

INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

County: Orange Date Submitted February 3, 2017
Project Name: Continuum of Care for Veterans and Military Families

PLEASE NOTE: USING THIS TEMPLATE IS **OPTIONAL**. It is being provided as a technical assistance tool to staff who wish to make use of it.

An “Innovative Project” means “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” (*California Code of Regulations, Title 9, Sect. 3200.184*). Each Innovative Project “shall have an end date that is not more than five years from the start date of the Innovative Project” (*CCR, Title 9, Sect. 3910.010*). Counties shall expend Innovation Funds for a specific Innovative Project “only after the Mental Health Services Oversight and Accountability Commission approves the funds for that Innovative Project” (*CCR, Title 9, Sect. 3905*).

The goal of this template is to assist County staff in preparing materials that will adequately explain the purpose, justification, design, implementation plan, evaluation plan, and succession plan of an Innovation Project proposal to key stakeholders, including local and State decision-makers, as well as interested members of the general public.

General regulatory requirements for Innovative Projects can be found at CCR, Title 9, Sect. 3910. Regulatory requirements for the Innovation (INN) Component of the 3-Year Program and Expenditure Plan & Annual Update can be found at CCR, Title 9, Sect. 3930. In some cases, the items contained in this **OPTIONAL** template may be **more specific or detailed** than those required by the regulations; you may skip any questions or sections you wish.

The template is organized as follows. Part I, Project Overview steps through a series of questions designed to identify what the County has identified as a critical problem it wishes to address via an Innovative Project, the steps the County has taken to identify an innovative strategy or approach to address that critical problem; how it intends to implement the innovative strategy or approach; what it hopes to learn and how those learning objectives relate the innovative strategy or approach to the critical problem it has identified; how it intends to address the learning objectives; and how the County intends to address any transition for affected stakeholders at the end of the time-limited project.

Part II, Additional Information for Regulatory Requirements, poses a series of questions that relate to specific regulatory requirements, either for the proposal or for subsequent reports.

INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

I. Project Overview

1) Primary Problem

Orange County is the third most populous county and second most densely populated county in California, with a little over 3 million people currently residing in this region. Approximately 123,000 veterans reside in Orange County (U.S. Census Bureau, 2015), with an additional 6,500 settling into the County each year (Castro, Kintzle, & Hassan, 2015). Based on available data, an estimated 12,600 veteran households in Orange County have children, with a total of 18,900 children in these families (Strong Families Strong Children, 2017). Military-connected children are at an increased risk for behavioral health disorders, including depression, anxiety, and traumatic grief. They also tend to exhibit more aggression and have lower academic performance than their peers (Morris & Age, 2009). Furthermore, military spouses can often feel isolated, overwhelmed, anxious, or depressed. As military-connected families reintegrate into civilian life, they often become hidden and isolated within their communities. Over 70% of military families live in civilian communities (National Military Family Association, 2011), but are often not known to be military-connected. In a recent survey of over 1,200 Orange County veterans, over 70% of veterans reported their child's school was not aware that their child is military connected (Castro, Kintzle, & Hassan, 2015). Military-connected families often go unnoticed due to the community's limited knowledge of military culture; limitations in assessment strategies; lack of coordinated community based services; and stigma associated with mental illness. Common barriers to families seeking treatment include: travel to a central location for services; stigma associated with behavioral health clinics; difficulty navigating the behavioral health system; and the belief that outside help is not needed. In particular, 44% of post 9/11 veterans reported not knowing where to go for help and about 24% of veterans believed they could handle the problem on their own (Castro, Kintzle, & Hassan, 2015).

2) What Has Been Done Elsewhere To Address Your Primary Problem?

Despite the large population of veterans residing in Orange County, there is no local Veterans Administration (VA). The VA is located in Los Angeles County, which poses a barrier to accessing services due to distance. In addition, although the VA provides services to veterans it typically does not serve veterans with other than honorable discharge, requires additional eligibility criteria for reservists, and rarely serves spouses and children. Further complicating the situation, many veterans who are entitled to VA services do not access them due to distrust of government agencies. Within Orange County, there are two Vet Centers, which also require the veteran to be eligible for VA benefits. Furthermore, spouses seeking support must have the veteran accompany them in order to receive services. Within the last five years, Orange County Mental Health Services Act (MHSA) programs have begun providing services that specifically target the veterans' spouses, partners, children, and loved ones. However, these services are centralized, provided within a potentially stigmatizing clinical setting, and require military-connected families to proactively seek out these services. Furthermore, outside of these specialized programs, nonveteran community organizations rarely take the initiative to identify military-connected families who seek out their resources, nor do they have the military cultural competency to engage this target population. Currently there are no programs that utilize a regionalized, family-friendly, community-based platform to increase services for military-connected families. As a result, the integration of veteran-specific services into family resource centers has not been evaluated. It is imperative that this project is implemented through the MHSA Innovation component in order to study the effectiveness of the services offered in this project and identify how this approach can lead to the successful integration of culturally competent veteran-specific services into nonveteran organizations. Based on the outcomes of this

INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

evaluation, it may then be determined whether this approach can be implemented through the MHS A Prevention and Early Intervention or Community Services and Supports components.

3) The Proposed Project

This project will be a collaboration between a community-based organization with experience serving military-connected families and Orange County Family Resource Centers (FRCs). FRCs are community-based, family-friendly sites run by a collaborative partnership that includes nonprofit, government, faith-based, and other service partners (Families and Communities Together Orange County, 2017). There are 15 FRCs located throughout Orange County's highest-risk communities, all of which provide family support services, education, and resources. Several key factors contributed to the identification of FRCs as the appropriate community-based, nonveteran organization chosen for this project. First, FRCs are run by collaborative partnerships that emphasizes a common understanding of a problem and shared vision for change (Families and Communities Together Orange County, 2017). This shared vision and coordinated approach to problem-solving are essential to establishing a consistent method of identifying military connected-families. Second, FRCs have a comprehensive network of partners who work together to serve families. The military cultural awareness promoted in this project can reach beyond the 15 FRCs and impact the entire network of partners in the community. According to data collected in fiscal year (FY) 2014-15, over 80 different partners worked together to reach 26 cities and nearly 15,000 individuals (Families and Communities Together Orange County, 2017). Collaborating with FRCs has the potential to spread the message of military awareness to a much larger audience, while at the same time establishing a strong resource network of partners to meet the complex needs of military-connected families. Lastly, a needs assessment report by the Orange County MHS A Prevention and Intervention in 2015 revealed community members view the FRCs as an easily accessible and trusted environment. This established relationship increases engagement and frequency of contact with patrons, thereby enabling the FRCs to meet their various needs. This safe, inviting community platform is ideal in engaging military-connected families and establishing a more coordinated collaboration that will identify, connect, and anchor military-connected families into the community. FRCs place a strong emphasis on services for children and families; however, the centers do not consistently gather demographic information on military connection and lack the training and cultural knowledge to screen and engage this population. As a result, military-connected families remain unrecognized in the community and their needs unmet due to the lack of an established, culturally appropriate method of inquiry and service delivery.

This project proposes to integrate veteran specific training and services into FRCs throughout the County. Military peer navigators will be regionalized at the various FRC sites. To increase military cultural awareness, peer navigators will educate FRC staff on the type of questions they can ask patrons to identify, screen, and engage military-connected families. The process of identifying military-connected families goes beyond gathering demographic information on veteran status. Peer navigators will train FRC staff to engage in more meaningful dialogue with patrons to help identify other factors that may be impacted by their primary concern. For example, military-connected families may seek basic needs resources from an FRC, but upon further discussion, it becomes apparent that anxiety, depression, and substance use are factors that also impact the family. The ability to effectively identify and screen military families can result in increased engagement, retention, and more appropriate service delivery. In addition, peer navigators will also participate in FRC partner meetings, where agencies meet to share information and resources. During these meetings, peer navigators will network with partner agencies to expand the knowledge base of resources for military-connected families, as well as offer trainings on military cultural awareness.

INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

Peer navigators will have a dynamic role in providing the services offered in this project. FRC staff will screen their patrons and make appropriate referrals to peer navigators. Peer navigators will contact potential participants and utilize their lived experience and behavioral health training to engage the veteran and/or their family members into project services. Peer navigators will also provide outreach activities directly in the community to engage military families. As the family is enrolled into services, the peer navigator will provide case management to connect the family to services that will best meet their needs. Working in collaboration with FRC staff and their resources, peer navigators can link families to basic needs; legal aid; housing resources; counseling services, etc. The program will also be staffed with clinicians who, with the on-going support of peer navigators, will provide trauma-informed care and utilize evidence-based practices to serve veterans and their families.

4) Innovative Component

The innovative component of this project is the integration of veteran-specific services into FRCs that are traditionally not focused on serving military families. This integration will be achieved through two separate, yet related efforts: (1) training FRC staff on military culture so that staff are able to identify and engage this population; and (2) having clinicians and peers available at FRCs to provide veteran-specific services throughout the County, rather than a centralized location. The purpose of this integration is to train non-veteran organizations on how to identify, screen, and serve military connected families, which will thereby increase access to this underserved population within Orange County. This project will be embedded in at-risk communities to bring veteran-specific services and support into an easily accessible, inviting, and nonclinical setting. As a result, military-connected families seeking family resources offered in the FRCs will have the opportunity to access behavioral health services through a new, less stigmatizing point of entry. In addition, this project will expand the knowledge of how best to meet the needs of military connected families among general service providers so that they feel competent and willing to identify and serve this currently hidden population.

5) Learning Goals / Project Aims

This project seeks to learn the following:

- Overall Mental Health System of Care: How does engagement and retention of military-connected families improve as a result of military peer navigators training FRC staff compare to the best practice of integrating peers at the FRC?
- Orange County System of Care: Do military-connected families seeking services within FRCs have different needs across the varying regions?
 - How can behavioral health services and community support organizations utilize this information to better serve military-connected families?

6) Evaluation or Learning Plan

Target Population

This project will serve veterans, reservists, active service members, and their families. Services will be inclusive of anyone connected to the military, regardless of the veteran's discharge status. Participants will be recruited through FRC staff, as well as active community outreach and engagement efforts of

INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

the peer navigators.

Data to be collected/method:

- FRC data on veterans, reservists, active service members, and their families gathered from each location (i.e., demographics, number served, services provided, frequency of services, average length of services, referrals/linkages)
- Program and participant-level data (i.e., demographics, outreach and engagement activities; number of unduplicated participants served; services provided; number/types of referrals and linkages to community services resources, frequency of services, average length of services)
- Self-report measure of overall well-being using PROMIS Global Health (Adult and Youth versions), completed by participants at enrollment and every 3 months until project exit.
- Assessment of family functioning using North Carolina Family Assessment Scale (NCFAS) completed by project staff at enrollment and every 3 months until project exit.
- Satisfaction survey completed by participants semi-annually during specified months.

Data Entry

- **Monthly Project Reports:** County Innovation (INN) staff will create an Excel workbook to capture project outcomes. The workbook will include detailed spreadsheets on units of service, referrals and linkages, and outreach activities. These reports will be completed by the contracted community-based organization and provided to County INN staff on a monthly basis throughout the duration of the project.
- **Raw Data Reports:** County INN staff will also create an Excel Workbook to capture all pre-/post-test survey responses, satisfaction survey responses, and demographic information specific to each participant. The contracted community-based organization will enter all participant data and submit the workbook to County INN staff at the end of each fiscal year, or as requested, for the purposes of data analysis.

Data Analysis

This project will implement a pre-/post-test design. Tests of significance, such as paired sample t-tests and chi-square tests, will be utilized to indicate statistical significance of whether changes in participants' matched pre- and post-tests scores can be attributed to the benefits of receiving project services. Furthermore, effect size will be calculated to determine practical significance and magnitude of pre/post score differences.

This project is expected to be contracted out to a community-based organization with experience in serving veterans and their families. The following resources will be applied to manage County's relationship with the contracted community-based organization and ensure quality, as well as regulatory compliance:

- **Monthly Contractor Meetings:** County INN staff will meet with the contracted community-based organization on a monthly basis to discuss and monitor project implementation, data collection, and expenditures.
- **Data Collection:** County INN staff will provide the contracted community-based organization with Excel workbooks for data entry and tracking purposes. Workbooks will be submitted to and reviewed by the County INN staff throughout the duration of services.

INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

- Contractor Performance Evaluations: County INN staff will conduct semi-annual programmatic reviews for quality assurance.
- Reviews: County INN staff will also conduct annual administrative, chart, and group reviews to ensure contractual standards and requirements are being met; thus, ensuring the integrity of the Innovation project as approved.

II. Additional Information for Regulatory Requirements

1) Certifications

Innovative Project proposals submitted for approval by the MHSOAC must include documentation of all of the following:

- a) Adoption by County Board of Supervisors.
- b) Certification by the County mental health director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA).
- c) Certification by the County mental health director and by the County auditor-controller that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA.
- d) Documentation that the source of INN funds is 5% of the County's PEI allocation and 5% of the CSS allocation.

2) Community Program Planning

During FY 2014-15, the Orange County MHSA Office facilitated a series of stakeholder meetings to solicit community input on ideas for potential innovation projects. Taking into account the lessons learned from previous approaches to the solicitation of community input, three specific strategies were implemented:

1. Increase the education provided in the stakeholder meetings to provide clear definitions of the process and criteria to be used for vetting and approving Innovation Projects.
2. Provide stakeholders with a template for submission of ideas that requires a description of specific program elements (learning objective, budget, startup costs, program description, etc.)
3. Provide Technical Assistance (TA) to stakeholders to provide guidance and direction consistent with Innovation regulations and answer specific questions about proposals under development

Two stakeholder meetings were held specifically targeting organizations and individuals providing direct services within the community: one meeting for Health Care Agency's Behavioral Health Services staff, and the second meeting for community-based service providers. In addition to the provider-focused meetings, a series of five community stakeholder meetings were held across Orange County. Invitations for participation were sent to consumers, family members, and consumer organizations, as well as to individuals who represent: safety (e.g., Probation and Sheriff), education, faith communities, physical healthcare providers (e.g., CalOptima, hospitals, community clinics), and welfare (e.g., Social Services Agency), among others. Interpretive services were available for each of the meetings to remove barriers to participation for those whose primary language was not English. During the stakeholder meeting, a thorough review of Innovation project guidelines were provided, along with instructions on drafting and submitting a project proposal.

Following the stakeholder meetings, a series of TA sessions were offered by County staff from the MHSA Office, Innovation Projects, Research, and Budget to reinforce Innovation regulations and provide

INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

guidance to stakeholders submitting proposals.

Thirty-one ideas were submitted to the MHSA Office by the December 1, 2014 deadline. A thorough review was conducted to determine if the submissions were complete and met criteria for an Innovative Project. This review process included an initial review by the County MHSA Office and Innovation staff to determine if submissions were complete and consistent with MHSOAC criteria. A second level of review was conducted by Research Analysts to examine available literature and Internet based sources to determine if the proposed ideas had been implemented in other locales, and if so whether an element of the proposal differentiated it from other implemented programs (e.g., unique learning objective, unique target population, etc.). Proposals that made it through the initial levels of review were then reviewed by Orange County Behavioral Health Services managers to determine feasibility of the projects and any potential duplication within the Orange County Public Behavioral Health system of care. Following this review process, projects that met the criteria for an innovative project were presented to the MHSA Steering Committee. The MHSA Steering Committee ranked the Continuum of Care for Veterans and Military Families project as the top priority and voted for the proposal to move forward for formal submission to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for approval.

3) Primary Purpose

The primary purpose of this project is to **increase access to mental health services** for military-connected families. Currently, services available to veterans and their families are in centralized locations. However, FRCs, located in neighborhoods and communities throughout Orange County, are easily accessible and more inviting compared to traditional, clinical or governmental settings. It is anticipated that the FRCs family-friendly, trusted environment will engage military-connected families and increase their access to behavioral health services.

4) MHSA Innovative Project Category

This project **makes a change to an existing mental health practice, including adaptation for a new setting** by integrating military cultural training and services into FRCs throughout Orange County. This integration will bring veteran services directly into the community, begin the process of asking individuals about any military connection, and provide nonveteran organizations with skills that will help identify and serve this hidden population. As a result, military-connected families seeking resources in the FRCs will have the opportunity to access behavioral health services through a new, less stigmatizing point of entry.

II. Additional Information for Regulatory Requirements (continued)

5) Population (if applicable)

This project will serve an estimated 250 unduplicated participants annually. This includes veterans (regardless of their discharge status); reservists; active service members; and military connected children and spouses, partners, or loved ones.

The estimated annual number to be served was determined by examining demographic reports obtained from Orange County FRCs. According to these reports, FRCs counted 122 active and inactive military families in FY 2014-15, and 175 active and inactive military families in FY 2015-16. These numbers are

INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

under reported, as FRCs do not consistently ask patrons about their veteran status. However, based on these estimates, it is anticipated that the number of enrollments may reasonably reach up to 250 individuals annually.

6) MHSA General Standards

Community collaboration: The project focuses on bringing together a coordinated approach between the County, community-based organizations, and FRCs, including their partners, to serve military families. Specifically the project will use a community platform to ease accessibility to culturally competent behavioral health services, basic needs, and family support. A team of Military Peer Navigators will staff the project to provide referrals/linkages to a range of behavioral health resources and services available through County/community based partners.

Cultural competence: This project aims to increase cultural competence and awareness of military culture. Military peer navigators and clinicians will provide ongoing trainings to FRCs, their partner organizations and other nonveteran organizations throughout Orange County to educate providers and their staff on how to identify, screen, and serve military-connected families. Furthermore, project services will be provided by peer navigators and clinicians who have a deep understanding of military culture, as well as training in behavioral health. Efforts will be made to recruit culturally diverse staff to match County demographics. In addition, peer navigators will provide outreach directly in the community to engage hard-to-reach and/or vulnerable populations, including but not limited to female veterans; reservists and their families; veterans re-entering the civilian community; LGBTIQ; African American and Latino families; etc. Lastly, all project trainings and promotional materials will be translated into County threshold languages whenever possible: Arabic, Spanish, Vietnamese, Farsi, and Korean in order to make services accessible to monolingual communities.

Client-driven: This project empowers each individual to increase their personal self-determination and improve their own independence in one's own community and outside of the VA system, if they so desire. Participants will be able to express and identify their goals, objectives, hopes, and desires to develop a client-centered service plan.

Family-driven: This project is focused on providing resources and services to all family members, including veterans, reservists, active service members, spouses, partners, children, and loved ones. Services will be made available regardless of discharge status or direct involvement of the veteran. Families will be able to receive the services that best meet their needs. Military-connected families will be the focus of this project with the goal of strengthening the capacity to function effectively.

Wellness, recovery, and resilience-focused: This project is focused on wellness and resilience through the lived experience of peer navigators, who serve as a model of hope and recovery. This project will identify and build on participants' strengths to increase their individual and family well-being. Increasing military cultural awareness will enable nonveteran organizations to build a stronger resource and support network to address the complex needs of veterans and their families.

Integrated service experience for participants and families: This project provides an integrated service experience through the collaborative relationship between the community-based organization selected to implement this project, FRCs, and their partners. Training nonveteran organizations will create a system level change by raising awareness of who the veterans and their families are in the community and how to

INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

assist in meeting their needs. FRCs will learn how to identify veterans and their families and utilize their partnerships to build a targeted resource network for this population. The widespread expansion of this training will enable nonveteran organizations to better meet the needs of veterans and families. The hope is that this will create a more integrated service delivery for participants.

7) Continuity of Care for Individuals with Serious Mental Illness

This project will provide services to military-connected families living with mild, moderate, or severe mental illness. In the event this project does not continue, the final year of services (Year 4) will focus primarily on completing service delivery and/or transitioning participants to appropriate County and/or community services and supports.

8) INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement.

This project will be staffed with peer navigators and clinicians who have lived experience in military culture. To ensure culturally competent project evaluation and meaningful stakeholder involvement, peer navigators will be involved in evaluation planning, implementation of services, and analysis of outcomes. Furthermore, project outcomes will be presented to the Orange County MHSAs Steering Committee in order to receive input on project implementation and outcomes.

II. Additional Information for Regulatory Requirements (continued)

9) Deciding Whether and How to Continue the Project Without INN Funds

The decision to continue this project will depend on available funding, project outcomes, and stakeholder recommendation from the Orange County MHSAs Steering Committee. Participant outcomes will be evaluated throughout the course of this project to determine whether services can continue through another MHSAs component (e.g., CSS, PEI). During Year 3 of the project, the INN staff will present up-to-date outcomes to the MHSAs Steering Committee and determine whether the project can continue through alternative funding. If the project is chosen to continue, efforts would be made to ensure there is not a disruption in service delivery as the project is transferred (e.g., begin transition process before INN project end date; inform participants of any possible change in location, etc.).

In the event that the project is not recommended to continue, the final year of contracted services will focus on referral, linkage, and/or transition of all active participants to comparable services in the community to maintain best practice and continuity of care.

10) Communication and Dissemination Plan

Project outcomes will be disseminated through presentations to the Orange County MHSAs Steering Committee, Mental Health Board, and County and community behavioral health providers. Project participants, FRC staff, and their partners will be invited to share their experience of this project and its impact in the community. Project reports will be made available on the Orange County Innovations website and the final report will be submitted to the MHSOAC.

Keywords

Military families; family resource centers; peer navigators; veterans; active service members; reservists

INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

11) Timeline

- a) Specify the total timeframe (duration) of the INN Project: 5 Years 0 Months
- b) Specify the expected start date and end date of your INN Project: July 2018 Start Date June 2023 End Date

This project will be contracted out to a community-based organization. Project activities are as follows:

Year 1:

Immediately following approval from the MHSOAC, the initial year of this project will consist of the County procurement process to select a community-based organization that will implement this project. The procurement process involves: the County administrative staff developing a solicitation request form and request for proposals; evaluation of proposal submissions, negotiation of services with the potential community based organization, and Orange County Board of Supervisors approval for the provision of services.

Year 2:

Upon approval from the Orange County Board of Supervisors, it is expected that the first six months of contracted services will be spent with County management staff working with the community-based organization to develop and implement project services. Following the completion of contractual arrangements with a provider and hiring/training of the staff, the project staff will develop a Policy and Procedures manual specific to this project, which may include not be limited to and implement a system for outreach activities, participant eligibility and screening, as well as the intake process. Project staff will work with FRCs to regionalize peer navigators across the varying locations. Outreach materials will be created and distributed throughout the community for participant engagement and recruitment. Recruitment efforts will also be made through networking and presentations at FRCs located throughout Orange County, health fairs, and events specifically targeting the military/veteran population.

At six months, project staff will continue outreach, engagement, and recruitment activities. Peer navigators will begin training FRC staff in identifying, engaging and screening military connected families. Project staff will begin collecting and tracking participant data and outcomes as soon as participants are enrolled into the project. Peer navigators and clinicians will begin providing project services and continue military cultural trainings throughout the duration of this project. Data reports will be provided to County INN staff on a monthly basis throughout the duration of the project to monitor participant outcomes for the purpose of program evaluation. Quarterly programmatic reviews will give the project staff opportunities to identify any policy or procedural changes needed to refine services. County INN staff will conduct an annual review to ensure contractual standards and requirements are being met; thus, ensuring the integrity of the Innovation project as approved by the MHSOAC. The project will be revised based upon recommendations that come out of reviewing the annual outcome analysis. Data collected during the first year of services will be reviewed to identify appropriate baseline outcomes for Year 3 and Year 4.

Year 3:

Project enrollments, services, and data collection will continue throughout Year 3. At the end of Year 3, the County INN staff will conduct a second annual review to ensure contractual standards and requirements have been maintained. Project staff will provide a yearly update of project and participant outcomes to the Orange County MHSA Steering Innovation Sub-Committee (which includes consumer and family member representation), MHSA Steering Committee, and stakeholders.

Year 4:

INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

Enrollment of participants will be closed after the first half of Year 4 and case management services will primarily focus on linking participants to resources available in the County. The second half of the year will be primarily dedicated to compiling all data in preparation for data analysis and evaluation. This data will be used to generate a final report of project findings.

Year 5

Following the completion of contracted services, the final year of this project will be dedicated to project evaluation, during which County administrative staff will draft the final report to document the outcomes and lessons learned from this project. This report will also be made available to stakeholders and any other County/State agencies interested in project outcomes and lessons learned from this Innovations project.

II. Additional Information for Regulatory Requirements (continued)

12) INN Project Budget and Source of Expenditures

A. Budget Narrative:

The total 5-year budget requested for this project is \$3,083,777.

Personnel Costs: This project will be contracted out to a community-based organization. The estimated personnel expenditures, including salaries and 22% benefits for each position, is \$646,600 annually. The community-based organization will be responsible for recruiting all project staff. Full-time equivalent (FTE) positions and salaries, including benefits, are as follows:

- **Program Manager** (1.0 FTE) for project oversight and administrative duties including: development of project materials; staff recruitment, support, and administrative supervision of 8.5 staff rotating within 15 FRC sites; management of daily operations; coordination with FRCs and County INN staff; liaison between County, FRC and community based organization; regular attendance at monthly contract meetings with County INN staff for the purpose of program monitoring; preparation for yearly County program reviews; and completion of program reports. This position is essential to the development and effective implementation of project services. The annual salary for this position, including 22% benefits, is \$91,500.
- **Research Analyst** (1.0 FTE) who will be responsible for ongoing project data evaluation and analysis. This position is essential to addressing the evaluation and learning component of this project. The annual salary for this position, including 22% benefits, is \$103,700.
- **Data Quality Analyst** (1.0 FTE) who will be responsible for collecting, tracking and entering all program data into the County monthly Excel worksheets; reviewing program data; correcting data entry errors; and providing data reports to County INN staff upon request. The Data Quality Analyst will also function as office support to assist with maintaining participant documentation; and managing daily office operations. This position is essential to the daily operations of the project as well as accurate data collection and tracking component of the project, which is necessary for data analysis. The annual

INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

salary for this position, including 22% benefits, is \$48,800.

- **Master’s level Clinicians** (1.5 FTE) who will provide trauma-informed treatment services to project participants and facilitate military cultural awareness trainings for behavioral health providers. The clinicians will also provide crisis intervention to participants, as well as clinical guidance and supervision to military peer navigators. This position is required for the implementation of project services. The total combined annual salary for one full-time and one half-time clinician, including 22% benefits, is \$128,100.
- **Military Peer Navigators** (5 FTE) who will provide outreach and engagement; supportive services; case management; and military cultural awareness trainings. This position is required for the implementation of project services. The total annual salary, including 22% benefits, is \$274,500.

Operating Costs: Operating expenses include services and supplies, such as office space/lease, mileage and travel, cell phone service, internet service, staff training, general office supplies, etc. The estimated operating expenditures is \$108,000 annually.

Indirect costs: The budget includes indirect costs for the community-based organization contracted for the provision of services. Indirect costs are calculated as 15% of personnel costs (\$646,600) and operating costs (\$108,000). This 15% calculation is based on the maximum allowable amount for indirect costs as outlined in the County’s Request for Proposals (RFP). The estimated indirect cost is \$113,190 annually.

Non-recurring Costs: Start-up costs are suggested in this proposal as \$10,000, but actual costs will be negotiated with the community-based organization contracted for the provision of services.

Other Expenditures: County Operating Costs includes: County administrative staff working to procure a community-based organization for the provision of services during Year 1; contract monitoring by INN staff during Year 2, 3 and 4; and evaluation, summative analysis, and completion of the final report during Year 5. County operating costs are calculated as 18% of the total program costs (i.e., personnel \$1,939,800; operating \$324,000; indirect \$339,570; and non-recurring \$10,000). This 18% calculation is based on the standard County operating costs for all county-contracted programs. The estimated expenditure for County Operating costs is \$94,081 annually.

B. New Innovative Project Budget By FISCAL YEAR (FY)*

EXPENDITURES							
PERSONNEL COSTs (salaries, wages, benefits)		FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	Total
1.	Salaries		\$646,600	\$646,600	\$646,600		\$1,939,800
2.	Direct Costs						
3.	Indirect Costs		\$96,990	\$96,990	\$96,990		\$290,970
4.	Total Personnel Costs		\$743,590	\$743,590	\$743,590		\$2,230,770
OPERATING COSTS		FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	Total
5.	Direct Costs		\$108,000	\$108,000	\$108,000		\$324,000
6.	Indirect Costs		\$16,200	\$16,200	\$16,200		\$48,600
7.	Total Operating Costs		\$124,200	\$124,200	\$124,200		\$372,600

INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

NON RECURRING COSTS (equipment, technology)		FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	Total
8.	Start-up costs		\$10,000				\$10,000
9.							
10.	Total Non-recurring costs		\$10,000				\$10,000
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	Total
11.	Direct Costs						
12.	Indirect Costs						
13.	Total Operating Costs						

OTHER EXPENDITURES (please explain in budget narrative)		FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	Total
14.	County Operating Costs	\$94,081	\$94,081	\$94,081	\$94,081	\$94,081	\$470,407
15.							
16.	Total Other expenditures	\$94,081	\$94,081	\$94,081	\$94,081	\$94,081	\$470,407

BUDGET TOTALS							
Personnel			\$646,600	\$646,600	\$646,600		\$1,939,800
Direct Costs (add lines 2, 5 and 11 from above)			\$108,000	\$108,000	\$108,000		\$324,000
Indirect Costs (add lines 3, 6 and 12 from above)			\$113,190	\$113,190	\$113,190		\$339,570
Non-recurring costs (line 10)			\$10,000				\$10,000
Other Expenditures (line 16)		\$94,081	\$94,081	\$94,081	\$94,081	\$94,081	\$470,407
TOTAL INNOVATION BUDGET		\$94,081	\$971,871	\$961,871	\$961,871	\$94,081	\$3,083,777

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

C. Expenditures By Funding Source and FISCAL YEAR (FY)

Administration:

A.	Estimated total mental health expenditures <u>for ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	Total
1.	Innovative MHSA Funds	*\$94,081	*\$207,271	*\$207,271	*\$207,271	*\$94,081	\$809,975
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	Total Proposed Administration	\$94,081	\$207,271	\$207,271	\$207,271	\$94,081	\$809,975

Evaluation:

B.	Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	Total
1.	Innovative MHSA Funds		**\$152,500	**\$152,500	**\$152,500		\$457,500
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	Total Proposed Evaluation		\$152,500	\$152,500	\$152,500		\$457,500

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 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	Total
1.	Innovative MHSA Funds	\$94,081	\$971,871	\$961,871	\$961,871	\$94,081	\$3,083,777
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	Total Proposed Expenditures	\$94,081	\$971,871	\$961,871	\$961,871	\$94,081	\$3,083,777

If "Other funding" is included, please explain.

* Administration Innovative MHSA Funds includes 15% Provider Indirect Costs and 18% County Operating Costs

** Evaluation MHSA Innovative Funds includes costs of Research Analyst and Data Quality Analyst positions.

INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

References

- Castro, C.A., Kintzle, S., & Hassan, A. (2015). *The State of the American Veteran: The Orange County Veterans Study*. Los Angeles, CA: USC CIR
- Families and Communities Together Orange County. (2017). Retrieved from <http://factoc.org/about/faqs/>
- Morris, A. S., & Age, T. R. (2009). Adjustment among youth in military families: The protective roles of effortful control and maternal social support. *Journal of Applied Developmental Psychology, 30*(6), 695-707.
- National Military Family Association. (2011). *Finding common ground: A toolkit for communities supporting military families*.
- Orange County Families and Communities Together. 2015-2016 Annual Report.
- Orange County MHSA Prevention and Early Intervention. (December 2015). *Training services and needs assessment: Draft report of findings*.
- Strong Families Strong Children. (2017). [PowerPoint Slides].
- U.S. Census Bureau (2015). *Population Characteristics: Veterans, 2011-2015*. Retrieved from <http://www.census.gov/quickfacts/table/PST045215/06059>