HEALTH, RECOVERY & WELLNESS

Mental Health Services Act
2011/12 Update
INNOVATION

May 16, 2011

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2011/12 UPDATE **EXHIBIT A**

COUNTY CERTIFICATION

County: **Ventura**

Components Included:

☐ **CSS** ☐ **WET**
☐ **CF** ☐ **TN**
☐ **PEI** **X** **INN**

County Mental Health Director	**Project Lead**
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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. 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.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2011/12 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing[1] was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.[2]

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2011/12 annual update/update are true and correct.

Mental Health Director/Designee (PRINT) Signature Date

[1] Public Hearing only required for annual updates.
[2] Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement.

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

County: Ventura **30-day Public Comment period dates:** May 17 – June 16, 2011

Date: June 22, 2011 **Date of Public Hearing:** June 20, 2011

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 2011/12 annual update/update. Include the methods used to obtain stakeholder input.

This MHSA Update contains our first submission of project proposals for the MHSA Innovation component. The Planning Process for Innovation began with an analysis of prior needs assessments done during stakeholder planning processes for other MHSA components. Those areas which had consistently been raised as priorities and which still had not been fully addressed were identified, as well as any emerging needs for which Innovation might be an appropriate approach.

These priorities were brought to the Innovation Planning Committee, which consisted of a broad cross section of stakeholder representatives from public and private agencies and from grassroots entities serving the underserved as well as consumers and family members. This group approved the development of projects in several topic areas that had been identified through past needs assessments:

1. Increasing access to culturally appropriate services and supports for the Latino community of the county;
2. Development of the strategies to use art to promote wellness and recovery for consumers of the specialty mental health system;
3. Examining innovative approaches to pursuing integrated healthcare, incorporating mental health, alcohol and drug programs and physical health care.
4. Exploring ways to increase stakeholder involvement among the Asian Pacific Islander community.

Workgroups were then established consisting of Planning Committee members, as well as other community stakeholders, to develop each project. Multiple workgroup meetings resulted in, for this Update, the three project proposals which address Topic Areas 1 and 2.

The workgroup for Topic Area 1, focusing on increasing access to the Latino community, met on two occasions, each time refining the proposed primary purpose and learning goals. What resulted was a determination that the proposed project be divided into two related but distinct projects. One project would address the needs of the indigenous population from the states of Oaxaca and Guerrero in Mexico, called the Mixtecos. The other would address the needs of the broader Latino farm worker population located in the Santa Clara Valley area of the County. This workgroup met one additional time and focused on developing the projects separately. A subgroup was formed to address specifically the farm worker project, and it met on two additional occasions to develop the project design.

A separate workgroup was established to develop Topic Area #2, the development of strategies to promote wellness and recovery through art. This workgroup met on two occasions to develop the project proposal that is included in this Update. **NOTE:** ***THIS PROJECT HAS BEEN WITHDRAWN FROM THIS SUBMISSION. DETAILS ARE OUTLINED IN THE 'LOCAL REVIEW PROCESS' NARRATIVE, QUESTION 5.***

Additional workgroup meetings and needs assessment work continues in an effort to develop Topic Areas #3 and #4, and each may result in separate Innovation project proposals in the future.

A summary of the Innovation Plan was presented at the Mental Health Board meeting on March 28, 2011. On April 25, 2011, the Plan was presented to the Mental Health Board for its approval to post for 30 day stakeholder review and comment. The Mental Health Board tabled the issue until the May meeting. The Plan was discussed at length at the

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

Mental Health Board Executive Committee meeting on May 2 and at the Mental Health Board meeting on May 16, 2011. In both meetings, there was substantial participation by stakeholders involved in the development of this Innovation Plan. The Plan was approved by the Mental Health Board for 30 day review and comment at its May 16, 2011 meeting.

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.)

The Mental Health Board has final oversight and authority over the Community Planning Process, including final approval to post the Update for Stakeholder review, overseeing the Public Hearing and final approval of the Update prior to sending to the County Board of Supervisors for approval to submit to the State.

In addition to the Mental Health Board, the Innovation work groups met, as described above, to develop each proposed project. These workgroups are composed of a variety of stakeholders from the public and private non-profit sector and include representatives from:

- County departments
  - Behavioral health
  - Ambulatory care
  - County hospital
- Grassroots community based organizations and other groups including:
  - Promotoras
  - Lideres Campesinas (women's farmworker advocacy group)
  - California Rural Assistance League
  - Client Network and other consumers
  - NAMI
  - Education
  - Mixteco/Indigena Community Organizing Project **(**MICOP)
  - Faith based community
  - Board of Supervisors
  - Grassroots advocacy organizations
  - Mental Health Board

Each project was driven by stakeholder workgroups comprised of subject matter experts, who in most cases were of, or had extensive experience working with, the communities that were addressed by each project. These workgroups led the identification of needs, learning goals and suggested interventions. The workgroups for each project will continue to meet and will be responsible for guiding detailed planning and implementation.

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.

n/a

Local Review Process

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

Ventura County's 2011/12 MHSA Update was posted on the County's Behavioral Health Department website for 30 day stakeholder review and comment from May 17, 2011 through June 16, 2011. An email announcing the posting was sent to more than 500 community stakeholders. In addition to being available on the Department website, the Update was available upon request by calling or emailing the Department's MHSA offices.

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.

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

The Public Hearing was held during the Mental Health General Board meeting on June 20, 2011. Prior to the opening of the Hearing, the Department made the recommendation to temporarily remove Project #3, the Client Art Project, from the proposal. The purpose of this recommendation is to provide an opportunity for additional stakeholder input and further development of the project by expanding its reach to ensure the inclusion of the Seriously and Persistently Mentally Ill. This would include providing services within Board and Care environments for those clients unable to travel to an off-site studio location.

The Hearing was then opened. There were 3 Public Comments (please refer to Public Comments at the end of this document for review) and then discussion by the Mental Health Board. By vote, It was unanimously agreed that the Client Art Project would be temporarily withdrawn for further expansion. A second motion was made to vote on Projects #1 and #2, for approval and recommendation to move projects forward for Board of Supervisors approval and submission to the State MH Oversight and Accountability Commission for review and funding approval. The vote on this motion was; 10 Yes, 3 No and 0 Abstention. The final recommendation by majority was to move the Projects forward for review and funding approval.

NEW/REVISED PROGRAM DESCRIPTION
Innovation

County: Ventura **X Completely New Program**

Program Number/Name: 1/Mixteco Engagement ☐ **Revised Previously Approved Program**

Date: March 28, 2011

Complete this form for each new INN Program. For existing INN programs with changes to the primary[3] purpose and/or learning goal, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

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

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.

Ventura County has an estimated 17,500 indigenous farm workers and their families in the county, with most living in the Oxnard, Rio and Hueneme regions of the County. These are groups of people who are from towns in Mexico where the Native American language is still spoken. However, they are very different in language and culture from other Mexicans. In Ventura County, there are 11 different Indigenous languages spoken, with the largest group being Mixteco, who are from the states of Oaxaca and Guerrero in Mexico.

The few available studies of indigenous populations in the county have shown that they have limited access to health care and even lower rates of insurance than other Latino immigrants. They also face significant systemic and cultural barriers to access, including language and transportation barriers, lack of education about resources and service delivery systems that are not culturally competent.

Beyond the language barriers, health care providers have difficulty communicating with Mixtecos because they often have very little experience with Western health care systems, and they have a different cultural orientation towards wellness and disease, its causation and treatment. (Indigenous Farmworker Study (IFS), http://www.indigenousfarmworkers.org/)

Quantitative data on the prevalence of mental health issues among the Mixteco population is also non-existent. However, qualitative research indicates that "depression afflicts both men and women who find themselves culturally and linguistically isolated and far from home and their extended families" (IFS). For example, male indigenous farm workers often live in substandard living conditions, are isolated from their families and experience significant stress, which often leads to alcohol or substance use and may lead to clinical depression.

Latinos as a whole are underrepresented in the behavioral health system of the County. The penetration rate for Latinos remains significantly below that of the overall population as well as below the statewide average for Latinos. Of the 82,340 Latinos eligible per month for MediCal, 2,335 were served by the Behavioral Health System in 2008, for a penetration rate* of 2.84, compared to an overall county penetration rate of 5.15 for the entire population. This is also significantly lower than the statewide average penetration rate for Latinos of 3.41 and the total penetration rate of 6.19. (From Ventura County EQRO report, FY2009-10)

In the County, there has been little targeted mental health outreach and education to the Mixteco community, which had minimal access to mental health supports and services in general and particularly to those services that have recognized the unique cultural features of this group. No data exists specific to the numbers of indigenous farm workers served by the Behavioral Health system, but it is assumed that the numbers are small based on anecdotal information from staff and community stakeholders.

There have been recent successful efforts at developing and implementing outreach and engagement approaches that have begun to reach the county's broader Latino community. These efforts derived out of the active input and participation of stakeholders in the Latino community, who have helped to craft effective strategies for reaching the

[3] The term "essential purpose" has been replaced with the term "primary purpose" for INN.

community. Historically, the County has facilitated the stakeholder process, bringing in leaders and cultural brokers representing a wide range of constituencies. However, the County's usual approaches to build stakeholder involvement have not been effective in engaging the Mixteco community.

The cultural broker model, which has been effective in our other stakeholder processes, has not been enough. Cultural isolation, distrust of government systems, threats to their immigration status and language barriers have made engagement extremely challenging in the Mixteco community.

This project will test whether we can develop a model to engage the Mixteco community in a new and different manner, at the grassroots level, through direct involvement by members of the community.

2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

The learning goal of this project is to determine whether a collaborative, community stakeholder driven model for planning, implementation and evaluation will lead to increased access to mental health related information and services by Mixteco population of Ventura County.

There have not been planning models for the development, implementation and evaluation of outreach, education and service approaches to mental health that have been truly driven by members of and by those who work closely with the Mixteco community. This project will move beyond the cultural broker model to one that is driven by those who are of the community to be served. This comprehensive nature of this peer driven process in engaging the indigeneous community in guiding the project from development, to implementation and through evaluation is a new approach to stakeholder driven planning in mental health.

This project will contribute to learning by providing an opportunity to assess whether this collaborative approach will lead to community based outreach and education strategies that result in increased awareness of and access to mental health services on the part of the Mixteco community in the county.

It is expected that the specific activities that are developed and implemented through this collaborative will adopt strategies that have been effective in other planning process, such as efforts implemented by promatoras to provide health and wellness support and education in the Mixteco community.

The project intends to assess both the effectiveness of the collaborative's process itself in fostering a model that is peer and community driven and results in activities that are tailored to and run by the community. The project will also include a means to evaluate the effectiveness of the proposed activities themselves, in increasing mental health knowledge, awareness and access to services on the part of the Mixteco community. Finally, evaluation will include an assessment of whether the project has lead to other changes in the public mental health system to increase access and cultural competence of services to the Mixteco community.

Phase One of this project will be the development of a stakeholder collaborative made up of leaders from the Mixteco community as well as other key individuals with expertise and experience working with this community. We will utilize groups who work with the Mixteco population, such as the Mixteco/Indigena Community Organizing Project (MICOP), the Promotoras & Promotores, the Mexican Consulate and others as both participants in the collaborative and to help identify other key leaders in the Mixteco community for participation. These individuals will assist in identifying means to reach out to and engage those who are of the Mixteco community, who in most cases haven't traditionally played a role in stakeholder driven planning. It is this second group of individuals that will make up the ***Steering Committee*** that will be the focus of the project. It is anticipated that the group will grow and evolve over time, as members recruit new members from the community. The structure, governance, decision making processes, location and scheduling will be driven by the ***Steering Committee*** participants. At the core, will be the values of peer and community driven planning, shared learning, and collaboration.

The Committee will identify needs, priorities and strategies for behavioral health outreach, education and engagement that are tailored to address the unique nature of the Mixteco community. Included in the development of these proposed activities will be a means to evaluate multiple aspects of the project, including the collaborative itself, the activities that are implemented and the effect on the services of the public mental health system in serving the Mixteco community.

NEW/REVISED PROGRAM DESCRIPTION
Innovation

Phase Two of the project will be the implementation by the community of the strategies proposed by the collaborative to increase mental health awareness and access to the Mixteco community. The Collaborative will guide this implementation and ensure that it is being done in a manner that reflects the needs and priorities identified in Phase One. It is expected that these activities will be driven and implemented by the community and based on respect and mutual trust, community relationships and collaborative action with a continuous process to gain input from the community on the project.

Though the specifics will be developed by the Collaborative, it is anticipated that the proposed activities will have certain elements:

- Be located in sites that are located in the heart of the targeted community, at, or in partnership/close proximity to, sites that are natural gathering places in the community, such as churches or schools
- Focus on overall "bienestar"/wellness of individuals and families
  - Whole person emphasis – mental health as one component
- Will include culturally specific supports, services and strategies to provide education
  - Natural healers, provision of art and spirituality supports
- Include culturally tailored approaches to providing education about mental health issues
- Staff implementing these activities will reflect the cultural and linguistic characteristics of those being served.
  - Cultural brokers – knowledgeable of, and ideally from the community
  - Will promote mutual support
- May incorporate prevention and early intervention strategies (e.g. Triple P) as well as other traditional mental health services in order to increase access and decrease stigma

Phase Three, again driven by the Collaborative, will be the evaluation of the project to determine whether it has met the goals identified in Phases One and Two. Representatives from the Mixteco community, including mental health consumers, will be expected to participate in this evaluation as well as the dissemination of findings to the broader community. It is anticipated that the approach to the evaluation will be eclectic and reflective of the cultural uniqueness of the Mixteco community.

Throughout the project, the role of the Behavioral Health Department will be to support the work of the collaborative by ensuring that it has the resources necessary to undertake the project, to provide guidance in ensuring the project remains true to the Innovation plan and guidelines and to provide general oversight.

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

This project supports the MHSA General Standards of:
-*Community Collaboration* – The project is based on a partnership with grassroots community providers, both with and within the Mixteco community, which will drive all aspects of the project.
-*Cultural Competence* – In addition, services through this project will be delivered by individuals and entities that are of the local community, and who therefore understand the unique needs of the farm worker population in the county.
-*Client and family driven* – Those individuals who will likely ultimately benefit project will drive the design, implementation and evaluation of the project.
-*Wellness, resiliency and recovery focus* – The project will focus on promoting emotional wellness for families and on supporting the resiliency factors of the Mixtec community, which will help drive the project's potential success.
-*Integrated service experience* – The strategies that come out of the project will be community based and integrated with existing supports in the community.

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

As indicated this project will target the Mixteco community, particularly in the regions of Oxnard, Rio and Hueneme, which are areas of highest concentration of this group. Those participating in the stakeholder process are anticipated to be adults of the Mixteco community and will likely have a range of ages, gender, immigration status and experience, and experience with the mental health system. It is anticipated that the strategies developed by the steering committee will have a targeted prevention focus within the community, emphasizing mental health education and early intervention for the Mixteco community across the age span.

NEW/REVISED PROGRAM DESCRIPTION
Innovation

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.

Phase One: First 18 months:, establishment of planning group.

- Start Up (6 months) – Identification of community partners, lead agency or group to guide project, strategies to identify Steering Committee participants; refine project outcomes and set up measurement structures.
- Formation of Steering Committee (months 6-12) – Establishment of participants and structure of Steering Committee
- Development of outreach strategies (Early Year 2) – Steering Committee to develop strategies to increase access and awareness of mental health issues for Mixteco population and means to evaluate effectiveness.

Phase Two:

- Early implementation of outreach and engagement strategies (Year 2); ongoing measurement and preliminary analysis, using results to refine project as needed.
- Full operation of outreach and engagement strategies (Years 3 and 4); ongoing measurement and preliminary analysis, using results to refine project as needed.
- Evaluation, dissemination and recommendations (Year 4) – Guided by Steering Committee

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

As described above, community stakeholders will drive the implementation design, evaluation and assessment of the project's effectiveness in meeting its learning objectives. The collaborative will be expected to assist in developing measures, and the evaluation protocols for the project. There are several aspects of the project which are expected to be evaluated:

1. Whether the peer and stakeholder driven collaborative was truly representative of the Mixteco community in its composition and approach to planning and implementation. Most likely this would be done through a survey of participants in the colloborative.
2. Whether the collaborative was effective in increasing the overall knowledge of participants and capacity to develop community integrated, culturally competent activities.
3. Whether the activities which resulted from the collaborative were successful in:
    a. Increasing awareness by the Mixteco community of mental health issues and services available by the mental health system (measured by survey of participants);
    b. Increasing access by the Mixteco community to mental health services and supports (measured by the level of participation in activities developed by the colloborative);
    c. Influencing the delivery of services by mental health providers in the provision of culturally competent mental health services and supports to the Mixteco community (measured by survey of the participants).

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

It is anticipated that participation will continue from public and private stakeholders that served on the planning workgroup in guiding the development of the project.

6. Please provide a budget narrative for total projected costs for the entire duration of the Innovation Program, and also provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. (For Example, Program 01- XXXX, the entire project is $1,000,000. The first year projected amount will be $250,000, the second year projected amount is $250,000, the third year is $250,000 and the fourth year is $250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

NEW/REVISED PROGRAM DESCRIPTION
Innovation

The entire budget for this four year project is estimated at $593,673.

The first year projected amount is $107,668 and represents a period of initial planning to identify specific strategies and a community based agency to drive the project, followed by 6 months of early operations to establish the steering committee for the project. Years 2 and 3 are budgeted at $160,335 each year or $320,670 summed, and constitutes the launch of and full implementation of project activities developed by the steering committee. Year 4 is budgeted at $165,335, and represents a full year of project activities, as well as a concurrent project evaluation, analysis and dissemination of results during the final 6 months.

This will allow sufficient time to implement the various project strategies for outreach and promotion of service access as well as evaluation to determine whether the project is successful. If successful, the project will likely inform the County's Prevention and Early Intervention plan.

7. Provide an estimated annual program budget, utilizing the following line items.

NEW ANNUAL PROGRAM BUDGET – Year 1

A. EXPENDITURES

	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel			$52,052	$52,052
2.	Operating Expenditures			$15,616	$15,616
3.	Non-recurring Expenditures			$15,000	$15,000
4.	Contracts (Training Consultant Contracts)			$25,000	$25,000
5.	Work Plan Management				
6.	Other Expenditures				
	Total Proposed Expenditures			**$107,668**	**$107,668**
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues			$0	$0
C. TOTAL FUNDING REQUESTED				**$107,668**	**$107,668**

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.

A. EXPENDITURES - $107,668

Total proposed expenditures in Year 1 for this project are **$107,668**, all of which are through **CBOs,** who will be responsible to lead and implement the project**.** This request for FY 11/12 represents July 1, 2011 through June 30, 2012, with the first 6 months being implementation planning and infrastructure development and the second half of the year early implementation.

NEW/REVISED PROGRAM DESCRIPTION
Innovation

Personnel - $52,052
The CBO's Expenditures are projected to be **$52,052** for **the total personnel cost of** 2.0 FTEs at $20 /hr and $15 /hr, respectfully. **Projected salaries for 6 months, from 1/1/12 – 6/30/12 is $36,400.** These individuals will coordinate and implement the project activities. **Included are projected benefits of $15,652, which is 43% of the projected salary.**

Operating Expenditures - $15,616
Operating expenditures are projected at **$15,616** for the 6 months, and are projected at 30% of the salaries + benefits. This includes facility cost; office supplies; equipment; vehicle expense; trainings and conferences; communication, voice and data; and other reasonable and necessary services and supplies.

Non-Recurring Expenditures - $15,000
Projected non-recurring expenditures of **$15,000** represent start up expenses such as computers, furniture, office supplies, brochures and other outreach materials, etc. for the 2.0 FTEs.

Contracts - $25,000
Contracts of **$25,000** include subcontracts for other individuals from the Mixteco community, **to be trained** and assist in establishing and supporting the steering committee. It also includes stipends for steering committee participants from the Mixteco community and subcontracts to other service providers who will begin to implement the strategies established by the committee. Also included are projected expenditures to contract with a local entity to support the development of culturally appropriate outcome measures and data collection systems necessary to evaluate the success of the project.

B. REVENUES - $107,668

The total revenue projection is **$107,668,** all of which is requested MHSA Innovation Funding.

NEW/REVISED PROGRAM DESCRIPTION
Innovation

County: Ventura **X Completely New Program**

Program Number/Name: 2/Farm worker Outreach ☐ **Revised Previously Approved Program**

Date: March 28, 2011

Complete this form for each new INN Program. For existing INN programs with changes to the primary[4] purpose and/or learning goal, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

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

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.

Ensuring, and increasing access to culturally appropriate behavioral health supports and services for the county's Latino population has been a high priority for the Behavioral Health Department. It has been identified as a priority need in Ventura County through the various MHSA stakeholder processes, by local and state level oversight bodies and by the Latino community itself.

The population of Latinos in Ventura County has increased significantly in recent years, as has the percentage of the total population that is Latino. As of 2008, there were nearly 300,000 Latinos in the county, an increase of 17.8% since 2000, compared to an increase of 5.4% of the entire population during that period. Latinos now constitute 37.4% of the entire population of the county, an increase of 4% since 2000. (From Ventura County EQRO report, FY2009-10)

Despite these increases, Latinos are underrepresented in the behavioral health system of the County. The penetration rate for Latinos remains significantly below that of the population as a whole as well as below the statewide average for Latinos. Of the 82,340 Latinos eligible per month for MediCal, 2,335 were served by the Behavioral Health System in 2008, for a penetration rate of 2.84, compared to an overall county penetration rate of 5.15 for the entire population. This is also significantly lower than the statewide average penetration rate for Latinos of 3.41 and the total penetration rate of 6.19. (From Ventura County EQRO report, FY2009-10)

A significant subgroup of Latinos in the county is the farm worker population. Agriculture makes up approximately $1 billion of the county's economy. Data from the most recent Census of Agriculture, conducted every five years, indicated that Ventura County had 2,437 farms in 2007. Official estimates place the number of farm workers in the county at roughly 20,000, of which nearly all classify themselves as "Hispanic." However, when migrant and seasonal workers as well as other family members are included, the total number of farm workers and other household members is estimated to be between 46,000 and 62,000. Approximately two thirds are permanent residents of the county, while the remainder are migrant, traveling into and out of the county for seasonal work. Despite the fact that agriculture is a year-round business in the county, just 20% of this population works year round. (Workforce Investment Board, 2006)

According to the Ventura County Farmers Association, approximately 95% of farm workers in the state were born outside the United States, 91% from Mexico. Nearly a third of farm workers are immigrants who have been in the United States more than 15 years, with approximately one fifth here fewer than two years. More than half are considered undocumented and as a whole, this population tends to be of very low income. Various studies and other needs assessments have found that this population has low rates of health insurance coverage and low utilization of health care services, including mental health services. These individuals often face barriers to access to mental health services including a lack of knowledge of available resources, stigma, and services that are not culturally competent or accessible due to location or hours of operation.

The county has engaged in multiple efforts to increase access for the Latino population, including MHSA funded outreach

[4] The term "essential purpose" has been replaced with the term "primary purpose" for INN.

and engagement projects, MHSA Community Services and Supports programs serving Latinos in high needs communities and other efforts (e.g. Performance Improvement Project), all of which have been somewhat effective in reaching Latinos in general. However, these efforts have still not been successful in reaching the Latino farm worker population; nor do other programs through other systems serve this need.

These efforts have been ineffective due to unique challenges in reaching the County's farm workers, who often are isolated culturally, socially and physically, making access to services even more difficult. This is compounded by the immigration status of many farm workers as well as a general reluctance often, to access public supports. The Santa Clara Valley region of the county is an area where these issues are heightened and which stakeholders and our various needs assessments processes have identified as having significant need. It is an area that is somewhat isolated from the rest of the County and which is largely driven by agriculture, with a large number of low income Latino farm workers. Within the farm worker population of the Santa Clara Valley, stakeholders have identified a subgroup of families that seem to be growing and which are even more difficult to reach – kinship families, in which children are being raised by relatives. These are most often grandparents raising grandchildren and often include multigenerational families in which immigration status and acculturation vary with different members of the households.

This project therefore proposes to examine the impact of focused, community specific efforts to increase access to mental health prevention and early intervention supports for the farm worker population of the Santa Clara Valley area of the county, specifically targeting kinship families within this population, through adaption of outreach and engagement strategies that have been effective in other populations to address the unique nature of the farm worker community.

2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

This project proposes to develop outreach and targeted mental health prevention program targeting the farm worker population, specifically kinship families within that group, in the Santa Clara Valley. The expected learning goal of the project is to determine whether the use of trained community members, specifically in partnership with schools and other community resources, leads to increased access to services and supports for this subset of the farm worker population. The project will determine if strategies specifically adapted for this population are more effective in increasing access to culturally appropriate mental health services.

The Santa Paula Elementary School District, which serves the majority of children from farm worker families in the region, found in a recent survey that 17% of those children receiving counseling services were being raised by a relative. Counselors report that these children often have a variety of behavioral problems and that their caregivers are often in need of additional supports, but as described above, they are often isolated, difficult to engage and reluctant to receive services.

The project will employ an approach utilizing trained community members, who have a unique cultural understanding that will allow them to engage farm worker families. This is an **adaption** of other approaches to supporting the wellness of Latinos and kinship families, such as the Promotoras model, which has been successful in increasing access and educating families in other settings. Through this approach, individuals with lived experience will be able to relate to the experiences of those families with whom they work. This approach will include linkages and supports developed through schools, with services in the community and in the homes including those communities where families live in grower housing in the Santa Clara Valley region.

The project will focus will be on overall "bienestar"/wellness of individuals and kinship families in farming communities, with a whole person emphasis – mental health being one component of one's well-being. Included will be culturally specific supports, services and strategies to support the well being of families, including natural healers and the use of art and spirituality supports.

Anticipated Outcomes:

- Increase in perceived parenting abilities for kinship caregivers in farm worker communities participating in the project, as compared to those who are not participating.
- Increased knowledge about mental health issues and awareness of available resources by the population receiving the intervention.

- Decrease in perceived stigma about mental health issues and access to services by the target population.
- Increase in kinship families and other families in the farm worker community receiving mental health services.
- Increased awareness and understanding by VCBH about how best to reach and serve the farm worker population. (increased Department cultural competency)

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

This project supports the MHSA General Standards of:
-Community Collaboration – The program will be done through partnership with the local community, including engaging members and leaders from the farm worker community to help design and implement the project. The community planning process has included representatives from various key stakeholders, including the Promotores, Santa Paula School District, and other groups that have significant knowledge of the farm worker community in the Santa Clara Valley. These groups will continue to guide development and implementation of the project.
-Cultural Competence – As described above, inclusion of key community groups that are of or have extensive experience working with the farm worker community will help to ensure the project addresses the unique cultural makeup of the target population. Services through this project will be delivered by individuals and entities that are of the local community, and who therefore understand the unique needs of the farm worker population in the county.
-Client and family driven – Much of service delivery to be done by "peers" (e.g., Promotoras)
-Wellness, resiliency and recovery focus – The project promote emotional wellness for families, particularly for those at risk of more significant issues.
-Integrated service experience – The program will be integrated into other existing resources for families.

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

This project will serve the Latino population of the Santa Clara Valley area of the county, specifically the farm worker population and those families associated with this population in which children are in kinship caregiver homes. This includes children and their families. Often it is the grandparents who are raising them. A large number of these families will have individuals who are monolingual Spanish speaking and of varying immigration status and levels of acculturation. The population varies in that community from recent immigrants (primarily from Mexico) to those families who have been in the area for one or more generations. There are many families in which immigration status varies within families, resulting in a general wariness towards public services; exacerbated by their isolated nature and socioeconomic status

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.

This is a proposed three year project:
-Further refine the the project: 6 months – Identification of community partners; development of specific strategies, including refining the proposed adaption; development of a plan for implementation; establishment of contracts with community agency/ies that will provide services and those who will provide referrals; training of those who will provide services, establish outcome targets and means for data collection to evaluate proposed adaption.

-Early implementation 6 months (program ramp up) – Begin proposoed strategies and services. Initiate data collection.

-Project Operations: 2.5 years - This will allow sufficient time to fully implement the project, refine it as needed, and to allow for community to become aware of and begin using the supports provided through the project. It will ensure consistent data collection and analysis throughout the process, using preliminary results to refine project as necessary.

-Evaluation of impact: 6 months (overlapping with the last 6 months of operations. This will include analysis and determination of sustainability strategies if indicated by the evaluation. Communication of findings to stakeholders both locally and statewide.

NEW/REVISED PROGRAM DESCRIPTION
Innovation

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

The specific tools will be developed during the 6 month start up phase, but the project proposes to measure:

- Change in perceived parenting abilities among kinship families in the farm worker community.
- Change in knowledge about mental health issues and awareness of available resources as result of the survey (measured via survey)
- Change in perceived stigma about mental health issues (measured through survey)
- Increase in kinship families in the farm worker community receiving early mental health prevention and early intervention services (measured through participation in proposed activities)
- Increased access to parenting supports and other relevant services
- Increased VCBH awareness and understanding about how best to reach and serve the farm worker population. (increased Department cultural competency) (measured through survey of consumers and community)

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

-It is anticipated that the project will partner with local schools in the area as well as with appropriate resources that already exist in other fields in that area.

6. Please provide a budget narrative for total projected costs for the entire duration of the Innovation Program, and also provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. (For Example, Program 01- XXXX, the entire project is $1,000,000. The first year projected amount will be $250,000, the second year projected amount is $250,000, the third year is $250,000 and the fourth year is $250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

The entire budget for this three year project is estimated at $443,005.

The first year projected amount is $109,601 and represents a 6 month period of detailed implementation planning followed by 6 months of early operations of the project. Year 2 is budgeted at $164,202, and constitutes full implementation of project activities. Year 3 is budgeted at $169,202, and represents a full year of project activities, as well as a concurrent project evaluation, analysis and dissemination of results during the final 6 months.

This will allow sufficient time to implement the various project strategies for outreach and promotion of service access as well as evaluation to determine whether the project is successful. If successful, the project will likely inform the County's Prevention and Early Intervention plan.

7. Provide an estimated annual program budget, utilizing the following line items.

NEW ANNUAL PROGRAM BUDGET – Year 1

A. EXPENDITURES

	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel			$53,539	$53,539
2.	Operating Expenditures			$16,062	$16,062
3.	Non-recurring Expenditures			$15,000	$15,000
4.	Contracts (Training Consultant Contracts)			$25,000	$25,000
5.	Work Plan Management				
6.	Other Expenditures				
	Total Proposed Expenditures			**$109,601**	**$109,601**

NEW/REVISED PROGRAM DESCRIPTION
Innovation

B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues			**$0**	**$0**
C. TOTAL FUNDING REQUESTED				**$109,601**	**$109,601**

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.

A. EXPENDITURES - $109,601

Total proposed expenditures in Year 1 for this project are $109,601, all of which are through **CBOs,** who will be responsible to implement the project**.** This request for FY 11/12 represents July 1, 2011 through June 30, 2012, with the first 6 months being implementation planning and infrastructure development and the second half of the year early implementation.

Personnel – $53,539
The CBO's Expenditures are projected to be **$53,539** for **the total personnel cost of** 2.0 FTEs at $18 /hr each. **Projected salaries for 6 months, from 1/1/12 – 6/30/12 is $37,440**. Included are projected benefits of **$16,099**, which is 43% of the projected salary.

Operating Expenditures - $16,062
Operating expenditures are projected at $16,062 for the 6 months, and are projected at 30% of the salaries + benefits. This includes facility cost; office supplies; equipment; vehicle expense; trainings and conferences; communication, voice and data; and other reasonable and necessary services and supplies.

Non-Recurring Expenditures - $15,000
Projected non-recurring expenditures of $15,000 represent start up expenses such as computers, furniture, office supplies, brochures and other outreach materials, etc. for the budgeted 2.0 FTEs.

Contracts - $25,000
Contracts of **$25,000** include subcontracts for other training services to promote access and engagement of farm worker population. Also included are projected expenditures to contract with a local entity to support the development of culturally appropriate outcome measures and data collection systems necessary to evaluate the success of the project.

B. REVENUES - $109,601

The total revenue projection is **$109,601** all of which is requested MHSA Innovation Funding.

INN FUNDING REQUEST

County: Ventura **Date:** 28-Mar-11

	INN Programs		FY 11/12 Requested MHSA Funding	
	No.	Name		
Previously Approved Programs				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.	Subtotal: Programs		$0	Percentage
17.	Plus up to 15% Indirect Administrative Costs			#DIV/0!
18.	Plus up to 10% Operating Reserve			#DIV/0!
19.	Subtotal: Previously Approved Programs/Indirect Admin./Operating Reserve		$0	
New Programs				
1.	1	Mixteco Engagement	$107,668	
2.	2	Farmworker Outreach	$109,601	
3.				
4.				
5.				
6.	Subtotal: Programs		$217,269	Percentage
7.	Plus up to 15% Indirect Administrative Costs		$32,590	15%
8.	Plus up to 10% Operating Reserve		$24,986	10.0%
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve		$274,845	
10.	**Total MHSA Funds Requested for INN**		$274,845	

Note: Previously Approved Programs that propose changes to the primary purpose and/or learning goal are considered New.

Revised 12/29/10

MHSA SUMMARY FUNDING REQUEST

County: Ventura **Date:** 3/28/11 LRM

	MHSA Funding					
	CSS	**WET**	**CFTN**	**PEI**	**INN**	**Local Prudent Reserve**
A. FY 2011/12 Component Allocations						
1. Published Component Allocation					$1,014,000	
2. Transfer from FY 11/12[a/]						
3. Adjusted Component Allocation						
B. FY 2011/12 Funding Request						
1. Requested Funding in FY 2011/12					$274,845	
2. Requested Funding for CPP					0	
3. Net Available Unexpended Funds						
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report					$382,287	
a. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)					$51,000	
c. Unexpended Funds from FY 10/11						
d. Total Net Available Unexpended Funds	$0	$0		$0	331,287	
4. Total FY 2011/12 Funding Request	**$0**	**$0**	**$0**	**$0**	**0**	
C. Funds Requested for FY 2011/12						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations						
3. Unapproved FY 08/09 Component Allocations					**0**	
4. Unapproved FY 09/10 Component Allocations[b/]						
5. Unapproved FY 10/11 Component Allocations[b/]						
6. Unapproved FY 11/12 Component Allocations[b/]						
Sub-total	**$0**	**$0**	**$0**	**$0**	**0**	
7. Access Local Prudent Reserve						
8. FY 2011/12 Total Allocation [c/]	**$0**	**$0**	**$0**	**$0**	**0**	

NOTE:

1. Line 3.a and 3.b. should be completed if annual update is being submitted prior to the end of FY 10/11.

2. Line 3.a., 3.b., 3.c., and 3.d. should be completed if annual update is being submitted after the end of FY 10/11.

3. Line 3.a. should be consistent with the amount listed on the FY 09/10 Annual MHSA Revenue and Expenditure report, Enclosure 9, Total Unexpended Funds line.

4. Line 3.c. should be consistent with the amount listed on the FY 10/11 Annual MHSA Revenue and Expenditure report, Total Unexpended Funds line.

5. Line 3.c. will be verified upon receipt of the FY 10/11 Annual MHSA Revenue and Expenditure report and adjustments will be made as necessary.

[a/] Per Welfare and Institutions Code Section 5892(b), in any year after 2007-08, Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve in an amount not to exceed 20% of the average amount of funds allocated to that County for the previous five years. The 20% limits are included in Enclosure 8.

[b/] For WET and/or CFTN components, enter amount of unapproved funds being requested for use from any of the years a transfer from CSS was made.

[c/] Must equal line B.4. for each component.

Public Comments

Ernesto Duran – vice-president of the Partnership for Safe Families and Communities of Ventura County

To: Ventura County Behavioral Health Mental Health Services Board

RE: PEI Community Coalitions (Innovations Project)

In 2009, the Community Commission for Ventura County (CCVC) commissioned the Partnership for Safe Families & Communities of Ventura County, *The Designated Child Abuse Prevention Council* (the Partnership) to develop policy recommendations for violence prevention in the County of Ventura with an emphasis on the impact of family violence on hard to reach, underserved populations (such as the Mixteco farmworker community). As the lead policy research consultant, I interviewed 60 members of the Mixteco population and developed a community-wide needs assessment survey targeting 300 Mixtecos. In my findings, it was clear that the mixteco community is a hard to reach, underserved population that is faced with disparities in social and economic resources, social isolation, and limited language proficiency. Although there is no reliable empirical data regarding income levels among Mixteco farmworkers, many – if not most – are believed to live at or below 150 percent of the federal poverty threshold. Indigenous Oaxacans working in agriculture appear to earn even less than their urban counterparts. Locally, the annual income for Mixtecos is no different; 44% of the survey and focus groups respondents reported making less than $10,000 per year. Focus group respondents reported that transportation is one of the most challenging issues they have to deal with in their communities. Transportation is either non-existent in certain areas of Oxnard, time-consuming to get to their final destination or unreliable, which often results in missed health-related appointments. Low-income mono-lingual Mixteco speakers are also impacted by the cost of the available transportation. These two factors adversely affect their ability to access mental health and basic services. Another issue reported by focus group respondents is the underutilization of services by Mixtecos. Survey and focus groups participants reported that they are less likely to seek treatment when suffering from mental illness and less likely to obtain preventive services because of high costs of medical care, cultural stigma of mental illness, and lack of knowledge regarding the signs and symptoms. Problems of access to health care also translate into higher levels of stress for Mixtecos when they need to use health services and have tremendous difficulty navigating the service delivery system. 74% of our survey and focus groups participants reported high levels of stress and depression due to poverty, alcoholism, and domestic violence. 82% reported that they are not familiar with the public health services available to them.

I believe the selection of the participants for the Innovations committee was appropriate. Participants provided constructive feedback and were given equal opportunity to participate and voice their opinions and suggestions. I am in full support of this project because it is intended to strengthen and support the underserved families of our community, I have no doubt that the Innovations committee captured the voice of the prevention field as represented by educators, stakeholders, law enforcement, public officials, the private sector and stewards of community-based organizations. The collective diversity of thought and experience sparked ingenuity that would not likely have been matched by individual efforts. The true test of leadership is legacy. We are grateful to the leadership of those charged with participating in the Innovations committee.

Ventura County Behavioral Health Department

Mental Health Services Act

FY 2011-12 MHSA Update - INNOVATION

30 Day Public Comment - May 17, 2011 through June 16, 2011

PUBLIC HEARING - June 20, 2011 - 1:00 p.m.

Ventura County Behavioral Health Department

1911 Williams Drive - Training Room - Oxnard, CA 93036

Hearing Conducted by MENTAL HEALTH BOARD

Personal Information (optional)

Name: Lucrecia Campos-Juarez, LCSW

Agency/Organization: Clinicas del Camino Real, Incorporated

Phone Number: 805-647-0991 email LCamposJuarez@Clinicas.org

Mailing address: 200 S. Wells Road, #250. Ventura, CA 93004

My Role in the Behavioral Health System

☐ Consumer	☐ Family Member	☐ Probation	☐ Education
☒ Service Provider	☐ Social Services	☐ Law Enforcement	☐ Other: _____

What do you see as the strengths of this plan?

See attached letter

If you have any concerns about the plan, please explain

See attached letter

Comments may be emailed to: alison.schember@ventura.org, or mailed to

MHSA Ventura County Behavioral Health Dept. 1911 Williams Drive Suite 200 Oxnard, CA 93036

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June 9, 2011

Mental Health Services Act – Ventura County Behavioral Health
1911 Williams Drive
Oxnard, CA 93031
Attn: Meloney Roy

RE: Prevention & Early Intervention Innovation – Public Response

I attended the Mental Health Board, Executive Committee Meeting on May 2, 2011 and found that VCBH-MHSA-PEI had convened a Planning Committee to identify innovative projects to address the needs of the Latino farmworkers and Mixteco population. I am excited to know that VCBH will finally address the unmet needs of these two specific populations who have traditionally been ignored and neglected by governmental agencies. As you may already know, Clinicas del Camino Real, Incorporated's (Clinicas) mission is to save lives and restore good health to underserved populations. Clinicas especially reaches out to members of the community who are traditionally underserved due to limited income, resources, cultural and language barriers. During Clinicas 40 year history of providing comprehensive health services to residents of Ventura County, Clinicas has outreached to farmworkers including the growing Mixteco community. However, I was extremely frustrated to find out that VCBH convened a Planning Committee to address the unmet needs of these populations and failed to include Clinicas as part of this process.

If you recall, Clinicas coordinated and hosted the farmworker focus groups during the initial MHSA-PEI planning meetings. During this planning process the community identified and informed the VCBH staff and Mental Health Board of the mental health needs of the Latino farmworkers and Mixteco population and of the lack of mental health services that VCBH had traditionally failed to provide to these groups of people.

It is very difficult to understand the reasons why VCBH failed to include Clinicas in the planning process given our 40 year experience, knowledge and track record of providing comprehensive health services to underserved populations that include Latino farmworkers and the Mixteco population. Clinicas is the only provider in the State that offers prenatal classes in Mixteco, provides mental health services to the Mixteco population and periodically offers educational sessions on the radio in Mixteco. It is a disservice to these populations not to have Clinicas at the table to represent their needs.

Above all, Clinicas has been able to successfully implement IMPACT under a contract with VCBH and have proven our collaboration and willingness to work with VCBH. In contrast, it has been frustrating to experience other oversights in being excluded from this "innovative project" and many other projects.

VCBH is sending conflicting messages with the implementation of the PEI programs of the MHSA. On one hand VCBH identifies an innovative project to serve Latino farmworkers and the Mixteco community and on the other hand VCBH decides not to fund three Community Coalition projects that would have provided services to these target populations.

I urge VCBH and the VCBH Board to be more inclusive and work closely with community agencies that traditionally have not been included in VCBH-MHSA (Prop 63) projects.

Sincerely,

Lucrecia Campos Juarez, LCSW

Lucrecia Campos-Juarez, LCSW
Mental Health Director
Clinicas del Camino Real, Incorporated

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