MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: IMPERIAL

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Michael W. Horn	Name: Douglas R. Newland
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Local Mental Health Mailing Address: Imperial County Behavioral Health Services 202 N. Eight Street El Centro, CA 92243	

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.

Michael W. Horn
Local Mental Health Director (PRINT)

Signature 2/19/14
Date

I hereby certify that for the fiscal year ended June 30, 2013, 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 3/27/2013 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.

Douglas Newland
County Auditor Controller / City Financial Officer (PRINT)

Signature 2/15/14
Date

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

EXHIBIT A

INNOVATION WORK PLAN
COUNTY CERTIFICATION

County Name: Imperial County

County Mental Health Director	Project Lead
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Mailing Address: 202 N. 8th Street El Centro, CA 92243	Mailing Address: 120 N. 8th Street El Centro, CA 92243

I hereby certify that I am the official responsible for the administration of public community mental health services in and said County and that the County has complied with all pertinent regulations, laws, and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 2410, Non-Supplant.

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

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

	2/19/14	Mental Health Director
Signature (Local Mental Health Director/Designee)	Date	Title

EXHIBIT B
INNOVATION WORK PLAN
Description of Community Program Planning and Local Review Processes

County Name: **Imperial**
Work Plan Name: **MHSA First Steps to Success**

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.

1. **Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (suggested Length-one half page)**

The Community Planning Process began on November 10, 2009 when two separate stakeholder meetings were convened. Stakeholders representing adults/ older adults and stakeholders representing children and adolescents met to begin the process to obtain input from stakeholders for the development of an Innovation Plan. During these meetings extensive efforts were made to provide information to stakeholders regarding the details of the MHSA Innovation Guidelines. Community stakeholders reviewed and analyzed the data obtained during the Community Services and Supports (CSS) and the Prevention and Early Intervention (PEI) community planning process to help identify target groups in an effort to focus Innovation Planning.

Subsequent Innovation planning meetings were held that provided stakeholders the opportunity to discuss and submit innovative concepts for possible consideration as the focus of the Innovation Plan. Six different innovative concepts were submitted for review by the stakeholder group. Each concept was thoroughly reviewed and discussed among stakeholders. On April 4, 2010 a 7.2 magnitude earthquake hit Imperial County disabling several county buildings and causing damage to many homes. Innovative planning efforts stopped until building were repaired and reopened. Much of the community planning did not proceed as other departments, agencies and community members were slow to recover from the earthquake and other priorities required time and resources. Efforts were made to resume discussion after January 2011, but stakeholders' participation was minimal.

In October 2012 Innovation Planning activities resumed. Managers from the Children and Adolescents Unit were assigned to spearhead the planning and development of the Innovation Plan. This innovation planning group started activities to involve stakeholders in the selection of this plan. Initial activities included resuming discussion in the MHSA Steering Committee Meeting. These are regular meetings established by Imperial County Behavioral Health Services and are attended by local stakeholders, including families of children, adults and seniors with severe mental illness. Members are representative of the cultural, ethnic and racial diversity of our consumers and community. Members also represent the unserved and/or underserved populations of

our consumers and their families. Stakeholders involved in previous innovation planning efforts were invited to these meetings to discuss their proposed innovation concepts. Ideas and feedback was also directly provided to innovation planning members by key informants not attending these MHSA Steering Committee Meetings. These key informants were mainly representative of childcare providers, parents, foster parents, and educators from different cities of our county. Ideas for the development of this plan were also solicited from ICBHS staff members through discussion in unit meetings.

Given the recent climate of violence in schools and community concerns about the increase in children's emotional and behavioral problems, a common theme emerged. Stakeholders stressed the need of focusing innovation efforts on children at risk of serious mental illness and their families. A number of school psychologists, principals, and Special Education Local Plan Area director also expressed their interest and commitment in support of this plan. Deputy Director of Department of Social Services, Children's Division, also expressed her support as many of their cases include parents who have difficulties with children who present challenging behaviors at an early age. Some of these children are difficult to place when removed from their homes and with time, become subject to juvenile delinquency.

During this planning process, data previously collected from the community during Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) planning processes was also reviewed and analyzed to determine if this new concept was consistent with community feedback. The following is a summary of this data:

Community Services and Supports (CSS)

In 2005 data was collected from survey, community forums, focus groups and community informational meetings. The following data points are significant to report. One of the survey question asked for the reasons, "Children, youth and transitional age youth with serious emotional disorders do not always access needed mental health services". Out of 176 respondents, 50% attributed this statement to cultural beliefs, 56.25% attributed this to fear of treatment, 81.25% attributed this to shame associated with mental health treatment, 56.25% attributed this to being unaware of available mental health services, 50% attributed this to being unaware of how to access services, 43.75% attributed this to being in denial about having a mental health problem and 31.25% were unable to recognize symptoms of mental illness. The survey asked how children, youth and transitional aged youth with untreated serious emotional disorders can impact the community. Out of the 176 respondents 68.75% reported this population would experience drug and alcohol use, 50% would experience homelessness, 81.25% reported this population would experience an inability to be in a normal school environment, 62.50% reported this population would experience a increase in criminal behavior and incarceration, 62.50% concluded this population would experience suicide, 43.75% would experience or be exposed to violence and 43.75% reported this population would experience family problems. This data suggests children and youth do not obtain mental

health services due to lack of awareness of services, how to identify symptoms of mental illness and stigma associated with mental illness. This data suggests without treatment the community can expect a variety of consequences most notably being that children and youth could not be able to be in a normal school environment.

Prevention and Early Intervention Planning (PEI)
In September 2008 data was collected from surveys, community forums, focus groups and community informational meetings. The data revealed 17% of the survey responses identified "Children/ Youth at risk of school failure" as a "very high need" priority population. Additionally, survey responses revealed 17% of the community believes school failure or dropouts is the result of no early intervention services for mental illness. In attempting to identify the most effective setting to establish services, 28% of the survey participants identified "schools" as the most effective setting for intervention services. Eight focus group participants also identified schools as the most effective setting. When the community stakeholders were asked to identify the approach to address early intervention, 34% of the survey responses indicated "providing early and periodic screening, diagnosis and treatment" was the best approach. In reference to the priority age group, 10% of the community identified the 0-5 year age group as a priority and 61% of the community felt children ages 6-17 years were a priority. As a result, PEI programs were developed to target school aged children. It can be confidently concluded Imperial County residents believe addressing the needs of their children in a school setting was a priority concern.

During the MHSA Steering Committee meeting held on March 18 2013, previously presented concepts and this new concept was presented along with stakeholder input previously collected during the CSS and PEI planning processes. All attendees supported the development and submission of the Innovation Plan with this new innovative concept that would focus on establishing and sustaining a strong collaborative relationship between ICBHS and education with the purpose of improving access to services to children at risk of serious mental illness and their families.

2. Identify the stakeholder entities involved in the Community Program Planning Process.

ICBHS has used data previously collected through the CSS and PEI planning, as well as information from new stakeholders exclusively involved in the Innovation Planning process to develop this Innovation Plan. The following is a list of stakeholders involved in these processes:

Innovation Planning:

a. Imperial Valley Regional Occupational Program
b. Imperial Valley College
c. Behavioral Health Staff

d. Behavioral Health Consumers
e. Alcohol and Drug Services – Adolescents
f. Alcohol and Drug Services - Adults
g. Campesinos Unidos Pre-School Centers
h. El Centro School District
i. Calexico Unified School District
j. Brawley Elementary School District
k. McCabe School District
l. Imperial County SELPA
m. Imperial County Office of Education
n. Mental Health Advisory Board
o. Catholic Charities
p. Public Administration Office
q. Department of Social Services – Children Services
r. Department of Social Services – Cal-Works
s. Imperial County Probation Department
t. Veteran's Services Office
u. Salvation Army
v. Center for Family Solutions
w. El Centro Regional Medical Center
x. Clínicas de Salud del Pueblo
y. March of Dimes
z. Calvary Chapel
aa. Central Union High School District-Adult Education
bb. Youth for Christ
cc. Imperial County Office of Education-Alternative Education
dd. San Diego State University

Prevention and Early Intervention Planning:

a. Mental Health Advisory Board
b. Behavioral Health Staff
c. Behavioral Health Consumers
d. Health Department
e. Court Appointed Special Advocate
f. Clinicas Salud del Pueblo
g. San Diego Regional Center
h. Center for Family Solutions
i. Child Abuse Prevention Council
j. Imperial County Superior Court
k. Imperial County Sheriff's Department
l. Imperial County Probation Department
m. Public Administration Office
n. Imperial County SELPA
o. Imperial County Office of Education

p. Department of Social Services
q. County Executive Office
r. El Centro Elementary School District
s. Calexico Unified School District
t. Heber Elementary School District
u. Meadows Union Elementary School District
v. McCabe School District
w. Westmorland Union School District
x. Calipatria Unified School District
y. Imperial Unified School District
z. Holtville Unified School District
aa. Brawley Elementary School District
bb. Riverside County Office of Education Migrant Head Start
cc. Imperial Valley College
dd. San Diego State University
ee. Imperial County Children and Families First Commission
ff. Radio Bilingue

Community Services and Supports Planning:

a. Law Enforcement
b. Behavioral Health Staff
c. Behavioral Health Multi-disciplinary Teams
d. Behavioral Health Consumers
e. Housing and Employment
f. Education
g. Seniors Health
h. San Pasqual Health Consortium
i. Alcohol and Drug Programs
j. Bi-National Health Task Force
k. Probation Department
l. Department of Social Services
m. El Centro Nutrition Programs

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

From November 15, 2013 to December 15, 2013, the proposed MHSA Innovation Plan was posted for a 30 day stakeholder review on the ICBHS website: http://imperial.networkofcare.org/mh/home/index.cfm

Stakeholders were able to provide feedback by emailing their comments at: bhsinnovationplan@co.imperial.ca.us

On December 16, 2013, Imperial County Behavioral Health Services held a Public Hearing to receive comments on the proposed MHSA Innovation Plan. Two members of the Mental Health Board were present at the Public Hearing as well as stakeholders representing SELPA and Imperial Regional Occupational Program (IVROP). ICBHS Assistant Director, Deputy Director of Children Services and staff were also present at the Public Hearing. All Public Hearing attendees were in support of the proposed plan. One recommendation was received, to correct a spelling error on page 19 for the word "Implementation" which had been spelled "Implementaiton". No other recommendations for changes were received from the public during the stakeholder review period or the public hearing.

On February 18, 2014, the Innovation Plan was presented to the Mental Health Board and was approved by all the Mental Health Board members who attended the monthly meeting.

EXHIBIT C

Innovation Work Plan Narrative

Date: 04/08/2013

County: Imperial County

Work Plan #: INN-01

Work Plan Name: Collaboration: First Step to Success

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 reasons for selecting the above purpose(s)

The Innovation Planning process included obtaining information and feedback from community stakeholder and key informants. Common themes in these discussions included 1) increase in behavioral and emotional problems in younger children, in particular children in pre-schools, kindergarten and first grade; 2) parents and school personnel not being aware of services provided by community agencies; 3) parents not accessing services because of stigma related to mental illness; and 4) teachers and ICBHS staff not being prepared to coordinate or provide appropriate interventions to young children at risk of serious mental illness and their families. When discussions were held with stakeholders about their identified concerns and analyzing available services and gaps in services, it was identified that communication and collaborative relationships to address the needs of children in pre-school, kindergarten or first grade is almost nonexistent, while there is a very strong established relationship between education and mental health for children in second grade to high school. Based on these findings, it is apparent that ICBHS and the education community share similar concerns about the need to provide interventions to young children at risk of serious mental illness and their families, however do not share a common goal of jointly addressing their needs and have not been able to identify an effective way of committing time and resources to develop and sustain a collaborate relationship. Each organization has its own mission to provide services as respectively required by its governing laws and regulations and historically, our roles only intersect and join efforts to provide assistance when young children present with severe behavioral problems. Subsequently, the communication and collaboration ends when the crisis is resolved. Staff from both agencies have attended a number of trainings that have been provided on the subject of collaboration to agencies dealing with children; however, collaborations largely remain ineffective when it comes to young children. For older children, there are well established partnerships and multi-disciplinary teams as well as a wealth of mental health services provided at outpatient clinics and non-traditional

settings. Therefore, it can be concluded that traditional ways of establishing collaborative relationships for addressing the mental health needs of pre-school and kindergarten age children have not been successful in our county. Due to the fact the dynamics of collaborative relationships are not well understood or practiced, an innovative approach is needed to develop a successful and productive collaborative relationship between ICBHS and education that will address the mental health needs of pre-school and kindergarten age children. If successful, the lessons learned from such a collaborative building approach can be replicated in future collaborative efforts with education and other agencies serving young children.

This Innovation Plan proposes to develop and establish a collaborative relationship through the provision of mental health services in the school setting. An evidence-based model will be utilized to provide services to children and families at school and at home, as the means of establishing the collaborative relationship with parents/caregivers and education. We believe that being partners in the implementation of this intervention model may lead to the establishment of a lasting working relationship that will target the wellbeing of young children. It is anticipated that by developing new collaborative practices both agencies will change organizational cultures and practices in order to increase access to services, reduce stigma and improve the quality of care for children.

It is anticipated that by establishing a collaborative relationship where education and mental health staff are working together in a non-traditional setting, a new level of awareness will be created amongst parents, teachers and mental health providers regarding the early signs of social, behavioral and emotional problems and age appropriate interventions. This innovative approach to collaboration may result in increase in access to mental health services for a population that is not typically identified with mental health problems.

Based on the interest from the community on addressing the mental health needs of young children, an extensive review was conducted on current mental health systems. The following were our findings:

- Interagency collaboration between the mental health and the education system has not been established because kindergarten-age children are not typically referred to mental health outpatient clinics as behaviors are considered more manageable and these children are typically not screened or referred for mental health assessments.
- Kindergarten-age children represent an age group that is underserved by the mental health system in Imperial County and statewide.
- In Imperial County current collaborative practices are tailored primarily for elementary and high school aged children, with minimal focus on children under the age of 6. Historically referrals are mostly initiated for children in second grade and above, when behaviors are more severe and children are already failing or at risk of being retained due to behavioral or emotional problems.

PROMOTE INTERAGENCY COLLABORATION

The primary goal of this innovation plan is to promote interagency collaboration between ICBHS and education with the long term goal of increasing access to services to an unserved and underserved group of young children at risk of serious mental illness and their families. According to Ziegler, Taussig & Black, (1992) "Collaborative early intervention approaches, mounted within home, school, and community contexts, are perhaps one of the best hopes we have for preventing and remediating antisocial behavior patterns before they become chronic and intractable". Imperial County has not been able to accomplish this early collaborative approach that is essential to meet the needs of children in pre-school, kindergarten and first grade, and we do not know how to develop and sustain this collaborative approach. It is clear that young children are being unserved and underserved in our County as systems for screening for mental health needs, referral or provision of services have not been established and efforts to develop collaborative relationship have been unsuccessful as we have not been able to identify effective ways to establish collaborative processes. ICHBS and education are aware of the need to reduce the gap in services to pre-school and kindergarten age children and attend to their mental health needs by improving access to services and the quality of care. However, neither agency can accomplish this task without collaborating with one-another. The focus of the Innovation Plan will be to find out if through a defined task and method to provide mental health services in the school setting, both agencies will have come up with an effective way to develop and sustain a collaborative relationship. The focus of this innovation will be the development of the collaborative relationship itself. The outcomes that may be derived from this project will encourage future and continuous interagency collaboration with other school districts.

ICBHS and education will become partners in the identification and referral of young children at risk of serious mental illness and their families, by ensuring their access to appropriate mental health services. It is expected this Innovation Plan will result in both agencies developing a common knowledge and understanding when addressing sensitive issues of mental illness in young children. Because the plan will include the delivery of mental health services in the school setting, it is anticipated that the collaboration between mental health and education will be intensified and will allow teachers and other school personnel to increase their knowledge in the understanding and identification of mental illness in young children. This joint effort may also allow both agencies to share common values, visions, and goals when serving this population.

Imperial County has special characteristics that may contribute to the anticipated success of this Innovation Plan. Our county extends over a large geographic area and is comprised of small cities and town with limited resources. Because of the nature of our community, partner agencies have developed close working relationships and are always willing to join efforts to maximize resources. Also, given the ethnic background of our community, which is primarily of Hispanic-Latino and other ethnic groups, our community has a strong sense of support and love for children and families. We believe these qualities and strengths may lead to the development of a strong partnership to help children and families succeed.

The ultimate goal of this Innovation Plan is to establish a strong interagency collaboration, and it is believed that as a result of this collaboration, the following long term goals will also be accomplished and will be our means for measuring success:

1. **INCREASED ACCESS TO UNDERSERVED GROUPS**
   The APS Healthcare, California External Quality Review Organization (EQRO), which does an extensive review of our system and populations served, reported during the 2012-2013 site review that in Imperial County, the penetration rate for Medi-Cal beneficiaries, ages 0-5 is 1.05%. This is low when compared to other small counties at 1.22% and statewide at 1.72%. The EQRO data supports the conclusion that school-aged children, particularly those under the age of six, are clearly underserved.

   Based on the fact that most resources in our schools are dedicated to youth who exhibit serious emotional and behavioral problems, less resources and attention are paid to younger students who are perceived as more manageable given their young age. Hoagwood and Erwin (1997) have provided extensive documentation of how the mental health needs of school-age students are not being met. They estimate that approximately 22% of today's students have serious, unmet mental health needs which can lead to later destructive outcomes. According to Walker, Nishioka, Zeller, Severson, Feil (2000) "Convergent expert opinion and considerable evidence suggest that school settings substantially under refer, and thus under serve, students with emotional or behavioral disorders". They estimate that 20% of school age students experience serious mental health problems and note that this same percentage of students could qualify for a psychiatric diagnosis using DSM-IV criteria, however, based on the Individuals with Disabilities Education Act (IDEA) criteria, only 1% of the school age population are certified as emotionally or behaviorally disturbed (Angold 2000). Through discussion with school representatives, including, Superintendant of Imperial County Office of Education, the Special Education Local Plan Area (SELPA) Director, principals, and school psychologists, it was identified that children in pre-school and kindergarten are underserved with respect to early identification and supportive services to prevent the development of serious mental illness. It is anticipated that through the establishment of this Innovation Plan, there will be an increase in awareness of mental illness and available services resulting in decreased stigma and increased access to services to unserved and underserved populations.

2. **INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES**
   Through this collaborative strategy, it is anticipated ICBHS and education will partner and focus resources on pre-school and kindergarten aged children to broaden the continuum of care available to children and their families. This will require that staff from both agencies become knowledgeable and highly skilled in the area of social and emotional development, behavior screening, and behavioral interventions for kindergarten students. Through this innovation plan, staff from both agencies will receive extensive training and consultation in the implementation of an evidenced-

based model. By staff participating in trainings jointly and sharing common knowledge regarding identification of children at risk of serious mental illness and appropriate interventions, it is anticipated they will establish a more effective collaborative system, which may support the implementation of an evidenced-based model that may bring about better outcomes for children by addressing their mental health needs.

3. **INCREASED ACCESS TO SERVICES**
   Currently, Imperial County has a low penetration rate for providing services to kindergarten-age children and there is a need to develop a collaborative relationship with education in order to serve children at risk of serious mental illness and their families. We have not been able to establish a successful working relationship with education and we don't know if the proposed Innovation Plan will provide the desire results of creating a close collaborative relationship between the education and behavioral health staff. It is believed that by having staff from both agencies working together and learning about each other's roles and functions, there will be an increased awareness of mental health services and supports available for children at risk of serious mental illness and their families. By staff working together on a joint project, both agencies will share information on services and ways to access services that will become part of the resources available to families when needed. The dialogue of mental health issues in children may become a common language that will transform perceptions in families and educators by reducing stigma and allowing increase in access to services.

EXHIBIT C

Innovation Work Plan Narrative

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 INNOVATION

The Innovation Plan consists of developing and establishing a unique type of collaborative relationship between behavioral health and education that can be replicated and expanded to other school districts countywide and statewide. This unique collaborative approach will be developed in the process of implementing a system to provide services to early school-age children who are at risk of serious mental illness and who are an underserved population. This Innovation Plan will consist of staff from both agencies delivering services in the school settings where they will have daily interaction. Staff from both agencies will attend training and work together in the implementation of an intervention program that will result in the early identification of at risk behaviors in young children. They will also work with parents and children to provide necessary information and interventions. Through the process of delivering services, ICBHS staff will introduce information about mental illness to parents and teachers in order to facilitate dialogue, problem solving, and referrals. The implementation of services will require the training of ICBHS and education staff on conducting age-appropriate comprehensive assessment and age-appropriate interventions.

The evidenced-based behavior intervention model to be implemented is called First Step to Success (FSS). FSS is an early intervention program that historically has been implemented by school personnel and the major goal is to prevent an antisocial path as a consequence of unaddressed mental illness. FSS consists of three interconnected modules: (1) proactive, universal screening of kindergartners; (2) school intervention involving the teacher, peers, and the target child, and (3) parent/caregiver training and involvement to support the child's school adjustment. In the proposed plan, ICBHS staff, rather than school personnel, will be providing these interventions at school serving as the behavior coach or interventionist. This will provide parents and classroom teachers with immediate access to services, consultation, and information on other Behavioral Health resources, when needed. The FSS program will also engage parents of identified children. While parent collaboration is not in itself innovative, this interaction will result in an increase in the education, awareness, and dialogue about indicators of mental illness and risk factors in kindergarten-age children. By embedding behavioral health staff in kindergarten classrooms in different elementary schools countywide, it is expected that a new working relationship will be developed that will be a bridge to providing information on mental illness and providing services in a non-

traditional setting. This in turn, will assist in the reduction of stigma related to mental illness and increase access to services. The innovation lies in learning and defining how the implementation of the evidence-based model contributed to the success of developing and sustaining a collaborative relationship between these two agencies. By establishing this collaboration, both agencies will share a common mission when working with young children at risk of serious mental illness and their parents. At the end of each year data will be analyzed to evaluate if the efforts are giving the desired results of establishing a strong collaborative relationship. Staff from both agencies will receive training, as needed to maintain and reinforce the collaborative relationship between both agencies. If successful, information on this approach to creating collaborative relationships will be shared with other districts so that this collaborative approach may be replicated in the different schools districts in Imperial County. Information will also be disseminated to other counties by advertising and sharing through publications and/or participation in conferences.

THE ISSUES

The Innovation Planning process has allowed for the collection of information and feedback from community stakeholders. This process also allowed us to evaluate current available services as well as existent and not existent systems to serve children at risk of serious emotional disorders and their families. Findings from this planning process consisted of feedback from stakeholders and representatives from partner agencies, indicate the need to address the following concerns: 1) increase in behavioral and emotional problems in younger children, in particular children in pre-schools, kindergarten and first grade; 2) parents and school personnel not being aware of services provided by community agencies; 3) parents not accessing services because of stigma related to mental illness; and 4) teachers and ICBHS staff not being prepared to coordinate or provide appropriate interventions to young children at risk of serious mental illness and their families. These concerns made us analyze factors contributing to the lack of structure or system in providing services and supports to this unserved and underserved population. We were able to identify that while there is a very strong established relationship between education and mental health for children in second grade to high school, communication and collaborative relationships to address the needs of children in pre-school, kindergarten or first grade is almost nonexistent. Although Imperial County Behavioral Health and the school districts co-exist in the same community, these agencies remain in very separate silos operationally as it pertains to early school-age children. The mission of each agency is very distinct and unique from each other. The behavioral health and education community will readily acknowledge our missions intersect when behavior/ emotional/ mental health problems occur with the children on school campuses. Schools are limited to attempting to link parents and children to outpatient mental health clinics. This oftentimes is unsuccessful due to lack of follow through by the parents due to the stigma associated with mental illness. Typically, behavioral problems in kindergarten-aged children are not associated with mental illness and resources are not deployed to this population. Additionally, parents do not often seek mental health services for children of this age group. This Innovation Plan will address the organizational separation by creating a new approach in collaboration with the school district that will result in development and

implementation of strategies to address the needs of young children at risk of serious mental illness and their families. In this Innovation Plan, the idea is to create and sustain a new collaborative system to address the everyday mental health needs of young school-aged children through early detection and intervention and not simply during crisis management. The collaborative process will begin with the provision of a mental health intervention in the kindergarten classroom and in the homes of participating children. This will increase and normalize the communication on mental illness and available services resulting in increased awareness and stigma reduction.

Ongoing evaluation of this collaborative process will be conducted by stakeholders, and staff from both agencies to assess progress and make recommendations as needed with the plan to reinforce collaborative efforts. Yearly program reviews will be presented during the ICBHS and education collaborative meetings and at the quarterly MHSA Steering Committee meetings, which will assist in identifying areas of improvement and the feasibility of sustaining the program at the end of the 3 year work plan.

Research and demographic information was also collected in support of this innovation plan with the ultimate goal of developing a collaborative relationship to meet the needs of children at risk of serious mental illness. Jeffrey R. Sprague, PhD. Professor of Special Education at the University of Oregon and Co-Director for the University's Institute on Violence and Destructive Behavior, made a presentation at the National Conference of the Hamilton Fish Institute on School and Community Violence, "Effects of the First Step to Success Program". He indicates that young children in the United States are at increased risk for antisocial behavior and negative school and life outcomes and this increased risk is largely due to the changing social, economic, and cultural conditions of our society over the past several decades. He also states that the growing numbers of children are exposed to a number of risk factors such as poverty, abuse, neglect, criminal or substance using parents, harsh and inconsistent parenting practices, limited exposure to language and reading prior to the beginning of their school careers. As a result, the number of young children at risk of serious mental illness has been steadily rising. Children from our community are subject to these risk factors due to the economic situation of our county. According to the 2010 U.S. Census Data, Imperial County has a poverty rate of 22.3% ranking at number six of all California Counties. California has a reported 15.8% average poverty rate while the national rate is at 14.7%. This makes Imperial County of one of the Counties with the highest unemployment rates in the U.S at 24.0%. In addition, Imperial County continues to experience high incidences of criminal activity and substance abuse exposing our children to risk factors that could be precursors to a serious mental illness. There is current no system or methodology in place within ICBHS and education for the early detection and identification of mental illness in young children resulting in a low penetration rate in services to this population.

Researchers have also confirmed that due to the developmental stage of the children life-course persistent patterns of conduct disorder and antisocial behavior usually begin in the very early childhood years and follow a pattern of escalation and elaboration through mid and late adolescence (Patternson, DeBaryshe, & Ramsey, 1989). They argued if children who manifesting severe behavior patterns are not successfully

intervened by the end of third grade or by age 8, this disorder should be viewed much like a chronic disease, such as diabetes. What this Innovation Plan intends to do is focus on the development of a collaborative relationship and allow us to learn if this new approach will work on developing and maintaining an effective collaboration between the two agencies.

EXPECTED OUTCOME

As a result of this Innovation Plan, it is anticipated the following outcomes will be achieved:

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

INNOVATION SUPPORTS AND CONSISTENT WITH Title 9, CCR Section 3320 (a)

Community Collaboration:

ICBHS has taken steps to engage stakeholders in community planning processes and plans to continue to involve community members throughout the implementation of the Innovation Plan. Some of the planned activities include having stakeholders be active members of the Innovation Collaborative meetings, providing guidance and support in the implementation and evaluation process. Stakeholders will also have the opportunity to participate and provide feedback and recommendations at the quarterly MHSA Steering Committee Meetings. Other efforts to keep the community informed of the Innovation Plan and its progress will be through the MHSA - ICBHS' Outreach and Engagement program where the Innovation Plan will be included in presentations to the

community. The Innovation Plan will also be presented in the weekly radio shows "Let's Talk About" (English) and "Exprésate" (Spanish).

Cultural Competence:
Staff from both agencies will be exposed to the other agency's culture, norms and values. By working together they will learn from each other and create a new culture where they share the same mission and vision for the purpose of serving children and their families. ICBHS has a well-established Cultural Competency Plan that ensures staff receives extensive training on different aspects of cultural competence. Staff assigned to this program will receive needed trainings to ensure they understand and effectively address the needs and values of the racial/ethnic, cultural, and linguistic needs of the children, families and community members they serve. As of 2012, 80.4% of Imperial County's population was Hispanic-Latino. Currently 85% of ICBHS staff who provide direct services to clients are bilingual in English and Spanish. Staff assigned to this project will be representative of the population served.

Client Driven:
The Innovation Plan has been guided and developed based on feedback from stakeholders who presented their ideas and concerns through their participation in formal and informal meetings. Stakeholders voiced their desire to focus this innovation plan on children at risk of serious mental illness and their families. ICBHS will ensure they will continue to be an integral part of the implementation, evaluation and decision making process, related to this project by continuously engaging them at all levels. The objective of the Innovation program is on developing a new approach of collaboration between the ICBHS and Education focusing on kindergarten-age children. Family members will have an active role in the implementation process on the Innovation Plan. They will also have a role in the decision making in identifying the needs of their children.

Family Driven:
Family members will be considered vital to the success of any interventions conducted. Family members will be provided the training and support needed to conduct behavioral interventions in their home. Family members will also be invited and included in the Collaborative and MHSA Steering Committee meetings where they will be able to convey their feedback on whether the new collaborative approach has increased access to mental health services to their children.

Wellness, Recovery, and Resilience Focused:
The Innovation program is focused on learning a new approach of developing an effective collaboration between the ICBHS and education. One key element of the planning and implementation process is the active involvement of stakeholders at all levels. Stakeholders involved include families of children, adults and seniors with severe mental illness. Members are representative of the cultural, ethnic and racial diversity of our consumers and community. Members also represent the unserved and/or underserved populations of our consumers and their families. Their involvement in this process promotes empowerment, respect, self-responsibility and self-

determination, which are essential elements to their wellness, recovery and resilience. By establishing an effective collaboration with education and making a systemic and cultural change, the wellness, recovery and resilience principles will be embedded in the process and will produce long term benefits for children and families in our community.

Integrated Service Experiences for children and their families:
Through this Innovation Plan, it is anticipated that a new collaborative approach will be established and will result in the integration of services for children and their families. By staff being collocated in school settings, children and families will have the opportunity to access services in a non-traditional setting. By both agencies working together, they will be able to learn about resources and be able to link children and families to partner agencies, according to their needs, in a comprehensive and coordinated manner.

EXHIBIT C

Innovation Work Plan Narrative

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)

New Mental Health Approaches

Establishing a collaborative relationship through the creation of a non-traditional approach: An intervention model will be used as the vehicle to develop and sustain a strong collaborative relationship between ICBHS and education to serve children at risk of serious mental illness and their families. The implementation of the intervention model, will require that staff from both agencies work and learn together and provide evaluation data and feedback on their personal experience related to this collaboration. The contribution to learning with this Innovation Plan is the increased level of information collected and shared between the mental health and education staff regarding identified outcomes. During the process of developing this collaborative relationship, the use of an intervention model will also provide information on the long term goals of this Innovation Plan. This provides for interventions in a natural environment. The contributions to learning will consist of the acceptance and normalization of mental health services provided inside a classroom setting and a reduction of stigma associated with mental illness. It will also increase access to services and improve the quality of services provided to this target population.

This Innovation Plan will contribute to learning by:

1. Creating a new approach to collaborative relationships.
2. Identifying the components to effective collaborative relationships that can be replicated in other settings.
3. Identifying the organizational and/or policy supports needed that contribute to effective collaborations.
4. Identifying staff strengths, attitudes and character that contribute to effective collaborations.
5. Identifying the impact and role stakeholders or the beneficiary involvement in the collaboration strategies.
6. Expanding parents and teachers' awareness about the extent of how mental illness reaches into this age group of children through the delivery of mental health services in the school setting.

New Applications

1. The development of a new approach of collaborative relationship between ICBHS and education through the implementation of FSS represents a new application of mental health services which are traditionally provided in an outpatient clinic setting. This collaboration will contribute to behavior modification interventions being provided in the classroom environment rather than in a office/clinic setting.
2. ICBHS and the School District staff will work collaboratively to develop policies and strategies to increase access to mental health services.

EXHIBIT C

Innovation Work Plan Narrative

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: 05/14 – 06/17
MM/YY–MM/YY

05/14 to 08/14	• Contract consultant to develop a plan consisting of development/selection of evaluation tools, data collection process, data analysis and outcome reports. • Start of collaborative activities through: o Coordination of planning meetings between ICBHS and education o Identify/hire staff from both agencies o Attend Joint Training – First Step to Success • Establish regular Innovation Collaborative Meetings and workgroups, to include stakeholder for: o Joint development of protocols for identification of at risk children and referrals o Joint development of protocols for data collection, monitoring and reporting o Joint development of mission and vision o Development of MOU
09/14 – 7/15	• Implementation of evidence-based intervention model in school settings. • Implementation of evaluation tools to capture the following: o Components of effective collaborative relationships that can be replicated in other settings o Organizational and/or policy supports that contribute to effective collaborations. o Staff strengths, attitudes and character that contribute to effective collaborations o Impact of Stakeholders or the beneficiary involvement in the collaborative process • Continue monthly Innovation Collaborative meetings for

	• Ongoing evaluation of collaborative progress
	  o Discuss and identify successful strategies
	  o Brainstorm solutions to overcome barrier or challenges to the collaborative process.
	
	• Report progress on implementation of Innovation as follows:
	  o Stakeholders at quarterly MHSA Steering Committee
	  o Mental Health Board on quarterly basis

07/15 – 8/15	• Contractor develops and presents report on data collected, findings and recommendations. • Presentation of Annual Innovation Report to include findings and recommendations from contractor and Innovation Collaborative group to Mental Health Board and MHSA Steering Committee. The purpose of this presentation is to provide an update on collaborative efforts, obtain guidance on improving process, and their continous support for the implementation of the Innovation Plan.

09/15-06/16	• Provide training and/or presentation to ICBHS and education staff on any recommended changes or adjustment to the collaborative process based on findings and recommendations from stakeholders and the Annual Innovation Report.
	
	• Continue implementation of evidence-based intervention model in school settings
	
	• Continued implementation of evaluation tools to capture identified data to evaluate collaborative process.
	
	• Continue monthly Innovation Collaborative meetings for
	  o Ongoing evaluation of collaborative progress
	  o Discuss and identify successful strategies
	  o Brainstorm solutions to overcome barrier or challenges to the collaborative process.
	
	• Report progress on implementation of Innovation as follows:
	  o Stakeholders at quarterly MHSA Steering Committee
	  o Mental Health Board on quarterly basis

07/16 to 08/16	• Contractor develops and presents report on data collected, findings and recommendations.

	• Presentation of Annual Innovation Report to include findings and recommendations from contractor and Innovation Collaborative group to Mental Health Board and MHSA Steering Committee. The purpose of this presentation is to provide an update on collaborative efforts, obtain guidance on improving process, and their continous support for the implementation of the Innovation Plan. • Presentation of successful collaborative process to school superintendents and special education directors for purpose of replicating innovative approach to collaboration in different school districts countywide. • Presentation of successful collaborative process at local Wellness Radio shows in English and Spanish.

09/16 to 06/17	• Provide training and/or presentation to ICBHS and education staff on any recommended changes or adjustment to the collaborative process based on findings and recommendations from stakeholders and the Annual Innovation Report.
	
	• Continue implementation of evidence-based intervention model in school settings
	
	• Continued implementation of evaluation tools to capture identified data to evaluate collaborative process.
	
	• Continue monthly Innovation Collaborative meetings for
	  o Ongoing evaluation of collaborative progress
	  o Discuss and identify successful strategies
	  o Brainstorm solutions to overcome barrier or challenges to the collaborative process.
	
	• Report progress on implementation of Innovation as follows:
	  o Stakeholders at quarterly MHSA Steering Committee
	  o Mental Health Board on quarterly basis

4/17 to 6/17	• Contractor develops and presents final report on data collected, findings and recommendations. • Presentation of Final Innovation Report to include findings and recommendations from contractor and Innovation Collaborative group to Mental Health Board and MHSA Steering Committee.

	The purpose of this presentation is to discuss lessons learned and new collaborative approach to that will be repliated in other schools. • Presentation of successful collaborative process to school superintendents and special education directors for purpose of replicating innovative approach to collaboration in different school districts countywide. • Presentation of successful collaborative process at local Wellness Radio shows in English and Spanish. • Disseminate information to other counties on successful approach to collaboration by advertising and sharing through publications and/or participation in conferences. • Complete and Submit Final Report to MHSOAC.

EXHIBIT C

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.

A collaboration performance review tool will be designed and used to collect information from ICBHS and Education staff who participates in the Innovation Plan to evaluate the success of this project. The collaboration performance review tool will address the following areas:

a. Elements of collaboration that were effective.
b. Elements of collaboration that were not effective.
c. Effectiveness of the methods and approaches used to overcome the barriers to collaboration.
d. Unique aspects and approaches tried in this collaboration.
e. Effectiveness of the resources and supports used during this project.
f. Quality of the relationship between collaboration partners.
g. Components of this collaborative can be applied in other settings.

An organizational assessment tool will be used to measure the success of this Innovation Plan in the following areas:

a. Sustainability.
b. Expansion of this collaboration to other school districts.
c. Increased referrals for the population targeted.
d. Continued collaboration overtime.

During the initial implementation process, ICBHS and Education will conduct monthly meetings to discuss and develop our common mission and policies and protocols related to sharing of information, referrals and communication. Once the program is implemented, ICBHS and Education will meet quarterly to discuss systems, policies, administrative issues, and steps to be taken to continue strengthening the collaborative relationship. These meetings will also contribute to strengthening our common mission and culture, identification of ways to overcome barriers to collaboration, and identification of effective attitudes and behaviors to collaboration.

In order to determine if this collaborative relationship has resulted in the desired outcomes, which include the increase in access to services, reduction of stigma, and improvement of quality of services, information will be collected from existing data system. ICBHS will develop tools and systems to track referral information, parent satisfaction and outcome data for the population being targeted in this Innovation Plan. Tools will also capture information on individuals' perceptions on the reasons for the outcomes. Increased access to services will indicate increase awareness by parents and school staff and decreased stigma associated with mental illness.

Information on outcomes related to the development of this collaborative relationship will be presented at the Innovation Collaborative Meeting, the MHSA Steering Committee Meetings and the Mental Health Board. Information will also be shared with school personnel, clients, family members and other stakeholders to evaluate progress and future planning.

EXHIBIT C

Innovation Work Plan Narrative

Leveraging Resources (if applicable)

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

School districts will provide classroom and office space at their school sites where mental health staff will provide their interventions, conduct meetings with school staff and parents, and complete required documentation.

Mental health staff will have the support of school administrators, school psychologists, teachers, and other school personnel when providing mental health services and treatment to young children in a school setting.

If this collaborative relationship is successful, the county would have established a system that may be replicated where resources may be leveraged for the delivery of mental health services in community settings.

Mental Health Services Act
Innovation Funding Request

County: IMPERIAL

Date: 3/21/2014

	Innovation Work Plans		Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
	No.	Name		Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	1	First Step of Success	$1,302,927	$ 1,302,927			
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26	Subtotal: Work Plans		$1,302,927	$1,302,927	$0	$0	$0
27	Plus County Administration	15%	$ 195,439				
28	Plus Optional 10% Operating Reserve						
29	Total MHSA Funds Required for Innovation		$1,498,366				

Innovation Projected Revenues and Expenditures

County: IMPERIAL
Work Plan #: 1
Work Plan Name: First Step to Success
New Work Plan ☑
Expansion ☐
Months of Operation: 05/2014-06/30/2017
MM/YY - MM/YY

Fiscal Year: 2013/2014

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	1,107,104			$1,107,104
2. Operating Expenditures	272,612			$272,612
3. Non-recurring expenditures	5,650			$5,650
4. Training Consultant Contracts	113,000			$113,000
5. Work Plan Management				$0
6. Total Proposed Work Plan Expenditures	**$1,498,366**	**$0**	**$0**	**$1,498,366**
B. Revenues				
1. Existing Revenues	$500,182			$500,182
2. Additional Revenues				
a. Estimated Interest	$ 21,534			$21,534
b. (insert source of revenue)				$0
c. (insert source of revenue)				$0
3. Total New Revenue	**$21,534**	**$0**	**$0**	**$21,534**
4. Total Revenues	**$521,716**	**$0**	**$0**	**$521,716**
C. Total Funding Requirements	**$976,650**	**$0**	**$0**	**$976,650**

Prepared by: Claudia Gonzalez
Telephone Number: 760-482-4172

Date: 3/21/2014

Imperial County currently has FY11/12 & FY12/13 allocated funds totaling the amount of $500,182.

Imperial County also estimates incurring Interest Revenue in the amount of $21,534.

The amount being reflected in INN Projected Revenue & Expenditure, is the estimated amount Imperial County will need based on the 5% total CSS funding.

EXHIBIT F - NARRATIVE

Imperial County
First Step to Success Narrative

(2 Months Only)

		2013-2014	2014-2015	2015-2016	2016-2017	GRAND TOTAL
Personnel Expenditures:						
Deputy Director	(.05FTE) Responsible for the overall planning, development and implementation of this program	$ 1,435	$ 8,610	$ 8,610	$ 8,610	$ 27,264
Behavioral Health Manager	(.25 FTE) Responsible for handling the organizational work in the planning, development and implementation of this program	$ 5,874	$ 35,242	$ 35,242	$ 35,242	$ 111,600
Program Supervisor II	(.50 FTE) Responsible for the overall program and clinical supervision and daily program operations	$ 9,020	$ 54,121	$ 54,121	$ 54,121	$ 171,383
Administrative Secretary	(.05FTE) Clerical supports the Deputy Director	$ 505	$ 3,028	$ 3,028	$ 3,028	$ 9,589
Psychiatric Social Worker	(1 FTE Psychiatric Social workers & 1 @.05 FTE) Will provide clinical mental heatlh assessments, diagnosis and therapy to clients	$ 15,104	$ 94,852	$ 99,357	$ 104,038	$ 313,351
Mental Health Rehab. Tech	(2 FTE Mental Health Rehab. Tech.) Will provide Mental Health services that include: assessment, plan development, rehabilitation, collateral, crisis intervention and targeted case management.	$ 20,503	$ 129,163	$ 135,660	$ 142,505	$ 427,831
Office Technician	(1 FTE Mental Health Rehab. Tech.) Will provide clerical support for the program	$ 4,281	$ 13,485	$ 14,160	$ 14,160	$ 46,085
	Personnel Expenditure:	***$ 56,721***	***$ 338,501***	***$ 350,178***	***$ 361,704***	***$ 1,107,104***
Operating Expenditures:						
Contracted Services						$ -
	Collaborative Training (Two Trainings)	$ 30,000				$ 30,000.00
	Early Childhood Mental Health & First Step to Success					
	Estimated value of both trainings/consultation and education materials.					$ -
	Consultation and Evaluation Consultation and Evaluation of Inn program. Funds will be utilized to contract Consultant to develop an evaluation plan. Cost includes creation of measurement tools, and analysis/reports on results	$ 8,000				$ 8,000.00
	Consultation and Evaluation Funds will be utilized to contract Consultant to develop an evaluation plan. Cost includes creation of measurement tools, and analysis/reports on results. Develope evaluation plan and tools/strategies. Evaluate programming, impact, and results of learning component: new mental health approach make adjustments to strategies as needed.		$ 25,000	$ 25,000	$ 25,000	$ 75,000.00
Travel/Mileage	Funds will be used for travel and transportation of MHSA Innovation staff to various schools, trainings and meetings.	$ 1,621	$ 5,320	$ 5,692	$ 6,090	$ 18,723
Program Expenditures	Expenses incurred by Innovation staff to operate the program. Expenses consist of but not limited to communication, household, office supplies	$ 12,125	$ 16,167	$ 17,299	$ 18,510	$ 64,101
	Operating Expenditure:	***$ 51,745***	***$ 46,487***	***$ 47,991***	***$ 49,600***	***$ 195,823***
Administrative Cost:	Program Administrative Cost of 15%	***$ 16,270***	***$ 57,748***	***$ 59,725***	***$ 61,696***	$ 195,439
	Estimate Cost by Fiscal Year:	***$ 124,737***	***$ 442,736***	***$ 457,894***	***$ 473,000***	***$ 1,498,366***