

**EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY**

<b>County:</b> San Diego		<b>Fiscal Year:</b> 2006-07, 2007-08		<b>Program Work Plan Name:</b> Early Childhood Mental Health Services			
<b>Program Work Plan:</b> CY-6		<b>Estimated Start Date:</b> July 1, 2006					
<b>1a) Program Description:</b> This program is designed to provide family therapy with a focus on children ages 0-5 who have been assessed as seriously emotionally disturbed (SED) and require mental health services.							
<b>1b) Priority Population:</b> Children ages 0-5, and their families, who have been assessed as SED and require mental health services.							
<p><b>Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)</b></p> <p><b>1c)</b></p> <ul style="list-style-type: none"> <li>▪ An Evidence-based practice will be applied to this service with a strong consideration for the "Incredible Years" model or other evidence based practice that has demonstrated efficacy with young children and their families.</li> <li>▪ The program will be contracted to a provider who will meet the requirements specified in a Request for Proposal.</li> <li>▪ Family treatment with a focus on children ages 0-5 who are assessed as SED and require mental health services.</li> <li>▪ Coordination with First 5 Regional Service Networks developed through the First 5 Commission as part of their new Health and Development Project. Collaboration will also occur with other agencies and organizations that provide early childhood services.</li> <li>▪ Individualized, culturally competent, and strength-based assessment and treatment plans which focus on increasing resilience of the child and caretaker. Families will be actively involved in the development of the treatment plan.</li> <li>▪ Outreach through home-based services and other locations within the community.</li> <li>▪ Current standard assessment forms of the entire Children's Mental Health</li> </ul>				<p><b>1d) Fund Type</b></p> <p>FSP <input type="checkbox"/></p> <p>Sys Dev <input checked="" type="checkbox"/></p> <p>OE <input type="checkbox"/></p>		<p><b>1d) Age Group</b></p> <p>CY <input checked="" type="checkbox"/></p> <p>TAY <input type="checkbox"/></p> <p>A <input type="checkbox"/></p> <p>OA <input type="checkbox"/></p>	

System have been modified to ensure screening of domestic violence and co-occurring disorders within the family and will provide referrals when appropriate.

- The program will have a Client/Family Advisory Committee (CAC) which meets on a regular basis and will include at least 51% clients/family members and will reflect the ages and cultures of the client population.
- Training on system of care and wraparound principles and approach, domestic violence, cultural competence, and co-occurring disorders will be provided to all clinical staff.
- Provide dual diagnosis services using the CCISC model that will, at a minimum, include screening, assessment and referral and a wellness, strength-based and resilience focus. Within one year from contract award, program will meet integrated dual-diagnosis capability criteria using the CCISC model.

**2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.**

Program services are designed to provide family therapy with a focus on children age 0 - 5 that have been assessed as seriously emotionally disturbed (SED) and requiring mental health services. Program services will be contracted to a community based provider through a Request for Proposal process in which bidders can creatively propose a specific program design. Program proposals shall utilize an Evidence Based Practice (EBP) model for young children and their families. Proposals can consider use of either the Incredible Years Program as a treatment model or another evidence based practice for this target population. Evidence based practices refers to a body of scientific knowledge about service practices, about the impact of treatments on children's mental health conditions, or about the impact of treatments on the child's mental health condition, or about the impact of preventative interventions on the course of children's development. Due to the diversity of young children in the County, the EBP should also be effective across cultures. The program is intended to transform the Children's Mental Health System through outreach and the implementation of EBP with young children and their families and serve approximately 55 children and families per year.

Children's Mental Health Services partnered with First 5 Commission staff to develop the Statement of Work for the RFP process. One goal of the project is to increase service integration among early childhood programs through collaboration of the program with First 5 Commission Regional Service Networks developed as part of their new Health and Development Project. These regional networks will conduct developmental assessments on young children and collaborate through referral to this project. The program is intended to compliment the efforts of the new First 5 projects by providing treatment services in one region of the county. The RFP allows bidders to propose services in one of more areas of the county with high incidence of young children in poverty as defined by the gap analysis. These areas include the Central Region, South Region or North Inland Regions of the County. While the Central Region of San Diego is the most diverse ethnically, the highest number of Latino young children is located in the South and North Inland regions.

The target population for this project is SED children ages 0 - 5 and their families. All SED children under age 6 are underserved in our mental health system, so the program will serve both uninsured and MediCal children and families.

SED is not clearly defined in very young children. The target population is children who manifest behavioral disorders and/or trauma. Assessment will focus on the acuity and/or degree of impairment and developmental delay based upon mental health issues. While the problems should be seen over time, the general criteria for SED of 6 months or more is not required for this young age group. Early treatment intervention is the goal to increase resilience in the child and family so the child is better prepared to function in school and with other children. Often the young SED child has difficulty adjusting in preschool and day care centers and may be asked to leave multiple day care centers prior to entry into kindergarten.

A Statement of Work was developed for this Request for Program Proposal (RFP) project to encourage creativity rather than being prescriptive about the program design. Additionally a draft Statement of Work was presented to the stakeholder community for input prior to finalizing the RFP. Specific services will be proposed by the community based providers in the RFP process. Parameters other than implementation of an EBP include outreach to families in the home and community and including behavioral management techniques for parents. Providers may offer parent groups, parent and child interaction, trauma intervention and social skills training for young children. Programs such as Incredible Years focus on parent training and child social skills training that have between proven effective

as a treatment program for young children with early onset conduct problems. All interventions must take into account cultural and language needs of the family and be flexible as well as culturally competent in approach.

Whatever EBP is proposed, fidelity to the model is critical and the RFP requests a clear plan in the program design to insure fidelity. Fidelity means that the provider delivers the program in it's entirety using all the components and therapeutic processes recommended by the developer.

Program staffing could also include a psychiatrist or developmental pediatrician to consult with program staff.

Program hours must be flexible to meet the needs of the families. While "office" hours are generally 8 – 5, programs are expected to provide services during evening hours and on weekends, if needed. The program must have a plan for families in crisis to obtain help when the program is not open. All families shall have a crisis prevention plan which includes planned interventions to de-escalate crisis and emergency telephone numbers when additional assistance is needed.

The purpose of this broad-based project is to promote children's abilities to learn at their optimal potential by:

- Identifying and addressing problems that can impact children's learning as early as possible., Mental health services address problems, that can impact a child's cognitive functioning and school readiness., strengthen parent competencies by training parents in positive communication, behavior management skills, child-directed play skills, consistent and clear limit setting, and non violent discipline.
- Improving child functioning at home, in day/child care, and in the community.
- Strengthening child's social competence, reducing behavior problems, and increase positive interactions with peers and parents.
- Maintaining client safety at home or home-like living environment.
- Educate parents of the importance of encouragement and praise and provide them with the knowledge and skills they need to promote their children's health and development.
- Parent support and empowerment is woven into all services to instill hope. And foster resiliency of the family.

- A single staff person will be responsible for the child and family.

San Diego Mental Health Services has implemented the Continuous Comprehensive Integrated System of Care (CCISC) best practice model in our System of Care for individuals with co-occurring psychiatric and substance disorders. The CCISC model has these four basic characteristics: system level change, efficient use of existing resources, incorporation of best practices, and an integrated treatment philosophy. The program staff shall be trained and capable of providing, screening, assessment, and referral for dually diagnosed parents.

The program will also develop a Client/family Advisory Committee (CAC) which meets on a regular basis to advise other implementation of the program. The CAC shall include at least 51% family member and shall reflect the cultures of the client population.

**3) Describe any housing or employment services to be provided.**

The program will provide linkage to housing and employment services for the families. The County Health and Human Services Agency (HHS) has Family Resource Centers located in each region with staff that can provide employment services and housing referrals to families on public assistance. Social workers are available who can refer clients to shelters and transitional housing facilities. The families can also be referred to the San Diego County Department of Housing and Community Development for eligibility for the Section 8 Housing Program or rental assistance. The County of San Diego also has a CalWorks Program which is designed to transition people from welfare to work. It provides temporary cash assistance to eligible families with minor children, to move families with children from dependency to self-sufficiency through employment.

**4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.**

N/A – The program is not funded by a Full Service Partnership.

**5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.**

The program will develop and implement an individualized, strength-based, culturally competent, child and family driven service plan. The plan will identify client baseline functioning, strengths and resilience, co-occurring disorders and domestic violence issues. The family will be linked to other services and supports that assist the child and family in achieving the goals identified in their plan. The Service plan will identify outcome goals and objectives that define success for the individual client and family.

To ensure that program goals and values will be promoted by the program, Children's Mental Health, has a contractual requirement, including the expectation that the program provider recommend specific program outcomes. CMHS contracts require staff to attend 8 hour training on system of care and wrap around services. Each program is also required to complete a Utilization Review process of client services at least every six months. As mentioned earlier, this program will provide an evidence based practice and the provider must submit a plan to demonstrate how the program will assure fidelity to the model proposed.

Each program is required to submit a monthly status report to the County Program Monitor in which they report program activities, outcomes, quality assurance activities, staffing, cultural and language capacity, and staff training. The Program Monitor conducts monthly regional meetings with providers and obtains verbal program reports. Program Monitor site visits are conducted at least annually to ensure program compliance with system of care values and contract requirements. Medical record reviews are conducted at least annually by the County Quality Improvement Division of CMHS.

**6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.**

This is a new program. The First 5 Commission provides developmental assessment and services through contract to the 0-5 year old population through their newly established Network Service Providers. However there currently are very limited age specific SED mental health services being provided to this population through the Children's Mental Health System. CMHS has the Developmental Evaluation Center (DEC) program contracted through

children's hospital which provides assessment, but not treatment services. One other CMHS provider offers mental health treatment in our system of care to children ages 0 – 5.

**7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.**

San Diego County has family-run organizations that offer parent support and regular monthly educational training for families. The program will provide linkage to the family run programs and other organizations that offer family support.

The program is required by contract to include family partnership in the development and provision of service delivery. It is also required to demonstrate organizational advancement of family partnership in the areas of program design, development, policies and procedures, etc. Individualized plans that focus on the recovery and resiliency of the family are developed in partnership with the family (in this program the child is too young to be involved in development of a plan).

**8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.**

The program will collaborate closely with the First 5 Commission's newly developed regional Integrated Service Network Providers in the targeted region(s) that address the health and developmental needs of children ages 0-5. The service network providers contracted with First 5 Commission, will be a primary source of referral for this program. Referrals may also come from other agencies, pre-school or day care providers or primary care providers. The program is expected to develop linkages with these other organizations providing early childhood services. Linkage may be made to CALWorks as another source of referral for parents who are having difficulty with their welfare to work plan for self-sufficiency due to their child's behavioral problems. Parents who demonstrate substance abuse or co-occurring disorders shall be linked to the network of Behavioral Health services in San Diego County. San Diego County has family-run organizations through mental health that offer family support and monthly parent education seminars.

In the submittal requirements for the RFP, the bidders are being asked in their proposals, to describe their collaboration with other community partners that serve the same target population and their strategies for outreach, obtaining referrals within the community and linkages beneficial to the children and families served by this project.

**9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.**

CMHS is committed to a culturally competent system. This program will adhere to the overall cultural competence standards and expectations of all county services. As stated in the program description, selection of an evidence based practice shall include efficacy with diverse cultural populations. The Incredible Years Model, for example, has been translated to various ethnic populations and has been shown to promote positive parenting in African American, Chinese American, Asian American, Hispanic, Korean, and British multi-ethnic parents.

The practice standards utilized by San Diego County Mental Health Services are as follows:

- Providers engage in community outreach to diverse communities based
- Providers create an environment that is welcoming to diverse communities.
- Staffing at all levels, clinical, clerical, and administrative, shall be representative of the community served.
- There is linguistic capacity & proficiency to communicate effectively with the population served.
- Use of interpreter services is appropriate and staff will be able to demonstrate ability to work with interpreters as needed.
- Staff shall demonstrate knowledge of diversity within ethnic and cultural groups in terms of social class, assimilation, and acculturation.
- Staff shall demonstrate knowledge about a) specific cultural features that may be present in various disorders, b) culture-bound syndromes, c) cultural explanations of illness, d) help seeking behaviors, include faith-based, in diverse populations, and e) appreciation for traditional ethnic and cultural healing practices.
- Cultural factors are integrated into the clinical interview and assessment.
- Staff take into consideration the potential bias present in clinical assessment instruments and critically interpret findings within the appropriate cultural, linguistic and life experiences context of the client.



- o Culture-specific consideration consistent with the cultural values and life experiences of the client shall be integral in the intervention and shall be reflected in progress notes, treatment planning and discharge planning.
- o Psychiatrists consider the role of cultural factors (ethnopsychopharmacology) in providing medication services.
- o Providers promote an environment that encourages staff to conduct self-assessment as a learning tool.
- o Staff will actively seek out educational, consultative and multicultural experiences, including a minimum of 4 hours of cultural competence training annually.

**10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.**

San Diego County Mental Health has in place a Cultural Competence Plan that guides how services are provided to a culturally and linguistically diverse population. Sensitivity to gender and sexual orientation is part of the cultural competency expectations for the program. Even at the young age of the children in this program, it is essential that the program identify differences in how young girls and boys are raised and tailor interventions to foster resilience and educate parents in dealing with the children's gender differences.

**11) Describe how services will be used to meet the service needs for individuals residing out-of-county.**

The program will provide services to in-county residents.

**12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.**

All strategies are listed in Section IV, although expansion to this age group was based on San Diego community input during the planning process.

**13) Please provide a timeline for this work plan, including all critical implementation dates.**

December 13, 2005	Board of Supervisor approval for the MHSA Plan was approved on December 13, 2005
December 15, 2005	Submitted MHSA Plan to the State

January 24, 2006	Statement of Work completed for the proposed program
February, 8, 2006	Request for Proposals posted
February 15, 2006	Pre-proposal conference
March 15, 2006	Program proposals due
March – April 30, 2006	Selection committee reviews proposals and determines competitive bidders
May, 2006	Notice of Intent to Award contract is posted
June 2006	Negotiations with prospective contractor
July 1, 2006	Contract executed
July 15, 2006	Contractor hires and trains staff*
July 15, 2006	Program begins serving clients
September 30, 2006	Program fully operational
December, 2006	Program has completed initial training in Evidence Based Practice (EBP).
August, 2007	Additional training on EBP model completed.

\*Evidence based practice training developers determine when their training will occur. As a result, it is not clear exactly when the provider can be trained. We established some latitude in our Request for Proposal with the understanding that it would be as soon as possible after execution of the contract. The program will provide mental health services pending full implementation of the EBP.