



MONTEREY COUNTY
BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

INN-02: Screening to Timely Assessment

Innovation FY 2019-21 Plan Proposal



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Program Name: Screening to Timely Assessment

Primary Problem

The primary problem addressed by this Innovation project is demand for mental health services outpacing the capacity of mental health services system to appropriately screen and refer these individuals to treatment. Monterey County Behavioral Health (MCBH) organizes its “Systems of Care” in three areas: Adult services, Children’s services and ACCESS services. The ACCESS System of Care includes gateway early intervention services, including assessment and referrals, for individuals expressing symptoms of mental illness. The demand for services in ACCESS programs has seen a significant increase in recent years, with the number of clients served over the three-year period from FY2015-17 increasing by more than 100%, from 2,521 to 5,087. Meanwhile, the level of staff capable of responding to these community needs has remained unchanged. The MCBH community planning processes have also revealed both a lack of knowledge in the community about available mental health services and a persistent stigma associated with mental health issues, particularly among Latino communities. Therefore, MCBH believes demand for these ACCESS services will only continue to increase over time. To better meet the increased demand for services, MCBH is proposing the development of a comprehensive web-based mental health assessment application that can screen for a broad spectrum of mental health disorders and refer individuals to the appropriate level of care within the MCBH system.

What Has Been Done Elsewhere to Address the Primary Problem?

Several mobile applications that promote mental health and wellness have entered the market space in recent years. However, a thorough scan of available products has only found two varieties of application functionality. The first is to provide guided meditations. The second is to provide the user an ability to log and rate their emotional state. No applications were discovered that have the functionality to screen for a broad spectrum of mental health disorders ranging from depression to schizophrenia, nor are any capable of providing MCBH referral resources.

In Fall 2017, Los Angeles County was approved by the California Mental Health Services Oversight and Accountability Commission (MHSOAC) to create a suite of technology-based mental health solutions to increase access to mental health services and supports. The approved plan for this technology suite includes virtual peer chatting and community forums, mindfulness exercises, cognitive and dialectical behavior interventions, referral processing, and tracking and analysis of passively collected mobile device user data, with the aim of preempting mental illness, detecting relapse and delivering therapeutic interventions through trained peers. Although very comprehensive in scope, the proposed MCBH Innovation project focuses more narrowly on a screening and referral strategy not directly addressed by the Los Angeles County project, and therefore considers the two projects complimentary and not duplicative in approach or intent.



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The Proposed Project

The goal of this project is to develop a web-based screening tool that will help individuals understand their potential needs and quickly connect them to appropriate treatment. The tool will be developed around the core criteria of:

- Being able to screen for a broad range of disorders, from low-risk with mild need to severe with urgent need.
- Being easily accessible for use by community based providers to help individuals acquire treatment.
- Maintaining confidentiality standards.
- Interfacing with MCBH's Avatar electronic health record system to provide more seamless transitions into care.
- Working fluidly in Spanish.
- Build upon current evidence based screening tools with proven validity, and utilize item response theory to minimize the number of questions involved in the assessment.

Following the assessment, the type and severity of mental health concerns will be identified along with the corresponding MCBH treatment program that best fits their needs. The user will then also be provided the option to view the appropriate referral contact information or transmit health information to MCBH for review and a callback by MCBH staff.

The deployment of this application will occur in several phases. First, we will identify an appropriate contractor with experience to develop the screening tool and application. We will partner with other interested counties to ensure this meets the needs of many diverse populations. Second, a cohort of MCBH staff and community based service providers, such as Promotores de Salud, will be trained in the use of the application. These trained individuals will then pilot screenings in the field, using the application with a small number of clients to ensure its applicability in our local communities, and assess functionality and user experience. After testing indicates the application is capable of accurately determining the level of care and services needed by the user, MCBH will make the application available for download on the MCBH website (or online "app store") and enlist additional participation by staff and community partners in using the application.

The Innovative Component

This project introduces a new practice to the mental health system, including prevention and intervention, by providing a technological solution for promoting greater accessibility to services. Currently, introducing and engaging individuals in the mental health system requires staff hours. This innovative tool for providing screening and referral services alleviates burdens on ACCESS staff that are operating at full capacity.

Learning Goals / Project Aims

This program aims to increase access to mental health treatment services in Monterey County. To assess the relationship between use of this application and greater accessibility to services, and its value to consumers/users more generally, the following learning goals will be evaluated:



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- Determine if this screening tool accurately gauges type and severity of mental illness.
- Determine if this application provides meaningful and accurate referral connections to the appropriate service / resource as efficiently as possible.
- Assess whether this web-based screening tool reduces the hours and cost associated with in-person assessments.
- Assess whether individuals (staff, community provider, peer, etc.) using this application to assist a person in need find this application useful for connecting that person to resources. We have many local agencies who want to test this including local law enforcement who hope to use this to link community members to care.
- Assess the impact the implementation of this application has on the total volume of clients entering ACCESS services, including its effect on the demographics of clients served.

Evaluation or Learning Plan

To evaluate the impact and value of the application proposed in this project, quantitative and qualitative methodologies will be used. Application data on user demographics, assessment data and referral data will be collected for general evaluation purposes. Follow-up protocol or cross-reference with service data will be conducted to assess the efficacy of referral/linkage functions of the application. Analysis will also be conducted on Avatar data concerning staff hours spent on assessment and mental health treatment services to evaluate any correlation between this application being deployed and any change in usage of staff time. Avatar data will also be referenced to assess the aggregate impact that use of this application may have on increasing total number of clients served. Finally, qualitative information will be gathered to assess user experience. This information will be requested from the spectrum of users, including clinical and law enforcement staff, community providers, consumers, peers and family members. We will conduct a series of trials using the “Plan Do Study Act” model to assess if the application is working in different settings. Example testing environments include:

1. Consumers at the peer run wellness center connecting new people to care.
2. Local law enforcement agencies supporting community members to complete the assessment who have previously not been open to services.
3. Local Promotores contractors who conduct work to link clients into care.
4. Staff working in our walk-in clinics who assess new clients, we will use peer employees to help clients complete the screening before their assessment.
5. Staff answering our access line will test using this screening over the phone to help clients determine level of care needed.

Contracting

This Innovation project will leverage the Technology Suite Innovation Project currently underway under the leadership of Los Angeles County and CalMHS. MCBH will utilize the RFP process executed by CalMHS for hiring qualified web-based application developers. In the initial phase of implementing this screening application, MCBH will contract with local community partners for testing.



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Certifications

The Monterey County Board of Supervisors approved this project as part of the FY18-20 MHSA 3-Year Program and Expenditure Plan.

File ID: 17-1073 No. 10



**Monterey County
Board of Supervisors**

Board Order

166 West Alisal Street,
1st Floor
Salinas, CA 93901
831.755.5066

Upon motion of Supervisor Salinas, seconded by Supervisor Alejo and carried by those members present, the Board of Supervisors hereby:

Adopted the Monterey County Fiscal Year 18-20 Mental Health Services Act 3-Year Program and Expenditure Plan.

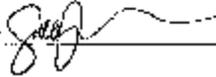
PASSED AND ADOPTED this 7th day of November 2017, by the following vote, to wit:

AYES: Supervisors Alejo, Phillips, Salinas, Parker and Adams
NORS: None
ABSENT: None

I, Gail T. Borzkowski, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 80 for the meeting November 7, 2017.

Dated: December 4, 2017
File ID: 17-1073

Gail T. Borzkowski, Clerk of the Board of Supervisors
County of Monterey, State of California

By  Deputy



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The Monterey County Behavioral Health Director approved this project as part of the FY18-20 MHSA 3-Year Program and Expenditure Plan.

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Monterey

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

Local Mental Health Director	Program Lead
Name: Amie Miller, Psy.D, MFT	Name: Alisa Hendricks, MHSA Coordinator
Telephone Number: 831-755-4580	Telephone Number: 831-796-1295
E-mail: MillerAS@co.monterey.ca.us	Email: HendricksA@co.monterey.ca.us
County Mental Health Mailing Address:	
Monterey County Health Department, Behavioral Health Bureau 1270 Natividad Road Salinas, CA 93906	

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 and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this "FY18-20 MHSA 3-Year Program and Expenditure Plan", including stakeholder participation and nonsupplantation requirements.

This "FY18-20 MHSA 3-Year Program and Expenditure Plan" has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft "FY18-20 MHSA 3-Year Program and Expenditure Plan" was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health commission. All input has been considered with adjustments made, as appropriate. The "FY18-20 MHSA 3-Year Program and Expenditure Plan", attached hereto, was adopted by the County Board of Supervisors on November 7, 2017.

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

All documents in the attached "FY18-20 MHSA 3-Year Program and Expenditure Plan" are true and correct.

Amie Miller, Psy.D, MFT,
 Local Mental Health Director/Designee (PRIN)


 Signature Date

County: Monterey



INN-02: Screening to Timely Access

The Monterey County Behavioral Health Director and County Auditor-Controller approved this project as part of the FY18-20 MHSa 3-Year Program and Expenditure Plan.

MHSa COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County/City: Monterey

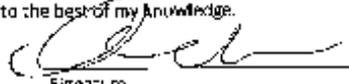
- Three-Year Program and Expenditure Plan
 Annual Update
 Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller
Name: Amie Miller, Psy.D, MFT	Name: Michael J. Miller
Telephone Number: 831-755-4580	Telephone Number: 831-755-5303
E-mail: MillerAS@co.monterey.ca.us	E-mail: millerm@co.monterey.ca.us
Local Mental Health Mailing Address: Monterey County Health Department, Behavioral Health Bureau 1270 Natividad Road Salinas, CA 93906	

I hereby certify that the "FY18-20 MHSa 3-Year Program and Expenditure Plan" is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSa), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSa funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached "FY18-20 MHSa 3-Year Program and Expenditure Plan" is true and correct to the best of my knowledge.

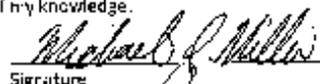
Amie Miller, Psy.D, MFT
 Local Mental Health Director (PRINT)


 Signature Date: 12/5/17

I hereby certify that for the fiscal year ended June 30, _____, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is dated January 30, 2017 for the fiscal year ended June 30, 2016. I further certify that for the fiscal year ended June 30, 2016, the State MHSa distributions were recorded as revenues in the local MHS Fund; that County MHSa expenditures and transfers out were appropriated by the Board of Supervisors and incurred in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Michael J. Miller
 County Auditor-Controller / City Financial Officer (PRINT)


 Signature Date: 12/5/17

1 Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
 Three-Year Program and Expenditure Plan, Annual Update, and DRP Form 107 (07/11/2018)



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Community Program Planning

Innovation project planning efforts began in the spring of 2017, in conjunction with the FY18-20 MHSA 3-Year Program and Expenditure Plan community program planning process. Through a series of 13 focus groups with 232 participants and a community survey with 214 respondents, feedback was solicited from stakeholders and community providers on issues to be addressed through innovative programming efforts. Members of the community that were represented during this planning process included underserved Latino communities, Latino women, teens and youth, LGTBQ adults and teens, older adults, system-impacted adults, homeless individuals, and MCBH consumers from all county regions.

Lessons from 3-year planning process focus groups and survey contributed to the development of this Innovation project. Focus group participants communicated issues such as not feeling welcomed by staff or intimidated by the clinical environments, causing them to not pursue further services with MCBH. Additionally, some Spanish-speaking individuals had a hard time navigating the system and speaking with staff, while others felt restricted in seeking help because of stigma. The proposed web-based screening and referral tool would enable potential clients from overcoming such barriers, and connect directly with the appropriate service.

After MCBH staff refined the proposed model for this Innovation project, an additional four MHSA workgroup sessions were held. The workgroup sessions began with a presentation on MHSA and the Innovation component, a description of the proposed project learning goals, strategies for implementation and evaluation, and then proceeded to spend most the time gathering feedback from participants. A session was held in each of the four regions of the county, with three conducted in English (with Spanish translation services available) and one conducted in Spanish (with English translation services available). A total of 114 individuals participated in these workgroups, and represented community members, clients and their family members, underserved Latino communities, elected state and county representative offices, community-based service providers and county staff. The consensus of MHSA workgroup participants was favorable support for the project as proposed in this plan.

A presentation of this Innovation project was also provided to the MCBH Cultural Relevancy and Humility Committee and the MCBH Recovery Task Force. Both committees expressed support for the proposed Innovation project. Throughout the implementation and evaluation of this Innovation project, MCBH will continue to encourage community engagement and feedback that may improve the quality of services to be provided.

MHSA Innovative Project Category

X	Introduces a new practice or approach to the overall mental health system, including 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 non-mental health context or setting to the mental health system.



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Primary Purpose

	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
X	Increases access to mental health services

MHSA General Standards

Briefly describe how INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards below:

- A. Community Collaboration
 - a. This project will seek to work with organizations serving children, TAY, adults and older adults who would benefit from technology-based mental health services and supports. This would include community centers, inpatient and outpatient behavioral health care providers, schools, senior centers, peer-based services centers, and law enforcement. Many community organizations have expressed a desire to use this application.
- B. Cultural Competency
 - a. The web-based application to be developed for this Innovation project will be designed in partnership with an MCBH Cultural Competency liaison, and be design to work fluently in Spanish. Testing of the product will be conducted by Promotores de Salud.
- C. Client-Driven
 - a. This project requires active initiation of the client or potential client seeking technology-based mental health support. Those utilizing online or application-based services initiate their role in care and determine a referral solution. Our client advisory groups have been very supportive of the development of this application.
- D. Family-Driven
 - a. Family members of children and adults with mental illness can initiate technology-based mental health screening and referral services through the online or application-based program at will. Parents and caregivers have expressed a desire to have ways to determine if their children are experiencing mental health challenges and/or crises and this tool would help them with this determination and provide an immediate link to care.
- E. Wellness, Recovery and Resilience-Focused
 - a. The purpose of this application is to encourage individuals in need, or enable those who are supporting them, to initiate and follow-through on a path towards recovery, by offering a greater level of convenience and privacy.
- F. Integrated Service Experience for Clients and Families
 - a. This web-based application would be an entry point to the larger MCBH systems of care and connect individuals in a seamless manner to appropriate Behavioral Health programs and services. To provide a holistic approach, this application would be integrated with Monterey County's 2-1-1 Active Referral Network if possible and provide the user with additional resources to meet their needs. Engagement of clients and families is inherent in the use of this web-based application, as the user will be guided through the screening process and receive the appropriate referral, with on their own initiative or by selecting to be contacted by support staff.



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Population

The web-based application is intended for all individuals in Monterey County in need of mental health services. The product will be developed to use basic terminology in guiding an individual (on their own or with assistance) through the screening and referral process.

Cultural Competence and Stakeholder Involvement in Evaluation

All evaluation procedures and materials developed for evaluation purposes will be informed by Culturally Competent strategies, with translation services provided as needed. Stakeholder involvement in evaluation will be required in some instances. For example, qualitative evaluation of user experience will request information from individuals that interacted with the product. All materials will be developed and employed using non-stigmatizing and non-discriminatory languages and approaches. One of the main goals of this project is to develop an assessment that works very well in Spanish. We will prioritize early user acceptance testing in Spanish to ensure the application resonates with the Spanish speaking population.

Innovation Project Sustainability and Continuity of Service

Project sustainability and continuity of service will be negotiated within the larger context of the Technology Suite project operating under the leadership of Los Angeles County and CalMHS. This assessment will become sustainable as a continued investment will be made if the project is successful in engaging clients and reducing assessment time. The largest expenditure in this project should be the investment in the development of this web based tool. Ongoing costs should be minimal for counties that utilize this screening tool. We anticipate that many other counties will join in this collaborative effort, which will create an economy of scale that minimizes ongoing costs.

Communication and Dissemination Plan

Availability of this web-based application will initially be implemented on a limited basis with a contracted community partner. When ready for widespread roll-out, an announcement of the availability of this product will be made to the MCBH network, the Monterey County Behavioral Health Commission (BHC), and on the MCBH website and other social media outlets.

At a minimum, results and successful practices related to this project will be shared with the public via Annual MHS Update reports, through a presentation at the BHC, and through a Final Innovation Report to be submitted to the MHSOAC. Successful practices may also be shared with community service providers that support independent transportation skills development.

Timeline

The total timeframe (duration) of this Innovation project is 3 years, with an anticipated start date of July 1, 2018 and end date of June 30, 2021.

The timeline for key phases / deliverables is as follows:



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- July 2018 – December 2018 (6 months): Work with CalMHSA to identify and enter contracts with web developers.
- January 2019 – June 2019 (6 months): Establish specifications and develop application.
- April 2019 – June 2019 (3 months): Beta test application with community partner.
- July 2019 – June 2021 (2 years): Support countywide access and use of applications.
- April 2021 – June 2021 (3 months): Perform evaluation activities

Budget Narrative

Personnel Costs: This sum includes the \$65,000 average annual salary costs for the 0.3 FTE Management Analyst II and 0.2 FTE Epidemiologist assigned to this project. Time allocated for the Management Analyst will be equally split between Administration and Evaluation activities. Time allocated for the Epidemiologist will be dedicated to Evaluation activities. The salary includes a 3% annual increase over the course of the project to reflect cost of living and step raise increases. Indirect costs associated with these positions are calculated at 16.92% of salary.

Non-Recurring Costs: A budget of \$5,000 has been established for the purchase of tablet devices to support the utilization of this application in the field, including evaluation of user experience and functional testing in the initial phase of implementation.

Consultant Costs / Contracts: The costs budgeted for in this section include the contracts MCBH will initiate with CalMHSA, in the amount of \$750,000 annually, to leverage existing Tech Suite Innovation Project components being implemented by Los Angeles, Kern, Mono and additional counties, and fund additional web-based application development services to meet the application specifications identified in this proposed project plan. In the first year of implementation, consultant contracts in the amount of \$46,000 will also be used to support a local community based organization in testing the applicability and user experience for the most in-need communities in Monterey County. Additional consultant contracts of up to \$10,000, annually, will be utilized for translation services in the administration, dissemination and evaluation phases of this project.

The proposed project is estimated to cost \$2,526,000 over the course of the three-year period. The average cost annually will be \$842,000 and includes all service delivery, data evaluation and dissemination costs. The project will utilize Innovation funding for the duration of the project.

Budget by Fiscal Year and Specific Budget Category

New Innovative Project Budget By FISCAL YEAR (FY)*					
EXPENDITURES					
PERSONNEL COSTS (salaries, wages, benefits)		FY 2019	FY 2020	FY 2021	Total
1.	Salaries	\$58,088	\$58,908	\$59,587	\$176,583



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2.	Direct Costs				
3.	Indirect Costs	\$6,139	\$6,139	\$6,139	\$18,417
4.	Total Personnel Costs	\$64,228	\$65,046	\$65,725	\$195,000
OPERATING COSTS					
		FY 2019	FY 2020	FY 2021	Total
5.	Direct Costs				
6.	Indirect Costs				
7.	Total Operating Costs				

NON RECURRING COSTS (equipment, technology)		FY 2019	FY 2020	FY 2021	Total
8.	Equipment – Tablets	\$5,000			\$5,000
9.					
10.	Total Non-recurring costs	\$5,000			\$5,000
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)					
		FY 2019	FY 2020	FY 2021	Total
11.	Direct Costs	\$806,000	\$760,000	\$760,000	\$2,326,000
12.	Indirect Costs				
13.	Total Consultant Costs	\$806,000	\$760,000	\$760,000	\$2,326,000

OTHER EXPENDITURES (please explain in budget narrative)		FY 2019	FY 2020	FY 2021	Total
14.					
15.					
16.	Total Other expenditures				

BUDGET TOTALS					
	Personnel (line 1)	\$58,088	\$58,908	\$59,587	\$176,583
	Direct Costs (add lines 2, 5 and 11 from above)	\$806,000	\$760,000	\$760,000	\$2,326,000
	Indirect Costs (add lines 3, 6 and 12 from above)	\$6,139	\$6,139	\$6,139	\$18,417
	Non-recurring costs (line 10)	\$5,000			\$5,000
	Other Expenditures (line 16)				
	TOTAL INNOVATION BUDGET	\$875,227	\$825,047	\$825,726	\$2,526,000

*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.



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A. 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 2019	FY 2020	FY 2021	Total
1.	Innovative MHSA Funds	\$829,551	\$778,748	\$778,952	\$2,387,251
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding*				
6.	Total Proposed Administration	\$829,551	\$778,748	\$778,952	\$2,387,251
Evaluation:					
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY 2019	FY 2020	FY 2021	Total
1.	Innovative MHSA Funds	\$45,678	\$46,298	\$46,773	\$138,748
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding*				
6.	Total Proposed Evaluation	\$45,678	\$46,298	\$46,773	\$138,748
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 2019	FY 2020	FY 2021	Total
1.	Innovative MHSA Funds	\$875,228	\$825,046	\$825,725	\$2,526,000
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding*				
6.	Total Proposed Expenditures	\$875,228	\$825,046	\$825,725	\$2,526,000
*If "Other funding" is included, please explain.					

