



County of San Bernardino
Department of Behavioral Health
Mental Health Services Act

Innovation Plan 05
Fiscal Year (FY) 2010/11
Annual Update
Resubmission

June 4, 2010

INN NEW PROGRAM DESCRIPTION

County: San Bernardino

Program Number/Name: INN 05 – Interagency Youth Resiliency Team

Date: 6/4/10

Select one of the following purposes that corresponds to the Innovation’s key learning goal. Please note that while the program might embody all four purposes, a learning goal cluster around a single Essential Purpose.

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

1. Describe which of the four essential purposes of Innovation is most relevant to your learning goal and why is this purpose a priority for your county.

This innovation introduces the Interagency Youth Resiliency Team. This project will serve two groups of diverse children and youth, those who are dependents of the County of San Bernardino Children and Family Services Foster Care program and Wards of the Court who are being supervised by the County of San Bernardino Probation Department who are not in a locked facility collectively (referred to in this document as “youth”), their resource providers, professional staff and clinicians. The term resource provider refers to foster parents, parents, kin caregivers, foster family agencies, intensive foster care providers, non-related extended family members, and group home providers. The term resource provider(s) will be used throughout this document to reference these individuals and agencies.

The County of San Bernardino Department of Behavioral Health (DBH) has engaged in a lengthy and inclusive stakeholder process to make informed decisions for all aspects of the Mental Health Services Act and the Innovation component is no exception. Five public community input forums and 46 targeted forums were held over an eleven-month period throughout the County to gather input on the Innovation component. Additionally, Innovation Working Committee members reviewed input received as a result of the Community Services and Supports component in 2005 and the Prevention and Early Intervention component in 2007 for comments germane to the Innovation component. In San Bernardino County, priority populations for Innovation include African-Americans, Asian/Pacific Islanders, Latinos, and Native American/Tribal Communities along with the LGBTQ community, at-risk children and youth, and other underserved communities identified by stakeholder input and other data.

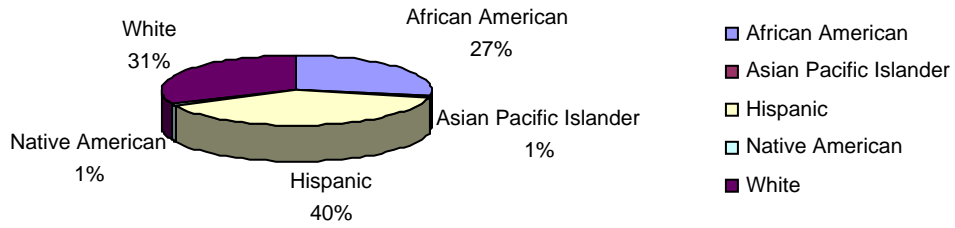
Through this process, the need to **increase access to underserved** groups has been clearly articulated. In fact, 81 comments submitted through the input process called for increased services to these diverse youth and or their resource providers.

Stakeholders identified the need for greater information sharing across child-serving agencies in the County. They also state that is important to begin to identify critical mental health issues more routinely and at a “much earlier” stage in life and earlier in the juvenile court dependency process. An increased focus on “wellness” and resiliency for children of all ages is needed, which is linked to early identification of and intervention with emergent mental health issues. Further, the linkages in these interventions should include the significant others in the youth’s life such as the parent, foster parent, and significant relatives in addition to interagency collaborators. Stakeholders believe that it is important to identify “trauma issues” especially for children and youth that enter the foster care and juvenile justice system for services. “Services should always match best practice”: in which it is critical to identify early the stressors and trauma that become risk factors to these youth’s ability to overcome and thrive as individuals as they move toward adulthood.

Statistics provided by the County of San Bernardino Children and Family Services Department (CFS) on the ethnicity of children and youth in Family Reunification and Permanency Planning Cases show that, currently in the County of San Bernardino, African-Americans are overrepresented in Foster Care at 27.3% of the Foster Care cases and approximately 9.4% of the general population. Complete statistics for children and youth in Foster Care are shown in the following chart:

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Ethnicity of Children/Youth in Foster Care



Research shows that 50% of foster care alumni experience subsequent homelessness, incomplete educational achievement, joblessness, incarceration, increased drug use, gang affiliation, and exposure to violence. Many of these youth report that their early adulthood years are marked by isolation, loss of childhood relationships, unhappiness and lack of supportive connections and help in times of stress and crisis.

An extensive stakeholder self study process conducted by CFS, that included foster youth, caregivers, child welfare and mental health professionals, identified unresolved grief, loss, traumatic stress, exposure to violence, and loss of significant supportive relationships as key contributing factors to these problems. The stakeholders also emphasized the importance of foster youth having an active voice and leadership role in all aspects of permanency planning. They felt this was critical to improving youth engagement and enhancing permanency outcomes and the wellbeing of foster youth over the long term.

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2. Describe the INN Program, the issue and key learning goals it addresses, and the expected learning outcomes, i.e., how the Innovation may create positive change, introduce a new mental health practice, make a specific change to an existing mental health practice, or introduce to the mental health system a community driven approach that has been successful in a non-mental health context.

The Interagency Youth Resiliency Team contributes to learning by **making a change to an existing mental health practice** that is current procedure, but not in a comprehensive, collaborative manner. The current approach lends itself to confusion, duplicated services, inappropriate service delivery, and youth not receiving all of the services they require, or a prolonged delay in receipt of needed services. This innovative approach brings together the knowledge, expertise and experiences of diverse professionals from the mental health system, the child welfare system, the Probation Department, the courts, foster youth agencies, local faith based organizations, resource providers and former dependents and wards. The purpose is to develop, deliver, and evaluate a program to address unresolved grief and loss issues, the effects of environmental trauma, and unresolved issues stemming from exposure to violence and gangs to help these youth achieve a successful, self-sufficient adulthood.

Historically, aged out youth have not been sufficiently involved in the planning, implementation and evaluation of services for youth in the County of San Bernardino. Reaching out to these diverse youth to get their perspective, one not strategically sought before, in the development and realization of a program will enhance an environment of innovation. These youth have the expertise in an area that no professional can learn and their input will be invaluable.

This project consists of five interrelated innovative components that will be developed, implemented and evaluated according to the timeline established in Item 3 of this exhibit.

These components are:

- Development of an innovative train-the-trainer protocol and peer counseling model for peer counselors that provides information, tools and resources that can be used to address the issues of grief, loss, environmental trauma, and exposure to violence and gangs.
- Identification and recruitment of diverse peer counselors to act as mentors for youth and their resource providers who are served by this project.
- Establishment of the Interagency Youth Resiliency Team that will serve collaboratively across department lines.
- Provision of the training to the team and other professional staff working with this diverse population.
- Implementation of the train-the-trainer protocol by culturally and linguistically diverse peer counselors in their interactions and work with youth and their resource providers.

This project will explore and test the implementation of innovative approaches that empower youth and their resource providers in the process of enhancing connections by resolving issues of grief and loss, resolving issues relating to exposure to violence, building coping skills and assisting resource providers in navigating systems and services. Identifying and demonstrating strategies to train and support resource providers, behavioral health professionals, social workers, probation officers and others across the child-serving system in this effort to build connections for these youth is a key component of this project.

- **Development Of an Innovative Train-The-Trainer Protocol and Peer Counselor Model**
This project will develop an innovative model and a train-the-trainer protocol for culturally and linguistically diverse peer counselors and the professional staff who work with youth served by this project. The County of San Bernardino will solicit input from and consult with experts in the fields of grief, loss, environmental trauma and exposure to violence to begin to develop a training protocol that is culturally and linguistically inclusive. Social workers, clinicians, probation officers, and personnel from the courts will be represented during the development of this training. Ideas and the perspectives of current and former dependents and wards and current and former foster parents will also be included. This represents an innovative part of the development of this training. Individuals from the cultures and ethnicities identified as priority populations for Innovation will be recruited for development and provision of the train-the-trainer protocol. This training will provide peer counselors and professional staff culturally and linguistically appropriate information on grief, loss, trauma and exposure to violence It will give the peer counselors and professional staff tools and techniques they can use to help the youth work through these issues in a culturally inclusive manner. Additionally, the peer counselors will provide resource providers with information, tools, and techniques to better understand the diverse youth they serve and the issues they face to use in their interaction with youth. This training will also teach the peer counselors tools they can teach to the youth and to the resource providers to help them help themselves. The protocol will be culturally and linguistically inclusive, with a focus on cultural resiliency and strength based models that help build cultural pride and esteem.

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Applying the idea that youth who enter and become a part of the “system” as dependents/wards is a contributing factor to their issues of grief, loss, and environmental trauma is a new approach. This innovative training protocol and peer counselor model will focus on teaching peer counselors new approaches to connect with the youth and teach them techniques to alleviate these stressors. Teaching peer counselors to work with resource providers and teaching them techniques to connect with youth and build positive relationships with them while assisting them in dealing with grief, loss, and environmental trauma issues that arise during placement is an innovative method of service delivery to this population.

- **Identification and Recruitment Of Peer Counselors and Development of Peer Counselor Relationships**

Culturally and linguistically diverse Peer Counselors will be recruited from former wards of the court and dependent children who have “aged out” of the system and will be representative of the ethnicities and cultures identified as priority populations for Innovation. Peer counselors will be trained with the train-the-trainer protocol, developed and described above, as part of this project to work with and act as peer counselors for youth and their resource providers to address the issues of grief, loss, trauma and exposure to violence and gangs

Peer counselors will teach youth and their resource providers the innovative tools and techniques developed as part of this project to help them address issues faced and to promote healthy relationships.

Youth and resource providers who receive peer counseling from diverse peer counselors will be followed to determine if mentorship, or what form of mentorship, is effective in supporting youth to address unresolved grief and loss, exposure to violence, and trauma issues and enables them to make a successful transition to adulthood in a culturally/linguistically inclusive manner.

Resource providers will have hands on training on culturally appropriate strategies and interventions that will help reduce the stresses of grief, loss, exposure to violence and the environmental trauma of the dependent/ward system.

As envisioned, the train-the-trainer protocol will also develop and teach engagement activities that can be used to connect with youth to promote healthy relationships. The activities may include, but are not limited to, music, art, or sports programs.

Peer counselors will be trained on how to engage diverse youth and their resource providers to help them implement the components of the protocol.

- **Establishment of the Interagency Youth Resiliency Team**

An Interagency Youth Resiliency Team will be established. The team will include the staff members outlined in number 5 of this exhibit. This team will collaborate to provide support to resource providers, youth, and peer counselors; they will collaborate across county departments and service providers that serve this vulnerable population. Clinical and cultural expertise will be made available to the team for youth who exhibit the behaviors resulting from unresolved issues regarding grief, loss, trauma and/or exposure to violence. Clinicians assigned to the team will develop culturally appropriate interventions to use for both resource providers and the youth themselves. The team will also monitor all interaction between the peer counselors and the youth. The courts, DBH, the CFS social worker, probation, and clinicians will all work collaboratively with the team to adopt a plan for each youth.

- **Provision Of The Training**

Once the train-the-trainer protocol is developed, it will be provided to peer counselors, social workers, probation officers and other professional staff who work with these youth to help them address their unique issues.

The efficacy of the training will be tested through follow up with those who received the training to determine if the issues covered are pertinent and are those who receive the training receptive to the topics covered. Additional follow up will be conducted with the youth and resource providers themselves to determine if the tools provided have been implemented to help youth address their specific issues.

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- **Implementation Of The Train-the-Trainer Protocol by Peer Counselors and Professional Staff**

Once the initial training has taken place and peer counselors are in place it is expected that peer counselors and professional staff will use the training, tools and techniques that they have learned in their interaction with youth and resource providers. Professional staff will provide clinical interventions as necessary. They will work with the youth to identify and resolve the issues outlined above. In addition, Peer counselors will work to help youth with life skills in addition to working with them in a mentoring role to teach them the innovative techniques learned in the training they received.

Due to the intense nature of this program there will also be a transitional component built in. As diverse youth age out of dependency or wardship the transitional program will allow for some follow through activities to help the youth's transition into adulthood. As adulthood nears, youth are often faced with the reality of not having housing or any resources. One of the goal's of this program is to help youth learn to establish meaningful relationships and prepare for successful adulthood but the reality is that the program may serve youth who are rapidly approaching adulthood and may need extra assistance during the transitional period.

DBH, CFS and Probation will work together to identify the youth and resource providers most in need of this program.

This project must address the issue of confidentiality to ensure that the confidentiality of each consumer is maintained. Recognizing that each department involved with this project has their own confidentiality regulations and procedures DBH and members of the Interagency Youth Resiliency Team along with representatives from each department will provide administrative oversight and guidance for maintaining confidentiality. All county departments, their personnel, outside agencies and individuals associated with this project will be reminded of the requirement to preserve each child/youth's confidentiality and will be advised of the confidentiality requirements of this project. If needed, new confidentiality procedures and forms will be developed.

The **key learning goals** for this project are:

- To increase the understanding of the impact of grief and loss, exposure to violence and environmental trauma in diverse youth.
- To learn if the innovative application of a model that addresses the issues of grief, loss, trauma and exposure to violence in a culturally inclusive manner allows us to identify and address behaviors that manifest themselves in diverse youth at an earlier point in the youth's exposure to the "system".
- To learn if the reality of being part of the dependency/ward "system" is a contributing factor and/or exacerbates youth's issues of grief, loss, and trauma.
- To learn if a team that includes three major county departments (DBH, CFS and Probation), and countless youth serving programs succeeds in addressing the issues of grief, loss, exposure to violence and environmental trauma experienced by these children.
- To learn if the provision of mentorship, and/or what types of mentorship help these youth address their unresolved issues.
- To learn if the identification of a model for collaboration to address grief and loss issues, exposure to violence, and environmental trauma help build connections for diverse youth served by the project.
- To learn if the application of techniques addressing grief and loss, exposure to violence, and trauma help the youth build positive relationships with resource providers and peer counselors.
- To develop methods and skill sets necessary for resource providers and for identified youth to address unresolved grief and loss as well as environmental trauma in a culturally inclusive manner.
- To learn if Peer Counselors and other professional staff who receive the training can engage youth as well as their resource providers to use the skills and information obtained from the training.
- To learn if the above model for collaboration, methods and skills for intervention and strategies for interaction with youth effectively addresses the impacts of grief, loss, trauma on youth outcomes.

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

This innovation incorporates the six standards applicable to all MHSAs activities:

- **Community Collaboration** – The development, implementation and evaluation of this project will include input and participation by the courts, DBH, CFS, Probation, Foster Family Agencies, faith based, and various community partners. Community collaboration is a key to the development of this project. Each collaborator brings a unique perspective on the needs of youth, resource providers, and the trauma associated with being a dependent or ward of the court. By examining these viewpoints and working together, a truly comprehensive model will be developed, implemented and tested. This project is advanced with the support of numerous community partners as identified through the extensive Community Program Planning process.
- **Cultural Competence** – Stakeholders from all cultures and communities will be represented as the model is created, implemented and tested. The population of the County's at risk children and youth is particularly culturally diverse and challenges the County to test this Innovation within this context. The model will benefit from the inclusion of the DBH Office of Cultural Competence and Ethnic Services as a consulting body.
- **Client/Family Driven Mental Health System** – Diverse family members and individuals who were formerly dependents or wards or resource providers and parents who have been through the system will be part of the development of the program, will participate in the training, be a part of the evaluation of the project and may eventually be recruited as Peer Counselors. The peer counselors will be former dependents or wards. As the train-the-trainer protocol is developed, these individuals will provide input on the contents of the training, the modules that need to be developed, and suggested tools and strategies that will work with youth as well as their resource providers.
- **Wellness, Recovery and Resilience Focus** – Development of this model will incorporate the idea that wellness and recovery are possible and provide resources that identify and promote resilience. We expect that training peer counselors accompanied by a peer counselor program will identify needed interventions and will promote and build on the natural resilience in youth along with bringing awareness to resource providers.
- **Integrated Service Experience** – The Dependent and Ward Resiliency Team project has an integrated service experience at its core. Development of this team and the provision of collaborative services under the direction of the team is an example of utilization of expertise from a range of providers at a single source, including but not limited to, Children and Family Services professionals, Behavioral Health professionals, Probation professionals, current and/or former resource providers and aged out dependents and wards.

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

The target population for this project is all County of San Bernardino dependents and wards of the court in out-of-home placement that are not likely to return to their biological families as well as youth who are wards of the court being supervised by the Probation Department.

We anticipate annually serving 500 unduplicated dependents or wards under court order, as they are not likely to return home.

Also served by this project are resource providers. We anticipate serving 250 unduplicated resource providers annually.

The population includes all genders, ethnic and cultural groups, languages, disabilities, religious groups, income levels and in all regions and communities throughout San Bernardino County.

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3. Describe the timeframe of the program. In your description include key actions of the time line and milestones relating to assessing your Innovation and communicating results significance and lessons learned.

Action	Implementation/Completion Date
Anticipated MHOAC approval.	7/10
Develop list of participants for steering committee including foster parents, youth community partners, CFS, Probation, and DBH.	8/10
Develop global plan/charter.	9/10
Develop Interagency Youth Resiliency Team project design and staffing plan.	11/10
County procurement process to identify training consultants to work on the train-the-trainer protocol.	10/10 – 3/11
Develop train-the-trainer protocol and peer counseling model.	3/11 – 12/11
County procurement process to contract Interagency Resiliency Team and/or hire professional staff	3/11 – 12/11
Recruit and hire peer counselors.	3/11 – 12/11
Establish the Interagency Youth Resiliency Team.	12/11
Provide training and develop monitoring tool/feedback loop on the effectiveness of the training.	12/11 – 7/15
Implementation of train-the-trainer protocol by peer counselors and professional staff.	7/12
Review action plan for trainees and monitor.	7/12 – 7/15
Fully develop target group of youth and resource providers.	1/12 – 7/12
Evaluate the efficacy of training, develop next steps, and possible toolbox for youth and resource providers.	7/12 – 7/15
Take assessed training/support to the next level.	7/12 – 7/15
Develop and implement peer counseling relationships.	7/12 – 7/15
Conduct all aspects of the Interagency Youth Resiliency Project	7/12 – 7/15
Develop and modify evaluation tools.	7/11 – 7/15
Gather information for evaluation of project.	7/14 – 7/15
Report findings.	1/15 – 7/15

Time Frame:

This project will take place over five years. Year one will consist of a ramp up phase and development of essential “in house” components in order to help a project of this size be successful. Year two will consist of the development of the training and the development and recruiting and training of the Youth Resiliency Team. Years three - five will be dedicated to serving the clients in the areas described in section two of this document.

4. Describe how you plan to measure the results, impacts, and lessons learned of your Innovation. Include in your description how the perspectives of stakeholders in the review and assessment were included.

At the close of each training session, training evaluation forms will be completed by participants to obtain immediate feedback on the training. Participants will be asked to provide suggestions for additional subjects that are needed to help in their work with the youth and their resource providers.

At a predetermined time, the peer counselors who received the train-the-trainers protocol will be contacted to ascertain the value of the training in their interactions with youth and resource providers. Did the training make a difference in how they interact with youth and the resource providers they mentor? Has the difference been positive? Are there additional subjects that need to be covered by the training?

Peer counselors and the resource providers will be asked how well the tools and engagement activities worked in order to build rapport with these diverse youth.

On an ongoing basis the Peer Counselors will provide input on the value of the training, if, in their opinion, it has improved their relationships with youth and their resource providers and have the tools taught helped the youth develop better relationships with the peer counselors and the resource providers.

The Interagency Youth Resiliency Team will (in conjunction with our stakeholders: DBH; CFS; Probation; Foster Family Agencies; faith and community based providers; aged out dependents and wards; and resource providers) decide what measures are applicable to determine the success of the project. They will gather the information needed to measure success, evaluate the information gathered and report their findings. Stakeholders will be given the opportunity to review

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and comment on the evaluation information before a final recommendation is issued.

By answering the following four questions the team can evaluate the program:

- What happens with youth and their resource providers that have received mentoring from diverse peer counselors that is different from youth and resource providers who have not received mentoring?
- What team strategies have been found to be effective?
- In what ways is the project making a difference for the community?
- Did the program and its services improve youth's transition to adulthood?

Ultimately, the measurable success of the project will be reflected in enhanced permanency indicators including: reduced incidences of homelessness, increased academic success, employment, and reduced incidences of incarceration for former youth served by the project.

The project will also address youth and family wellbeing indicators included in the CFS System Improvement Plan and the federally mandated Program Improvement Plan for local child welfare agencies. These wellbeing indicators are more difficult to measure; this project will allow for exploration and identification of measurable indicators and appropriate methods for measuring improvement such as longitudinal studies, and perhaps alternative assessment tools such as the Child and Adolescent Needs Survey (CANS). It is anticipated the measurable outcomes for wellbeing will include better interpersonal relationships for youth with their resource providers, parents, family members and others as well as increased happiness and satisfaction with life and improved self-sufficiency.

5. Please include a total budget for your Innovation with a breakdown of expected expenses per year. In addition, provide a budget narrative for costs identified for this work plan as outlined in Exhibit F. Include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. In addition, include a brief description of operating and non-recurring expenditures associated with this work plan. If applicable, provide a brief description of training consultant contracts and work plan management. This description should include the purpose for the contract and work plan management, functions, and length of contract.

Staffing:

One unique feature of this project is that the majority of the staff (approximately 11 FTE's) will be a Peer & Family Advocate equivalent serving as the peer counselors; culturally diverse self-disclosed former dependents/wards will serve as peer counselors to current dependents/wards and experienced service providers will mentor less experienced service providers. These will be stipend and/or contracted positions totaling \$450,000 per year for years three through five.

Four culturally and linguistically diverse Clinical Therapists I (CTI) will work directly with dependents/wards and service providers as well as providing supervision for the Peer and Family Advocates. One Mental Health Clinic Supervisor and one Clinical Therapist II (CTII) will provide overall project leadership, planning and collaboration with other departments. One Office Assistant III will provide general clerical support for the project. Total staffing costs are projected to be \$688,954 per year for years three through five.

A more detailed description of the positions follows:

- **Mental Health Clinic Supervisor - 1 FTE**
The Mental Health Clinic Supervisor will be responsible for program planning activities including identification of objectives and timelines for the project and coordination between departments and divisions to manage resources and personnel within the scope of work and budget parameters. The Clinic Supervisor will assure that project systems and processes meet all regulatory, policy and program evaluation requirements. The Clinic Supervisor will also play a lead role in presentation and dissemination of project information and accomplishments.
- **Clinical Therapist II (CTII) – 2 FTE**
The Clinical Therapist II will provide day-to-day supervision, casework and clinical consultation. The CTII will also be responsible for organizing, overseeing and assisting with planning, development and evaluation activities. The CTII will play a leadership role in collaboration with allied agencies and systems.
- **Clinical Therapist I – 4 FTE**
Clinical Therapists I will provide assessment, diagnosis, clinical intervention, and case management support for youth and resource providers. CTI's will also provide training, direction and immediate supervision to Peer & Family Advocates.

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- Peer & Family Advocate (PFA) – Stipend and/or contract
The project will utilize the two groups of Peer and Family Advocates:
 - Youth Peer Counselors will be self disclosed former dependents/wards and will be recruited from former foster care children and youth and former wards. The Youth Peer Counselors will work with youth in a mentoring capacity to help them resolve grief and loss issues, build coping skills, learn appropriate behavior and problem solving techniques, build relationships, to prepare for successful adulthood.
 - Resource Provider Peer Counselors will be current or former Resource Providers and will be recruited from current and former foster care providers, foster family agencies and parents who have been through the foster care system. The Resource Provider Peer Counselors will act as mentors to current resource providers. Their duties will include assisting resource providers in navigating systems and services, guiding resource providers in developing successful parenting strategies and behavioral tendencies, introducing resource providers to the strategies they were trained on in resolving grief, loss, trauma issues and exposure to violence.

All PFA's will work collaboratively with youth and resource providers to facilitate resolution of grief and trauma issues and promote development of connectedness, permanency and wellbeing.
- Office Assistant III (OAIII) – 1 FTE
An Office Assistant III will provide clerical support for the project. Duties may include answering telephones, relaying messages, scheduling appointments, preparing and compiling documentation, filing/maintaining filing systems and other duties as needed.

Operating Expenses:

Development of Engagement Activities funds, in the amount of \$50,000 per year for years two through five, will be used to develop positive activities designed to allow mentors (PFA's) and Clinical Therapists to connect with the dependents/wards. Expenditures may include purchase of sports equipment, musical instruments, art supplies and other equipment or supplies as needed for the activities developed for the project.

Since this project is envisioned as a home or school based project, PFA's and professional staff are anticipated to incur approximately \$25,500 in travel costs per year as they meet with youth and resource providers.

An eight percent cost for evaluation of the project is included in the operating expenditures for the Department of Behavioral Health; however, the function may be performed by a contract agency.

Training Consultant Contracts:

Training consultants will work in partnership with volunteers to develop training on the effects of grief, loss and environmental trauma in foster care children and youth and wards of the court. They will also develop a model for Peer Counselors to follow in addressing these issues. Initial training will be provided to Professional Staff and Peer Counselors. Training development and delivery costs are estimated at \$75,000 and are expected to be completed during the first year of the project.

An additional \$20,000 has been included for purchase of copyrighted training materials during the first year.

Volunteers will be a vital part of the training development process; an estimated \$6,747 in stipends is considered necessary for this phase of the project only. Volunteers included in the training development process will consist of foster youth (current and aged out), parents experienced in the foster care process, resource providers and other individuals with detailed knowledge of the process and its effects on foster children and youth.

Transitional Component

A budget of \$173,000 per year for years three through five has been budgeted for the Transitional Component of this project.

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Foster Youth Resiliency Team Concept (INN 05)
Proposed Project Budget per year

	Year One	Year Two	Year Three	Year Four	Year Five
Personnel:					
FTE's			\$688,954	\$688,954	\$688,954
Stipends			\$450,000	\$450,000	\$450,000
Operating Expenditures:					
Development of Engagement Activities		\$50,000	\$50,000	\$50,000	\$50,000
Travel Costs			\$25,500	\$25,500	\$25,500
Supplies			\$17,000	\$17,000	\$17,000
Other office related expenses (including rent, utilities, office equipment)			\$75,000	\$75,000	\$75,000
Youth transition assistance (development and implementation)			\$173,000	\$173,000	\$173,000
Training Consultant Contracts:					
Outside Training Consultants (develop and train)		\$75,000			
Training Materials		\$20,000			
Volunteer Stipends for Training Development		\$6,747			
Evaluation	\$79,828	\$79,828	\$79,828	\$79,828	\$79,828
	\$79,828	\$ 231,575	\$ 1,559,282	\$ 1,559,282	\$ 1,559,282
	Total Proposed Expenditures (Five Years):				\$ 4,989,249
Admin Cost (15%) Year One					748,387
Operating Reserve (10%) Year One					573,764
	Total Project Funds:				6,311,400

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

The active participation of key interagency partners in collaborative case identification and monitoring as well as project assessment will occur on an in-kind basis.