



STAFF INNOVATION SUMMARY—IMPERIAL COUNTY

Name of Innovative (INN) Project: First Step to Success (Extension)

Extension Funding Requested for Project: \$531,120

Duration of Extension: 13 months

Review History

MHSOAC Original Approval Date: March 27, 2014

- Original Program Dates: July 1, 2014 through June 30, 2017 (3 years)

- Extension Dates: September 01, 2017 through November 30, 2017
 - ED Approval of time only-3 months
 - July 1, 2018 through April 30, 2019 (10 months)

- Original Budget: \$1,498,366
- New Budget: \$1,070,099

- New Total Budget with Evaluation Costs: \$2,568,465

Approved by the County Board of Supervisors: June 6, 2018

County Submitted Innovation (INN) Project: April 18, 2018

MHSOAC Consideration of INN Project: July 26, 2018

Project Introduction:

The County is requesting an extension of time and funding for this Innovation. Initially approved in 2014 as a three-year project, First Step to Success (FSS) was designed to address the lack of coordination and collaboration between County behavioral health and the education system, specifically for children in Kindergarten. County data indicated that the penetration rate for children ages 0-5 accessing services was 1.16%, lower than small counties and statewide rates. Through First 5, the County established a school based First Step to Success (FSS) intervention model to serve as a process for identifying children in need of services and to serve as the platform for the county/education collaborative.

Over the course of the first three years of this Innovation, the County discovered it needed to modify its approach to the schools. In the beginning, the County approached school administrators about the idea and relied on the school's internal process to "deliver the message." By restructuring their approach, the County discovered that training and addressing the teachers first, particularly in the individual teachers' classrooms would elicit a stronger and better participation in the program. The County wants to strengthen this strategy especially since a secondary benefit to this system/collaboration has been a reduction in stigma about mental health by both teachers and parents/children.

In the balance of this brief, we address specific criteria that the MHSOAC looks for when evaluating Innovation Plans, including: What is the unmet need that the County is trying to address? Does the proposed project address the need? Are there clear learning objectives that link to the need? And, will the proposed evaluation allow the County to make any conclusions regarding their learning objectives? In addition, the MHSOAC checks to see that the Innovation meets regulatory requirements that the proposed project must align with the core MHSA principles, promote learning, fund exploration of a new and/or locally adapted mental health approach/practice, and target one of the four allowable primary purposes.

The Need

The County reports that while there is a strong collaboration between itself and the schools serving children, second grade through high school, there was only a one (1) percent penetration rate for providing mental health intervention services to children ages 0-5. It therefore, brought the idea of establishing networks and communication systems for this population to its stakeholders. Although past efforts to reach this population had not been successful, the County felt that the First Step to Success model was appropriate. Over the course of the first three years of this Innovation, the County discovered it needed to modify its approach to the schools. In the beginning, the County approached school administrators about the idea and relied on the school's internal process to "deliver the message." By restructuring their approach, the County discovered that training and addressing the teachers first, particularly in the individual teachers' classrooms would elicit a stronger and better participation in the program.

The Response

In the first year of the program, (FY14-15), seven (7) Kindergartens implemented the FSS model; in FY 15-16 thirteen (13) Kindergartens implemented the FSS model and in FY 16-17 twenty-four (24) Kindergartens implemented the FSS model. The County reports that although the FSS model was implemented in these classrooms, teacher buy-in for the process was not obtained. In fact, the County believes that the on-site facilitator was utilized to provide services and that there was no net increase in collaboration or an increase in child referrals. During the first three years of implementation, the County developed and attempted to facilitate better communication and teacher buy-in so that data could be collected as to the efficacy of the intended program. Clarus, the County's contracted researcher for this project, indicated that there was insufficient data to draw any conclusions.

However, the County may wish to share why it did not modify the school approach sooner, lessons learned, challenges and why there wasn't earlier engagement with its evaluator.

Because “each year the approach has been modified and it is unclear if the modified approach implemented during the third year will give the desired result or sustain a long term relationship with education serving kindergarten age children” (p. 2), the County is requesting an additional two years for this project to “implement lessons learned” (p. 2), from the first three years of the project.

The extension request is being made to give the county time to determine if this new approach is a more effective way of introducing the FSS program in the schools. It is anticipated that by introducing teachers to education about mental illness/health issues that they would be more comfortable with presenting the program to parents. The county reports that teachers reported feeling more supported and as a result, more willing to participate in the project. This extension therefore is to allow the county to finalize the implementation process of this project, gather as much data as possible and make a determination as to process, product and outcome for the First Steps to Success.

It is anticipated that an additional 176 children and 2 new elementary schools will be served with this extension. Previously 376 children and their families were served in 16 schools.

The County's concerns about teacher “buy-in” is not unique and are echoed in research into the area of this particular type of collaboration which shows similar problems at all age and grade levels. Although Holly J. Curran studied an older group of students, in her doctoral dissertation abstract she writes:

Interprofessional collaboration among school-based and community-based mental health providers in children's mental has been studied in relation to specific providers and as part of program evaluation however, limited information exists as to how to overcome barriers to collaborative relationships. . . Although participants viewed aspects of collaboration positively, barriers frequently interfered with collaborative relationships. Support for collaboration from state, district or organization administration was considered necessary for widespread collaboration across settings. To reduce time constraints on existing school staff, school-based professionals suggested it might be necessary to employ additional staff to manage collaborative relationships. Participants' ideas for funding included cutting costs, reducing risks, and grant writing. Jointly developing procedures, increasing accessibility by having services available within the school setting, and collecting outcome data regularly to share with stakeholders were discussed. Understanding the experiences of collaboration among school and community mental health providers has the potential to ignite social change by helping schools and community agencies overcome barriers to collaboration through improved coordination of services for children with unmet mental health needs.

Further, in an more empirical study of a systems collaboration project similar to the one that Imperial County Mental Health is trying to initiate with its local schools the author concludes,

Although the present study provided preliminary evidence as to the benefits of systems collaboration with schools on family and child outcomes, findings of the study should be interpreted with caution because of the small sample size. Future research is needed to fully examine the effectiveness of systems collaboration as an intervention, as well as to refine the mechanisms of change related to it. (Page 12) “Systems Collaboration with Schools and Treatment of Severely Emotionally Disturbed Children or Adolescents”, (2013) by Lee, et al.,

The Community Planning Process

The county reports that updates on the original plan were provided on a regular and ongoing basis to Community members, the MHSA Steering Committee, Mental Health Board and school district personnel. When it became apparent that additional time and money should be directed to those schools who had not had the opportunity to participate in this program, the County recommended this expansion to the MHSA Steering Community and community members on December 19, 2016 and on April 10, 2017. The County reports that at the meeting(s) Clarus presented its data to the County who then shared it with its stakeholders and the idea to extend this to April 2019 was agreed upon by all present.

Learning Objectives and Evaluation

Imperial County is requesting an extension of their project in order to allow for the continued development of strategies to improve the collaboration between County behavioral health and the education system. Imperial County will build upon the successes, challenges, and lessons learned during the first three years of the project. Through the extension, modifications will be made from the initial project. Specifically, the County will provide teachers with education around childhood mental health, as well as the FSS model in order to obtain buy-in. This is a new approach as the initial project sought buy-in from teachers *through* administrators. The County states that their contracted evaluator, Clarus, has recommended that further evaluation is needed. Further evaluation will allow for the County to gather additional referral data, and to determine if the FSS intervention has been implemented and a collaboration established between behavioral health and education. **The County may wish to clarify how modifications to the initial project inform the need for further evaluation.**

The County’s main learning goals have not changed since the initial project was approved by the Commission (see pg. 4 of County plan). The expected outcomes of the project also remain the same, and include:

1. Imperial County Behavioral Health Services (ICBHS) and education will develop and sustain effective collaborative relationships through the joint implementation of an intervention model in the school setting

2. Through the process of working together, will evaluate and identify the following:
 - a. Effective collaborative skills
 - b. Strengths in collaborative relationship
 - c. Barriers to effective collaborative relationships
 - d. Effective collaborative attitudes and behaviors
3. Will develop inter-agency methods and policies needed to establish effective communication and referral processes
4. ICBHS and education will develop a common mission and culture to address the mental health needs of young children
5. The learned approach of collaboration will be sustainable at the end of the 3 year work plan and replicated through trainings at different county wide school sites
6. Will establish a method for developing collaborative relationship between these two agencies that may be expanded to other school districts in Imperial County

The methods that will be used to gather data will include: surveys to measure collaboration factors, interviews to identify implementation strengths and challenges, as well as referral data to analyze changes in referral rates. The measures and way in which the County will determine if these outcomes have been met are unclear. **The County may want to clarify how it will determine if outcomes, as anticipated are met (or not).** Clarus will collect the data necessary to complete final evaluation of the project.

The Budget

The County is committing \$538,979 “other funds,” (such as Federal Financial Participation, Behavioral Health Subaccount) as part of the total request for this Innovation and \$531,120 Innovation funds. (See below for fiscal year breakout). **The County may want to identify any contingency plan if the other funds, as anticipated, are not collected.** The county reports that seventy-seven (77) percent (\$824,899.00) of the total budget (\$1,070,099) will be used for staff; 14 of whom are directly related to the implementation of the project in the schools and four (4) staff who are related to administrative processes. Training costs (for teachers in the schools) will be less than three (3) percent (\$33,000) of the budget; evaluation costs will be four (4) percent (\$46,340) of the total new budget. There are no other changes to the budget requested with this extension. The County will use FY 2015-16 Innovation funds in the amount of \$300,371 and FY 2016-17 Innovation funds in the amount of \$230,749 for this extension request.

Additional Regulatory Requirements

The proposed project (extension) appears to meet the minimum requirements listed under MHSIA Innovation regulations.

References

Curran, Holly J., “Facilitating Collaboration Among School and Community Providers In Children’s Mental Health”

<https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=5537&context=dissertations> (Accessed May 28, 2018)

Lee, Mo Yee, Treater, Barbra, Hsu, Kai Shyang, Greene, Gilbert J., Fraser, J. Scott, Solovey, Andrew D., Grove, David, “Systems Collaboration with Schools and Treatment of Severely Emotionally Disturbed Children or Adolescents”

https://www.researchgate.net/publication/264416974_Systems_collaboration_with_schools_and_treatment_of_severely_emotionally_disturbed_children_or_adolescents (Accessed May 28, 2018)

Full project proposal can be accessed here:

<http://mhsoac.ca.gov/document/2018-06/imperial-county-first-steps-success-innovation-plan-description-2018>