



**Kings County
Behavioral Health Department**

450 Kings County Drive, Suite 104
Hanford, CA 93230

**MENTAL HEALTH SERVICES ACT
INNOVATION COMPONENT
OF THE
COUNTY'S THREE-YEAR PROGRAM AND EXPENDITURE
PLAN**

**FINAL DRAFT FOR SUBMISSION
FEBRUARY 9, 2011**

ACKNOWLEDGEMENTS

Kings County Behavioral Health (KCBH) wishes to thank the many consumers, family members, and other community members who gave their time and energy to this process. Their words of wisdom and stories of optimism, wellness, resiliency and recovery have shaped every component of this plan.

In addition, KCBH wishes to recognize the contributions of the members of the MHSA Planning Council who helped guide the development of the planning process and the creation of this plan.

Prepared by Resource Development Associates

Project Team:

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Exhibit A
INNOVATION WORK PLAN
COUNTY CERTIFICATION

County Name: Kings County

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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 3410, Non-Supplant.

This Work Plan has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft Work Plan was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate. Any Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed Work Plan is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

All documents in the attached Work Plan are true and correct.

 Signature (Local Mental Health Director/Designee)

 Date

 Title

Exhibit B

Innovation Work Plan Narrative

Date: February 9, 2011

County: KINGS COUNTY

Work Plan #: 1

Work Plan Name: Youth Transitions

Description of Community Planning and Local Review Process

Briefly describe the community planning process for development of the innovation work plan. It shall include the methods for obtaining stakeholder input.

Overview of the planning process

The planning process was designed and implemented by a Planning Team composed of Mary Anne Ford Sherman, the Director of Kings County Behavioral Health (KCBH), Ronda Braithwaite, the MHSA Coordinator, and Resource Development Associates, a consulting firm with experience conducting MHSA community planning efforts. Because the Planning Team facilitated the Prevention and Early Intervention (PEI) and Innovation planning processes simultaneously, activities were structured to allow opportunities for participants to impart their visions for either/both components. This integrated approach gave the Planning Team a more comprehensive understanding of the mental health system as a whole, as well as a deeper understanding of how specific barriers to service impact different segments of the community. The proposed Innovation project reflects the experience and creativity of a diverse range of stakeholders.

Specific opportunities for participation were as follows:

- The **MHSA Planning Council** (24 formal members; 53 unduplicated attendees) Prior to initiating the PEI and Innovation Planning Processes, the Planning Team developed a formal list of Planning Council invitees, representing a wide range of constituencies (see **Appendix B-1** for a list of Planning Council members). The formal members ensured broad stakeholder representation, but meetings were publicly posted and open, and between 18 and 34 people attended each meeting. The MHSA Planning Council met four times between November 2009 and May 2010. Planning Council members contributed in the following ways: 1) helped identify additional critical stakeholders to interview; 2) reviewed results of the county mental health needs assessment; 3) reviewed MHSA Innovation

Guidelines; 4) developed potential Innovation projects; and 5) approved of and refined the selected Youth Transitions proposal.

- A **Community-wide Education, Outreach and Engagement** effort ensured broad stakeholder participation. The Planning Team emailed newsletters and meeting announcements to over 200 stakeholders, posted informational and meeting notices at the Oaks Wellness Center, public library, County Administration and Behavioral Health buildings; emailed stakeholders; and sent press releases to local media sources. At each Planning Council meeting, focus group and community meeting, the Planning Team presented a PPT describing the Innovation Component and decision-making process. Face to face Spanish outreach was conducted by bilingual Behavioral Health, First 5 and Migrant Education staff. Sample outreach and education materials are included in the **Appendix B-2**.
- **Key Informant Interviews (17)** were conducted with consumers and family members, behavioral health staff and community providers, public health, police and probation, early childhood and public education representatives and elected officials. Interviewees described their role in the mental health system, identified issues and barriers to addressing mental health needs, and shared ideas for innovative strategies to overcome those barriers. A list of individuals interviewed is included in the **Appendix B-3**.
- **Focus Groups (11 groups, 139 participants)** were held with individuals representing specific target populations such as behavioral health staff, child welfare, emergency room personnel, law enforcement, First 5 and other childcare workers, consumers, family members, TAY, seniors, Latinos, and the Tachi Yokut community. Through structured dialogue, participants spoke of their experiences with county behavioral health, and collectively deliberated strategies for improving service delivery and building the community capacity necessary to supporting the wellness and resiliency of all individuals regardless of geographic, linguistic and cultural distinctions. In an effort to reach underserved Latino community members, one of the focus groups was conducted exclusively in Spanish.
- **Innovation Strategy Roundtables (4 groups, 29 participants)** Following a review of the community needs assessment, the Planning Team facilitated 4 Strategy Roundtables to develop PEI and Innovation strategies. Each roundtable was intentionally small, involving 6 – 10 participants, to encourage collaboration and creativity. Each of the four roundtables focused on a different age group, including: 1) Children and Families, 2) Older Children and TAY, 3) Adults and All Ages, and 4) Older Adults. Ideas from Innovation Strategy Roundtables formed the initial list of potential Innovation projects subsequently shared with the community. **See Appendix B-4** for an initial list of Innovation Strategies identified during the strategy roundtables.

- A day-long **Community Prioritization Meeting (59 participants)** was held on February 19, 2010 to prioritize PEI and Innovation strategies. During the meeting, the Planning Team educated participants about the Innovation guidelines, provided examples from other counties, and described the initial strategies that were developed during the Strategy Roundtables. Participants were also invited to brainstorm additional innovative strategies that would both address mental health needs and provide an opportunity for learning. Following discussion about the uniqueness of these ideas and the potential to learn something new about mental health in Kings County, a final list of potential strategies were posted for all participants to view. All participants were given “dots” to vote on their top priority projects. The strategy that emerged from the meeting related to addressing the needs of youth in transition. One group that was identified was youth transitioning from juvenile justice involvement. Another was youth as they transition between schools, leaving behind existing support systems. One specific strategy related to equine therapy and the other to art therapies and other cultural enrichment activities. For a prioritized list of potential innovative strategies, see **Appendix B-4**.
- **Strategy Refinement** The following proposed Innovation Project reflects further feasibility analysis and the identification of learning goals related to meeting the needs of underserved youth in Kings County. Particularly, discussions with Tribal TANF and school personnel following the community prioritization process identified the need to learn new ways to connect Tachi Yokut youth to prevention-related youth services. This strategy reflects this interest.

Identify the stakeholder entities involved in the community program planning process.

As noted in the planning activity descriptions above, many variant stakeholder groups participated in the Innovation planning process. The following is a partial list of organizations whose representatives contributed their time and energy to the development of the proposed Innovation project:

Adventist Health	Kings County Child Care Planning Council
Area Agency on Aging	Kings County Jail
Avenal Community Health Center	Kings County Library
Avenal Family Connection	Kings County Office of Education
California Forensic Medical Group	Kings County Partnership for Prevention
Center for Independent Living, Visalia	Kings County Public Guardian/Veterans Services
Central Union School District	Kings County Public Health Department

Champions Recovery Alternatives	Kings LOE SELPA
Child Welfare Services	Kings Rehabilitation Center
City and County Police Departments	Lemoore Naval Air Station Family Support Center
Commission on Aging	Lemoore Union High School District
Corcoran Family Resource Center	Migrant and Seasonal Head Start
County Probation	Migrant Education
Department of Public Safety	Oaks Wellness Center
First 5	Office of Education Foster Youth Services
Hanford Elementary School District	Owens Valley Career Development Center/Tribal TANF
Hanford Joint Union High School District	Santa Rosa Rancheria—Tachi Yokut Tribe
Human Services Agency	United Cerebral Palsy
Inter-Spirit Drug and Alcohol Program	United Way
Kings Community Action Organization	

Overall, participants were reflective of Kings County demographic distributions. Information displayed in the table below was collected through confidential demographic surveys voluntarily completed by participants during Key Informant Interviews, Focus Groups, Strategy Round Tables and the Community Prioritization Meeting.

Demographics of Participants per Event						
	Key Informant Interviews	Focus groups	Strategy Round Tables	Community Prioritization Meeting	Total	% of Total Participants*
# of Participants	17	126	29	44	216	100%
Consumer and/or Family Member	8	52	10	21	81	44%
Age:						
• 18-24	0	14	1	1	16	7%
• 25-59	14	92	20	32	157	74%
• 60+	3	18	8	12	41	19%

Ethnicity						
• White	12	59	23	31	126	58%
• Latino/Hispanic	2	44	4	5	54	25%
• African American	1	6	1	3	11	5%
• Asian/Pacific Islander	0	1	0	1	2	1%
• American Indian	0	6	0	1	7	3%
• Mixed Race/Other	2	11	0	3	16	8%
Sex						
• Male	4	30	7	12	53	25%
• Female	13	94	21	32	160	75%
• Transgender	0	0	1	0	1	<1%

**Note: Not all participants chose to answer all questions on the survey. The percent of total is calculated by the actual number of answers for each demographic question, not the total number of surveys turned in. The number of responses to each question may not equal the total number submitted.*

It is encouraging to note that 44% of community members attending the Innovation planning activities identified as consumers and/or family members of consumers. At the same time, future MHSA planning initiatives will also need to consider increased outreach to Native Americans and Latinos. One of the two PEI projects that emerged from the planning process is specifically designed to reach underserved populations and serve as a bridge to behavioral health services. Additionally, Native American and Spanish-speaking focus group members demonstrated enthusiasm and willingness to ongoing relationship development. These factors suggest that future planning activities will be increasingly representative of underserved constituencies.

List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

On May 28, 2010, the draft Innovation Plan was emailed to all stakeholders who had participated in MHSA planning and who provided email addresses on sign-in sheets. Additionally, the plan was posted on Kings County MHSA Website and paper copies were distributed to the Oaks Wellness Center, library, County Administration building and Behavioral Health administration building. On June 28, 2010, the Mental Health Board hosted a public hearing on the draft plan. Twenty-two individuals attended the hearing. The following substantive comments were received:

1. *How will KCBH identify youth participants? How will we avoid the Norteño and Sureño issue (gang fights)?* Response: Ensuring access by underserved youth is a critical objective to this project. The role of the ILC will be to continuously monitor recruitment and at the end of the year, evaluate the program to determine if it is meeting its objectives. One of the issues that the ILC might need to deal with is the issue of gangs. They will have to discuss challenges, problems and barriers and reach consensus on how to address issues. At this point, the plan does not include a specific policy or procedure for outreach or dealing with specific barriers.
2. *I was hoping that this program would specifically target incarcerated youth so that they receive seamless services as they transition into the community. Why can't we start it while the youth are in custody?* Response: The original intention of Youth Transitions was to do just that. However, the institutional resistance and budgetary restrictions make this objective unfeasible at this time. However, the number one goal of Youth Transitions is to develop interagency relationships so that in the future we can transcend these barriers.
3. *This is a lot like the WRAP program that we implemented 8 years ago. I'm always in favor of wrapping as many services as we can around at-risk youth.* Response: Since this was not a question, no response was provided at the time. However, the Planning Team wishes to point out that this project differs from the WRAP program because it relies on a specific service delivery model and because the team members are specifically engaged in developing, managing and evaluating the model. For the WRAP program, the participants engaged only in the delivery of services and communications related to individual clients.
4. *Interagency collaboration is a major issue in Kings County. This is a good strategy.* Response: None.
5. *This is a good strategy for this county. If we are successful building interagency collaborative relationships and implementing evidence-based practices seamlessly, we can set ourselves up nicely to be able to apply for Federal SAMHSA grants.* Response: None.

At the close of the public hearing, the Board Chairperson called for a Mental Health Board vote. The proposed project was approved unanimously.

Exhibit C: Innovation Work Plan Narrative

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

The Community Planning Process and concurrent PEI/Innovation Needs Assessment, which resulted in this proposed project, revealed a variety of systematic barriers and gaps in service provision for specific populations within Kings County. Specifically, Native American and Latino youth were identified as having lower rates of engagement in traditional behavioral health services and having poorer outcomes, including elevated rates of teen pregnancy, juvenile arrests and incarcerations, school suspensions and expulsions, unemployment, substance use, intimate partner violence, physical and sexual abuse, and lower rates of high school graduation. Gaps in targeted culturally-responsive initiatives to address these issues were especially prevalent for the Native American population and in part reflect a shortage of sustained partnerships between County agencies, schools and the tribe. In particular, inconsistency of service delivery, mistrust with the formal mental health system, and difficulties with successful recruitment and retention of mental health professionals to serve the community had resulted in limited therapeutic and wellness services available to Native American youth and their families and a shortage of sustained partnerships between county

Preliminary steps to remedy the barriers that have historically impeded collaboration have been taken. Within the last year formal operational agreements have been established between KCBH and the Tachi Yokut Tribe and Owens Valley Development Center. As a result, community meetings and wellness education to tribal departments were initiated. In order to strengthen and grow these collaborative relationships and increase access to culturally-sensitive behavioral health and educational services for at-risk Tachi Yokut youth, Kings County proposes to implement this innovative program.

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

The proposed *Youth Transitions* program establishes an Implementation and Learning Council (ILC) made up of Behavioral Health staff, Central Union School District teachers and administrators, Tachi Yokut tribal leaders and family members, other local Native American service providers, and contracted Equine Facilitated Psychotherapy providers. The ILC will collaborate to implement an innovative adaptation of the Equine

Facilitated Psychotherapy model and will work with an independent evaluator to study the processes and outcomes of their effort.

The Equine-Facilitated Psychotherapy (EFP) Model

Behavioral health specialists and mental health researchers are constantly searching for effective interventions to address the problems of at-risk youth. The increased need for effective interventions and the difficulty of working with this population have resulted in the creation of many non-traditional approaches, including experiential, animal-assisted, expressive, wilderness, and adventure-based therapies. Equine-Facilitated Psychotherapy (EFP) is one such therapeutic intervention used in a variety of mental health settings that is gaining in popularity and has a growing evidence-base for improvements in communication, relaxation, self-esteem, self-confidence, trust, listening skills and concentration (e.g., Glazer, Clark, & Stein, 2004; MacKinnon, Noh, Laliberte, Allan, & Lariviere, 1995 ; Shultz, 2005 ; Shultz, Remick-Barlow, & Robbins, 2006). It is a type of recreational therapy that combines traditional therapeutic interventions with a more innovative component involving relationships and activities with horses. It is most often facilitated by a team made up of a licensed psychotherapist, an equine specialist and a horse (viewed within the model as a co-facilitator of the therapy). It is offered to participants individually or in a group format. Participants gain knowledge about horses through reading, writing, as well as hands-on experience. They also set individualized goals and keep journals to track progress. Through EFP, youths are encouraged to address and alter maladaptive coping strategies and behaviors in a new, challenging, and supportive environment. The relationship established with the horse is believed to fully engage the participant's mind, body, and spirit, thereby building confidence, attunement and sensitivity to internal processes and non-verbal communication.

Culturally-adapted EFP Model

Youth Transitions seeks to adapt the EFP model to meet the specific needs of Tachi Yokut Native American youth, and in the process learn how such a model can be adapted to meet the needs of other traditionally underserved and/or inappropriately served populations. The EFP model will be transformed to include the following unique elements:

- **Service coordination and collaboration** between Central Union School District, Kings County Behavioral Health, and Native American tribal leaders, service providers and parent/guardian advocates. The EFP model is typically implemented and overseen by a single independent EFP provider organization. By establishing an advisory body that includes school, behavioral health, and tribal leadership, this project will ensure that the services are culturally competent, family-oriented and meet the multi-faceted needs and interests of participants.
- **Infusion of cultural enrichment activities** provided by the Tribal Cultural and Historic Preservation Department or Youth Center (e.g., history lessons, art projects, dance, drumming, etc). Whereas traditional EFT helps build individual self-esteem and empathy through animal husbandry, the proposed cultural

enrichment activities focus on strengthening the bond between the individual and his/her family and tribe.

- **EFP Service delivery on Rancheria and/or school grounds and a focus on youth transitioning between schools or between grades.** By providing EFP on school grounds and at the Rancheria, the adaptation hopes to build greater connection between the individual participant, his/her school, and wider community institutions. Additionally the coordination of services seeks to establish a sense among participants and family members of an uninterrupted continuum of care.
- **Parallel cultural enrichment and social-emotional skill development** in participating classrooms in order to reinforce learnings for EFP participants, their peers and their teachers.

It is believed that these components will increase the effectiveness of the intervention by promoting cohesion between service partners, and providing participants with valuable life skills that will help them successfully navigate school and home-life. As a result, it is expected that youth who complete the program will demonstrate improved academic performance, school connectedness, and psychosocial functioning. Additionally, tribal leaders and participating families will report greater confidence in behavioral health services. Finally, participating teachers and school administrators will report more cohesive classrooms.

Program Implementation

At present, Tachi Yokut youth attend school outside the Santa Rosa Rancheria (the Rancheria-based high school closed at the end of the 2009-2010 academic school year). The highest portion of these youth attend Central Elementary and Middle School (K-8), making up about 63% of the student body (approximately 250 students). Older students most often transition to Lemoore High School (N=59), while others attend alternative, continuation (e.g., Jamison High School) or boarding schools. Per tribal and Central Union School District representatives (J. Garza, personal communication, Dec. 1, 2010; N. Davis, personal communication, Dec. 15, 2010; R. Severs, personal communication, Dec. 15, 2010), high-risk transition periods for these youth occur between 3rd and 4th grade (when class sizes increase), 5th and 6th grades (when children transition from self-contained classrooms to compartmentalized classrooms), and between 8th and 9th grade (when youth transition to a new school site).

To recruit program participants, staff within Central Elementary and Middle School will identify at-risk youth and refer them to *Youth Transitions*. A designation of “at-risk” will indicate that a student is not meeting necessary requirements for advancement to the next grade, not reading at grade level, exhibiting behavioral and/or emotional problems that interfere with school life, etc. With 24 treatment slots available a year, priority will be given to Native American youth who are the target of the intervention. Treatment slots will be given to youth representing other ethnic groups who meet criteria when space is available. Core services will be offered to participants for an 11 month period, creating a bridge between one academic grade and the next. For example, at-risk youth will be

identified during the first semester of the 5th grade; they will be referred to the program; those interested in participating will begin receiving services during the subsequent semester, through the summer, and through the first semester of 6th grade. This year-long format is proposed to provide on-going support through critical transition periods.

At the same time that a core group of youth are participating in the culturally adapted EFP, the classroom teachers of participants will be provided the opportunity to integrate parallel learnings into their classrooms. The Implementation and Learning Council (see below) will be charged with adapting the EFP and Cultural Enrichment Activities to hour-long classroom units that focus on empathy, social and emotional learning and cultural understanding.

Leading the implementation of *Youth Transitions* will be the KCBH Program Coordinator, supported by the Implementation and Learning Council (ILC). The ILC will be made up of key stakeholders and experts, including: 1) the KCBH Program Coordinator; 2) the EFP team (i.e. the equine specialist and licensed clinician); 3) Central Union School District representatives; 4) Tachi Yokut and/or other tribal members; 5) a representative of the tribal Cultural and Historic Preservation Department; 6) a representative from the tribal Education Department; 7) parent/family members of the targeted population; and 8) Native American youth advocates.

The ILC will be responsible for: 1) advising on programmatic strategies and opportunities; 2) integrating EFP learnings into classroom activities; 3) identifying additional learning questions, indicators and evaluation methods; 4) reviewing evaluation findings and recommendations; and 5) disseminating findings to Kings County and statewide stakeholders.

The project will be structured to unfold in multiple stages over the course of three and a half years:

- **Planning and Piloting (April – Dec 2011):** A part-time KCBH Program Coordinator will be brought on to the program. The coordinator will facilitate the development of the ILC and will facilitate the selection of the EFP contracted service provider. Once created, the ILC will: 1) finalize participant eligibility criteria (including the selection of key transition periods or age groups); 2) create referral and intake protocols; 3) select standardized pre- and post-intervention outcome measures; 4) develop an implementation plan that will clearly delineate service provision, including the cultural adaptations and Cultural Enrichment Activities; and 5) engage in experiential training. The independent evaluator will develop and/or identify relevant program measurement and tracking tools with EFP providers.
- **Service Implementation (Jan 2012 – Dec 2014):** The ILC will be kept abreast of all developments as the program is rolled out; this information will be documented, reviewed, and used to make decisions about adaptations to the treatment model.
- **Evaluation (Jan 2014 – Dec 2014):** While evaluation will take place throughout the course of the program, the final year will be spent assessing the project in its totality to measure both the outcome and the process. The objective will be to

determine: 1) how the ILC worked collaboratively to implement the project; 2) the extent to which the partnership increased positive perception and knowledge of behavioral health and school-related services among the Tachi Yokut and other Native American community members; 3) the extent to which the culturally adapted EFP model produced improved participant and classroom-level outcomes; 4) the extent to which the initiative encouraged additional collaborative efforts between these groups, as well as with other target populations; and 5) the extent to which it increased access to behavioral health and school-based services for the target population. Should the project provide positive outcomes, the Evaluation Year can also be spent assessing: 1) how best to continue the program with alternate sources of funding; and 2) how to potentially expand it to meet the needs of other at-risk youth, including Latino communities.

Example of Possible Program Schedule:

Program Components	Tuesday 1.5 hrs.	Wednesday 1.5 hrs	Thursday 1.5 hrs	Saturday (bi-monthly) 5.0 hrs.	1 - 2 hour per month
Equine-Facilitated Psychotherapy	X		X	X – with potential for family involvement	
Cultural Enrichment Activities		X			
Parallel Classroom Activities					X

This project is consistent with the General Standards identified in the MHSA, and emphasizes the following principles:

1. Community Collaboration: This program was developed based on community input regarding the need for alternative treatment strategies for underserved ethnic minority youth. The program is built upon a collaborative relationship between KCBH, the Central Union School District, and the Tachi Yokut Tribe. It can only be implemented with the full participation of each partner and the full commitment of the selected EFP service provider. Specific cultural adaptations made to the EFP model will be guided by the ILC, which will be made up of key stakeholders and experts, including tribal representatives. The Tachi Yokut community will be regularly consulted regarding the progress of the project via twice yearly community gatherings, and the entire local community will have

access to information regarding the program via twice yearly postings of the mid-year and end-of-year evaluation reports.

2. **Cultural Competence:** The program is primarily designed to meet the needs of at-risk Tachi Yokut youth (other at-risk youth will be served when space is available). Expanding mental health service capacity by offering a culturally-adapted EFP intervention at the school and at the Santa Rosa Rancheria in conjunction with the school site program will act to reduce disparities in access, especially for those whom traditional psychotherapies hold little cultural relevance. As proposed, the program will provide service in a collaborative fashion that capitalizes on both professional and community expertise and resources. All staff working with the program shall be culturally-responsive to partner and participant needs and will participate in on-going cultural-competence training activities. Representatives from the Native American community will be fully integrated into the ILC and will provide guidance on appropriate adaptation, engagement and retention strategies. Participants will expand their understanding of: 1) Tachi Yokut culture; 2) stages of ethnic minority identity development (e.g., Atkinson, Morten, and Sue's Minority Identity Development Model); and 3) cross-cultural-sensitivity through the Cultural Enrichment Activities. Native American youth are expected to develop increased pride in their culture and heritage as a result of receiving such education, while all participating youth (regardless of ethnicity) will be expected to develop greater awareness and respect for cultural diversity.
3. **Consumer and Family Driven Mental Health System:** This program will be voluntary to youth and will require parental consent. All participants and guardians will complete quarterly satisfaction surveys to assess perceived successes and areas in need of improvement. The evaluator will conduct a youth discussion group and a parent/guardian discussion group on an annual basis to identify programmatic opportunities and other areas for improvement. Parent/Caregiver advocates and tribal youth advocates will hold a position on the ILC and help make decisions related to program planning and evaluation.
4. **Wellness, Recovery and Resilience Focused:** The program is committed to providing services in an environment that stresses the capacity for individual and family/tribal transformation and empowerment. Services will not be offered based on mental health diagnosis, but will be provided to youth identified as at-risk and having the potential to improve their overall wellbeing, including academic performance, psychosocial functioning, cultural pride and family connectedness.
5. **Integrated Services Experience:** *Youth Transitions* is designed to increase access and better coordinate communication between KCBH, Central Union School District, and the tribe so that youth and their families experience greater continuity and stability of culturally-responsive service provision. The schools will be key in identifying appropriate participants and making referrals to the program; KCBH will act as the lead coordinating agency, providing support to program staff and linking youth and families to more intensive mental health services when

clinically indicated; the tribe will be integral in shaping the intervention and facilitating participant engagement and retention.

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length – one page)

Youth Transitions seeks to adapt an existing mental health practice, Equine-Facilitated Psychotherapy (EFP), to meet the needs of a traditionally underserved and often inappropriately served population. As described previously, the adaptations include:

- Service coordination between the EFP practitioners and community, school and county service providers.
- Infusion of cultural and historical enrichment activities
- Service delivery on school and tribal sites in order to help youth seamlessly transition between those periods in their life that otherwise might result in alienation from teachers, family and peers.
- Classroom activities that parallel EFP activities to reinforce cultural learnings and social-emotional skill-building.

These adaptations are intended to help Kings County and other behavioral health service delivery systems learn to work collaboratively to improve access for historically underserved and inappropriately served populations. At the same time, the intention is to understand how and to what extent the changes to the existing EFP model can increase positive perception of Behavioral Health Services and reduce stigma associated with seeking services among tribal members; improve outcomes for the target population; and improve classroom cohesion in participating schools.

Specifically, *Youth Transitions* will contribute to learning by exploring the following process and outcome related questions:

Process related questions include:

- How does a diverse team of providers, including school-based, mental health and community advocates (the ILC) implement an integrated and culturally appropriate service delivery approach?
- How were the adaptations integrated into the existing EFP model? What were some of the barriers and how were they addressed?

Outcome related questions include:

- To what extent did the model affect participant outcomes? What aspects of the model were perceived to have had the greatest impact on participants? Which domains saw the greatest improvement (e.g., academic performance, school connectedness, psychosocial functioning, etc.)? For whom was the impact

greatest (i.e. age, gender, ethnicity, etc.)

- To what extent did the model impact classroom cohesion, including reduced bullying and prejudicial behaviors?
- To what extent did the model increase positive perceptions of and knowledge about Behavioral Health Services among Tachi Yokut and other Native American community members?
- To what extent were Behavioral Health and education service rates for the Native American community affected by the implementation of the Youth Transitions program?
- To what extent did the initiative encourage additional collaborative efforts for the target population, and was the model subsequently used to meet the needs of other underserved groups in Kings County, such as Latino youth?

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length – one page)

Implementation & Completion Dates: April 2011 – Dec. 2014 (3 yrs 9 mos.)

Month	Year	Activity	Outcome/Deliverable
April	2011	Anticipated OAC approval; Program contract procurement	Approved plan Signed contract
May - June	2011	Bring on KCBH Program Coordinator Develop RFP for EFP contractors Secure non-recurring expenditures	KCBH staff person appointed RFP developed and distributed Equipment secured
July-Aug	2011	ILC members identified EFP proposals reviewed and contractor selected ILC members participate in animal husbandry, horsemanship and cultural enrichment activities	ILC created EFP contractor selected Experiential training completed
Sept-Oct	2011	ILC meets to establish working relationships, protocols, implementation plan, and meeting schedule (1x monthly)	Protocols developed for identification of participants, referral,

			intake, assessment, engagement, cultural adaptation integration, etc. Practices and instruments identified
Oct	2011	Tachi Yokut Community gathering held to conduct outreach and promote program	Community attendance and feedback collected
Oct-Nov	2011	Process referrals and conduct participant intakes	Participates for Cycle #1 identified and enrolled
Dec	2011	Conduct Year 1 Evaluation	Collect, analyze and report process data Focus group conducted with ILC
Jan	2012	Initiate First Full-Year of Youth Transitions	1 st year of service implementation
May	2012	2 nd Tachi Yokut Community gathering held	Community attendance and feedback collected
June	2012	Conduct mid-year Program Evaluation	Collect, analyze and report participant and process data Independent evaluator to conduct Key Informant Interviews with key stakeholders and ILC members, and group discussions with participants and parents
Oct	2012	3 rd Community gathering held	Community attendance and feedback collected
Oct-Nov	2012	Process referrals and conduct intakes	Participates for Cycle #2 identified and enrolled
Nov	2012	End of Cycle #1	Cycle #1 completion
Dec	2012	Conduct Year 2 Evaluation	Collect, analyze and report process and participant (current and

			follow-up) data; review pre- and post-treatment data Focus group conducted with ILC
Jan	2013	Begin 2nd year Youth Transitions services	2 nd year of service implementation
May	2013	4 th Community gathering held	Community attendance and feedback collected
July	2013	Conduct mid-year Program Evaluation	Collect, analyze and report participant and process data Independent evaluator to conduct Key Informant Interviews with key stakeholders and ILC members, and group discussions with participants and parents
Oct	2013	5 th Community gathering held	Community attendance and feedback collected
Oct-Nov	2013	Process referrals and conduct intakes	Participates for Cycle #3 identified and enrolled
Nov	2013	End of Cycle #2	Cycle #2 completion
Dec	2013	Conduct Year 3 Evaluation; Conduct Outcome and Process Evaluation Strategic Planning Retreat; sustainability planning	Outcome and Process Evaluation Report (evaluate complete data for Cycles #1 and 2) Independent evaluator to conduct focus group with ILC
Jan	2014	Begin 3rd year of Youth Transitions services	3 rd year of service implementation
May	2014	6 th Community gathering held; report final evaluation and sustainability findings to key stakeholders	Community attendance and feedback collected Final report with client outcome data and process

			data (Cycles #1 & 2)
July	2014	Conduct mid-year Program Evaluation	Collect, analyze and report participant and process data Independent evaluator to conduct Key Informant Interviews with key stakeholders and ILC members, and group discussions with participants and parents
Oct	2014	7 th Community gathering held: final report back to stakeholders (results through Cycle #3 mid-year evaluation)	Community attendance and feedback collected
Dec.	2014	Project conclusion	

Evaluations at six-month intervals throughout implementation will allow the program to measure the effectiveness of both the implementation process and the adapted intervention. Continuous measurement will also allow for learning to occur as early as Year 1.

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

Kings County proposes to adapt EFP to engage and meet the needs of currently underserved at-risk Native American youth and their families. The *Youth Transitions* program will consist of a core EFP intervention, with integrated Cultural Enrichment Activities (e.g., history lessons, cultural awareness and sensitivity training, dance, art, drumming, etc.) and classroom-based parallel learning. An Implementation and Learning Council (ILC) made up of local stakeholders and experts will lead the adaptation and implementation process. The Innovation Project aims to examine: 1) how the ILC worked collaboratively to implement the project; 2) the extent to which the partnership increased positive perception and knowledge of behavioral health and school-related services among tribal members; 3) the extent to which the culturally adapted EFP model produced improved participant- and classroom-level outcomes; 4) the extent to which the initiative encouraged additional collaborative efforts between these groups, as well as with other target populations; and 5) the extent to which it increased access to behavioral health and school-based services for the target population.

The ILC will be assisted by a professional evaluator who will help the council develop a set of measurable indicators of success and will help develop the methods and tools for collecting data. The external evaluator will be responsible for conducting interviews, focus groups, developing survey tools and pre- post- questionnaires. The evaluator will also establish validated and HIPAA compliant methods for collecting and analyzing quantitative data from client records when applicable.

While formal evaluation reports will be submitted to KCBH on an annual basis, the evaluator will also meet quarterly with the ILC to review findings and make recommendations for continuous program improvement.

Process Evaluation:

To assess **how the ILC worked together**, the evaluator will review meeting attendance and meeting notes. He or she will observe ILC meetings, and on an annual basis will conduct structured interviews and a focus group with the ILC. Questions to be considered include:

- *What was the perceived purpose of the ILC? What was accomplished in meetings? Did stakeholder groups participate equally? What challenges or issues arose and how were they addressed? What did ILC members learn from the process? How did participation on the ILC affect members' perceptions of each other? Of the target population? Who else should have participated on the ILC and why?*

To document **how the adaptations were integrated into the traditional EFP model**, the evaluator will conduct a thorough review of service delivery notes and interview EFP providers, school administrators, KCBH staff and cultural/historical enrichment providers. Recognizing that many of these providers will be members of the ILC, the evaluator will ask ILC members the following questions:

- *How did the model change from its original inception and what led to the changes? What were the biggest challenges associated with implementing the adaptations? What did you do to overcome the challenges? How would you have done things differently if you knew what you now know?*

Outcome Evaluation:

To assess **how and to what extent the program affected participant outcomes** (i.e. academic performance, school connectedness, and psychosocial functioning), the evaluator will follow participants during their time in the program and, if possible, for six months following participation. Participants will be assessed pre- and post-participation using standardized or adapted assessment measures (for example, to measure feelings of school connectedness, the evaluator may use the same questions as those in the California Healthy Kids Survey). Demographic data and attendance records will also be reviewed on an annual basis. Participant satisfaction with services received will be assessed on a quarterly basis. All analyses will be segmented by participant age, gender, and ethnicity.

To assess **how the classroom learnings impacted classroom cohesion**, the

evaluator will interview the classroom teacher and administrator on an annual basis. Questions will include:

- *How satisfied were you with the classroom activities? Did you see noticeable changes in your classroom following the activities? If so, what were they? Did the program have an affect on your perception of the classroom and of the target population? Did the youth who participated in the EFP interventions demonstrate noticeable changes in behavior, social skills, academics or emotional affect?*

To assess **whether the program was successful in increasing access to behavioral health and educational services for the Native American community and to assess the extent to which it changed community perceptions of and knowledge about behavioral health services**, the project proposes to collect service utilization data and compare it against earlier KCBH and Central Union School District records. Key Informant Interviews will also be conducted with KCBH, school, and tribal leaders on a yearly basis, and twice-yearly community gathering data (attendance and attendee comments/feedback) and participant and parent group discussions will be reviewed.

To assess **how and to what extent the initiative encouraged additional collaborative efforts** for the target population, and to determine if the model was subsequently used to meet the needs of other underserved groups in Kings County, such as Latino youth, the evaluator will conduct interviews with Behavioral Health administrators. Questions will include:

- *What ideas emerged from the ILC to address other community needs and did the ILC pursue these ideas? Did the Department or the collaborative pursue additional resources to address the needs of underserved youth? How does the Department plan to sustain this program if it proves successful? How can the model be adapted to meet the needs of Latino or other underrepresented youth?*

Leveraging Resources (if applicable)

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

- Central Union School District commitment to identify and recruit program participants and make school-based records available (participant specific data with appropriate Release of Information); participate on the ILC; and make land available for EFP use, insurance coverage, in-kind teacher time, and administrative oversight time.
- Tachi Yokut Tribe commitment to providing representation on the ILC and interest in making land available for EFP-use.

Exhibit D
Innovation Work Plan Description
(For Posting on DMH Website)

County Name:

Kings County

Work Plan Name:

Youth Transitions

Annual Number of Clients to be Served: 24**Population to Be Served (if applicable):**

The *Youth Transitions Program* will target Tachi Yokut youth enrolled in the local Central Union School District identified as at-risk who are transitioning through the critical periods of 3rd to 4th grade, 5th to 6th grade, or 8th to 9th grade. Services will be voluntary but specifically targeted to youth who are experiencing academic challenges and psychosocial difficulties.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

The proposed *Youth Transitions program* will provide participants with a combination of academic intervention, social/emotional skills training, cultural learning, horse-handling, horsemanship and riding in order to improve academic performance, school connectedness, and psychosocial functioning. Unlike existing EFP services, the program will be distinct in that it will be facilitated on the school site and on tribal land at the Santa Rosa Rancheria in conjunction with the school program, will integrate culturally-responsive treatment components, including a Tachi Yokut cultural emphasis, and will incorporate parallel learning opportunities within the classroom.

The Innovation Project aims to determine if such an intervention can increase access to behavioral health and school-based services and improve outcomes for this currently underserved community. Specifically, the project will contribute to learning by exploring: 1) how the Implementation and Learning Council (ILC) came together to implement the project; 2) the extent to which the partnership increased positive perception and knowledge of behavioral health and school-related services among the Tachi Yokut and other Native American community members; 3) how the initiative encouraged future collaborative efforts; 4) whether the cultural adaptations incorporated into the intervention produced improved participant and classroom outcomes; and 5) whether the partnership between Kings County Behavioral Health, the Central Union School District, the Tachi Yoku Tribe, and EFP contractor increased access to service for this population of at-risk youth. It is believed that if the model is successful it can be adapted and implemented to serve other at-risk youth, including diverse Latino communities throughout Kings County.

References

- Atkinson, D. R., Morten, G., & Sue, D. W. (1989). A minority identity development model. In Dr. Atkinson, G. Morten, & D. W. Sue (Eds), *Counseling American Minorities* (pp. 35-52). Dubuque, IA: W. C. Brown.
- Glazer, H. D., Clark, M. D., Stein, D. S. (2004). The impact of hippotherapy on grieving children. *Journal of Hospice and Palliative Nursing*, 6, 171-175.
- MacKinnon, J. R., Noh, S., Lariviere, J., MacPhail, A., Allan, D. E., & Laliberte, D. (1995). A study of therapeutic effects of horseback riding for children with cerebral palsy. *Physical and Occupational Therapy in Pediatrics*, 15(1), 17-34.
- Shultz, B. (2005). The effects of Equine-Assisted Psychotherapy on the psychosocial functioning of at-risk adolescents ages 12-18 (Unpublished master's thesis). Denver Seminary. Denver, CO. Retrieved from http://www.cfisac.com/article/trotter_study.pdf
- Shultz, P. N., Remick-Barlow, G. A., & Robbins, L. (2006). Equine-assisted psychotherapy: A mental health promotion/intervention modality for children who have experienced intra-family violence. *Health & Social Care in the Community*, 15(3), 265-271.

Exhibit E

Mental Health Services Act Innovation Funding Request

County: KINGS

Date: FY2010/11 to FY2014/15

Innovation Work Plans			Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No.	Name			Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	1	Youth Transitions	\$899,850	\$854,858	\$45,180		
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14	Subtotal: Work Plans		\$899,850	\$854,858	\$45,180		
15	Plus 5% County Administration		\$44,993				
16	Plus Optional 10% Operating Reserve		\$0				
17	Total MHSA Funds Required for Innovation		\$944,843				

EXHIBIT F

Innovation Projected Revenues and Expenditures Worksheet

Instructions for Preparing the FY 2009/10 Mental Health Services Act Innovation Projected Revenues and Expenditures Worksheet

Counties should complete the FY 2009/10 Mental Health Services Act (MHSA) Innovation Projected Revenues and Expenditures Worksheet in order to obtain funding.

General Instructions:

Round all expenditures to the nearest whole dollar.

Enter proposed amounts separately for the County Mental Health Department, Other Governmental Agencies and Community Mental Health Contract Providers in separate columns.

Counties will not be held to individual budget line items. The individual line items will be used to help evaluate each proposed Work Plan.

Heading Instructions:

Enter the County name.

Enter the Work Plan Number that correlates with Exhibits C and E.

Enter the Work Plan Name that correlates with Exhibits C and E.

Enter the number of months the Work Plan will be operational during the fiscal year.

Line Item Instructions:

A. EXPENDITURES

1. Enter the projected costs associated with personnel including salaries and benefits.
2. Enter the projected costs associated with operating expenditures.
3. Enter the projected costs for non-recurring expenditures.
4. Enter the projected costs associated with training consultant contracts.
5. Enter the costs associated with Work Plan management.
6. **Total Proposed Expenditures are automatically calculated and is the sum of lines 1 through 5.**

B. REVENUES

1. Existing Revenues

2. **Additional Revenues** - Enter the amount of revenues expected to be leveraged in the Work Plan (insert rows as needed).

a. Identify the source of additional projected revenue

b. Identify the source of additional projected revenue

c. Identify the source of additional projected revenue

3. **The Total New Revenues is automatically calculated and is the sum of lines 2a through 2c.**

4. **The Total Revenues is automatically calculated and is the sum of lines B1 through 2c.**

C. TOTAL FUNDING REQUIREMENTS - This amount is automatically calculated and equals the total proposed Work Plan expenditures (line A6) less total revenues (line B4). This reflects the amount of funding requested for this program/service under the MHSA.

Enter the name of the individual who prepared the Revenue and Expenditure Worksheet.

Enter the telephone number of the individual who prepared the Revenue and Expenditure Worksheet.

Enter the date prepared.

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: KINGS

Fiscal Year: 2010/11

Work Plan #: 1

Work Plan Name: Youth Transitions

New Work Plan

Expansion

Months of Operation: 04/11 - 06/11
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	17,080			\$17,080
2. Operating Expenditures	12,500			\$12,500
3. Non-recurring expenditures	95,000			\$95,000
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$124,580	\$0	\$0	\$124,580
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$124,580	\$0	\$0	\$124,580

Prepared by: Debbie Walker

Date: 02/08/11

Telephone Number: (559) 582-3211 x 2304

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: KINGS

Fiscal Year: 2011/12

Work Plan #: 1

Work Plan Name: Youth Transitions

New Work Plan

Expansion

Months of Operation: 07/11 - 06/12
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	29,277			\$29,277
2. Operating Expenditures	21,429		170,800	\$192,229
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$50,706	\$0	\$170,800	\$221,506
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$50,706	\$0	\$170,800	\$221,506

Prepared by: Debbie Walker

Date: 02/08/11

Telephone Number: (559) 582-3211 x 2304

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: KINGS

Fiscal Year: 2012/13

Work Plan #: 1

Work Plan Name: Youth Transitions

New Work Plan

Expansion

Months of Operation: 07/12 - 06/13
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	29,277			\$29,277
2. Operating Expenditures	21,429		170,800	\$192,229
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$50,706	\$0	\$170,800	\$221,506
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$50,706	\$0	\$170,800	\$221,506

Prepared by: Debbie Walker

Date: 02/08/11

Telephone Number: (559) 582-3211 x 2304

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: KINGS

Fiscal Year: 2013/14

Work Plan #: 1

Work Plan Name: Youth Transitions

New Work Plan

Expansion

Months of Operation: 07/13 - 06/14
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	29,277			\$29,277
2. Operating Expenditures	21,429		170,800	\$192,229
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$50,706	\$0	\$170,800	\$221,506
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$50,706	\$0	\$170,800	\$221,506

Prepared by: Debbie Walker

Date: 02/08/11

Telephone Number: (559) 582-3211 x 2304

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: KINGS

Fiscal Year: 2014/15

Work Plan #: 1

Work Plan Name: Youth Transitions

New Work Plan

Expansion

Months of Operation: 07/14 - 12/14
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	14,639			\$14,639
2. Operating Expenditures	10,713		85,400	\$96,113
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$25,352	\$0	\$85,400	\$110,752
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$25,352	\$0	\$85,400	\$110,752

Prepared by: Debbie Walker

Date: 02/08/11

Telephone Number: (559) 582-3211 x 2304

INNOVATION WORK PLAN BUDGET NARRATIVE

Work Plan #1 Youth Transitions FY10/11

Summary:

The funding request for Fiscal Year 2010/2011 represents Period beginning April 1, 2011 through June 30, 2011 for the Innovation Work Plan of the Kings County MHSA Plan.

A) Expenditures

- 1. Personnel Expenditures - \$17,080**
 - Personnel Expenditures are for one (1) FTE Coordinator for 3 months. All salary and benefit cost are based on current County cost projections for fiscal year 10/11.
- 2. Operating Expenditures - \$12,500**
 - All operating costs are estimated at the 09/10 actual county cost for Kings County programs with a cola added as a % of normal operating expenses for phones, office supplies, rent, utilities and equipment usage.
- 3. Non-recurring expenditures - \$95,000**
 - No non-recurring expenditures will include Tele/Video Conferencing equipment for \$40,000, a passenger van for transporting participants to therapy for \$50,000 and presentation equipment consisting of a laptop, projector and portable printer for \$5,000.
- 4. Training Consultant Contracts - \$ 0**
 - No training consultant is anticipated.
- 5. Work Plan Management - \$ 0**
 - No contracted management expenses.
- 6. Total Proposed Innovation Work Plan Budget for FY10/11 - \$ 124,580**

B) Revenues

- 1. Other Revenues - \$ 0**
 - There are no revenues for this program.

INNOVATION WORK PLAN BUDGET NARRATIVE

Work Plan #1 Youth Transitions FY11/12 thru FY14/15

(Please note that the following figures are presented under the assumption that project costs will remain consistent from 2011/12 thru 2014/15.)

Summary:

The funding request for Fiscal Year 2011/2012 thru Fiscal Year 2014/15 represents Period beginning July 1, 2011 through December 31, 2014 for the Innovation Work Plan of the Kings County MHSA Plan.

A) Expenditures

1. **Personnel Expenditures - \$102,470**
 - Personnel Expenditures are for a .50 FTE Coordinator for the full 42 months. All salary and benefit cost are based on current County cost projections for fiscal year 10/11.
2. **Operating Expenditures - \$672,800**
 - All operating costs are estimated at the 09/10 actual county cost for Kings County programs with a cola added. Costs included are for an Equine project (\$95,000 per year x 3), Cultural Enrichment Activities (25,000 per year x 3), a contracted therapist (\$52,000 per year x 3), contracted evaluation (\$25,000 per year x 3) plus a % of normal operating expenses for phones, office supplies, rent, utilities and equipment usage (approx \$23,371 per year x 3.5).
3. **Non-recurring expenditures - \$ 0**
 - No non-recurring expenditures.
4. **Training Consultant Contracts - \$ 0**
 - No training consultant is anticipated.
5. **Work Plan Management - \$ 0**
 - No contracted management expenses.
6. **Total Proposed Innovation Work Plan Budget - \$ 944,843**
 - Total Innovation Budget including \$44,993 of County Administration

B) Revenues

2. **Other Revenues - \$ 0**
 - There are no revenues for this program