

INNOVATIVE PROJECT PLAN RECOMMENDED TEMPLATE

COMPLETE APPLICATION CHECKLIST

Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following before being scheduled before the Commission:

- Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. The budget should be consistent with what has (or will be) presented to the Board of Supervisors.

(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)

Local Mental Health Board approval Approval Date: _____

Completed 30-day public comment period Comment Period: _____

BOS approval date Approval Date: _____

If the County has not presented before BOS, please indicate the date when the presentation to BOS will be scheduled: _____

Note: For those Counties that require INN approval from MHSOAC before their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.

Desired Presentation Date for Commission: _____

Note: The date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.

County Name: VENTURA

Date submitted:

Project Title: VETERAN MENTOR PROJECT

Total amount requested:

Duration of project:

Purpose of Document: The purpose of this template is to assist County staff in preparing materials that will introduce the purpose, need, design, implementation plan, evaluation plan, and sustainability plan of an Innovation Project proposal to key stakeholders. *This document is a technical assistance tool that is recommended, not required.*

Innovation Project Defined: As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as a project that “the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports”. As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- Applies a promising community-driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- Supports participation in a housing program designed to stabilize a person’s living situation while also providing supportive services on-site

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- Increases access to mental health services to underserved groups
- Increases the quality of mental health services, including measured outcomes
- Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

PRIMARY PROBLEM

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

The Veteran Mentor Project (VMP) will focus on veterans returning to civilian life and similar needs of emergency first responders. First responders (fire, police, sheriff, etc.) function in a para-military structure so the term, “veteran” is being used interchangeably in this document. Both populations have similar challenges in transitioning to non-military and non-emergency civilian lifestyles.

NOTE ►*The term “veteran” refers to both military and first responders.

Relative to the military, the US Department of Labor states that approximately 200,000 men and women annually leave military service and return to civilian life. Transitioning to civilian life can present many challenges, including access to community resources, access to mental health services, establishing new routines with family, or obtaining employment. Investigation conducted by the VMP indicates there are lessor resources available to first responders.

Former servicemembers may not have experience with traditional job search strategies whereas others may not be aware of how their military experience and training could be an advantage when applying to jobs in the civilian workforce. Some others simply do not understand what support or services are available for their transition. While service members are required to attend the Transition Assistance Program many are unaware of the veteran transition services created ready and willing to assist them. Without this information the lack of support can lead to feelings of stress and anxiety for veterans thus affecting their mental health.

With the nation's experience of the COVID-19 pandemic, there has been an increase in unemployment among Veterans. In April 2020, there were 833,000 more unemployed Veterans than in April 2019. Over this time, the Veteran unemployment rate increased from 2.3% to 11.7%. (U.S. Bureau of Statics)

In addition, by 2031, the number of military retirees in the United States is expected to reach 2.28 million; an increase from an estimated 2.19 million retirees in 2021. (Statista) Age of retirement in the military varies widely with some still in their twenties, meaning many years of work life left to live. If these retirees have a difficulty adapting from service to civilian life that time can feel isolating and purposeless.

The catalyst for the creation of the Veteran Mentor Project was the death of the founder's brother by suicide. Since that time he has strived to prevent other veterans from losing hope. Ongoing work is needed to understand factors associated with Veteran suicide, including differences by race and ethnicity, as well as study of treatment intervention outcomes across all populations. Although different resources exist for veterans through Ventura County, there is a dire need for organizations to offer services in addition to employment support. Requesting assistance with employment services and mental health services can be impactful for an individual and having the right social support system can ensure that the process is successful.

In 2021*, there were 559 deaths by suicide among California residents aged 18 years and older who had served in the United States Armed Forces. Deaths by suicide among Veterans made up 14% of all suicides in 2021. Most Veteran deaths by suicide were male (96%), white (76%) and Hispanic (11%). Firearms were used in nearly two-thirds of suicides among California Veterans (65%), followed by hanging/suffocation (19%). Age-wise, deaths by suicide in 2021 of the former 559 members of the US Armed Forces were as follows:

- 85+ years – 14%
- 65–84 years – 37%
- 45-64 years – 19%
- 25-44 years – 24%
- 18-24 years – 5%

Deaths by suicide in Ventura County of former military service members aged 18 and older numbered 25 in 2018, 23 in 2019, 13 in 2020, and 11 in 2021.

**Most recently available statistics*

PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensure the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

The Veteran Mentor Project (VMP) will focus on assisting veterans who are transitioning from service to civilian life in Ventura County through a mentorship program. Once identified through a localized referral process the individual would be screened and would receive supportive guided services in order to connect the participant with appropriate employment opportunities while focusing on their mental health. The program will first screen veterans and create an individualized plan focused on building the “five pillars of wellness”. The five pillars of wellness are mental health, physical wellness, relationship wellness, and career wellness. VMP has set up strategic partnerships with other veteran service organizations that provide intensive and short-term services within these pillars. VMP will connect participants with a peer mentor and plan for addressing the participants needs according to the five pillars. The program looks to provide veterans with tiers of service depending on the needs of the individual. Higher tiers will always include services offered in the lower tiers as needed and all tiers would include a peer mentor.

- **Tier 1:** A screening and subsequent placement with a peer mentor for 6 - 12 months. Tier one will always include prosocial relationship building as well as career support. A resume review, interview prep, and interview training would take place to ensure the participants knows how to highlight their service as a strength to employers.
- **Tier 2:** provides a higher level of support to veterans who may need financial support to reach their goals. Tier 2 would pay for services such as gym memberships or classes, co-pays for counseling, resume writing, professional clothing or other specialty workwear.
- **Tier 3** would include veterans who may need to learn some coping skills or take some time to heal before pursuing employment. The focus here would be more on mental health and relationship wellness and could include variation of additional services such as 22 zero or other non-clinical high intensity interventions decided and agreed upon with the mentee.
- **Tier 4** would include more intensive support for veterans who want to make a significant change. Participants who have tried other options but not been as successful as they may have wanted. It would include

clinically supported services and residential retreats such as Save a Warrior, Wild Ops, or Mighty Oaks decided and agreed with the mentee and their family.

- **Tier 5** VMP are not able to provide clinical services and will be working closely with behavioral health to understand when a referral to mental health services might be necessary. VMP services can still be provided in support of the participant's mental health recovery journey and transition services would begin after mental health stabilization.

B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

The VMP will apply a promising community-driven approach that will involve partnerships with other community-based organizations. Mentorship programs have been proven to be beneficial and used in many different settings, such as employment, education, support groups, or other team settings. This project proposes to apply this approach through a community mental health program and to analyze the effects on veteran participants.

C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

Research has demonstrated increased benefits through any type of mentorship program which has led to higher retention rates in the workplace, improved academic outcomes, and better mental health outcomes while attending a program. Mentorship programs have also been linked to having several mental health benefits including increased confidence, improved self-esteem, low levels of anxiety, reduced isolation, and encouragement to mentees (mentoringcomplete.com). Having a veteran as a mentor who is aware of the challenges of transitioning to civilian life provides comfort and a sense of understanding of the transition the mentee is facing.

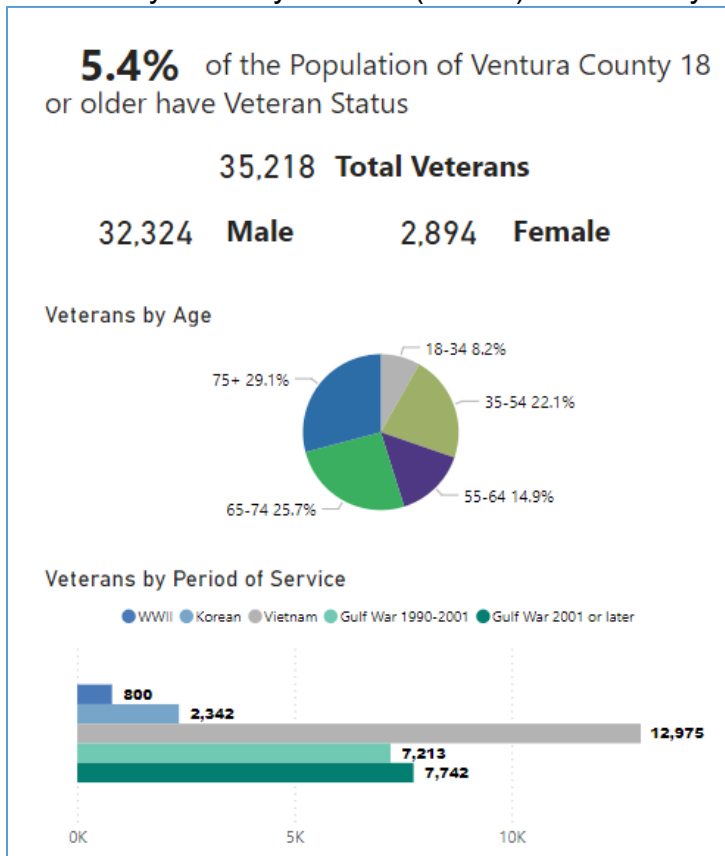
D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

The VMP plans to serve an estimated two hundred veterans or 50 individuals per year. Last year, local organizations assisting with veteran job placement *as their only service*, placed over 230 veterans in employment situations. The VMP will provide job placement services plus a variety of additional services, including mental health resources.

Ventura County is the home of two naval bases, Point Mugu Naval Air Station and the Seabee Base, and there is an exclusive military presence on San Nicholas Island (one of the Channel Islands that is off the coast of and is part of Ventura County). The naval bases employ over 19,000 personnel making the military the largest employer in Ventura County.

- E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

Ventura County has a veteran rate about 20% higher (5.4% in Ventura County) than California’s rate (4.3%) according to the U.S. Census 2022 American Community Survey. The latest data shows 35,218 total veterans, with 32,324 males and 2,894 females with 29.1% being of age 75+, followed by 65–74-year-olds (25.7%) and 35-54-year-olds (22.1%).



RESEARCH ON INN COMPONENT

- A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

After conducting extensive research, the VMP discovered there is currently no mentorship program that encompasses what VMP intends to do. There

are community projects that offer components of our program, but they do not have a mentorship aspect which seems to be the key in order to encourage participants to follow through with services and not feel isolated along the way. Several community organizations focus either only on job placement or on mental health linkage for veterans, however, none offer a veteran peer mentorship program that assists with the transition to civilian life and connection to additional community resources.

- B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

The VMP conducted a thorough search of the US Department of Veterans Affairs peer-based programs within the Armed Forces. Peer programs can offer a means to improve access to healthcare treatment. In 2011, the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury released a white paper titled, "Identification of Best Practices in Peer Support". The review sought to identify and describe one-to-one mentorship programs, identifying elements associated with positive outcomes relevant to veterans, and summarizing the needs and development for veteran programs.

The findings from the research showed that peer mentors appear to be highly acceptable, credible sources of information for mentees. The research also suggested that mentors can conduct assessment triage, coaching, and teaching, and provide other support services.

Three areas that the paper identified as key areas where a veteran mentorship program might play a unique role for military/veteran populations:

- 1) coping with combat and operational stress,
- 2) **suicide prevention**, and
- 3) additional resources for veterans.

Additional findings indicate that further research is important as new and additional mentorship programs are developed.

Source: <https://www.hsrd.research.va.gov/research/citations/PubBriefs/articles.cfm?RecordID=481>

LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

- A) What is it that you want to learn or better understand throughout the INN Project, and why have you prioritized these goals?

Research Questions/Learning Goals

The questions/goals that the VMP seeks to understand include:

- 1) Does having a Veteran as a mentor provide an easier transition for a service member transitioning to civilian life?
 - a. How receptive are veterans to be having a mentor linking them to resources?
 - b. Did they feel having a mentor helped them follow through with referrals?
 - 2) Will the program lead to successful employment for veterans transitioning to civilian life?
 - 3) How does a mentorship program impact a participant's self-perceived success in life?
 - 4) Will veterans be receptive to mental health services if it is determined additional services are needed?
 - a. If so, do they find that having a peer mentor was a key support to that process?
- B) How do your learning goals relate to the key elements/approaches that are new, changed, or adapted in your project?

Some goals are aimed at evaluating if providing support from a mentor (Veteran or former service member) to a mentee (Veteran leaving the service), along with the necessary resources, would facilitate positive self-identified measure of success in the transition to civilian life. Other goals will evaluate if the services provided were more successful due to the peer support model which include linkages to mental health services and assistance with employment services.

EVALUATION OF LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend to use.

An evaluator will work with VMP to set up an evaluation plan to answer these goals via key stakeholder interviews, self-assessments potentially utilizing the flourishing scale, referral tracking, and length of participation in the program.

Each goal shall be measured via data collection. Data to be collected will include participant demographics, attendance frequency, level of participation (dosage), and outcome surveys, which will be collected through an online survey platform.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship with the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

The County will oversee all program activities and monitor contract adherence. Quarterly reports and biannual contract meetings will take place with the contractors. Please refer to the community program planning process below for details of this partnership.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing the inclusion of stakeholders, representatives of unserved or underserved populations, and individuals who reflect the cultural, ethnic, and racial diversity of the County's community.

The Community Program Planning Process

A Community Planning Process took place back in 2021. Community members joined a Planning Committee and were trained on MHSA rules and regulations, Guiding Principles, and Innovation criteria. The programs selected during this round of solicitation took several years to get approved and launch which meant the County would not have the capacity to pursue VMP until FY23-24.

The MHSA Planning Committee

The MHSA Planning Committee reviewed 52 innovation concepts, along with a small accompanying literature review that highlighted which programs after a preliminary search seemed to be new concepts. The Planning Committee was comprised of Behavioral Health Advisory Members (BHAB) and their community members who were members of or represented the following populations: Consumers, Youth, Transitional Age Youth, Law Enforcement, Older Adults and Adults. The group each picked five innovative project ideas to pursue. The final list with the highest number of votes was compiled and presented to the full Behavioral Health Advisory Board for approval.

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSAOAC Innovation

Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

- A) Community Collaboration - The VMP has collaborations with community-based organizations, including but not limited to the naval bases in Ventura County, the US Department of Veteran Affairs, 22Zero Healing Our Heroes, Command Post Wellness, First Responder Wellness, Gold Coast Veterans' Foundation, Mission Fish, Police Unity Tour, Valor Healing Programs, retreats for first responders and military veterans (Chateau Recovery, Mighty Oaks, Save a Warrior, The Sparta Project), Wild Ops (for combat veterans only), the County of Ventura Veterans' Services Office, Calvet, and the Los Angeles County Veteran Peer Access Network and Ventura County Behavioral Health. As the program progresses, additional collaborations will be made.

- B) Cultural Competency – It is VMP's goal to provide equal access to services of equal quality without disparities among racial/ethnic, cultural, or linguistic populations and communities. The value statement of VMP is to leave no veteran* behind. The members strive to inclusively offer coaching, guidance, and mentorship of the highest caliber to contribute to the overall success of those the program serves. The vision is to focus on the prevention of veteran and first responder death by suicide and mental health issues by providing guidance and leadership through the transition process from service to civilian life.

- C) Client-Driven – The volunteer mentors and staff of VMP will ensure that the client will be given options/recommendations for services/action and he/she will have the primary decision-making role in identifying his/her needs, preferences and strengths, and services to be obtained.

- D) Family-Driven – The VMP's target population is adults. If referrals are suggested for the children of veterans, VMP will ensure that the veteran client has the primary decision-making responsibility. Participants who are in a relationship or have family will be encouraged to bring them into their decision-making process for greater success.

- E) Wellness, Recovery, and Resilience-Focused – The services provided by the VMP primarily focus on the wellness, recovery, and restoring/maintaining resilience of the client.

- F) Integrated Service Experience for Clients and Families (Section 3200.190) – Once the VMP completes an assessment of the veteran client, and if appropriate, a range of services may be recommended to assist and support the veteran's family. VMP includes mentors as the key intervention in part to help bridge service divides and make the experience more integrated.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the project evaluation is culturally competent and includes meaningful stakeholder participation.

Cultural competence and stakeholder involvement will be assessed through data collection and regular dialogue with the leaders of the VMP.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety or keep elements of the INN project without utilizing INN Funds following project completion.

INN funding ends and MHSA funding will also change. The program evaluation will be used to assess the success of the program and the feasibility of continuation with Prop 1 priorities. Under Prop 1 focuses on veterans and asks the County to prioritize targeting high risk individuals. Veterans are a high risk population due to the concerning death rates by suicide being reported.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

- A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

Annual updates will report on the VMP's learning goals and a final report will be submitted to the State at the close of the project. Part of the contractor's responsibility is to create a presentation of the project's process and results at the end of the three years.

KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

Veteran mentorship, military service, veteran employment, veteran mental health

TIMELINE

The program is planned as a three year pilot expected start date is 2025, with an end date of 2028.

The timeframe and deliverables are as follows:

1. 0-3 months
 - a. Partner with Clinical Psychologist for program review and approval
 - b. Review and renew bylaws
 - c. Review and approve mentor training curriculum
 - d. Review and approve mentee workbook
 - e. Review and approve companion book (for use with workbook)
 - f. Establish metrics for measured success
 - g. Review and approve marketing and communications plan
 - h. Rent Office Space
 - i. Purchase/Lease vehicle
 - j. Conduct repairs on donated vehicle to put in service
 - k. Hire Program Coordinator / Senior Program Advisor
 - l. Hire Office Manager
 - m. Hire part-time office support
 - n. Establish pay and benefits
 - o. Lease office space/wellness center

2. 3-6 months
 - a. Implement mentor training
 - b. Implement mentee training
 - c. Recruit mentors and certify mentors
 - d. Place mentees with certified mentors
 - e. Establish office policies and procedures
 - f. Finalize metrics for measurable success
 - g. Attend events for recruitment and awareness
 - h. Make capital improvements to office space

3. 6-9 months
 - a. Assign mentees to certified mentors
 - b. Recruit & Train mentors bi-monthly
 - c. Implement office policies and ensure employees trained
 - d. Implement metrics for measurable success
 - e. Begin attending events with the new program
 - f. Fully operational in office space

4. 9-12 months
 - a. Assign mentees to certified mentors
 - b. Recruit & Train mentors bi-monthly
 - c. Implement office policies and ensure employees trained
 - d. Implement metrics for measurable success
 - e. Attend events and public speaking engagements

5. 18 months
 - a. Assign mentees to certified mentors
 - b. Recruit & Train mentors bi-monthly
 - c. Implement office policies and ensure employees trained

- d. Implement metrics for measurable success
 - e. Attend events and public speaking engagements
6. 24 months
- a. Assign mentees to certified mentors
 - b. Recruit & Train mentors bi-monthly
 - c. Implement office policies and ensure employees trained
 - d. Implement metrics for measurable success
 - e. Attend events and public speaking engagements
7. 30 months
- a. Review metrics and begin the report
 - b. Continue to assign mentors and mentees
 - c. Continue to attend events and speaking engagements
8. 36 months -
Finalize metrics evaluated and reported.

Budget Narrative

Direct Costs:

Staffing

0.5 FTE Executive Director
1 FTE Program Coordinator
1 FT Peer Coordinator
0.5 FTE Office Assistant
0.5 FT Office Assistant
Total: \$ 967,127.00

Professional Services: Partner agency subcontracts, client supports such as clothing professional serves, transportation, etc.

Total: \$ 743,750.00

Travel, Conference Presentations, and outreach: Total \$80,000

Program Expenses: (site procurement, facility, client supports such as clothing professional serves, transportation, etc.)

Total: \$ 430,000.00

Indirect Costs:

Overhead costs (fiscal/insurance etc.): \$320,000

Total Contracted Costs \$ 2,587,377

Total Proposed Evaluation

Evaluation contracted services: \$15,500.00 per year

Total cost: \$46,500.00

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*					
EXPENDITURES					
PERSONNEL COSTS (salaries, wages, benefits)		FY 24/25	FY 25/26	FY 26/27	TOTAL
1	Salaries				\$ -
2	Direct Costs				\$ -
3	Indirect Costs				\$ -
4	Total Personnel Costs	\$ -	\$ -	\$ -	\$ -
OPERATING COSTS		FY 24/25	FY 25/26	FY 26/27	TOTAL
5	Direct Costs				\$ -
6	Indirect Costs				\$ -
7	Total Operating Costs	\$ -	\$ -	\$ -	\$ -
NON RECURRING COSTS (equipment, technology)		FY 24/25	FY 25/26	FY 26/27	TOTAL
8					
9					
10	Total Non-recurring costs				
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		FY 24/25	FY 25/26	FY 26/27	TOTAL
11	Direct Costs	\$ 750,548	\$ 714,387	\$ 802,442	\$ 2,267,377
12	Indirect Costs	\$ 110,000	\$ 105,000	\$ 105,000	\$ 320,000
13	Total Consultant Costs	\$ 860,548	\$ 819,387	\$ 907,442	\$ 2,587,377

OTHER EXPENDITURES (please explain in budget narrative)		FY 24/25	FY 25/26	FY 26/27	TOTAL
14	Marketing				\$0
15	Learning Events and Conferences				\$0
16	Total Other Expenditures				
BUDGET TOTALS					
Personnel (line 1)		\$0	\$0	\$0	\$0
Direct Costs (add lines 2, 5 and 11 from above)		\$750,548	\$714,387	\$802,442	\$2,267,377
Indirect Costs (add lines 3, 6 and 12 from above)		\$110,000	\$105,000	\$105,000	\$320,000
Non-recurring costs (line 10)		0	0	0	\$0
Other Expenditures (line 16)		\$0	\$0	\$0	\$0
TOTAL INNOVATION BUDGET		\$860,548	\$819,387	\$907,442	\$2,587,377

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)					
ADMINISTRATION:					
A.	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:	FY 24/25	FY 25/26	FY 26/27	TOTAL
1	Innovative MHSA Funds	\$ -	\$ -	\$ -	\$ -
2	Federal Financial Participation				
3	1991 Realignment				
4	Behavioral Health Subaccount				
5	Other funding*				
6	Total Proposed Administration	\$ -	\$ -	\$ -	\$ -

EVALUATION:					
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY 24/25	FY 25/26	FY 26/27	TOTAL
1	Innovative MHSA Funds	15,500.00	15,500.00	15,500.00	46,500.00
2	Federal Financial Participation				
3	1991 Realignment				
4	Behavioral Health Subaccount				
5	Other funding*				
6	Total Proposed Evaluation	15,500.00	15,500.00	15,500.00	46,500.00
TOTAL:					
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 24/25	FY 25/26	FY 26/27	TOTAL
1	Innovative MHSA Funds	\$860,548	\$819,387	\$907,442	\$ 2,587,377
2	Federal Financial Participation				
3	1991 Realignment				
4	Behavioral Health Subaccount				
5	Other funding*				
6	Total Proposed Expenditures	\$860,548	\$819,387	\$907,442	\$ 2,587,377
*If "Other funding" is included, please explain.					