

County: Stanislaus County (Final Revised 6/11/15)

Completely New Program

Program Number/Name: Quiet Time

Revised Previously Approved Program

Date: 5/8/15

Complete this form for each new INN Program. For existing INN programs with changes to the primary<sup>1</sup> purpose and/or learning goal, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.

Quiet Time (QT) is an innovative stress reduction and wellness project that is expected to enhance the holistic development and well-being of children with Severe Emotional Disturbance (SED) and **children on the autism spectrum who have a co-occurring mental disorder**. Implemented in school districts by the Center for Wellness and Achievement in Education (CWAE) in San Francisco, Quiet Time incorporates the practice of an extensively researched stress reduction technique known as Transcendental Meditation (TM) to reduce stress, balance lives, and increase a child's readiness to learn. Other benefits for students include improved health, reduced violence, increased focus, better academic performance, and strengthened self-concept. This project is designed to increase the quality of services, including better outcomes, by complementing existing educational strategies for the SED population through the improvement of the physiological underpinnings of learning and behavior.

Quiet Time in public school populations has already been shown to complement existing educational strategies. Research with these students has shown that deep, orderly rest and increased brainwave coherence strengthens communication between the brain's prefrontal cortex and other areas of the brain. As a result, students and staff are more centered, calm, and alert. Focus in the classroom is enhanced, stress-related violence and anti-social behavior are reduced, and overall wellness and readiness to learn are improved. It is an evidence-based program drawing on two decades of research on Quiet Time in schools, and four decades of research on the TM technique. Quiet Time has *not* been offered in a non-public school setting with SED children. The goal of this Innovation Project is to learn if similar outcomes to those achieved in traditional school settings can be produced in two non-public schools serving children with SED and **children on the autism spectrum who also have a co-occurring mental disorder**.

In addition, the project provides the opportunity for faculty and staff to learn and practice meditation to reduce burnout and improve teacher-student relationships.

Positive changes in student mental health result from the confluence of many factors. The impetus for this project is the fact that teachers at both Sierra Vista non-public schools are spending an increasing amount of time with behavior issues and behavior management. Students are displaying anxiety and psychological distress, increase in verbal and physical outbursts, and inappropriate classroom behaviors. Teachers are burnt-out, stressed, and somewhat distraught at the end of the day. The project will challenge the notion that a promising practice for non-SED students may not be successful with the SED population. Teachers and administrators are motivated and excited about the possibility of testing the QT approach. The agency feels that it is possible for SED students to benefit from QT in the same way non-SED students have benefited.

Sierra Vista will evaluate whether or not QT can achieve similar outcomes that have been confirmed in non-SED settings. It will test whether or not QT complements other school efforts, including the support of teachers, in creating changes and enabling SED student to improve their behavior, wellness, and academic performance.

2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

<sup>1</sup> The term "essential purpose" has been replaced with the term "primary purpose" for INN.

The Sierra Vista non-public schools serving children with SED and **children on the autism spectrum who also have a co-occurring mental disorder** are experiencing challenges that will be addressed by the Innovation Program:

- A. Students at both schools are displaying anxiety and psychological distress, increases in verbal and physical outbursts, and inappropriate behaviors that can negatively affect academic performance and school attendance.
- B. Teachers at both schools are spending increasing amounts of time with behavior issues and behavior management which decreases time spent teaching.
- C. Teachers in the Sierra Vista non-public schools are experiencing stress and burn-out from negative student behaviors.

The Innovation Program will address these issues by introducing a new application to the mental health system of a promising community-driven practice that has been successful in a non-mental health context. Quiet Time will be offered twice a day, once in the morning and once prior to the end of school, enabling students to spend some introspective “down time”, focusing only on themselves. The practice of meditating in a group setting may increase the sense of camaraderie amongst peers, and the students’ ability to cope with trauma, stress, and environmental changes may improve. If there is improvement in behaviors, mental health, and wellness in children, the benefits are far reaching. Teachers will be able to spend more productive time with their SED students. Peers will be able to interact in a positive manner. Physical and verbal altercations will decrease and students learn how to cope with anger and self-soothe through meditation.

Meditation, introduced during elementary school, could positively impact the mental health of a person into adulthood. Neuropsychological research over the last 40 years indicates that wellness, particularly healthy brain development, is foundational to realizing individual potential. If one’s mind and body are healthy, then self-awareness, social awareness, behavior, mental clarity, and performance are enhanced. While we all know that adult stress can lead to serious illnesses such as ulcers and hypertension, we don’t associate these maladies with children. But research suggests that chronically stressed children do pay a heavy price. They are at risk for cognitive damage because their brains are not yet fully developed.

Quiet Time, in the traditional school setting, reduces stress and enhances brain functioning as innovative, holistic, non-drug solution to a number of formerly intractable issues, including school violence, closing the achievement gap, enhancing psychological and physical wellness, and addressing ADHD. If SED students are instructed and supported in a meditation practice when they are young, if carried into adulthood, meditation should provide a deep level of physiological rest and is very effective in reducing stress, anxiety, and depressive symptoms.

There is evidence that children who are not identified as SED participating in Quiet Time experience improved outcomes in relation to school and wellbeing. The learning outcomes will address whether similar outcomes will be experienced by children with SED and children on the autism spectrum who also have a co-occurring mental disorder.

The learning questions that we will explore through this project include:

1. Will SED students **and students on the Autism spectrum who also have a co-occurring mental disorder** be able to effectively participate in Quiet Time for the allotted time period, without disrupting the rest of the class?
2. Will Quiet Time effectively impact SED student’s behavior and their ability to focus, stay on task, and interact positively with their peers and teachers?
3. Will there be a difference in results between Kirk Baucher School (SED) students and Sierra Vista Learning Center (SED students on the Autism spectrum)?
4. Will the Quiet Time implementation strategies used for traditional school settings work well for the SED school setting?
5. Will SED student results mirror those of students in a traditional school setting?
6. Will Quiet Time positively impact teachers’ and administrators’ levels of stress?

The overarching contribution to learning will be to help inform the behavioral health field whether or not Quiet Time can be implemented effectively with SED students at non-public schools and have positive outcomes for students and teachers.

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

The Quiet Time Project is consistent with the General Standards identified in the MHSA and Title 9, CCR, Section 3320. The project approach is grounded in the following specific principles and values:

- ♦ Community Collaboration – Sierra Vista is a strong collaborative agency and has a long history of providing services in partnership with preschools, schools, other community based organizations, and county agencies. The value of partnership is reflected in various collaborative projects including First Step Perinatal Treatment Program, Early Psychosis Intervention program, and Intensive Outpatient Treatment Program, all with the Center for Human Services, School Based Integration Project with Modesto City Schools, and 0-5 Early Intervention Collaborative with

Stanislaus County BHRS leaps and Bounds program. In each of these projects, Sierra Vista has partnered with one or more organizations for the purpose of effective and more diversified service delivery and expertise. The agency is committed to a collaborative partnership model of service delivery.

- ♦ Cultural Competence – Sierra Vista employs a Director of Cultural Competency who oversees all aspects of cultural diversity within the agency. Sierra Vista also has representation on the Stanislaus County BHRS Cultural, Equity, and Social Justice Committee. The Quiet Time program will provide equal access to services and outreach services to engage and retain individuals of diverse racial/ethnic backgrounds. School staff who deliver the program are already trained to understand and effectively address the needs and values of a particular racial/ethnic and/or linguistic population or community that they serve.
- ♦ Client/Family driven mental health system – Sierra Vista seeks to empower and support parents/caregivers in providing for the social, emotional, psychological, and physical needs of their children/youth. The agency links parents/caregivers to resources, or bring resources to bear, that capitalize on parent strengths, bolster parent skills, and directly serve child/youth as needed. These supports may be formal or informal, may be provided by SV or other providers, encourage the parent/caregiver to directly participate in improving outcomes for their children, and ultimately forges community collaborations that endure beyond non-public school based services.
- ♦ Wellness, Recovery, Resiliency – SV clinical staff are trained in the MAP (Managing and Adapting Practice) model of Evidence Based Practice. PracticeWise (PracticeWise.com) offers innovative tools and services to help clinicians and organizations to improve the quality of health care for children and adolescents. The agency strives to bring science and evidence based practices seamlessly into the process of clinical care, whether through child-specific dynamic summaries of the best available research studies, clinical dashboards for visualization of clinical progress and history, or clinical protocols and summaries representing the most common components of evidence-based practices (PractiWise.com). Sierra Vista has moved to becoming a trauma Informed organization. Moreover, research indicates that Trauma Focused Cognitive Behavioral Therapy is a proven and evidenced based practice for systematically supporting children and adolescents through the therapeutic healing process. Sierra Vista is currently negotiating bringing this training to equip clinical staff with the knowledge and skills to successfully and sensitively come alongside children and adolescents exposed to trauma-inducing experiences.
- ♦ Integrated service experience for clients and families throughout their interactions with the mental health system – The agency has extensive experience providing services to culturally and geographically underserved communities. It has a decentralized, community-centered service delivery model and routinely works with community groups, local school districts, healthcare providers, faith based groups, local businesses, and city government to design and implement services that honor each community's unique and diverse needs. The agency is invested in providing services where individuals/families live. To that end, the Sierra Vista staff is embedded in every community within Stanislaus County. They provide services in family resource centers, school campuses, mental health clinics, and local residential facilities focused on helping women become and stay sober.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.

This project will enhance the holistic development of children with Severe Emotional Disturbance (SED) and children on the autism spectrum who also have a co-occurring mental disorder. Up to 63 students between the ages of 8-14 (grades 3-8) will be trained in the Quiet Time project at two of Sierra Vista's Non-Public School campuses, Kirk Baucher School and Sierra Vista Learning Center. Both schools provide educational and mental health services to children who have emotional, behavioral, social, and academic difficulties.

Most children have been identified as having special needs and qualify for special education services under the disability of Emotional Disturbance, Multiple Disabilities, Speech and Language, and/or Specific Learning Disability. Students at SC Learning Center are also on the Autism spectrum and may have Intellectual Disability. The educational therapeutic milieu offers special education services, behavior management, group therapy, social skills instruction, and functional skills.

Students at the two schools have demonstrated significant difficulties in a general education setting or a less restrictive educational placement related to the student's disability. Each student has an Individualized Education Plan (IEP) to meet academic and social needs. Services at the school include an emphasis on social and emotional growth, specialized skill-based group services, supportive socialization opportunities with structured peer interaction, vocational and independent living skills, and community-based instruction. **Students on the Autism spectrum with co-occurring mental health disorders will receive mental health services in the milieu and during individual counseling sessions. These children have a secondary Axis I diagnosis. Most commonly these secondary diagnoses include anxiety disorders, depressive disorders and ADHD.** Children receiving services are reviewed every twelve months to ensure medical necessity, and the original referral for mental health services is coordinated with the county's Children's System of Care.

Teachers and administrators at both schools will also be trained in the Quiet Time project.

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.

**Timeline**

Outline the timeframe within which the Innovation project will operate, including communication results and lessons learned.

**Implementation/completion dates:** July 1, 2015 – August 30, 2017

This project is a two year effort, beginning in June 2015 and concluding on or before July 30, 2017.

**During FY 2015-16:**

- a. Start-up activities will begin immediately following OAC approval. Training in the Quiet Time technique is scheduled in June with services anticipated to be operational no later than October 2015.
- b. During the first 3 to 5 months, evaluation instruments will be developed and/or identified for use during the study phase. Additionally, during this time, a method and timeframe for reviewing data will be developed, adjustments made as needed, and other administration/operational issues related to the service approach conducted.

**During FY 16-17:**

Continue services and evaluation activities into the final year of the learning project. Adjust evaluation approach and measurement tools s needed for continued effectiveness and study of the proposed learning questions. Changes may be made to the project as the ongoing results are known.

Begin to formulate approach to the final learning report. Begin to evaluate learning and long term outcomes to confirm establishment of best practices and methods of successfully integrating learning into wider practice. Evaluate alternative funding options for continuation of project that includes effective new practices should they emerge.

<b>Detail Timeline for MHS Innovation Project – Quiet Time</b>	
June 25, 2015	<ul style="list-style-type: none"> <li>♦ MHSOAC to consider Quiet Time Innovation project</li> </ul>
July 2015 – August 2015	<ul style="list-style-type: none"> <li>♦ Contract with Center for Wellness and Achievement in Education (CWAE)</li> <li>♦ Planning session with SCCFS and CWAE staff</li> <li>♦ Develop handouts, consent forms</li> <li>♦ Develop outcomes, measurement procedures</li> </ul>
August 2015 – October 2015	<ul style="list-style-type: none"> <li>♦ Clinicians meet with parents to explain Quiet Time project, get consent</li> <li>♦ Introduce QT presentation/concepts to teachers and students</li> <li>♦ Prepare QT presentation for students/staff</li> <li>♦ Conduct personal interviews with students</li> <li>♦ Provide personal instruction to teachers</li> <li>♦ Provide facilitation training to teachers</li> </ul>
November 2015 – June 2017	<ul style="list-style-type: none"> <li>♦ Offer Quiet Time twice a day at the sites (during school year)</li> <li>♦ Provide weekly and monthly project check-ups</li> <li>♦ BHRS to work with program on monitoring project learning</li> </ul>
November 2015- June 2017	<ul style="list-style-type: none"> <li>♦ Collect project data and evaluation components</li> </ul>
June 2017-	<ul style="list-style-type: none"> <li>♦ Report project results to BHRS</li> </ul>

August 2017	<ul style="list-style-type: none"> <li>♦ Projects are given three months from the end of their completion date to gather data and complete a Final Report. This project would end its learning in June 2017 and submit its Final Report on or before August 30, 2017.</li> <li>♦ Disseminate Innovation project evaluation results to other counties.</li> </ul>

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

Defining and measuring success for this Innovation Project is based on the learning questions described above and listed here:

1. Will SED students and students on the Autism spectrum with co-occurring mental health disorders be able to effectively participate in Quiet Time for the allotted time period, without disrupting the rest of the class?
2. Will Quiet Time effectively impact SED student's behavior and their ability to focus, stay on task, and interact positively with their peers, teachers, and parents?
3. Will Quiet Time positively impact SED students' mental health?
4. Will there be a difference in results between Kirk Baucher School (SED) students and Sierra Vista Learning Center (SED students on the Autism spectrum)?
5. Will the QT implementation strategies used for traditional school settings work well for the SED school setting?
6. Will SED student results mirror those of students in a traditional school setting?
7. Will Quiet Time positively impact teachers' and administrators' levels of stress?

The total estimated amount for evaluation of this Innovation project is \$14,160.

The evaluation plan for this project encompasses both formative and summative aspects of evaluation since the project is introducing a new application to the mental health system of a promising community-driven practice that has been successful in a non-mental health context. It is important to learn about the effectiveness of implementation and processes, as well as determining if the program is demonstrating expected outcomes for the targeted population. Several different methods of data collection, both qualitative and quantitative, will be employed to address the learning questions, and will include the following: daily observation and documentation of behaviors, tracking of key disciplinary actions and attendance, self-administered questionnaires, stress measurement tool, social-emotional assessment tool, and qualitative IEP and academic progress narratives.

In the beginning of the '15-'16 school year, the schools will be explaining the Quiet Time program to parents, and collecting consents for those students who will be participating. Part of the evaluation will depend on the rate of student participation. If there are a comparative number of students not participating in Quiet Time, a comparison group will be used for evaluation of outcomes. If there is a very high rate of participation, a within group analysis will be used.

During the first two months of the '15-'16 school year, baseline data will be collected on daily observation and documentation of behaviors and tracking of key disciplinary actions and attendance. The schools are currently utilizing a "Student Daily Data Sheet" that documents data in the areas of self-control, cooperation, and citizenship. This data will be tracked and analyzed before and after QT implementation, and will indicate changes in behavior and interpersonal relationships. Similarly, key disciplinary actions such as holds and exclusionary timeouts will be tracked and analyzed before and after implementation. Attendance data will also be analyzed.

In addition, the Revised Children's Anxiety and Depression Scale (RCADS) will be utilized to examine the improvement of student participants' mental health. Along with a Total Anxiety Scale and a Total Internalizing Scale, the RCADS tool has subscales for separation anxiety disorder, social phobia, generalized anxiety disorder, panic disorder, obsessive compulsive disorder, and major depressive disorder. RCADS measures clinical change in the mental health disorders delineated in the subscales, and will be administered to all participating students pre and post Quiet Time implementation. The RCADS will be used in this project to help measure the impact of Quiet Time on mental health outcomes.

To measure any changes in levels of stress of teachers and administrators, a stress measurement tool will be administered. This data will be collected at specific intervals throughout the school year to monitor improvement in teacher/administrators' stress levels, which in turn affects mental health and the school environment.

It is expected that this project will help improve participants' behaviors, decrease disciplinary actions, increase

attendance, improve social-emotional competencies that positively impact mental health outcomes, and decrease teacher/administrator stress.

Questionnaires will be administered to, or focus groups conducted with teachers and administrators shortly after program implementation and again mid-year and at the end of each school year. This data will help determine how well the program was implemented, and to measure how effective the process was and obtain feedback about how to improve possible future processes.

IEPs and academic progress will be reviewed for individual participant progress. Where possible, pre and post implementation data will be compared. Alternatively, qualitative analysis may be used to triangulate with other data collected. It is expected that Quiet Time will positively affect academic progress.

During the incipient stages of this project and before QT training implementation, project staff will also work with CWAE to determine how the data and results can be compared to the results of the traditional schools settings, or if one of the tools that they have utilized to measure results should be used in place of a planned tool.

Data and results will be shared with teachers, administrators, participants, and parents, and there will be opportunity for additional feedback on the Innovation Project.

5. If applicable, provide a list of resources to be leveraged.

***Leveraging Resources (if applicable)***

Provide a list of resources expected to be leveraged, if applicable.

All positions listed below are in-kind at 0.025 FTE

a) Director, Non Public and School Based Services	\$5,964
b) Vice-Principal, Kirk Baucher School	\$3,690
c) Administrator, Sierra Vista Learning Center	\$4,590
d) Clinical Director	\$5,347
e) Benefits at 24% of In-kind Personnel	<u>\$4,702</u>

**Total Revenues      \$163,977**

6. Please provide a budget narrative for total projected costs for the entire duration of the Innovation Program, and also provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals. **(See next page)**

7. Provide an estimated annual program budget, utilizing the following line items. **(See next page)**

**NEW ANNUAL PROGRAM BUDGET**

**A. EXPENDITURES**

	Type of Expenditure	Community Mental Health Contract Provider/CBO Year 1	Community Mental Health Contract Provider/CBO Year 2	Community Mental Health Contract Provider/CBO Year 3	Total
1.	Personnel/Wages-Salaries	2,209	43,054	13,674	58,937
2.	Operating Expenditures		120		120
3.	Non-recurring Expenditures				
4.	Contracts (Training Consultant Contracts)		81,700	5,000	86,700
5.	Work Plan Management				
6.	Other Expenditures		16,523	1,697	18,220
	<b>Total Proposed Expenditures</b>				
<b>B. REVENUES</b>					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues	2,209	14,721	7,363	24,293
	<b>Total Revenues</b>				
<b>C. TOTAL FUNDING REQUESTED</b>		<b>0</b>	<b>126,676</b>	<b>13,008</b>	<b>139,684</b>

**D. Budget Narrative**

1. Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.

<b>BUDGET NARRATIVE FOR FY 2014-15</b>		<b>Budget Amount</b>
<b>A. Expenditures</b>		
<b>1. Personnel Expenditures</b>		
In-kind salaries = \$2,209		<b>\$2,209</b>
<b>2. Operating Expenditures</b>		
Not applicable		
<b>3. Non-recurring Expenditures</b>		<b>\$0</b>
Not applicable		
<b>4. Training Consultant Contracts</b>		<b>\$0</b>
Not applicable		
<b>5. Work Plan Management</b>		<b>\$0</b>
Not applicable		
<b>6. Other Expenditures</b>		<b>\$0</b>
Not applicable		
<b>7. Total Proposed Expenditures</b>		<b>\$2,209</b>
<b>B. Revenues</b>		
<b>1. New Revenues</b>		<b>\$2,209</b>
In-kind salary costs for the following positions:		
a. \$497 – 0.025 FTE Director, Non Pubic and School-Based Services		
b. \$308 – 0.025 FTE Vice-Principal, Kirk Boucher School		
c. \$383 – 0.025 Administrator, Sierra Vista Learning Center		
d. \$594 – 0.025 Clinical Director		
e. \$428 – Benefits at 24% of In-kind Personnel		

**Total Funding Requested**

**\$0**

**BUDGET NARRATIVE FOR FY 2015-16**

<b>C. Expenditures</b>	<b>Budget Amount</b>
<b>8. Personnel Expenditures</b>	<b>\$43,054</b>
a. Classroom Teacher – 0.20 FTE for 24 months\ Teacher time divided amongst 13 teachers for their individual training and monitoring in the Quiet Time (QT) program per Qualification Narrative, Based on average hourly wage of \$35.00 per hour. 7/1/15-6/30/16: 34.5 hours/teacher for training x 13 teachers x \$35 = \$15,698	
b. Mental Health Clinicians – 0.15 FTE for 24 months Mental Health Clinician time divided amongst 7 Clinicians for their individual training and monitoring in the Quiet Time (QT) program per Qualification narrative. Based on an average hourly wage of \$21.00 per hour. 7/1/15-6/30/16: 34.5 hours/clinician for training x 7 clinicians x \$21 = \$5,072	
c. Data Collection/Evaluation Staff – 0.05 FTE for 24 months 104 hours allotted during the grant period for project monitoring, data collection, outcome evaluation, and result dissemination by Sierra Vista's Quality Assurance Staff at \$20 per hour = \$2,080	
d. Benefits and Taxes Fringe benefits and taxes at 24% of total salary cost = \$5,484	
e. In-kind salaries = \$14,721	
<b>9. Operating Expenditures</b>	<b>\$120</b>
Supplies – 8 meditation bells/chimes at \$15 each	
<b>10. Non-recurring Expenditures</b>	<b>\$0</b>
Not applicable	
<b>11. Training Consultant Contracts</b>	<b>\$81,700</b>
Center for Wellness and Achievement in Education Quiet time Training costs, Follow-up Monthly Support: 7/1/15-6/30/16 Cost per person includes program introduction, personal instructions, daily follow-up for first week, weekly follow-up for first month, monthly follow-up, and quarterly evaluation meetings for 3 Administrators, 13 Teachers, 7 Mental Health Clinicians and 63 Severely Emotionally Disturbed (SED) Students ant \$950 per person: 86 x \$950 = \$81,700; Evaluation work: \$5,000.	
<b>12. Work Plan Management</b>	<b>\$0</b>
Not applicable	
<b>13. Other Expenditures</b>	<b>\$16,523</b>
Administrative overhead costs are expenses that cannot be readily identified with a particular final cost objective and include costs related to payroll services, benefits management, finance functions, human resource etc. Administrative Overhead costs are calculated at 15% of the program costs.	
<b>14. Total Proposed Expenditures</b>	<b>\$141,397</b>
<b>D. Revenues</b>	
<b>2. New Revenues</b>	<b>\$14,721</b>
In-kind salary costs for the following positions:	
f. \$3,976 – 0.025 FTE Director, Non Pubic and School-Based Services	
g. \$2,460 – 0.025 FTE Vice-Principal, Kirk Boucher School	
h. \$3,060 – 0.025 Administrator, Sierra Vista Learning Center	
i. \$2,376 – 0.025 Clinical Director	
j. \$2,849 – Benefits at 24% of In-kind Personnel	
<b>E. Total Funding Requested</b>	<b>\$126,676</b>

## BUDGET NARRATIVE FOR FY 2016-17

<b>F. Expenditures</b>		<b>Budget Amount</b>
<b>15. Personnel Expenditures</b>		<b>\$13,674</b>
f. Classroom Teacher – 0.20 FTE for 24 months\ Teacher time divided amongst 13 teachers for their individual training and monitoring in the Quiet Time (QT) program per Qualification Narrative, Based on average hourly wage of \$35.00 per hour. 7/1/16-6/30/07: 5 hours/teacher for outcome reporting x 13 teachers x \$35 - \$2,275		
g. Mental Health Clinicians – 0.15 FTE for 24 months Mental Health Clinician time divided amongst 7 Clinicians for their individual training and monitoring in the Quiet Time (QT) program per Qualification narrative. Based on an average hourly wage of \$21.00 per hour. 7/1/16-6/30/07: 5 hours/clinician for outcome reporting x 7 clinicians x \$21 - \$735		
h. Data Collection/Evaluation Staff – 0.05 FTE for 24 months 104 hours allotted during the grant period for project monitoring, data collection, outcome evaluation, and result dissemination by Sierra Vista's Quality Assurance Staff at \$20 per hour = S2,080		
i. Benefits and Taxes Fringe benefits and taxes at 24% of total salary cost = \$1,222		
j. In-kind salaries = \$7,363		
<b>16. Operating Expenditures</b>		<b>\$0</b>
Not applicable		
<b>17. Non-recurring Expenditures</b>		<b>\$0</b>
Not applicable		
<b>18. Training Consultant Contracts</b>		<b>\$5,000</b>
Center for Wellness and Achievement in Education Quiet Time Follow-up, Outcome Measurement, Evaluation: 7/1/16-6/30/17 Cost for CWAE staff to provide follow-up, data collection assistance, outcome measurement, and evaluation/dissemination assistance: \$5,000		
<b>19. Work Plan Management</b>		<b>\$0</b>
Not applicable		
<b>20. Other Expenditures</b>		<b>\$1,697</b>
Administrative overhead costs are expenses that cannot be readily identified with a particular final cost objective and include costs related to payroll services, benefits management, finance functions, human resource etc. Administrative Overhead costs are calculated at 15% of the program costs.		
<b>21. Total Proposed Expenditures</b>		<b>\$20,371</b>
<b>G. Revenues</b>		
<b>3. New Revenues</b>		<b>\$7,363</b>
In-kind salary costs for the following positions:		
k. \$5,964 – 0.025 FTE Director, Non Pubic and School-Based Services		
l. \$3,690 – 0.025 FTE Vice-Principal, Kirk Boucher School		
m. \$4,590 – 0.025 Administrator, Sierra Vista Learning Center		
n. \$5,347 – 0.025 Clinical Director		
o. \$4,702 – Benefits at 24% of In-kind Personnel		
<b>H. Total Funding Requested</b>		<b>\$13,008</b>