Madera County
Behavioral Health Services

Innovation Work Plan Narrative
and Budgets
6/10/14

Innovation Work Plan Narrative

Date: June 13, 2014

County: Madera

Work Plan #: 1

Work Plan Name: Perinatal Mental Health Integration Project

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).

Depression is a mental health condition experienced by some new mothers during pregnancy or after birth. Left untreated, it can lead to Perinatal Mood and Anxiety Disorder (PMAD). This disorder is serious, but highly treatable. Pervasive Central Valley regional factors that increase the risk for experiencing this disorder include:

- Low income,
- Provider/client language disparities,
- Social isolation,
- High teen pregnancy rate,
- Lack of transportation, and
- Level of education.

Research suggests that the general prevalence rate of PMAD is 15-20%, but research shows that it is higher (25%) in the Central Valley, due to the aforementioned risk factors. Left untreated this disorder can lead to mothers experiencing lifelong and disabling depression, which in turn affects their child's growth and development as well as the family system, potentially for a lifetime.

Quality prenatal care includes integrated physical and mental health care. Eighty percent of Madera County mothers begin prenatal care during their first trimester of pregnancy; a rate higher than neighboring counties such as Kings County (74%), San Joaquin County (74%), and Merced County (61%).

To address the perinatal mental health needs of new mothers in Madera County, Madera County Behavioral Health Services would implement mental health care services that are integrated into a primary care setting. The Perinatal Mental Health Integration Project (PMHIP) is an integrated health and mental health service.

This project in Madera County would require the development of an interagency collaboration between the public health agency(ies) including the Woman, Infants and Children (WIC) program, Behavioral Health Services and its providers, Madera Community Hospital, medical providers (including the Federally Qualified Health Center [FQHC], local high schools, other

agencies who service women of child-bearing age, private business and consumer/family representatives.

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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 Perinatal Mental Health Integration Project (PMHIP) is focused on integrating mental health services into a primary care (FQHC) setting. Madera's project would take an approach that is client-driven and includes provider training/education and support for systems navigation/community resources. This involves primary care providers screening women for PMAD and a progressive differential response to the results of the screening. This includes;

- Standard primary care health services provided to all new mothers,
- Support groups to address stressors that may cause low level mental health issues, and
- Referral and linkage to public mental health services for those mothers that experience acuity of mental illness symptoms that would be considered severe and persistent.

The PMHIP services will also include primary care provider training. This training will involve;

- How to administer the screening instrument,
- How to educate perinatal mothers and their families on the basics of PMAD,
- How to recognize symptoms of PMAD,
- The potential consequences of not seeking treatment for the disorder, and
- Provide resources for social supports and self-help plan development.

Groups will be developed in Madera County to help women access additional social supports as needed.

The issue addressed by this project is how to establish an inter-organizational collaborative that supports the delivery of integrated physical health, mental health and related services. The population chosen for this project is new mothers at risk of developing Perinatal Mood and Anxiety Disorders. Mental Health's service integration into primary care services will address the needs of this high risk perinatal population who are unlikely to access mental health services in a traditional mental health setting. This model will be adapted to the unique needs of Madera County.

The expected outcome will be how to establish a process for developing an inter-organizational collaborative that supports the integration of mental health services into a primary care setting. The methodology for establishing this integration will be accomplished through regular meetings with representatives from participating organizations. The meetings will focus on what works and what does not work in establishing an inter-organizational collaborative that supports integrated inter-organizational service delivery.

The positive change initiated is this project would be moving from multiple organizations serving the same population in an informal and uncoordinated way, to using a formalized collaborative process to serve the same population. Ideally, this should increase service efficiency, reduce costs and resource redundancy, and improve client outcomes.

This project supports and is consistent with the general standards identified in the MHSA and in Title 9 CCR, Section 3320.

Community Collaboration

PMHIP will initiate collaboration and service linkages between community primary care providers, mental health services and other resources that address the determinants of health for the target population. Previous efforts to establish these types of relationships have been largely unsuccessful. The collaboration and service linkage processes will be developed through a multi-agency process. This will include mental health training to primary care providers enabling them to screen for Perinatal Mood and Anxiety Disorders (PMAD) and link clients to mental health care when appropriate. The project will learn how collaboration between community primary care and mental health providers can be established and maintained in Madera County. One of the indicators of success will be the creation of formal group processes for multiple organizations to provide services in a coordinated way.

Cultural Competence

Research has shown that young women and/or women from ethnic minority groups are much more likely to access mental health care through primary care. They often do not have the resources to seek multiple types of care services at multiple sites. They are leery of accessing mental health care due to the social consequences of stigma and discrimination. Ideally, these access barriers will be removed through service delivery in a primary care setting, which will increase the rate at which these women access behavioral health services.

Perinatal Mood and Anxiety Disorders can affect women from all backgrounds, despite their income levels, age, ethnicity, education or culture. PMHIP will serve all perinatal women who are in need of services, free of charge. In order to accommodate Madera's population, a bilingual Care Coordinator would be hired to meet the language need, as well as, understand and appreciate the any unique cultural needs. All program materials will be offered in both English and Spanish.

The Madera County Department of Behavioral Health (BHS) endeavors to engage populations that are at risk of developing mental illness, such as ethnic minorities (e.g. Latinos), people living in poverty, minority groups, and persons exposed to and/or displaced by war or conflict (e.g. veterans). BHS does this through directly involving people from these populations, cultural brokers, and representatives of partner organizations such as primary care providers, public health and social services. These representatives attend service planning meetings as well as provide ongoing consultation regarding day to day operations. Furthermore, many people from the Hispanic population that are employed in our department that inform service development and delivery. Staff or contracted interpreters offer translation for monolingual speaking individuals.

For the people from at risk populations, BHS broadcasts information regarding opportunities for participation in services planning via email blasts to all county departments, including veterans services, and local Spanish news media (radio and newspapers). In addition, our Promotores work with the Promotores from other agencies to distribute this information along with educational material to the community.

Client Driven Mental Health System

The women involved with the new PMHIP services will be involved in the development of this program. This will be done through surveys, consultation and group meetings regarding how well the services are meeting their needs and how these services can be improved. One of the cultural challenges to be addressed is the collectivistic hierarchical nature of the Latino community. From this perspective, it is expected that the doctors and other providers will tell clients what they need to do to be healthy. To question the direction of doctors and providers would be inappropriate from this perspective.

The field of health and mental health in the United States is built on an individualistic, nonhierarchical culture. It is expected that people receiving services will be consulted regarding the health/mental health decisions made about them. Part of the learning for this project will be how to bridge these cultural differences.

Family Driven Mental Health System

Often young women have significant family involvement in their care and support during pregnancy and after their children are born. Some women will want to make all or most of the decisions about their care and the care of their children. Some will want to involve their immediate and sometimes extended family in these decisions. This is true for many Latino women. Because of this, involving family members in the review and improvement of service delivery may be more effective than only asking the client themselves. So the families of these women may also be involved with the development of this project through surveys, consultation and group meetings regarding how well the services are meeting their needs and what can be improved to better meet their needs.

Wellness, Recovery and Resilience

One of the goals of PMHIP is to learn if the wellness and recovery of women who may experience PMAD can be increased if treated early. It is believed if PMAD is addressed early in its onset; it can be a short-term condition that is not disabling. If left untreated, the condition can evolve into a life-long period of depression, increase the likelihood of pre-term labor and pre-eclampsia and can lead to long term emotional effects for the child. This program will support and educate women to remain healthy both physically and psychologically during pregnancy and after delivery, even through challenges. If they do experience PMAD, early intervention through physical and mental health would promote a quick recovery from any level of disability. Lastly, personal resiliency will be promoted through education, support and linkages to appropriate community resources.

Integrated Service Experience

Young women often need a number of resources to remain healthy and well during pregnancy and after delivery. In addition, to the health and mental health services that will be provided, clients and their families will also be linked to resources to address the determinants of health such as food, clothing, shelter and income. They will receive direct assistance with accessing these resources, when needed (e.g., system navigation). A general goal for this integrated care project is for client to only have to go to one place to obtain or receive assistance obtaining the array of services they need to be healthy and well.

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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)

The primary learning for this project will be to learn how to establish an inter-organizational process that supports collaborative service delivery from multiple organizations including the integration of mental health services into a primary care setting.

A successful perinatal program should provide comprehensive services and supports, be able to share patient information and include a multidisciplinary inter-organizational team that work at a primary care site. Multiple organizations are required to collaborate and coordinate the services needed for effective care. Ideally, these services would include case management, nursing and several specialized services such as perinatal therapy, family specialty medical doctors, psychiatry, occupational therapy and pharmaceutical specialization in perinatal medication delivery. It would also require resources for the determinants of health such as transportation, food, finances, housing and others. No single organization in Madera County provides all of these specialty services. The major learning for this project will be;

- How to provide services and resources needed by the target population,
- How to coordinate the utilization of resources available to various organizations in Madera County in an effective/efficient manner.

To accomplish this, there will be a multiagency, multidisciplinary approach to assemble and maintain a formal collaborative used to provide care, within the limited resources of a small rural county. The complex needs of the target population will require a collaborative approach to service delivery including physical health, mental health and other services.

Most of this target population relies on public transportation or a friend or relative to get them to a clinic site. This can be a challenge. Further complicating this issue is that, these mothers may be very resistant to seeking help at a mental health clinic, but will go to a primary care clinic.

Other challenges to primary care integration will be bridging the cultures between the primary care setting and the mental health setting; finding space and time for training primary care staff; educating clients about various services and the implementation of integrated services.

This project will learn through delivery of behavioral health care services to perinatal populations in collaboration with physical health; how to implement an inter-organizational collaborative that supports integrative service delivery. This will have large benefits for both behavioral health, primary care and other organizations involved in the collaborative. This learning will be essential for implementation of services under the Affordable Care Act, as this new law requires integrated services/resource delivery.

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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: 04/14 - 03/17
MM/YY – MM/YY

The basic process for developing an inter-organizational collaborative group involves:

- Convening the representatives of the organizations that will be involved in project
- Develop a common understanding between the organizations about how and why they provide services, in order to develop an understanding of each other's organizational processes,
- Establish common goals for the project,
- Develop a conflict resolution process for working through any interpersonal conflict due to organizational cultural differences,
- Develop a common culture between organizations that will facilitate effective work flow processes, including establishing norms of behavior for project implementation, some of which will be reflected in formal policies,
- Develop and implement new services with an ongoing evaluative process. This process provides those involved, the information needed to adjust and improve service integration processes,
- Determine if this pilot project developed an effective inter-organizational collaborative process,
- Develop and implement a sustainability plan for the project, if it proves to be effective, and
- Drafting an inter-organization service development protocol that can be used for other inter-organizational projects

Research shows establishing an inter-organizational collaborative process takes approximately 2 – 5 years, depending on the size and the scope of the project. This project is starting with a small, specific target group. The information developed through this project implementation, should determine whether or not establishing a collaborative integrated care process is feasible and if the activities and service outcomes are or are not successfully implemented as a result. Whether the collaborative process is effective or not is a reflection of how well services are integrated.

The times below will be adjusted to align with appropriate months once funding is granted.

Date	Activity	Outcome
Apr-Jun 2014	• Develop training and marketing materials • Identify organizational stakeholders • Begin reaching out to providers • Convene initial first collaboration meeting to discuss how their organizations will work together • Develop baseline measures for collaborative strength and PMAD awareness • Conduct needs assessment to establish a baseline by which to measure the strength of the current inter-organizational work, as it relates to effective multi-sector service delivery	• Development of the interagency collaboration • Needs and readiness survey data to guide project development • Pre-collaborative strength assessment identifying the resources so the partner agencies can establish the interagency collaborative goals • Establish baseline measures against which progress towards goals can be measured
Jul-Sep 2014	• Pilot initial training and PMHIP to providers • Begin Madera based support groups • Pre/post education assessment • Assess client and provider satisfaction though surveys and group feedback • Assess support group efficacy and consumer satisfaction • Begin linkages to and from primary care and behavioral health • Begin linkages to other needed community resources • Identify ways to refine any processes that are not meeting project goals	• Determine how effective training was in promoting client wellbeing (by self report) • Determine whether providers are screening and referring clients to resources as anticipated • Determine whether the support groups are engaging clients and promoting learning • Process evaluation and root cause analysis of unexpected and unwanted program outcomes • Begin assessment of team cohesion, as it relates to establishing a collaborative group process • Quarterly report
Oct-Dec 2014	• Continue training • Continue support groups • At second collaboration meeting, review results of process evaluation and root cause analysis • Pre/post education assessment • Assess staff and provider satisfaction • Support group efficacy and consumer satisfaction	• Identify strengths and weaknesses of interagency collaboration relationships and processes • Identify how education received by providers has or has not changed their practice • Learn whether there was an increase in service capacity related to services integration

	• Determine collaborative strength • Develop fidelity measures	efforts and support groups • Identify new processes needed to meet program goals • Quarterly report
Jan-Mar 2015	• Obtain feedback from providers regarding what worked, what didn't work and what could improve the training they are receiving and improve support groups • Pre/post education assessment • Assess the providers' satisfaction with collaborative process • Obtain feedback from clients regarding what worked, what didn't work and what could improve with the support groups • Obtain feedback on clients' satisfaction with integrated services	• Obtain measure of effectiveness of piloted training in changing provider behavior and improving client outcomes • Obtain measures of whether the project increased services capacity through mental health services integration and support groups • Process evaluation of services delivery, how well staff members are working across organizational boundaries, and how well the quality improvement feedback from providers and staff have helped the project effectively meet its goals • Quarterly report
Apr-Jun 2015	• Launch provider training and support groups which have been refined based on the feedback from providers and clients • Convene collaboration meetings with stakeholder organizations to discuss any challenges with systems navigation, service access, and staff working between organizations • Pre/post education assessment of providers and clients • Obtain feedback from staff and providers regarding what they think has been working and what might improve the services being provided • Support group efficacy and consumer satisfaction • Assess collaborative strength with standardized survey • Data Evaluation	• Learn where the collaborative project is in the group dynamic stages of group formation, as it relates to the interagency collaboration • Learn how effective the training has been in changing provider behaviors toward implementing the new service • Learn if the project has increased capacity through systems integration • Data evaluation and outcomes • Root cause analysis of any implementation challenges and outcomes of efforts to resolve these challenges • Quarterly report

Jul-Sep 2015	• Continue ongoing assessment of project implementation • Pre/post education assessment of effectiveness of training • Assess provider satisfaction with the new services, as it relates to integrated services development and client outcomes • Assess feedback from clients and provider as to the support group efficacy and consumer satisfaction; as measures of the success of the collaborative project's effectiveness	• Improved quality of education process for providers • Increased inter-organizational staff work leading to quality of outcomes for support group attendees and provider skills and services • Process evaluation and root cause analysis of any programmatic challenges identified with integrated service development. • Quarterly report
Oct-Dec 2015	• Review changes that have been made of the services delivered by providers to clients at collaboration meeting o Includes results of pre/post education assessment, changes in staff and provider satisfaction, changes in support group efficacy and consumer satisfaction • Assess strength of relationships between providers of the organizations involved in the collaborative, and providers and clients • Fidelity measure	• Examine whether deeper and more stable collaborative relationships Interagency collaboration have been established • Improvement in quality of education given to providers • Increased capacity to meet staff and client needs through systems integration and support groups • Root cause analysis of challenges and effectiveness of addressing these challenges • Quarterly report
Jan-Mar 2016	• Continuation of quality improvement of services • Community Education media program to promote success of the programs	• Examine whether deeper and more stable collaborative relationships Interagency collaboration have been established • Improvement in quality of education given to providers • Increased capacity to meet staff and client needs through systems integration and support group • Root cause analysis of challenges and effectiveness of addressing these challenges • Quarterly report

Apr-Jun 2016	• Review successes and challenges of project • Identify if the project will continue and how that will be accomplished	• Acknowledge how successful the project collaboration process has been in establishing new services • Acknowledge which processes have helped it to establish new services • Data evaluation update • Quarterly report
Jul–Sep 2016	• Begin seeking new funding for continuation of services • Discuss what the next stages of the project will be and if new stakeholders need to be engaged to sustain the project	• Learn how successful the project has been in establishing a new integrated services through inter-organizational collaboration ○ Learn which processes have helped it to establish the new services • Data evaluation update • Quarterly report
Oct-Dec 2016	• Present what new resources have been identified to sustain the project • Present plan for how the project will transition into its next phase	• Final inter-organizational collaborative process feasibility assessment • Transition plan to next phase of the project • Process evaluation • Quarterly report
Jan-Mar 2017	• Data evaluation completed, final report	

Innovation Work Plan Narrative

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.

The goal of the Perinatal Mental Health Integration Project (PMHIP) is to develop an effective inter-organizational collaboration that will provide the foundation of integrated mental health and physical health care. The proposed PMHIP will involve collaborative partnerships with the California Health Collaborative (along with associated partners) and Madera County partners.

The primary aim of the evaluation will be to determine whether or not an inter-organizational collaborative process has been established between multiple organizations as the means of providing an effective integrated services delivery model that includes mental health and physical health services. The program evaluation will include evaluation of the effectiveness of the collaborative process in developing and delivering a service. Success in service delivery depends on the success of the collaborative process and relationships between organizations implementing these services.

Organization Development Evaluation

The review and assessment of the project will measure the behavior changes of the health care systems' organizations, staff members and consumers. What will be measured are the scope and the rate of how the organizations' business processes changed to be able to provide integrated services provided by multiple agencies. Process evaluations and root cause analysis will be initiated when the project starts and throughout the projects implementation.

This will, ideally, lead to understanding how well the project was able to establish a collaborative process to implement integrated mental health services in a primary care setting, and an inter-organizational collaborative to support this. The analysis would include what did and did not work in establishing a collaborative process to implement integrated services.

Analysis will be done through narrative inquiry qualitative dialogic approaches and quantitative processes using Likert-type questionnaires for data gathering and to assess the outcomes of the collaborative approach. Collectively this data will provide the information regarding why behavior changes occurred or did not occur. The behavior examined will be organizational business processes, staff behavior and clients' behavior.

Examples of issues to be addressed are as follows:

- How well organizational cultural differences between organizations were addressed, as they relate to collaboration implementation.
- How well the adaptations implemented to meet the multidisciplinary, wraparound and specialty care needs of the clients were addressed (e.g. video conferencing practioner services that are not available locally).
- Whether or not the project is sustainable
- The extent to which staff from both organizations reported a positive or negative experience during the integration effort

- The extent to which staff and clients reported organizational and personal behavioral changes
- The quality of the conflict resolution process between staff from different organization in implementation the collaborative process
- Whether the staff from both organizations believed the project improved the quality of care
- Things that the clients appreciated most
- Areas that worked well and areas that require improvement in project development

Qualitative data analysis, questions and discussion themes selected will be based upon the type of information that is either lacking from the quantitative analyses or that is needed to provide a more complete picture of the effectiveness of ongoing programs and individual projects. This form of evaluation will be conducted with staff, individuals and groups.

Flexibility: An expansion or modification of the evaluation will be made as needed, provided that such changes do not risk creating a set of confounded data.

Quality of Services: This project attempts to target the coordination of mental health and physical health services to enable the effective screening and treatment of patients. An important outcome of this project is to ensure collaboration between providers and agencies that serve patients during the perinatal period. This evaluation will measure the degree to which this project impacts a systems change, and change at the individual level.

The PMHIP Program Manager will be informed of any additional analyses that might be needed to affect the ability to fully articulate the data. Both line staff and management will be involved in these conversations.

Over-Arching Evaluations: With respect to demonstrating the effectiveness of PMHIP, the most important are those that describe the over-arching evaluations. To develop a set of data for the over-arching evaluations, a data analytic system that permits combining data contributed by the various clients, staff and collaborators will be used. Pre-intervention data will serve as an initial baseline, and these data will be used to calculate transformed difference values to assess change over the program period. This approach will allow us to examine the magnitude of the impact of specific strategies on target patient population behavior changes (e.g. attending support groups, and accessing mental health and physical health services). This procedure will allow us to develop a descriptive picture of change in behavior, attitude and knowledge for segments (e.g., quarterly) of the reporting period, which can then be summed to estimate PMHIP's over-all effectiveness for the grant period. These analyses will provide a measure of program viability. At the completion of this project we should be able to learn if this project provides a more effective model of care and if it can promote systems change.

The evaluation will help us to gain knowledge of: 1) how to collect qualitative and quantitative data with clients, key stakeholders, collaborative partners, and staff; 2) if the PMAD screening increases the frequency of client attending groups and education sessions; 3) if successful referrals and early treatment affect the onset of mental health conditions; 4) if support groups were effective in meeting their goals; 5) if inter-agency efforts increases program linkages, and 6) determine overall program efficacy.

The specific data analytic procedures that will be used for these over-arching evaluations will be ANOVA and Chi Square. It is the most efficient way to combine the data collected from the diverse sources. This may be used to develop a community development matrix to capture and

quantify complex qualitative and quantitative realities. If this is determined to be the case, the development of a matrix will ensue early during the implement phase of the project.

Additional analyses to specifically target the PMHIP model's adaptations will examine;

- The relationship of limited direct services and referral capacity with screening practices;
- The relationship between education and PMAD severity and recovery as a function of the self-care plan, and
- The degree to which each member and the collective whole of the interagency team, effectively contributes to the new model of care.

Additional analyses will depend on the nature of the data that become available. In addition to this set of general over-arching evaluations, we will determine if the degree of exposure to specific strategies of the program is having a desired salient effect on the relevant outcome variables.

Demographic Variables: A comprehensive array of demographic data will be collected for each client in each program (e.g., age, gender, ethnicity, socioeconomic status). These data will allow analyses to identify potentially meaningful differences in progress made by identifiable groups within specific aspects program (the statistical approach taken here will depend on the sample sizes).

Process Evaluations: We will describe selection and training of staff, solicitation of participants, survey of demographic data and program attitude (staff satisfaction forms). Key items include:

- Were the licensed professionals conducting the training?
- Did medical providers effectively in transmit the information to clients?
- Have the trainings been successful?
- What is the role of the advisory committee?
- Was the system navigation protocol developed and has it been useful to medical providers?
- Were women with PMAD accurately identified and referred to appropriate services?
- What were the key successes and challenges during the early implementation phase?

Innovation Work Plan Narrative

Leveraging Resources (if applicable)
Provide a list of resources expected to be leveraged, if applicable.

The Collaborative has several connections in Madera County that may be called upon to collaborate and network with regards to establishing an integrated service and space for support groups. Additionally, the Collaborative would call upon OB/GYN and Family Practice providers to work with on integrating PMAD care with primary care. Below is a table of partners the Collaborative has worked with on other projects and an example of collaborations that will be attempted during this project:

Potential Madera County Perinatal Mental Health Partners

Date	Agency	Contact Name	Position Title	Telephone Number	Email Address
03/15/13	Madera Community Hospital	John Frye Cat Wise, (Admin Ass't)	CEO	559-675-5555 559-675-5501	jfrye@maderahospital.org
3/15/2013	Madera Community Hospital	Mary Farrell	DON	559-675-5555	mfarrel@maderahospital.org
3/15/2013	Madera Community Hospital	Donna Aldrich	Manager of Obstetrics	559-675-5555 ext: 2767	daldrich@maderahospital.org
3/19/2013	Madera Family Health Services	Karen Paolinelli, NP	Manager of OTPT Clinic	559-675-5555	kpaolinelli@maderahospital.org
3/15/13	MCPHD	Tom Cole, MD	Health Officer/TB Controller	559-675-7893 ext: 244	tom.cole@madera-county.com
3/15/13	MCHPHD	Van Do Reynoso	Director	559-675-7893	van.doreynoso@madera-county.com
3/15/2013	MCPHD	Biana Grogg	DON	559-675-7893	biana.grogg@madera-county.com
3/15/2013	MCPHD	Lorraine Bruggerman	WIC Director	559-675-7623	lbruggerman@madera-county.com
3/15/2013	MCBHS	Julia Garcia	LCSW	559-675-7920 OR 559-661-5156	jgarcia@madera-county.com
3/19/2013	MCBHS	Annette Presley	LCSW	559-673-3508	Annette.presley@madera.co.us.gov
3/19/13	First Five Madera County	Chinayera Black-Hardaman	Executive Director	559-661-5155	

Date	Agency	Contact Name	Position Title	Telephone Number	Email Address
3/19/2013	Darin M Camarena Health Center	Jeanette Garcia	Chronic Disease Coordinator	559-664-4000	jgarcia@camarenahealth.org
3/19/2013	Community Action Partnership of Madera County	Elizabeth Wisner		559-559-673-9173	
3/19/2013	Children's Hospital Central California	Kristine Aubry	NICU Manager	559-353-8769	kaubry@childrenscentralcal.org
3/19/2013	Picayune Rancheria of the Chukchansi Indians	Diane Lewis	Grants Manager	559-692-8711	Diane.lewis@chukchansi.net
3/19/13	Picayune Rancheria of the Chukchansi Indians	Nancy Ayala Admin Ass't: Tricia Attard	Tribal Chairwoman	559-683-6633	tattard@tcouncil.com
3/19/2013	Picayune Rancheria of the Chukchansi Indians	Reggie Lewis	Vice Chair	559-683-6633	
3/19/2013	CalViva Health Net	MariaElena Avila-Toledo	Health Promotion Consultant for Madera County	559-447-6162	MariaElena.X.Avila-Toledo@healthnet.com
3/19/2013	Anthem Blue Cross	Oyuki Chow	Senior Outreach Specialist	559-488-1380 ext. 1392	Oyuki.Chow@wellpoint.com

Budget Narrative

The efficiency of this program is in the ability to reach clients via phone and in support groups and working in collaboration with existing services in Madera County to create a network of services. There is a great deal of potential for the program model to evolve and include other aspects to perinatal mental health such as infant massage, when working collaboratively with other groups. The program can initially be launched with one full-time Care Coordinator and a part-time Program Manager. There may be a need later, as the program model evolves, for another part-time Care Coordinator to assist. It is difficult to say if that will be necessary until the program model is in use and evolving to fit the needs of the clients and Madera County. A great deal also depends on the network that can be created. Additional savings to this budget may be found if a local psychiatric consultant could be used, perhaps an agreement with Madera County Behavioral Health could be established.

Program Activities: Snacks for the support groups at a rate of $45/per group x 3 groups x 45 weeks.

Communications: Cell phone will be used as the primary communication form because of the outreach. The rate is $200 per month for Verizon unlimited talk, text, and data plan.

IT Support: $30 per month for Wi-Fi for laptop and $53 month for IT support including email hosting, software updates, systems back up.

Space Rental: We are hopeful that some of the rental space for the support groups will be donated by one of our many partners in Madera eliminating or reducing the amount needed for space rental. The three sites rental amount is an estimate based on the need to rent space only on a weekly basis for support groups in the rural areas and having a more permanent space in metro-Madera. While we believe that it may be possible to have the space donated, in order to accommodate the chance that there is a need to lease meeting room space on a weekly basis, the cost is estimated based on the going rate for small meeting rooms. For example, in Oakhurst a space can be leased for 2-5 hours a week for $20 an hour at the Oakhurst Community Center. There may be a need for more time in metro-Madera. As the program evolves, this may need to change to accommodate the changes in the program, and the budget amounts listed are at an amount to accommodate this. The 70 square feet at a rate of $1.34 per foot lease amount is for the space allocated to the employees at the CHC Fresno office.

Transportation and Travel: Mileage reimbursement at the current rate of $.55 per mile for 7,272 miles in year one during the start-up phase of the program. The mileage is necessary for the Care Coordinator to provide client outreach in the rural areas and training to providers. Years 2 and 3 it is estimated that mileage cost would be less because relationships with the providers will be more established.

Data Evaluation: The data evaluation contract is a key component of this project as it is funded with MHSA Innovations money and the data evaluation will show the outcomes of the service model to help determine if the program model is viable requiring future funding dollars. The dollar amount designated for data evaluation is based on feedback from the State on the importance of the data evaluation to test the model. Because this is an integration project, the evaluation reaches beyond the typical service program evaluation where the focus is on outcomes and client numbers. This evaluation will look at how this program creates systems change within Madera County and will involve establishing a baseline measurement of integration through the collection of qualitative and quantitative data and re-evaluating again at a later date. The change reflected between the two measurements will indicate the degree of systems change. Surveys will need to be implemented to health care providers, service providers, County employees as well as to consumers. This will involve creating a survey tool that captures the necessary data elements, translating and back translating into Spanish, logging, data entry and then using ANOVA and Chi Square to evaluate the relationships. Additional evaluation of the impact on clients will yield further information as to how successful the program is from the client's perspective.

The Proposed Staffing: 0.80 FTE Care Coordinator, and 0.50 Program Manager. Salaries are based on the current salaries rate for the organization and approved by California Health Collaborative's CEO. TOTAL FTE for year 1 is 1.30, and years 2 and 3 it is 1.5 FTE.

Employee Benefits: Benefits for the 1.30 FTE for year 1 and 1.5 FTE for years 2 and 3 are based on the organizations existing benefits rates and the total wages. The benefits package includes FICA 0.0608, Medicare 0.0142 and health insurance coverage.

MHSA Innovation Project

Company Name: California Health Collaborative

Project Name: Perinatal Mental Health Integration Project

Attachment A: Budget

	Year 1	Year 2	Year 3	Total
Wages	$66,240	$64,416	$74,097	$204,753
Benefits	$19,044	$19,325	$20,660	$59,029
Total Wages & Benefits	$85,284	$83,741	$94,757	$263,782
Program Activities	6,075	6,075	6,075	18,225
Communication	2,000	2,000	2,000	6,000
Equipment - laptop	2,000	0	0	2,000
Printing	1,000	1,000	1,000	3,000
Information Tecnology Services	1,020	1,020	1,020	3,060
Office Supplies	2,400	1,000	1,000	4,400
Professional Services				
1. Data Evaluation Contract	40,000	35,000	35,000	110,000
2. Psychiatric Consultation	9,000	9,000	9,000	27,000
Advertisement	1,500	1,000	1,000	3,500
Rent- space at CHC 70sq ft@ 1.34 x 12 months	1,125	1,125	1,125	3,375
Rent space in Madera	6,000	6,000	6,000	18,000
Rent space in Oakhurst	5,000	5,000	5,000	15,000
Rent space in Chowchilla	5,000	5,000	5,000	15,000
Transportation & Travel	4,000	3,500	3,500	7,500
Total Services & Supplies	$86,120	$76,720	$76,720	$239,560
Administration Cost @ 15% of total direct cost	$12,918	$11,508	$11,508	$35,934
Total Contract Expense	$184,322	$171,969	$182,985	$539,276
Madera Co Administration Cost @ 15% of total direct cost	$12,918	$11,508	$11,508	$35,934
Operating Reserve	$28,945	$42,708	$31,692	$103,345
Total Expense	$226,185	$226,185	$226,185	$678,555

YEAR 1

Classification	Function	Total Number of FTEs	Salary and Overtime per FTE[b/]	Benefits per FTE[b/]	Total Salaries. Wages and Overtime
Care Coordinator	Direct Service	1	$51,840.00	$12,960.00	$64,800.00
Program Manager		0.3	$14,400.00	$3,600.00	$18,000.00
Total Staffing		1.3	$66,240.00	$16,560.00	$82,800.00

YEAR 2

Classification	Function	Total Number of FTEs	Salary and Overtime per FTE[b/]	Benefits per FTE[b/]	Total Salaries. Wages and Overtime
Care Coordinator	Direct Service	1	$52,416	$13,104	$65,520
Program Manager		0.25	$12,000	$3,000	$15,000
Total Staffing		1.25	$64,416	$16,104	$80,520

YEAR 2

Classification	Function	Total Number of FTEs	Salary and Overtime per FTEb/	Benefits per FTEb/	Total Salaries. Wages and Overtime
Care Coordinator	Direct Service	1	$54,513	$13,628	$68,141
Part time Care Coordinator	Direct Service	0.2	$9,984	$500	$10,484
Program Director		0.2	$9,600	$2,400	$12,000
Total Staffing		1.4	$74,097	$16,528	$90,625

EXHIBIT D

Innovation Work Plan Description
(For Posting on DMH Website)

County Name

Madera

Work Plan Name

Perinatal Mental Health Integration Project

Annual Number of Clients to Be Served (If Applicable)
258+ Total

Population to Be Served (if applicable):

Madera County is a rural county with approximately 152,000 people and 2346 annual live births. Perinatal mood and anxiety disorders (PMAD) occur inapproximatley 25% of women in California's Central Valley, and 38% of Hispanic women. Approximately 1290 Hispanic women in Madera County suffered from PMAD in 2011, but were untreated. This project aims to reach 20 %- 25% (258-322) women of this group a year.

Untreated PMAD can lead to lifelong major depression for mothers, which affect babies' developmental milestones, and the entire family system. This program's goal is to develop an interagency collaboration to support women and perinatal providers serving women to better serve at risk women, 2) see if a formally coordinate community wide effort will aid in reaching these mothers and children over the course of the three years of the funding, and 3) increase PMAD screening rates by Obstetric and Family Practice providers in Madera County through education on PMAD and screening protocols.

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

The project goal is to establishing a process for how to develop an inter-organizational collaborative that supports the integration of mental health services into a primary care setting. This will be done through developing a project that will serve women in Madera County with Perinatal Mood and Anxiety Disorders (PMAD) through an inteagency collaboration of mulitple organizations that integrate the services provided by these organizations into one project. This innovation promotes wellness through early intervention and prevention aimed at reducing the number of women seeking crisis care or treatment at the emergency department. The project services will include: 1) training and education about PMAD and 2) a PMAD toolkit.

The project will pilot an interdisciplinary care coordination team from multiple diciplines. This team's purpose is to build wellness, resiliency and recovery in clients through greater community collaboration, systems integration and cultural competence. The project will attempt to implement behavioral health services integration into a local primary care setting through a formal interagency collaborative as well as other community resources.

MADERA COUNTY
BEHAVIORAL HEALTH SERVICES
Administration

DENNIS P. KOCH, MPA
DIRECTOR OF BEHAVIORAL HEALTH SERVICES
•ME\.ITAL HEALTH DIRECTOR
•ALCOHOUDRUG PROGRAM ADMINISTRATOR

P.0. BOX 1288
MADERA, CA 93639-1288
PHONE (559) 673-3508
FAX (559) 675-4999
CONFIDENTIAL FAX (559) 661-2818

Mental Health Services Act:

2014-2015
Annual Update to the Three Year Program and Expenditure Plan

Approved by the
Madera County Board of Supervisors
May 13, 2014

MADERA COUNTY
BEHAVIORAL HEALTH SERVICES
Administration

DENNIS P KOCH, MPA
DIRECTOR OF BEHAVIORAL HEALTH SERVICES
•MENTAL HEALTH DIRECTOR
•ALCOHOUDRUG PROGRAM ADMINISTRATOR

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LETTER FROM THE BEHAVIORAL HEALTH SERVICES DIRECTOR
February 13, 2014

Dear Community Stakeholders,

Madera County Behavioral H ealth Services must submit a Mental Health Services Act (MHSA) fiscal Year 2014/15 Annual Update to the Three-Year Program and Expenditure Plan. This report has been prepared according to the Welfare & Institutions Code, Section 5847. A.B. 100 (Committee on Budget 2011). Due to legislation changes the State no longer will provide planning estimates. Therefore, future MHSA components budg ets will be based on Madera County Behavioral Health Services' (BHS) anticipated MHSA revenue received from State Controller Office during FY 13/14.

The report is available for public review and comment from February 14 to March 19, 2014. There will be a public hearing on Wednesday, March 19, 2014 at 11:30 am at the Madera Community Hospital, 1250 E. Almond Avenue, Shebelut Conference Room, Madera, CA. You may provide comments in the following ways:

- At the Public Hearing
- By fax: (559) 675-4999
- By telephone (559) 673-3508
- By email to debby.estes@co.madera.ca.gov
- Or by writing to:

  Madera County Behavioral Health Services
  Attention: Debby Estes LCSW
  PO Box 1288
  Madera, CA 93639

Sincerely,

Dennis P. Koch, Director
Behavioral Health Services

THE BEHAVIORAL HEALTH SERVICES DIRECTOR
February 13, 2014
Summary of Plan Update Components

Plan Update for Fiscal Year 2014 – 2015 MHSA Funding

Madera County is requesting MHSA funding for previously approved CSS, PEI, PEI Training, Technical Assistance, the MHSA Housing Program, supplemental assignment work plans, and INN funds pending the MHSOAC approval of a new three year project. Also included in this plan update are the PEI Statewide, PEI Training, Technical Assistance and Capacity Building, and MHSA Housing. There are not any additional funds being requested at this time. The only program with significant changes is the INN program. There are some staffing changes, which will allow us to better provide services to all targeted age groups and still maintain the projected number of clients to be served. Additionally the staffing changes will make the mandatory reporting and data collection process less cumbersome and more cost efficient.

Due to the passing of AB100 the State Department of Mental Health (DMH) will no longer approve MHSA Plan Updates nor will the DMH provide planning estimates. Therefore, this plan update is projecting the MHSA revenues received from the State Controller Office during the FY 2014/15

Madera County Department MHSA Overview

Fiscal Year 2013/2014 Madera County Behavioral Health Services (BHS) was able to add staff for clinical positions that were previously left vacant due to the downturn in the economy. Most of the MHSA programs and projects will include proposed staffing changes to reflect the stakeholders input during the fiscal year 2014/15 planning process. Some of these staffing changes are currently underway and they are reflected in this plan update.

The MHSA Plan Update includes a progress report for each of the programs and projects. Overall most of the programs and projects will be funded and the targeted population and goals will not change. However, this plan will reflect that the staffing changes were necessary to ensure the continuation of services to Madera residents.

Community Services and Supports (CSS):

The Programs that are included in CSS funding are #1 FSP Children/TAY with a target population of ages 0-25 who due to their mental illness, experience failure in achieving educational milestones, out of home placement, isolation, juvenile justice involvement, and/or homelessness. #2 FSP Adult/Older Adult with a target population of ages 26 and over who due to their mental illness are at risk of becoming unserved or underserved, being placed out of home, experiencing increased levels of isolation, involved in the criminal justice system, homelessness, and receiving involuntary treatment or hospitalization. #3 SD Expansion with a target of all ages designed to accommodate the increased demands for services because of the increased community education and outreach from the other MHSA components. #4 SD Supportive Services and Structure to provide staff support, data services and outcome management services, and housing resource development.

Madera County is proposing CSS FY 14/15 estimates of $4,739,566 for previously approved work plans. $4,736,566 is the proposed estimate for FY 14/15 and $214,569 will be used from CSS funds that were previously approved.

Type	Program #	Funds Requested	# of Clients
# 1 FSP	#1 FSP Children/TAY	$1, 133,082	68
# 2 FSP	#2 FSP Adult/Older Adult	$1,415,842	85
# 3 SD	#3 Expansion	$1,490,147	500
#4 SD	#4 Supportive Services & Structure	$254,506	N/A
CSS	Administration	$445,989	N/A

Prevention Early Intervention (PEI):

The PEI component of MHSA is targeted at education and outreach to the community to assist individuals in identifying mental health needs and accessing services before mental health issues exacerbate. Madera County has developed two programs with this goal in mind: **#1 PEI Community Outreach & Wellness Centers:** currently there are two "drop-in-centers" with the primary goal of providing outreach and education services for community members who may be at risk of mental health illness. **#2 PEI Community and Family Education:** this second program offers training in specific educational curriculums to any member of the public including clients, client family members, and staff.

Madera County is proposing $1,019,883 for previously approved PEI work plans which includes $142,262 from PEI funds that were previously approved.

Type	Program #	Funds Requested	# of Clients
#1 PEI Selected / Indicated Prevention	#1 PEI Community Outreach & Wellness Center	$575,689	155
#2 PEI Selected / Indicated Prevention	#2 PEI Community and Family Education	$401,031	100
PEI	Administration	$43, 163	N/A

Innovation Plan (INN):

The purpose of the INN project is to advance a new service delivery system that will contribute to staff knowledge and learning rather than provide direct services. For the last three years, BHS' INN projects included:

The INN project is a staff knowledge and learning project rather than a direct service model. The BHS original INN project began July 1, 2010 and it concluded on June 30, 2013 after three years of funding. The Peer Support Workers of the original INN project were integrated into the existing mental health system and expanded from three to six peer staff. Three of the positions are fulltime with benefits.

The new INN project was part of the stakeholder process in which the community stated it was interested in improving linkages with primary care, services for mothers/children, co-occurring disorders, and continue with the same focus as existing services. MCBHS went to a Request for Proposal (RFP) process in 2013 for providers for the INN project. A provider was selected through this process. The RFP review committee (including clients/family members and Behavioral Health Board members) made the recommendation for the funding of the selected project to the BOS and the OAC. The projected start-up date will be July 1, 2014. During the planning process for 14/15, stakeholders again supported this project's development and implementation.

The Madera County MHSA budget includes $226,185 for Innovation work plans.

Type	Program #	Funds Requested	# of Clients
New INN project(s) pending completion of the RFP process		$200,082	
INN	Administration	$26,103	N/A

PEI Statewide Programs

Madera County PEI Statewide dollars have been assigned to the Department of Mental Health and California Mental Health Authority (CalMHSA). The three programs are CalMHSA Suicide Prevention, CalMHSA Stigma and Discrimination Reduction, and CalMHSA Student Mental Health Initiative. On November 29, 2010, the Madera County BOS approved BHS to assign these funds (FY 08/09, 09/10, 10/11 and 11/12) for each year in an amount of $162,400 for a total of $649,600. Since these funds have been delegated, this plan update will not include a request for the previously approved funds.

PEI Training, Technical Assistance and Capacity Building

Madera County PEI Training, Technical Assistance and Capacity Building will be requesting funding for training of staff, community stakeholders, and clients/family members in methods that have demonstrated the capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines. During this stakeholder process a change for the FY14/15 is proposed to purchase additional signature pads for the client data system. The additional signature pads will allow a client signature to acknowledge a delivered service, and provide for a more active role of the client in their wellness and recovery from mental illness. This proposal will replace the original request for smart boards. The proposal for FY 13/14 is to purchase supplies for play therapy, purchase curriculums for adult and adolescent groups, and to purchase supplies for clients of all ages to create their own artwork and present an art show activity for the public to help reduce stigma and discrimination toward mental health clients.

MHSA Housing Program- Supplemental Assignment Agreement

Madera County will assign $10,000 for FY 14/15 of CSS funds to the MHSA Housing Program. . As of June 3, 2010, the Madera County Housing Plan was approved contingent on the submission of specific project information. The collaborative effort for this project is between Madera County Behavioral Health and the Housing Authority of the City of Madera who have joined together to form a non-profit organization named MMHSA Housing, INC. Currently, BHS has purchased and renovated a four bed room house in the city of Madera. This shared housing project accepted its first resident on September 26, 2011 and currently all 4 rooms are occupied. The Chowchilla four-plex unit project was completed and accepted its first resident in August, 2012; currently 7 of the 8 units are occupied. As for Oakhurst, a search for a suitable property is continuing.

Prudent Reserve:

Per Information Notice No: 09-16, Madera County has continued to maintain a MHSA prudent reserve at the 50% threshold and we would like to increase this prudent reserve by $34,000 from our FY 2013/2014 CSS Supportive Housing Funds.

2014/15 ANNUAL UPDATE **EXHIBIT B**

COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS

County: Madera **30-day Public Comment period dates:** 2/15/14-3/19/14

Date: February 13. 2014 **Date of Public Hearing (Annual update only):** March 19. 2014

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per Title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning

1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2014/15 annual update/update. Include the methods used to obtain stakeholder input.

The community program planning process for Madera County Behavioral Health Services (BHS) MHSA annual plan update FY 2014/2015, covered the MHSA components of CSS (including housing), PEI, and Innovation (INN). The community was engaged through focus groups, individual contacts, questionnaires, agency meetings, information available on our website, etc.

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)

Madera County Behavioral Health Services (MCBHS) MHSA annual update for 2014 was as follows;
Local stakeholder process meeting dates (2014)

- March 5 meeting from 3:00-5:00 in Chowchilla, CA at the Behavioral Health Clinic
- March 14 meeting from 3:00-5:00 in Madera, CA at the Behavioral Health Clinic
- March 6 meeting from 3:00-5:00 in Oakhurst, CA at the Mountain Wellness and Recovery Center, Behavioral Health Center

Meetings were held in handicapped accessible buildings with adequate parking. Interpreters (language including sign) were available for free, upon request. Water and snacks were also provided for the participants in an effort to attract more people to attend.

Prior to the stakeholder process, MCBHS posted notices in the Fresno Bee, the Madera Tribune and the Mountain Star newspapers. Notices were also posted in the local libraries, the MCBHS clinics, on the MCBHS website and sent to the following people/departments/agencies;

- All Department heads of Madera County including law enforcement, probation, corrections, Social Services, Public Defender's Office, District Attorney's Office. Office of Veteran's Affairs, etc.
- MCBHS is the only Substance Use Disorder (SUD) provider in the County. SUD staff was included in the stakeholder process, as well as SUD Community Providers King's View Ready, Set, Go and the North Fork Rancheria Tribal TANF.
- North Fork Rancheria Tribal Council
- Chukchansi Tribal Council
- Mental Health Provider Organizations Kingsview and Turning Point of Central Ca, Inc., EMQ Families First

- The Chambers of Commerce for Oakhurst, Madera and Chowchilla
- The members of the Behavioral Health Board for MCBHS
- The Board of Supervisors for Madera County
- Madera County Office of Education
- Faith-based organizations (Community Pastor list)
- Madera City Council Members
- Chowchilla City Council Members
- Chawanakee Unified School District
- Community Action Partnership of Madera County
- Alview-Dairyland School District
- Bass Lake Joint Union School District
- Chowchilla School District
- Coarsegold Union School District
- Golden Valley Unified School District
- Madera Unified School District
- Raymond Knowles Union Elementary School District
- Fresno Madera Area on Aging
- PFLAG Merced
- PFLAG Fresno
- Cornerstone Family Counseling
- Mental Health America
- NAMI of Fresno
- Camarena Health Centers
- JOT Consultants
- Madera Police Department
- Chowchilla Police Department

- Juvenile Hall and Boot Camp Director
- Madera Community Hospital
- Rural Health Clinic (part of Madera Community Hospital)
- Emergency Department of Madera Community Hospital
- Hope House (peer support program--Madera)
- Madera Rescue Mission
- Children's Hospital of Central California

The MHSA stakeholder process was also discussed along with material presented at the Interagency Children and Youth Services Council of Madera County on February 6, 2014. This committee comprises the following individuals/agencies;

- Big Brothers/Big Sisters
- Board of Supervisors
- CASA of Fresno
- Child Abuse Prevention Council representatives
- Children's Hospital of Central California
- Community Action Partnership of Madera County
- Community Liaison
- Cornerstone Family Counseling Services
- Darin Camarena Health Center
- Madera County District Attorney's Office
- First 5 Madera County
- Housing Authority
- Juvenile Justice
- Madera County Sheriff's Office
- Local Child Care Agency
- Madera Unified School District
- Madera County Parks and Recreation
- Madera County Probation Department

- Madera County Public Health Department
- Madera County Department of Social Services
- Madera County Superintendent of Schools
- Superior Court
- Yosemite School District
- Madera County Behavioral Health Services

A PowerPoint presentation covering the mandated regulations of what was to be included in the Annual Update was presented at the stakeholder meetings and was posted on the Department's website. Salient points were included in a handout along with survey questions that could be answered at the time of the presentation. These could be done at the time of the meeting, mailed into the Department or answered on-line.

The planning process also included information about the Department and discussion re: mental health policy, program planning and program implementation, quality improvement, evaluations and outcomes, budget allocations, etc. Costs per person for the FSP's and overall program/department costs were included in the presentation. This information was also available on-line.

Outcome measures for CSS, PEI, WET, INN, etc., were part of the presentation. This included a brief history of prior fiscal year's programs, program changes over time, outcomes, program additions/reductions, etc. Cap/Tech expenditures were presented as well as the Housing program through MHSA (units, locations, etc.) Again, this information was also available on-line at the Department's website.

At the Interagency Council Meeting, 25 individuals representing the following agencies/departments were in attendance;

Behavioral Health Services	Caucasian, Latino, African American
Big Brothers/Big Sisters	Caucasian
Madera County Board of Supervisors	Caucasian, Latino
Child Abuse Prevention Council	Caucasian
Children's Hospital of Central California	Caucasian, Southeast Asian
Community Action partnership Of Madera	Caucasian, Latino
Cornerstone Family Counseling Services	Caucasian
Madera County District Attorney's Office	Caucasian
First 5 Madera	Latino, African American
Housing Authority	Caucasian
Juvenile Justice	Caucasian
Madera County Sheriff's Office	Caucasian
Madera County Probation Department	Caucasian
Madera County Public Health Department	Caucasian, Southeast Asian
Madera County Department of Social Services	Caucasian, African American
Madera County Superintendent of Schools	Caucasian
Superior Court	Caucasian
Yosemite Unified School District	Caucasian

Questionnaires were collected at the three stakeholder meetings. Questionnaires were distributed at all meetings and on the website. Results from the q uestionnaires will be p osted during the p ublic hearing.

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

3. If consolidating programs or eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

Local Review Process

4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

A PowerPoint presentation covering what was to be included in the Annual Update was presented at the stakeholder meetings and was posted on the Department's website. Salient points were included in a handout along with survey questions that could be answered at the time of the presentation, mailed into the Department or answered on-line.

The planning process also includes information about the Department and discussion re: mental health policy, program planning and program implementation, quality improvement, evaluations and outcomes, budget allocations, etc. Costs per person for the FSP's and overall program/department costs were included in the presentation. This information was also available on-line at the Department's website http://www.madera-county.com/index.php/mental-health-services-act-information.

The stakeholder meetings included a summary of the various components and programs funded through MHSA, realignment, Medi-Cal, as well as substance abuse prevention programs. Outcome measures for CSS, PEI, WET, INN, etc., were part of the presentation as well as a brief history of prior fiscal year's programs, which programs had changed over time, been reduced, added, etc. Cap/Tech expenditures were presented as well as the Housing program through MHSA (units, locations, etc.) Again, this information was also available on-line. There was a questionnaire that was included at the end of each active component of the MHSA as well as for the non-MHSA funded behavioral health programs and substance abuse prevention services. This information also included information about the new INN project for the County.

Questionnaires were developed and passed out at the stakeholder meetings and posted on-line for individuals to complete regarding what services they would like to see developed with MHSA program money. The stakeholders attending the meetings were asked to complete the questionnaires either in person or on the Department's website http://www.madera-county.com/index.php/mental-health-services-act-information. The PowerPoint presentation was also posted on the Department's website.

If someone chose not to watch the presentation, there was a short summary of each component, outcomes, number of people served, prior priority populations from former MHSA planning sessions, etc. on the questionnaire. The hyperlinks to the short summary, PowerPoint and questionnaires were also emailed out to all County department heads as well as other agencies, department contractors, etc., for them to complete if they chose not to attend the stakeholder meetings.

Emails and posters were distributed throughout the Department, the peer support centers, library, other organizations, newspapers, etc., directing people to the website and encouraging them the complete the questionnaire. The questionnaires in addition to comments made at the various stakeholder meetings, focus interviews, etc., and were taken into consideration regarding the development of new and the continuing of existing MHSA programs. Links to the questionnaires, PowerPoint presentations were placed in the notices that went out to the various agencies/organizations, newspaper articles, flyers, etc., so the public and service partners were able to complete them as part of the input process if they chose not to attend the stakeholder meetings.

The annual update was placed on the Department's website http://www.madera-county.com/index.php/mental-health-services-act-information. The stakeholder meetings included a summary of the various components and programs funded through MHSA, realignment, Medi-Cal, as well as substance abuse prevention programs. There was a questionnaire that was included at the end of each active component of the MHSA as well as for the non-MHSA funded behavioral health programs and substance abuse prevention.

COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.
There were no substantive comments during the stakeholder process. There were no substantive comments at the Behavioral Health Board meeting on March 19, 2014, nor again at the Behavioral Health Board meeting on April 16, 2014.

Demographics & Stakeholders Statistics for Madera County

Information about Madera County

Madera County is a small rural county in the center of California. According to the latest population estimates, there are approximately 152, 925 people living in Madera County. The unemployment rate according to California EDD for 2011 was 13.9% compared to California's rate of 8.9%. The population of Madera is primarily made up of Latinos (54.5%) and Caucasians (37.5%).

Madera County has two incorporated cities, Madera and Chowchilla. There is a population center in 'the mountain region of the county as well. The primary industry is agriculture with stone fruits, citrus, nuts and cattle being the most widely produced crops.

Madera had an average median household income from 2007-11 of $47,724 compared with California's median household income for the same time period being $61,632. Persons below the federal poverty level from 2007-11 was 19.8% compared with California's 14.4%. Children, living in poverty in California for the same time period, were 22%. Madera had 31% of its children living in poverty.

Madera also has a higher percentage of people who receive Social Security Disability than the State average. Madera has a higher percentage of households receiving food stamps than the State average. There is also a higher percentage of households with children and adults at less than 300% of poverty level receiving TANF or CalWORKs than the state average. There is a higher percent of infants born to mothers with less than 12 years of education (43.3%, 2004) compared to the state average (27.3%, 2004).

During Calendar Year (CY) 2013, Madera County Behavioral Health Services (MCBHS) served 3,475 people. MCBHS served;

- 944 children/youth between 0-17 years
- 552 transition age youth between 18-25 years
- 1809 adults between ages 26-64 and
- 94 adults over the age of 65

For CY 2013, MCBHS provided;

- 183,711 units of service or 49,080 client hours
- 40,026 contacts
- 2877 clients were provided services

Threshold languages for Behavioral Health are English and Spanish.

Due to the economy, Madera County Behavioral Health has lost nearly 50% of its staffing since 2008. There have been layoffs and staff who left County employment due to retirements, other job offers, etc. MCBHS hired for the first time since 2008 in 2012. There are no behavioral health community based organizations within Madera County other than the County programs.

MHSA Annual Stakeholder Process

Madera County Behavioral Health Services (MCBHS) MHSA annual update for 2014 will be as follows;

Local stakeholder process meeting dates (2014)

- March 5 meeting from 3:00-5:00 in Chowchilla, CA at the Behavioral Health Clinic
- March 14 meeting from 3:00-5:00 in Madera, CA at the Behavioral Health Clinic
- March 6 meeting from 3:00-5:00 in Oakhurst, CA at the Mountain Wellness and Recovery Center, Behavioral Health Center

Meetings are held in handicapped accessible buildings with adequate parking. Interpreters (language including sign) were available for free, upon request. Water and snacks are also provided for the participants in an effort to attract more people to attend.

Prior to the stakeholder process, MCBHS posted notices in the Fresno Bee, the Madera Tribune and the Mountain Star newspapers. Notices were also posted in the local libraries, the MCBHS clinics, on the MCBHS website and sent to the following people/departments/agencies;

- All Department heads of Madera County including law enforcement, probation, corrections, Social Services, Public Defender's Office, District Attorney's Office, Office of Veteran's Services, etc.
- MCBHS is the sole SUD provider in the County. SUD provider staff was included in the process, as well as SUD Community Providers Kings View Ready, Set, Go and the North Fork Rancheria Tribal TANF.
- North Fork Rancheria Tribal Council
- Chukchansi Tribal Council
- Mental Health Provider Organizations Kingsview and Turning Point of Central Ca, Inc., EMQ Families First
- The Chambers of Commerce for Oakhurst, Madera and Chowchilla
- The members of the Behavioral Health Board for MCBHS
- The Board of Supervisors for Madera County
- Madera County Office of Education
- Faith-based organizations (Community Pastor list)
- Madera City Council Members
- Chowchilla City Council Members
- Chawanakee Unified School District
- Community Action Partnership of Madera County
- Alview-Dairyland School District
- Bass Lake Joint Union School District
- Chowchilla School District

- Coarsegold Union School District
- Golden Valley Unified School District
- Madera Unified School District
- Raymond Knowles Union Elementary School District
- Fresno Madera Area on Aging
- PFLAG Merced
- PFLAG Fresno
- Cornerstone Family Counseling
- Mental Health America
- NAMI of Fresno
- Camarena Health Centers
- JOT Consultants
- Madera Police Department
- Chowchilla Police Department
- Juvenile Hall and Boot Camp Director
- Madera Community Hospital
- Rural Health Clinic (part of Madera Community Hospital)
- Emergency Department of Madera Community Hospital
- Hope House (peer support program-Madera)
- Madera Rescue Mission
- Children's Hospital of Central California

The MHSA stakeholder process was also discussed along with material presented at the Interagency Children and Youth Services Council of Madera County on February 6, 2013. This committee comprises the following individuals/agencies;

- Big Brothers/Big Sisters
- Board of Supervisors
- CASA of Fresno
- Child Abuse Prevention Council representatives
- Children's Hospital of Central California
- Community Action Partnership of Madera County
- Community Liaison
- Cornerstone Family Counseling Services
- Darin Camarena Health Center
- Madera County District Attorney's Office
- First 5 Madera County
- Housing Authority
- Juvenile Justice

- Madera County Sheriff's Office
- Local Child Care Agency
- Madera Unified School District
- Madera County Parks and Recreation
- Madera County Probation Department
- Madera County Public Health Department
- Madera County Department of Social Services
- Madera County Superintendent of Schools
- Superior Court
- Yosemite School District
- Madera County Behavioral Health Services

A PowerPoint presentation covering what was to be included in the Annual Update was presented at the stakeholder meetings and was posted on the Department's website. Salient points were included in a handout along with survey questions that could be answered at the time of the presentation, mailed into the Department or answered on-line.

The planning process also includes information about the Department and discussion re: mental health policy, program planning and program implementation, quality improvement, evaluations and outcomes, budget allocations, etc. Costs per person for the FSP's and overall program/department costs were included in the presentation. This information was also available on-line.

Outcome measures for CSS, PEI, WET, INN, etc., were part of the presentation as well as a brief history of prior fiscal year's programs, which programs had changed over time, been reduced, added, etc. The INN project was also presented. It was the result of the RFP that went out based upon stakeholder input as to what new and innovative projects they would like to see developed. Cap/Tech expenditures were presented as well as the Housing program through MHSA (units, locations, etc.) Again, this information was also available on-line.

Questionnaires were developed and passed out at the stakeholder meetings and posted on-line for individuals to complete regarding what services they would like to see developed with MHSA program money. The questionnaires in addition to comments made at the various stakeholder meetings, focus interviews, etc., and were taken into consideration regarding the development of new and the continuing of existing MHSA programs. Links to the questionnaires, PowerPoint presentations were placed in the notices that went out to the various agencies/organizations, newspaper articles, flyers, etc., so the public and service partners were able to complete them as part of the input process if they chose not to attend the stakeholder meetings.

FY 2014/15
MHSA FUNDING SUMMARY

County: Madera

Date: Feb 13, 2014

	MHSA Funding						
	CSS	WET	CFTN	PEI	TTACB	INN	Local
A. Estimated FY 2013/14 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	$9,603,676	$0	$0	$1,184,113	$38,762	$183,303	
2. Estimated New FY 2014/15 Funding	$3,359,851			$1,488,237	$24,600	$0	
3. Transfer in FY 2013/14a/	$0	$0					
4. Access Local Pruduent Reserve in FY 2014/15							
5. Fund to Local Prudent Reserve Balance	$34,000						
6. Estimated Available Funding for FY 2014/15	$12,929,527	$0	$0	$2,672,350	$63,362	$183,303	
B. Estimated FY 2013/14 Expenditures	$3,952,766	$0	$0	$974,708	$41,049	$680,218	
C. Estimated FY 2013/14 Contingency Funding	$395,277	$0	$0	$0	$0	$0	

a1Per Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2013	$2,705,763
2. Contributions to the Local Prudent Reserve in FY13/14	$55,804
3. Distributions from Local Prudent Reserve in FY13/14	$0
4. Estimated Local Prudent Reserve Balance on June 30, 2014	$2,761,567

Madera County Behavioral Health Services

FY 2014-15 MHSA Plan Update

MHSA County Compliance Certification

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Madera County

D Three-Year Program and Expenditure Plan
LXt Annual Update

Local Mental Health Director	Program Lead
Name: Dennis P. Koch, MPA	Name: Debbie DiNoto, LMFT
Telephone Number: (559) 673-3508	Telephone Number: (559) 673-3508
E-mail: dennis.koch@co.madera.ca.gov	E-mail: debbie.dinoto@co.madera.ca.gov
Local Mental Health Mailing Address: Madera County Behavioral Health Services PO Box 1288 Madera, CA 93639-1288	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on May J 3. 2a14

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct,.

Dennis P Koch MPA
Local Mental Health Director (PRINT)

nature

5/28/14
Date

Madera County Behavioral Health Services

FY 2014-15 MHSA Plan Update

MHSA County Fiscal Accountability Certification

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Madeara

☐ Three-Year Program and Expenditure Plan
☒ Annual Update
☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Dennis P Koch, MPA	Name: Marcia Hall
Telephone Number: (559) 673-3508	Telephone Number: (559) 675-7707
E-mail: dennis.koch@co.madera.ca.gov	E-mail: maricahall@co.madera.ca.gov
Local Mental Health Mailing Address: Madera County Behavioral Health Services PO Box 1288 Madera CA 93639-1288	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

Dennis P Koch, MPA
Local Mental Health Director (PRINT)

Signature 5-28-14
Date

I hereby certify that for the fiscal year ended June 30, 2014, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 4/1/14 for the fiscal year ended June 30, 2012. I further certify that for the fiscal year ended June 30, 2013, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached report is true and correct to the best of my knowledge.

Marcia ~~Marsh~~ Hall County Auditor Controller
County Auditor Controller / City Financial Officer (PRINT)

Marcia Hall 5/27/14
Signature Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

Madera County Behavioral Health Services

FY 2014-15 MHSA Plan Update

Board of Supervisors

Approval of the FY 2014-15 MHSA Plan Update

May 13, 2014

Agenda Item Submittal

TO: Madera County Board of Supervisors

Department: Behavioral Health Services

For Clerk's Office Use Only		
◯ Timed ◯ Closed Session ⊗ Consent	Agenda Item # E	Date Received 04-29-14

Contact Name Judy Comer

Contact Phone # 673-3508

For Clerk's Office Use Only

⊗ Approved ◯ Adopted ◯ Denied ◯ Appointed ◯ Set Public Hearing ◯ Taken off Agenda Document #

Action: 5-0 Vote

Motion by Supervisor Rogers, seconded by Supervisor Rodriguez, it is ordered to approve Behavioral Health Services (BHS) Mental Health Services Act (MHSA) 2014-2015 Plan Update. It is further ordered to approve items 1 through 3 below as presented.

By: SARAH ANDERSON Deputy Clerk File # 14114

Meeting Date: May 13, 2014

1) Subject: MHSA Plan Update for FY 2014-15

2) Recommended Actions: *(Summary)*

Consideration of approval of:
1. The Behavioral Health Services' (BHS) Mental Health Services Act (MHSA) Fiscal Year 2014-15 Plan Update;
2. Authorization for the Behavioral Health Services Director, in conjunction with the County Auditor Controller, to sign the Plan and forward it to the Mental Health Services Oversight and Accountability Commission (MHSOAC).
3. Approval of the Innovation (INN) Plan, Perinatal Mental Health Integration Project by the California Health Collaborative, selected through the Request for Proposal (RFP) process.

◯ Requires Majority Vote ◯ Requires 4/5 Majority

3) Discussion and Backup *(Summary)*

In 2004, the voters of California passed the Mental Health Services Act. This act placed a tax of one percent on the income of persons who earned more than one million dollars per year. Through the collection of these funds, specific mental health programs or components were to be developed and implemented. Madera County has already received the funding for the Community Services and Supports (CSS), Workforce Education and Training (WET), Prevention Early Intervention (PEI), Innovation (INN) and Housing components and has implemented services. BHS has also implemented the Capital Facilities and Technology (CAP/TECH) component, choosing the Capital Facilities funding to purchase and renovate a new building in which occupancy occurred on September 14, 2012.

The FY 2014 -15 annual update was developed with the participation of stakeholders in accordance with Title 9, California Code of Regulations (CCR) Sections 3300, 331 0(d) and 3315(a). The Community Program Planning Process utilized previous and ongoing engagement of stakeholders. A draft of the FY 2014-15 plan update was circulated for 30 days to stakeholders for review and comment, and a public hearing by the Madera County Behavioral Health Board was held on March 19, 2014. At their April 16, 2014 meeting, the Behavioral Health Board unanimously recommended that BHS move forward to submit the update through the approval process.

Madera County is requesting MHSA funding for previously approved CSS, PEI, PEI Training, Technical Assistance, the MHSA Housing Program, supplemental assignment work plans, and INN funds pending the MHSOAC approval of a new three year project. Also included in this plan update are the PEI Statewide, PEI Training, Technical Assistance and Capacity Building, and MHSA Housing. There are not any additional funds being requested at this time. The only program with significant changes is the INN program. There are some staffing changes, which will allow us to better provide services to all targeted age groups and still maintain the projected number of clients to be served. Additionally the staffing changes will make the mandatory reporting and data collection process less cumbersome and more cost efficient.

Due to the passing of AB100 the State Department of Mental Health (DMH) will no longer approve MHSA Plan Updates nor will the DMH or the successor agency, the Department of Health Care Services (DHCS), provide planning estimates. Therefore, this plan update is projecting the MHSA revenues received from the State Controller Office during the FY 2014-15.

In the Fiscal Year 2013-14 BHS was able to add staff for clinical positions that were previously left vacant due to the downturn in the economy. Most of the MHSA programs and projects will include proposed staffing changes to reflect the stakeholders input during

Meeting Date: May 13, 2014	1) Subject: MHSA Plan Update for FY 2014-15

the fiscal year 2014-15 planning process. Some of these staffing changes are currently underway and they are reflected in this plan update.

The MHSA Plan Update includes a progress report for each of the programs and projects. Overall most of the programs and projects will be funded and the targeted population and goals will not change. However, this plan will reflect that the staffing changes were necessary to ensure the continuation of services to Madera residents. The total net amount of MHSA budget for the FY 2014-15 is projected to be $5,955,552.

Approval of this Plan and authorization for the BHS Director to sign it will allow BHS to continue to receive MHSA funding to provide the aforementioned services to Madera County residents.

Included in the Plan Update is funding for the Innovation (INN) Program, for which BHS sent out an RFP. To be considered for funding, INN projects had to be "new and innovative and add to the learning process or move the Madera County mental health system towards the development of new practices and approaches to increase access to underserved groups, increase the quality of services, including better outcomes, promote inter-agency collaboration and increase access to services. The Perinatal Mental Health Integration Project submitted by the California Health Collaborative best met the innovative parameters required by the Mental Health Services Oversight and Accountability Commission (MHSOAC) and was selected by the panel for the Innovation Program funding in the amount of $226,185 annually for a three-year period. The proposal is to increase collaboration between health care providers and behavioral health services for perinatal postpartum mood and anxiety disorders (PMAD). BHS is requesting Board approval to forward the final California Health Collaborative's Perinatal Mental Health Integration Project to the MHSOAC for implementation effective July 1, 2014. After approval by the MHSOAC, BHS will return to the Board with a contract.

Other Agency Involvement: None

Supporting Documents Relative to this Item	Previous Relevant Board Actions on this Specific Item:
☐ Contract ☐ Resolution ☐ Ordinance ☒ Other	FY 2013-14

Name/Type of "Other" Supporting Document: MHSA Three-Year Program and Expenditure Plan

4) Fiscal Impact *(Summary)*

This Annual Update confirms the planning estimate of $5,955,552 for the Mental Health Services Act programs for FY 2014-15. This funding, as detailed in the Plan, has been previously approved. This funding has been included in the Madera County Behavioral Health Services FY 2014-15 Proposed Budget.

There is no County match requirement for this funding and no impact to the County General Fund.

Funding Sources	Current Year Cost	Annual Cost	Is This Item Budgeted?
MHSA Funding			◉ Yes ○ No

Will This Item Require Additional Personnel? ○ Yes ◉ No

Dennis P. Koch, MPA	Apr 21, 2014
Signature of Agency or Department Authorized Representative	Date