly dinners to take place. Four topic areas covered. Summer event planned. Parent education group takes place. Two quarterly reports submitted.	Programing continues
Trimester 3, Year 2	Additional youth leaders hired and trained. Summer event: Community Art Project. Quarterly report completed.	Midway point
Trimester 1, Year 3	Youth plan and implement 15 weekly dinners to take place. Four topic areas covered. Summer event planned. Quarterly report completed	Programing continues
Trimester 2, Year 3	Youth plan and implement 15 weekly dinners to take place. Four topic areas covered. Two quarterly reports submitted.	Programing continues
Trimester 3, Year 3	Additional youth leaders hired and trained. Summer event: Retreat. Quarterly report completed.	Final year of programing begins
Trimester 1, Year 4	Youth plan and implement 15 weekly dinners to take place. Four topic areas covered. One parent education group takes place. Summer event planned. Quarterly report completed.	Program enrollment ends
Trimester 2, Year 4	Youth plan and implement 15 weekly dinners to take place. Four topic areas covered. Video event takes place at partner sites. Two quarterly reports submitted.	Data collection complete
Trimester 3, Year 4	Final summer event. Program evaluation completed and dissemination activities take place. Accessed for permanency as a prevention program though MHSA Evaluation Committee.	Final video documentary; final evaluation report

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSA funds are being utilized:

- A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)*
- B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)*
- C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)*

A. BUDGET NARRATIVE

OPERATING COSTS

Indirect Costs: VCBH Administrative Allocation (15%) – County standard administration cost allocation includes personnel, equipment, office space, taxes, etc. Evaluation provided in house for this project and is included in the allocation.

Total Indirect Costs: \$136,578

CONSULTANT COSTS/CONTRACTS

Santa Paula Youth Services Contract:

Direct Costs:

Personnel:

Project Director, *Project Director will be responsible for the supervision, oversight & implementation of the proposed project. Coordinate trainings and provide supervision for staff.*

Time to Project 80 hours for 48 months FTE; Total Project Salary= \$118,731.33

Assistant Project Manager, *Assistant Project Manager will assist the Project Director on oversight & implementation proposed project. Attend team meetings, lead youth planning meetings when needed, coordinate youth transportation, and assist Parent Liaison in duties as needed.*

Time to Project 52 hours for 48 months FTE; Total Project Salary= \$46,990.50

Parent Liaison, *Parent Liaison will be responsible for communication between project staff and team member's parents. Provide in home support and assessments, coordinate transportation as needed to fulfill family personalized goals. Offer emergency assistance as agreed by team for high need families. Connecting parents to support groups and relationship building between project staff and project team member's parents. Attend team meetings and support program as needed.*

Time to Project 43 hours for 48 months FTE; Total Project Salary= \$32,632.29

Benefits: (10%) Total = \$19,835.41

Total Personnel = \$218,189.54

Operating Costs: Program materials, guest speakers, meals, youth incentives, field trips, supportive services, video production, and summer events.

Operating Costs: \$ 173,968.64

Non-Recurring Costs: Recreation equipment, 2 computers, printer, camera, cooking equipment, round tables and chairs.

Non-Recurring Costs: \$ 11,000.00

Indirect Costs: (15%) Overhead cost allocation of contractor.

Indirect Costs: \$29,753.12

Total Santa Paula Youth Services Contract: \$432,911.30

Fillmore Youth Services Contract:

Direct Costs:

Personnel:

Project Director, *Project Director will be responsible for the supervision, oversight & implementation of the proposed project. Coordinate trainings and provide supervision for staff.*

Time to Project 150 hours for 48 months FTE; Total Project Salary= \$150,610.57

Assistant Project Manager, *Assistant Project Manager will assist the Project Director on oversight & implementation proposed project. Attend team meetings, lead youth planning meetings when needed, coordinate youth transportation, and assist Parent Liaison in duties as needed.*

Time to Project 55 hours for 48 months FTE; Total Project Salary= \$49,400.27

Parent Liaison, *Parent Liaison will be responsible for communication between project staff and team member's parents. Provide in home support and assessments, coordinate transportation as needed to fulfill family personalized goals. Offer emergency assistance as agreed by team for high need families. Connecting parents to support groups and relationship building between project staff and project team member's parents. Attend team meetings and support program as needed.*

Time to Project 55 hours for 48 months FTE; Total Project Salary= \$ 49,400.27

Benefits: (10%) Total = \$24,941.11

Total Personnel = \$274,352.22

Operating Costs: Program materials, guest speakers, meals, youth incentives, field trips, supportive services, video production, and summer events.

Operating Costs: \$72,820.66

Non-Recurring Costs: Recreation equipment, printer, camera, cooking equipment, conversation games, t-shirts.

Non-Recurring Costs: \$ 4,500.00

Indirect Costs: (15%) Overhead cost allocation of contractor.

Indirect Costs: \$37,411.67

Total Fillmore Youth Services Contract: \$389,084.55

Transportation Services Contract

Operations: Transportation services weekly meals 10-30 passengers and additional small group transportation for field trips, family appointments, and events.

Operating Costs: \$88,526

Total Transportation Contract: \$88,526

TOTAL CONSULTANT/CONTRACTORS =\$ 910,521

BUDGET TOTAL

TOTAL INNOVATION BUDGET= \$1,047,100

B. BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
PERSONNEL COSTS (salaries, wages, benefits)		FY xx/xx	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
1.	Salaries						
2.	Direct Costs						
3.	Indirect Costs						
4.	Total Personnel Costs						
OPERATING COSTS		FY xx/xx	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
5.	Direct Costs						
6.	Indirect Costs		\$34,447	\$33,064	\$34,034	\$35,033	\$136,578
7.	Total Operating Costs		\$34,447	\$33,064	\$34,034	\$35,033	\$136,578
NON RECURRING COSTS (equipment, technology)		FY xx/xx	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
8.							
9.							
10.	Total Non-recurring costs						

CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		FY xx/xx	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
11.	Direct Costs		\$213,591	\$203,890	\$209,862	\$216,014	\$843,357
12.	Indirect Costs		\$16,054	\$16,536	\$17,032	\$17,543	\$67,165
13.	Total Consultant Costs		\$229,645	\$220,426	\$226,894	\$233,557	\$910,522
OTHER EXPENDITURES (please explain in budget narrative)		FY xx/xx	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
14.							
15.							
16.	Total Other Expenditures						
BUDGET TOTALS							
Personnel (line 1)							
Direct Costs (add lines 2, 5 and 11 from above)			\$213,591	\$203,890	\$209,862	\$216,014	\$843,357
Indirect Costs (add lines 3, 6 and 12 from above)			\$50,501	\$49,600	\$51,066	\$52,576	\$203,743
Non-recurring costs (line 10)							
Other Expenditures (line 16)							
TOTAL INNOVATION BUDGET			\$264,092	\$253,490	\$260,928	\$268,590	\$1,047,100

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

C. BUDGET CONTEXT

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
A.	Estimated total mental health expenditures <u>for ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources:	FY xx/xx	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
1.	Innovative MHSA Funds		\$25,835	\$24,798	\$25,526	\$26,275	\$102,434
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Administration		\$25,835	\$24,798	\$25,526	\$26,275	\$102,434
EVALUATION:							
B.	Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN	FY xx/xx	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL

	Project by FY & the following funding sources:						
1.	Innovative MHSA Funds		\$8,612	\$8,266	\$8,509	\$8,758	\$34,145
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Evaluation		\$8,612	\$8,266	\$8,509	\$8,758	\$34,145
TOTAL:							
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY xx/xx	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
1.	Innovative MHSA Funds		\$264,092	\$253,490	\$260,928	\$268,590	\$1,047,100
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Expenditures		\$264,092	\$253,490	\$260,928	\$268,590	\$1,047,100
*If "Other funding" is included, please explain.							

Logic Model

Statement of Program Goal: Prevention program aiming to utilize community collaboration to reduce adverse outcomes in adolescents living in poverty or with ACES by increasing core competencies and building resilience. Secondary aim of supporting caregivers living in poverty and building community between two small towns.

Assumptions of Program Approach: Core competency and relationship building will increase protective factors for adolescents experiencing childhood poverty or ACES.

Resources	Activities	Outputs	Outcomes	Impact
Staff -1. Fillmore Program Coordinator -Part Time Assistant Coordinator - Part time Family Liaison/Case Manager -1. Santa Paula Program Coordinator -Part Time Assistant Coordinator - Part time Family Liaison/Case Manager Timeframe of Program 4 years Partners VCBH Probation CSUCI SPHS FHS Target Population/Eligibility Youth age 13-19 living in Santa Paula and Fillmore/Piru Communities Program Approach Building core competencies and community connections between youth and their families in SP and Fillmore Budget \$1,047,100 (Fillmore CBO) (Santa Paula CBO) (Transportation CBO)	Youth Activities <ul style="list-style-type: none"> Staff Train the trainer on building accepting communities and at-risk youth annual refresher course (-to include youth leadership participants years 2-4) 30 Weekly "Dinner with Friends" Events take place at two afterschool teen centers to include focus on: <ul style="list-style-type: none"> Decision making and prioritizing skills Mental Health awareness/treatment/access Building social capital Perseverance and impulse control Independent living skills NAMI –in our own Voice Building Trust Social Capital–connections to local decision makers and business owners Self-Assessment/Goal Setting Emotional Identification Strategies Cultural Identity Independent living skills Vocational Guest speakers Future Focus Planning Summer Event-exposure to new things Joint and consensus case planning (both sites) Incentivized Youth Leadership for year (4 per year) Pre/Post Assessments Completed through Cell Phone App Youth Focus groups Parent Activities —Available services for parents (not a part of eligibility for youth) <ul style="list-style-type: none"> Parenting case management—in home services Support Services Emergency Resources for high need families Parent Support Meetings Routine Establishment and Goal Setting Community Outreach and Recruitment Pre/Post Assessments (cell phone or paper) 	Target Enrollment <ul style="list-style-type: none"> 250 Unduplicated youth Participants Enrolled 200 Youth Participants completed 35 Parent Participants Enrolled 25 Parent Participants completed Program Outputs 12 Hours of Staff Training in Child Trauma 105 Youth Planning Meetings 105 Family Dinners and Discussions 4 Summer Exploratory Events 4-8 Youth Leaders (2 per site per year) 11 Parent Support Meetings 2 Focus Groups per year	Improved Individual Well-Being <ul style="list-style-type: none"> Increase rates of self-efficacy Lower symptoms of anxiety Improved community connectedness Improved problem solving skills Improved perseverance and goal setting Increased social support Improved outlook for the future Lower risk of Substance Abuse Use Increase in resiliency Improved Economic Wellbeing and Stability <ul style="list-style-type: none"> Increased job skills Increased social capital Improved outlook on the future Improved Parenting —For those enrolled in Parenting Supports <ul style="list-style-type: none"> Increased parenting self-efficacy Increase in quality of family interactions Improved perception of time spent with child 	Lower rates of mental illness in the Santa Clara Valley Lower rates of disconnected youth, suspension, and expulsion rates Greater involvement between two communities Increase in intercommunity trust and friendship Higher community involvement with youth Greater investment in community well being



"Citrus Capital of the World"

City of Santa Paula

970 Ventura Street • Santa Paula, California • Mailing Address: P.O. Box 569 • 93061 • Phone: (805) 525-4478 • Fax: (805) 525-6278

February 8, 2019

Mr. David Garcia
Ignite "After School" Program – Director
241 N. Mill St.
Santa Paula, CA 93060

Subject: In support of Innovation Project Grant
Title: Conocimiento – Addressing ACEs through Core Competencies

Dear Mr. Garcia,

The council and I were pleased to hear of the direction of your Ignite Program. Your presentation along with Ms. Hilary Carson's input was invaluable. We all like to think we know what is going on in our city and what our youth need but it is apparent you are an expert in this arena concerning our kids! After stopping by and viewing all of the after school activities, tutoring, sports and kids gathering in a positive environment, you have my support 100%.

Thank you for working so well with the other entities and we look forward to more successful news from Ignite.

Please feel free to contact me at any time.

Sincerely,

Clint Garman
Mayor
City of Santa Paula
970 E. Ventura St.
Santa Paula, CA 93060
805.525.4478



CITY OF FILLMORE

CENTRAL PARK PLAZA

250 Central Avenue

Fillmore, California 93015-1907

(805) 524-3701 • FAX (805) 524-5707

March 4, 2019

Ms. Kate English
One Step A La Vez
PO Box 192
Fillmore, CA 93016-0192

**RE: PROJECT PROPOSAL CONOCIEMEIENTO ADDRESSING ACES THOUGH
CORE COMPETENCIES**

Dear Ms. English:

This letter is written in support of your pursuit of the Innovation program proposal, Conocimiento Addressing ACEs through Core Competencies. The presentation on the program at the February 26th City Council meeting was informative and the proposed program sounds beneficial for youth.

The productive partnership between Ventura County, the Santa Paula Ignite program, and the Fillmore One Step Center is apparent. We look forward to hearing more about the new program taking place here in the Santa Clara Valley.

Sincerely,

A handwritten signature in blue ink, appearing to read "David W. Rowlands", is written over the word "Sincerely,".

David W. Rowlands
City Manager