

DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.



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June 8, 2021

Marin County Board of Supervisors  
3501 Civic Center Drive  
San Rafael, CA 94903



**SUBJECT: Department of Health and Human Services, Division of Behavioral Health and Recovery Services requests approval of the implementation of the Mental Health Services Act (MHSA) Innovation plan. (New)**

Dear Board Members:

**RECOMMENDATION:** Authorize the President to approve the implementation of the Mental Health Services Act (MHSA) Innovation plan – ***From Housing to Healing: A Re-Entry Community For Women.***

**SUMMARY:** The Mental Health Services Oversight and Accountability Commission (MHSOAC) and the California Department of Health Care Services (DHCS) have directed that each county prepares and submit plans for use of funds available through the Mental Health Services Act (MHSA) for the Innovation Component. Input from local stakeholders, MHSA Advisory Committee, including clients and their families, was instrumental in the development of this plan, which was reviewed by the Mental Health Board who held a Public Hearing in April 2021 after being posted for a thirty-day comment period in March 2021. The MHSOAC approved the project on May 27, 2021.

With your Board's approval, MHSA Innovation funds will be used to implement a project called *From Housing to Healing: A Re-Entry Community for Women*. This project is in line with the goals of *Stepping Up* and the HHS Race Equity Plan and offers healing-centered and holistic support for women with serious mental illness and potentially co-occurring substance use disorders who have been incarcerated or otherwise resided in a locked facility and who have experienced significant trauma. These women frequently cycle through the Marin County Jail and have typically experienced significant Adverse Childhood Experiences (ACEs) in their lives that have been left unaddressed. Part of the program will be a safe and welcoming home for six women (one of the women will be a peer provider) to focus on healing and gaining skills before moving to permanent housing. As part of its innovation, services would begin prior to residency at the house as part of their re-entry planning. The trauma therapist would work with women in the jail or other locked facility prior to release to start building a foundation, connecting them with benefits, establishing rapport, and providing psychoeducation to help the women recognize how trauma could be impacting them. Somatic, cultural, and alternative healing practices will be integrated throughout the project, both for those living in the house and then learning from their experiences and expanding

the practices wider throughout systems of care in Marin. Nutrition and community are the other pillars of this project, including alumni of the program staying involved and being welcomed back for Sunday night dinners at the house.

**COMMUNITY BENEFITS:** The benefit to the community will be the opportunity for healing centered treatment and support transitioning back into the community with a strong support network for some individuals most at need of new approaches to break a cycle that often started with childhood trauma. In addition, the community will see a reduction in women cycling through systems of care and homelessness.

**EQUITY IMPACT:** The target population for this proposal is women (trans-inclusive) with serious mental illness (often with co-occurring substance use disorders) who have been incarcerated or otherwise resided in a locked facility, primarily the county jail, who have high Adverse Childhood Experiences (ACEs) scores. Based on the initial assessment, women in the Marin County Jail Mental Health population have significantly higher ACEs scores than the general population or even than the men in the jail. These women have histories of traumatic experiences in childhood and adulthood, criminal justice involvement, and typically exhibit impulsivity, self-harm ideation, intense interpersonal relational patterns, rapid mood cycling and other symptoms that can make it difficult for them to successfully utilize existing services.

At the time of community planning for this project, the female Marin County Jail Mental Health population was 58% White or Caucasian, 23% Black or African American, 11% Hispanic or Latinx, and 5% Asian or Pacific Islander. This program will be tied to the HHS Race Equity Plan and will have a strong focus on racial equity as Black or African American women are significantly over-represented in the Marin County Jail Mental Health population with only 2.2% of the county's population identifying as Black or African American.

The impacts of trying a new healing centered approach will have an intentional positive impact of communities of color as the current system has been failing women of color at a higher rate. The approach outlined in the proposal has decentered western medicine and will bring in alternative and cultural healing practices such meditation, yoga, tapping, and other somatic approaches.

**FISCAL IMPACT:** There is no increase to the General Fund Net County Cost associated with this request. With your Board's approval, expenditure appropriations in the MHSA Innovation program will be increased by \$275,383 in FY 2021-22; offset by increased MHSA Innovation revenue and Federal Medi-Cal revenue. The estimated MHSA allocation for the five-year project is \$1,795,000 in MHSA Innovation funds and interest utilized on a first in first out basis and \$493,572 in Federal Medi-Cal revenue. The Department will work with the CAO to make the necessary budget adjustments in future fiscal years to reconcile the MHSA allocation to the County budget as part of the baseline budget adjustment process.

<b>REVIEWED BY:</b>	County Administrator	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
	Department of Finance	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
	Human Resources	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
	County Counsel	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Respectfully submitted,



Benita McLarin  
Director



# COUNTY OF MARIN

## MENTAL HEALTH SERVICES ACT (MHSOA)

# INNOVATION PLANNING



### INNOVATIVE PROJECT PLAN

COMPLETE APPLICATION CHECKLIST		
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:		
<input checked="" type="checkbox"/> Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors. <i>(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)</i>		
<input checked="" type="checkbox"/> Local Mental Health Board approval	Public Hearing Date:	4/13/2021
<input checked="" type="checkbox"/> Completed 30-day public comment period	Comment Period:	3/13-4/13/2021
<input checked="" type="checkbox"/> MHSOAC Approval date:		5/27/2021
<input type="checkbox"/> Board of Supervisors Approval date:		6/5/2021

6/8/2021  
CA-31



# COUNTY OF MARIN

## MENTAL HEALTH SERVICES ACT (MHSA)

# INNOVATION PLANNING



County Name: **Marin**

Date of MHSOAC Approval: **May 27, 2021**

Project Title: **From Housing to Healing, Re-Entry Community for Women**

Total amount requested: **\$1,795,000**

Duration of project: **5 years**

### 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 onsite

#### 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



# COUNTY OF MARIN MENTAL HEALTH SERVICES ACT (MHSA) INNOVATION PLANNING



## Section 2: Project Overview

### PRIMARY PROBLEM

*"Trauma is the elephant in the room: We talk about the diagnosis, the lack of ability to engage, but the bottom line is the trauma."*

Women in the county jail have experienced significantly more trauma than the general population. As the Jail Mental Health Unit Supervisor describes "I see our team, usually our psychiatrist, being repeatedly called on to "treat" clients with medications, hoping the medication will target impulsivity, self-harm ideation, intense interpersonal relational patterns, rapid mood cycling and other symptoms that can be better explained by a history of untreated childhood trauma. The medications usually aren't effective in these cases, but the narrative of untreated Mental Health (and/or untreated Substance Use Disorder) continues to be the explanation for treatment failure." While taking medications may help to temporarily shut down learned alarm reactions, medication treatment alone is insufficient to heal the underlying trauma that often contributes to maladaptive behaviors. Similarly, psychotherapeutic approaches to healing trauma that rely on utilizing the pre-frontal cortex or "thinking brain" may have limited effectiveness for trauma survivors. For many individuals who have experienced trauma, the "thinking" part of the brain is shut down or under-activated. Therefore, these approaches—sometimes referred to as "top down" interventions—that rely on an individual's ability to access this part of the brain by "talking through" the trauma and its associated behaviors may serve to perpetuate anxious feelings or feelings of "stuckness."<sup>1</sup> Recent studies have demonstrated that somatic practices such as yoga—or "bottom-up" approaches—may be more effective than psychotherapy and medication treatment alone for treating the effects of trauma. By helping individuals develop an awareness of the mind-body connection and helping them become more tolerant of physical and sensory experiences, somatic interventions can help individuals develop their emotional awareness and acceptance of uncomfortable feelings. Yoga, for example "with its cultivation of an observing mind, its release of chronic tension stored in the body, and its many techniques using breathing and sound that help clients access the wellspring of wellbeing that exists beneath the effects of trauma, can provide trauma survivors a way to feel safe in their bodies and safe in the world".<sup>2</sup>

Mental Health and Substance Use diagnoses often stem from or are greatly exacerbated by untreated trauma. Starting in 2020, the Marin County Jail Mental Health team in partnership with nursing students have started performing ACEs (Adverse Childhood Experiences) assessments within the county jail. In BHRS as a whole we have performed ACE screenings on 58 women in the last year. Similar to other literature, these scores were significantly higher than the community at large, and women in particular to a significantly greater proportion. In a study including over 214,000 people from the general

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<sup>1</sup> Van der Kolk, BA. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*.

<sup>2</sup> Weintraub, A. (2012). *Yoga Skills for Therapists: Effective Practices for Mood Management*. United States: W. W. Norton. Page 13.



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population, 17.8% of the women scored 4 or higher.<sup>3</sup> In our Marin County Jail Mental Health population, it was three times higher with 53.3% of the women in the jail having experienced 4 or more adverse childhood experiences. And even more worryingly, 1 in 3 (33%) of the women in the jail had a score of 7 or higher (as compared to 23% of women going through our general Behavioral Health Access assessment process). As found in a study from 2001 of over of 17,000 HMO members, an ACE score of at least 7 increased the likelihood of childhood/adolescent suicide attempts 51-fold and adult suicide attempts 30-fold ( $P<.001$ ).<sup>4</sup> It has also been shown that people with six or more ACEs died nearly 20 years earlier on average than those without histories of these adverse childhood experiences.<sup>5</sup>

In addition, statewide data from a sample of Counties notes re-arrest rates of 66 percent and reconviction rates of 35 percent within two years of an original felony offense in a sample during 2011-2015<sup>6</sup>. In Marin County, initial data from a Proposition 47 care coordination program noted recidivism rates of just over 10% within 12 months of program completion. Marin County has made a number of efforts to decrease recidivism rates, including the development of collaborative Courts (e.g. Adult Drug Court, STAR Mental Health Court, Pathways Mental Health Court), implementation of low barrier care coordination programs for individuals in the criminal justice system (i.e. Proposition 47 program), enhanced in-custody services, enhanced jail re-entry services, and numerous programs for individuals with serious behavioral health conditions in and out of the criminal justice system. Data from the Proposition 47 care coordination program shows promise in reducing recidivism in a population of individuals who cycle in and out of the criminal justice system. However, the current proposal is different from these existing programs in that it focuses on one element that is typically under-addressed or not addressed at all—trauma. Individuals with serious trauma histories are at higher risk of recidivism, likely due to a history of abuse, neglect, and mistreatment.<sup>7</sup> In addition, ongoing symptoms of PTSD are associated with risk of arrest on new criminal charges.<sup>8</sup> Many factors may contribute to this association and we hope to explore whether appropriate treatment for trauma, using multiple modalities and a supportive community, will reduce the likelihood of recidivism for women exiting the criminal justice history.

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<sup>3</sup> Merrick, M.T., Ford, D.C., Ports, K. A., Guinn, A. S. (2018). [Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States](#). JAMA Pediatrics, 172(11), 1038-1044

<sup>4</sup> Dube SR, Anda RF, Felitti VJ, Chapman DP, Williamson DF, Giles WH. [Childhood Abuse, Household Dysfunction, and the Risk of Attempted Suicide Throughout the Life Span: Findings From the Adverse Childhood Experiences Study](#). JAMA. 2001;286(24):3089–3096. doi:10.1001/jama.286.24.3089

<sup>5</sup> Brown DW, Anda RF, Tiemeier H, Felitti VJ, Edwards VJ, Croft JB, Giles WH. [Adverse childhood experiences and the risk of premature mortality](#). Am J Prev Med. 2009 Nov;37(5):389-96. doi: 10.1016/j.amepre.2009.06.021. PMID: 19840693

<sup>6</sup> Bird, M, Goss, J., Nguyen, V (2019). *Recidivism of Violent Offenders in California*. Public Policy Institute of California. <https://www.ppic.org/wp-content/uploads/recidivism-of-felony-offenders-in-california.pdf>

<sup>7</sup> Vitapolous, N.A., Peterson-Badali, M., Brown, S., Skilling, T.A. (2019). The relationship between trauma, recidivism risk and reoffending in male and female juvenile offenders. *Journal of Child & Adolescent Trauma*, 12

<sup>8</sup> Sadah, N & McNeil, D.E (2014) Posttraumatic stress disorder increases risk of criminal recidivism among justice-involved persons with mental disorders. *Criminal Justice and Behavior*, 42



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### PROPOSED PROJECT

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

This project is healing-centered and holistic treatment for women with serious mental illness and potentially co-occurring substance use disorders who have been incarcerated or otherwise resided in a locked facility who have high Adverse Childhood Experiences (ACEs) scores. This program will promote a holistic view of healing from traumatic experiences and environments and shift the paradigm from lawbreaker past victims of traumatic events to “agents in the creation of their own wellbeing.”<sup>9</sup> The approach will include a focus around understanding the widespread impact of trauma, learning to manage the subsequent maladaptive reactions and behaviors, and collective healing. Creating safety and building community are key bedrocks for this work. Part of the program will be a safe and welcoming home for 6 women (one of the women will be a peer provider) to focus on this healing before moving to permanent housing. This program will be uniquely geared toward managing the types of behavioral issues that women with a history of trauma tend to present with (intense interpersonal conflict, self-harm ideation, etc.) that can be a barrier to enrollment or successful completion of other treatment programs. As part of its innovation, services would begin prior to residency at the house—as part of their re-entry planning, the trauma therapist would work with women in the jail or other locked facility prior to release—to start building a foundation, connecting them with benefits, establishing rapport, and providing psychoeducation to help the women recognize how trauma could be impacting them. Often the focus of treatment for these women is the substance use or mental health diagnosis and the trauma does not get attention. Psychiatric medication and talk therapy alone are often insufficient to treat behavioral problems stemming from a history of trauma. When a client is in custody, it is often a unique time to talk with them about treatment as they are sober and often more motivated to talk with providers in a way they are not when in the community.

This program will focus on actively resisting re-traumatization and the women would remain engaged with the trauma healing after they move on from living in the house. Women would not graduate from this supportive housing environment without housing and ongoing support in place. When women do leave, they could continue therapy with the trauma therapist during a transitional period, so that treatment and connection do not abruptly end at the same time as a transition in housing is occurring. Knowledge about trauma and its impacts will be fully integrated into policies, procedures, practices, and settings, for instance if a woman departs the house abruptly in the context of an emotional or interpersonal breakdown, this will be managed in a Trauma Informed way and she would not be automatically discharged from the program as is often the case in residential programs. In addition to the Trauma Therapist, a variety of somatic, alternative, cultural, or other healing practices will be introduced to the women and they will play an active role in evaluating those therapies and selecting what should be introduced more broadly within Behavioral Health and Recovery Services (BHRS) in Marin. There will be a holistic approach, including strong coordination with other service providers throughout Health and Human Services and the community including substance use treatment.

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<sup>9</sup> Ginwright S. [“The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement”](#) May 2018



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Nutrition will also be a key part of this program and all alumnae will be welcomed back for Sunday dinners (as well as groups) to help foster the sense of community. To further complement the nutrition aspects of the program there will also be a vegetable garden where the women can learn about growing some of their own food. Only Sunday dinners and healthy snacks for groups will be purchased on an ongoing basis using MHSA INN funding as well as gardening supplies to grow vegetables and herbs. The women will have support ensuring they are able to access their benefits including CalFresh, etc. Learning in a supportive environment some of the necessary social skills and life skills around how to budget, how to go grocery shopping, and how to prepare healthy meals within that budget will help set the women up for success after they transition from the house. The goal is to help the women feel more control over their lives and learn skills to promote and sustain their own wellbeing while they are in a transitional supportive environment.

#### Proposed Staffing:

- A full-time female Certified Peer Specialist with lived experience will live in the house and act as a positive role model in the path to recovery. This peer will be provided training, mentoring, and financial support for the certification process through MHSA Workforce Education and Training Mental Health Career Pathway Funding if not already certified. In addition, they will receive additional training around understanding the impacts and recovery from trauma. The Peer will be hired by the contracted Community Based Organization as someone with lived experience similar to that of the target population. If that peer leaves the program, preference for future peers will be given to women who were enrolled in the program themselves.
- A part-time house manager (to do intakes, manage the milieu, etc.) will also be hired by the contract Community Based Organization. This person is not a clinician but will receive specialized training around trauma.
- A full-time trauma therapist to provide groups and individual therapy (specifically geared toward addressing trauma) in the house and to see women at the jail for psychotherapy, preparing them for the work in the community. If they are precontemplation or contemplation, the therapist would continue to work with them across (often repeated) incarcerations as part of their re-entry work, building connection and raising awareness about how trauma is underlying their struggles. This position will be a county position to ease coordination and Jail Access. They will also bill Medi-Cal for all billable services.
- Specialist trainers will be contracted to complement the trauma therapist and bring in additional somatic, cultural, and alternative therapy options including Yoga, EFT Tapping, Meditation, etc., that the women (both residents and alumnae) would get to test out and see what they feel would be most effective for themselves and other women in their situation going forward. The women themselves will be an active and integral part of the evaluation of different somatic techniques that could be introduced more widely throughout BHRS and our other housing programs. This will enhance cultural competency as it will be adaptive to the needs of the women residing in the house and they will be able to provide input on which therapies they would like to try.



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

Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite.

- 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.

The trauma-sensitive approach that we are exploring with this project goes beyond traditional talk therapies that focus on the mind alone or medications that focus on management of reactive behaviors. By actively bringing the body into the healing process through movement, breathwork and other somatic interventions, in an environment that allows for a collective healing experience in a supportive housing space, we are broadening traditional approaches to working with this population.

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

Estimated that there would be 6 women served in year one (including women undergoing re-entry support in the jail setting prior to release), with that number increasing by 8 each year as alumni of the program will stay significantly involved. Year two, 14 women would be served, year three 22 women would be served, year four there would be 30 women served, and year five there would be 38 women served. In addition, by year 5, another 100 individuals would be offered somatic or alternative therapy programs that that the women in the house and alumni recommend. In all, approximately 138 individuals would be served, with a projected 38 women having resided in the house.

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

The target population for this proposal is women (trans-inclusive) with serious mental illness (often with co-occurring substance use disorders) who have been incarcerated or otherwise resided in a locked facility who have high Adverse Childhood Experiences (ACEs) scores. Based on the initial assessment, women in the Marin County Jail have significantly higher ACEs scores than the general population or even than the men in the jail. These women have histories of traumatic experiences in childhood and adulthood, criminal justice involvement, and typically exhibit impulsivity, self-harm ideation, intense interpersonal relational patterns, rapid mood cycling and other symptoms.



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The female Marin County Jail Mental Health population is currently 58% White or Caucasian, 23% Black or African American, 11% Hispanic or Latinx, and 5% Asian or Pacific Islander. This program will have a strong focus on racial equity as Black or African American women are significantly over-represented in the Marin County Jail Mental Health population with only 2.2% of the county's population identifying as Black or African American.

The average age of women in the Marin County Jail Mental Health population is 35 with a range from 25 years old to 51 years old.

This program will be specifically targeting Marin County residents.

### 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?

Creating a re-entry housing program for the public behavioral health system that is healing-centered and focused on addressing trauma rather than traditional treatment of specific diagnoses will be innovative especially with the continuity of trauma-focused care prior to release from incarceration, through living in the house, and truly keeping the alumnae engaged in the program after graduation. Engaging the women in the evaluation of somatic therapies that would have implications for our whole system of care is also innovative and empowering.

Marin has found several counties including Alameda that have established programs for re-entry populations that are Trauma-Informed, but those programs have not had the opportunity to explore a truly healing-centered approach. As Shawn Ginwright, Associate Professor of Education and African American Studies at San Francisco State University describes, "without more careful consideration, trauma informed approaches sometimes slip into rigid medical models of care that are steeped in treating the symptoms, rather than strengthening the roots of well-being." The approach for this innovation project would go further than other programs have had the opportunity to go by becoming a truly healing-centered living environment to strengthen those "roots of well-being" that focuses on community-building, trauma therapy and somatic practices integrated throughout.

The Research & Action Center (RAC) at Impact Justice is launching a [new project](#) that "aims to undertake a groundbreaking re-examination of the lived experience of men incarcerated for violence offenses. Through a multi-site research project, the RAC will explore and document the prevalence of childhood trauma among violent offenders." This is similar to the work we already began in Marin performing Adverse Childhood Experience (ACE) screenings on those in the county jail mental health program. The RAC goes on to say "we must address trauma as part of a larger strategy to reduce the number of people incarcerated in the United States and ensure access to trauma-informed services for those in need. The RAC's research will introduce the field



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of justice reform to a new narrative—one that intentionally includes men and trauma and adds new and important dimensions to how society views incarcerated men.” A significant difference between their work and the work of this innovation project is that the Marin County Innovation project will be focused on women as through our initial data collection we found higher ACE scores in the women at the Marin county jail than the men, and our project will be testing whether our interventions focused on healing will be successful at improving outcomes and wellbeing for these women rather than just gathering pre-treatment data.

- 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 County of Marin researched the approaches taken by a variety of counties include through probation funding. In addition, the County of Marin research various non-profits such as Liberation Prison Yoga, Yoga Behind Bars, Niroga Institute and others across the country have brought successful somatic practices into prisons and jail settings. These programs have been shown to be effective in helping thousands of incarcerated individuals develop coping tools, increase their “window of tolerance” and acceptance of self. Increasing numbers of studies demonstrate the effectiveness of using somatic practices in healing trauma in the general population (Levine, Van der Kolk, Emerson, Menakem) and studies have found these interventions to be effective as adjunctive treatments for trauma with women (Van der Kolk, Weintraub, others).

More specifically, it has also been shown that “addressing the emotional impact of childhood trauma among female prisoners may increase the effectiveness of correctional suicide prevention efforts.”<sup>10</sup> However, despite studies like this one that has shown the need to address the impacts of childhood trauma, they did not have the opportunity to study the effectiveness of a more comprehensive approach that begins with addressing the trauma while incarcerated and then provides a supportive housing environment designed around doing more in depth trauma-centered work before moving to permanent or independent housing options where they can still be connected to the community.

## 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.

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<sup>10</sup> Clements-Nolle K, Wolden M, Bargmann-Losche J. [Childhood trauma and risk for past and future suicide attempts among women in prison](#). Womens Health Issues. 2009 May-Jun;19(3):185-92. doi: 10.1016/j.whi.2009.02.002. PMID: 19447323.



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

The two goals below are the key to the program. We will further develop out additional learning questions as appropriate with the expert evaluation consultant once this project is approved and the funds can be utilized to commence that contract.

- Does centering the program on healing and addressing trauma result in higher rates of successful stabilization, decreased recidivism, increased housing stability, and increased feelings of psychological wellbeing?
- What somatic therapies are the most successful with this group of women and how can that be spread throughout the Behavioral Health and homelessness systems of care?

### B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

Learning Goal One gets to the core of the program and how effective it is to adapt the supportive housing component to focus on healing and addressing trauma. Learning Goal Two gets to how the program can be expanded and impact the entire system of care by including the intentional focus on participants themselves evaluating the effectiveness of the integration of somatic and alternative approaches.

## EVALUATION OR 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 on using.

The evaluation plan will be further developed with the expert consultation from the to-be-contracted Evaluation partner for this project.

Learning question 1: In order to determine if centering the program on healing and addressing trauma results in higher rates of successful stabilization, decreased recidivism, increased housing stability, and increased feelings of psychological wellbeing, the initial proposal will be as follows:

1. As part of the intake process there will be thorough treatment histories through both self-report and through working with other providers and programs to access records that will create a baseline for prior program completion based on how many programs they have been referred to or enrolled in and their length of stay within those programs and whether they successfully completed them. In addition, through a similar method baselines will be established for prior housing stability and prior incarceration frequency.



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This will be used to compare the rate of program completion, housing stability after graduation, and recidivism for women residents and alumnae of the *“From Housing to Healing, Re-Entry Community for Women.”*

2. Feelings of psychological wellbeing will be measured using the Flourishing Scale. **The Flourishing Scale (FS)** is an 8-item self-report instrument that measures self-perceived success in important life-domains such as: relationships, purpose, self-esteem, and competence. The overall score provides a single measure of psychological well-being. This tool would be administered prior to entry to the program and then every six months.
3. Considering evaluating this program in comparison to other re-entry housing programs in existence or recently in existence with assistance from the Evaluation expert consultants.

Learning question 2: In order to determine what somatic therapies are the most successful with this group of women and how can that be spread throughout our system of care including some of our other residential programs, we will use the following information:

1. Data will be collected using a simple evaluation form looking at preferences and wellbeing for the residents and alumnae to fill out after participating in the different somatic, cultural, and alternative therapies over the first two years. The second two years will be dedicated to finding ways to expand the most successful programs to the other BHRS housing programs in years three and four and evaluating their success in those programs as well.



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### 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 to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

A portion of the indirect will be used for the county's costs related to contract management, procurement, and accounts payable. Through the Request for Proposal (RFP) process, the county will ask questions related to promoting racial equity and ensure at least one member from the target population of the RFP is included on the RFP review committee, in alignment with the new Advancing Racial Equity framework for Marin County contracting. The contracts will be managed by the manager of Forensic Behavioral Health (in coordination with other parts of the Marin County Stepping Up initiative) in collaboration with the MHSA Coordinator to ensure regulatory compliance and MHSA General Standards are implemented throughout.

#### COMMUNITY PROGRAM PLANNING

Marin County's Community Program Planning process for this Innovative Project was as follows:

- Our Marin County MHSA Advisory Committee with representatives from the stakeholder groups required in the regulations, came up with a plan for how the County was going to do this round of INN planning at the open November MHSA Advisory Committee meeting which was held via ZOOM—here is a [link](#) to those slides.
- To operationalize that plan, a [flyer](#) and a webpage ([www.MarinHHS.org/INNPlan](http://www.MarinHHS.org/INNPlan)) were created to solicit proposals. The flyer was sent via email to over 800 community members including our stakeholder listserv, our suicide prevention collaborative, and others. The MHSA Advisory Committee played an active role in sharing the flyer with their networks as well.
  - In addition to the emails, the MHSA Coordinator attended several community meetings including the Coordinated Entry Steering Committee meeting with all the Marin County housing providers and homelessness focused programs to share about this opportunity as well.
  - The flyer was also sent to all BHRS staff with a request to share their ideas and to share it with their clients/family members.
  - Updates were shared at the Mental Health Board meetings on a monthly basis.
- 14 potential ideas were submitted by community members, staff, and coalitions through an online webform ([www.MarinHHS.org/INNPlan](http://www.MarinHHS.org/INNPlan)) – two ideas were not included in the review because they either had no cost associated with them or were already in the existing budget
- A Lived Experience Review Committee of 9 individuals from diverse backgrounds with lived experience in recovery from mental health or substance use challenges or their families met virtually on 2/2/21 to discuss the 12 ideas and then scored each proposal on 4 different metrics



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and provided additional free form feedback

(<https://marincounty.jotform.com/build/210286586939066>). The demographics were collected from the Lived Experience Stakeholder Review panel via an online survey they were asked to complete.

- This proposal (named “Trauma, the Elephant in the Room” in the submission) received the top score from the Lived Experience Review Committee with a score of 4.39/5. A breakdown of the combined scores from the Lived Experience Review Committee for this proposal were as follows:
  - Based on your lived experience, does this proposal feel like it would be a good way to tackle the problem presented? 4.9/5
  - Based on your lived experience, does the issue this proposal set out to address feel like it should be a priority for Marin? 4.4/5
  - Based on your lived experience, does this idea feel “innovative” to you? (E.g. “never been tried before” or “modified in some way to make it new”) 3.9/5 – the committee discussed ideas for making the proposal more innovative which were included, including the nutrition elements and continued involvement of the alumnae.
  - Based on your lived experience, do you think Marin would be able to learn something valuable by implementing this project? 4.4/5
- The top six ideas based on their scores from the lived experience review committee were brought to a leadership review committee who also scored this proposal (Trauma, The Elephant in the Room) with the top score: 4.5/5
- The two finalists were brought to the MHSA Advisory Committee (which has a majority of members with lived experience as well as representatives from law enforcement, social services, community based organizations, the commission on aging, and other representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County’s community) met on 2/24/21. They recommended both ideas be pursued. Feedback from the MHSA Advisory Committee on this idea is below:

*“I love this idea—there is one woman in particular—this program could keep her alive—we have done so much work with her for years and years and years and **I feel relief! When does this start?!** She is still suffering—assault, trauma, everything. **There is nothing left to try but she is still alive so something could still work.**”*

*“We know them. We have known their stories. They are too traumatized to go through the shelter system.”*

*“I love that it is very specific—there is a clear sense of mission. It could be up and running quickly.”*



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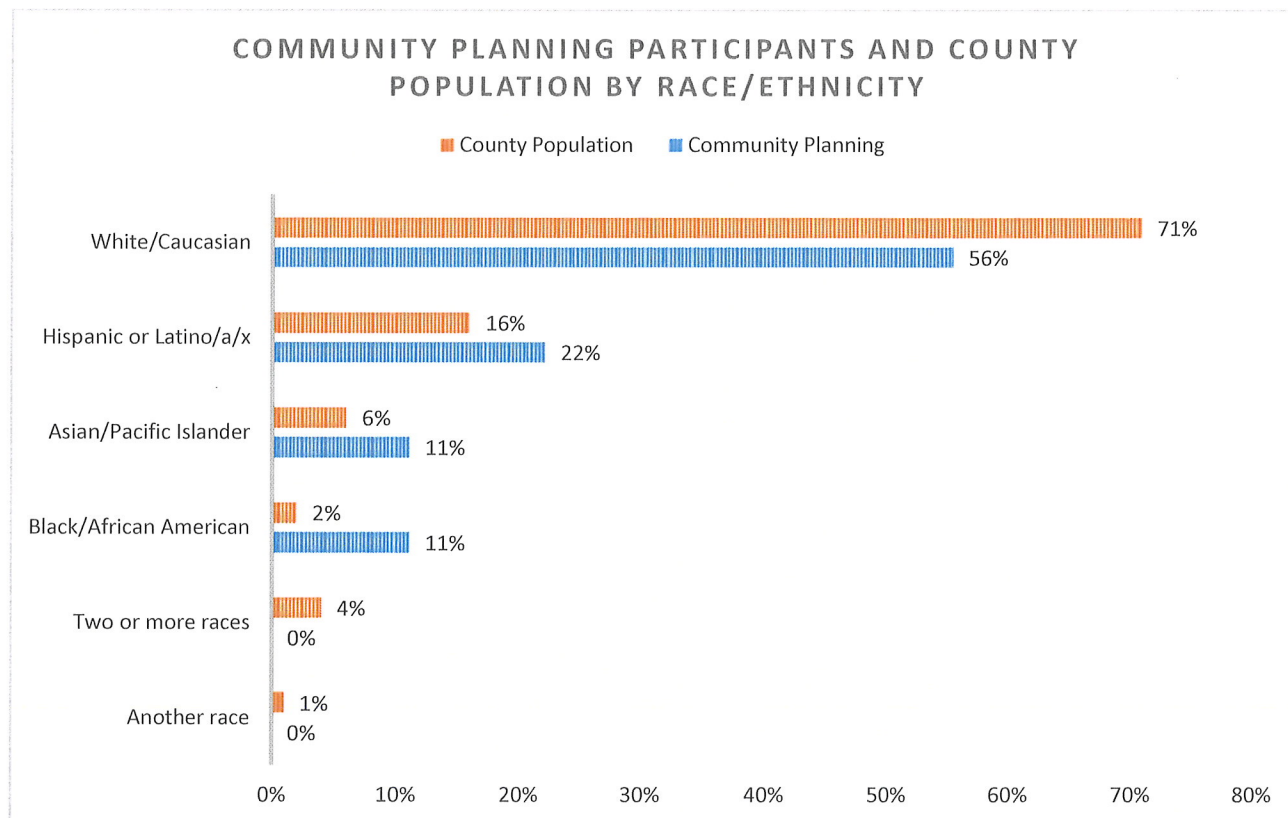
### INNOVATION PLANNING



*"I think this is a really great, needed idea. We know a lot of women who have been homeless for many, many years who are just 'walking trauma' and they have gotten really good at staying out of jail. When they are referred to the shelter system, they get terribly re-traumatized. Women who have been living on the streets for 10-15 years. Lots of African-American women in this situation who confront implicit bias and racism when they hit the Mental Health system. **Trauma is the thing that connects it all.**"*

*"This is so needed. It is a crisis. People should get an extra couple points for just being a woman on the VI-SPDAT. I feel like this is an emergency."*

- Demographics of those involved in the Community Program Planning process for this Innovative Project as compared to the county as a whole were as follows:



- The plan went out for a 30-day public comment period from 3/13-4/13/21 followed by a public hearing held by the Mental Health Board on 4/13/21 at 6pm.



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- Comments or clarifying questions from the public hearing and public comment period were all supportive or seeking information about the proposal and no recommendations for changes were made. The public comments from the public hearing and comment period were as follows:

*"I love this program idea. Things that will make such a difference that are so well thought out in this design include the Sunday dinners and the thought of community/belonging; the Yoga and other holistic approaches; incorporating veggie garden and nutrition; allowing the participants to participate in what other therapies should be introduced; and allowing alumni to stay involved in the program. This program has a large need in our community."*

*"I just want to cry and jump up and down all at the same time right now. **I was one of those women.** And literally all I needed was a place to live. And I worked at CenterPoint for many years. You make a connection with the girls at jail. I am still connected with almost every single person I met there. I still do NA meetings in the jail. It is the same group of girls. They call me when they get out. I am in touch with all of them. All they need is a place to go. And then their first train of thought is **'I gotta go hustle and just find a place to live and then I can get back to my recovery' and then that's the end.** The missing piece was that I had nowhere to go. I know these girls that you are talking about. They are good people and they want this but they need a place to live. I hear from almost all of them when they get out. **This is so spectacular that I don't even have the words for it. I know this is going to be a success—I absolutely know it.**"*

*"I always thought Innovation is the best part of the Mental Health Services Act and I am really happy to see this kind of emphasis in that area because I think new ideas will take us to a solving solution. I am very happy to see this taking off."*

*"I just want to thank you all for the hard work. the program seems amazing and like it is going to impact a lot of lives. I am really excited about it and I think it will be very beneficial."*

*"How important it is to go directly from the jail to the house and building that alumni group of women who have navigated this work of trauma and recovery who could be there as sort of mentors and peer supports. This will be incredible."*



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*"I am excited too. I am glad there is a data piece built it. And I love that you are already talking about sustainability after the five years."*

*"Anything we can do to provide a stable place is key."*

*"We are really talking about decades of mal-adaptive behavior, cognitive distortions from seeing the world through a trauma lens—that is hard—there is some hard work to be done there—it is no easy lift. This is going to be a lot of work."*

*"Super exciting for the women whose lives are going to be changed from this program—I **think the return on investment is going to be huge.** Just talking about them cycling through different avenues, trying to get the help that they need and **never getting to the core of the issues that they experiencing**—so I think it is super exciting. **I am an evaluator by trade so I am super excited about the evaluation. I think it looks really strong.** And **excited to see that the women are part of the solution. And that they are going to tell you what is working for them or what's not working** and so I am super stoked to hear about what the outcomes are."*

*"What really does seem really innovative or on the mark about this program is the idea that you can't do trauma treatment in a jail setting. And having a trauma therapist who can work with you over a long period of time—as it is a long process and there are a lot of risk points along the way where you can really stir something up that can potentially put people at risk of another trauma—this like a sounds really really great innovation."*

No substantive changes were made in response to the comments received (and no substantive changes were suggested).

## MHSA GENERAL STANDARDS

### A) Community Collaboration

Planning, implementation, and ongoing support/monitoring of this project will be led by a project-specific Stakeholder Advisory committee with community members, and continued oversight by the MHSA Advisory Committee. Through this Innovation Project enhanced relationships with utilizing volunteer community members in direct service programs will be enhanced including finding ways to provide volunteer Financial Literacy/Financial Planning for interested women in the house, as well as cooking classes, and other skills that community members can share. Similarly, when women in the house express interest in opportunities to give-back and volunteer those will also be treated with respect and actively supported.



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### B) Cultural Competency

This program will de-centralize white culture and western medicine by lifting up other cultural, alternative, and somatic approaches in tandem to provide a more culturally competent experience for the women.

### C) Client-Driven

As part of the re-entry process, this project starts with psychoeducation in the county jail to help the women recognize the impacts of trauma to help them decide if they would like to try this more wholistic approach. Once in the house, the women will be the leaders in determining which somatic/alternative/cultural healing practices they want to continue and recommend for further use throughout the system of care.

### D) Family-Driven

This program will be for adult women who have experienced significant Adverse Childhood Experiences. The involvement of family members will be determined on an individual basis by each woman but when there is openness to it, it will be supported through the trauma healing work. In addition, support in the reunification process for mothers who want to regain custody or involvement in their children's lives will be supported through this program.

### E) Wellness, Recovery, and Resilience-Focused

This is the heart of the project—it is focused on wellness through the somatic approaches and nutrition—and recovery and resilience through its focus on addressing and healing from trauma.

### F) Integrated Service Experience for Clients and Families

The integration of the Trauma Therapist into the jail setting and then the community house will be a very important part of this project and provide for a continuity for the women. In addition, the trauma therapy and the somatic/alternative/cultural therapies and groups will be held onsite at the home.

## CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

This project will be led by a stakeholder committee that is made up of clients and other individuals from underserved or unserved populations. Stipends are included in the budget for both committee meetings as well as key informant interviews and focus groups to inform the evaluation process and program planning/funding continuation.



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### INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Determination of whether the program will continue after the end of the Innovation Period using other funding will be made through the Community Planning Process by looking at data gathered for our learning questions and other outcome data, occupancy, cost-effectiveness and cost-savings to the larger community, client-feedback, and availability/prioritization of funding. Determination and continuity planning will be included in the FY2027/28 MHSA Annual Update/Three-Year Plan. MHSA Community Services and Supports (CSS) will be considered. In addition, we will be continually monitoring the implementation of the California Advancing and Innovating Medi-Cal (CalAim) reforms over the next five years and advocate for this to potentially be a route for funding this type of innovative whole person approach that addresses key social determinants of health. In addition, if we are able to demonstrate successful outcomes through this innovative approach, the Probation department might be another potential funding source to continue this work.

*Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.*

Yes, and a determination will be made with at least 6 months remaining in the project on whether we are able to continue the program at the end of the Innovation project. If this project is not continued, the top priority during the final six months of the program will be to ensure the residents of the program are successfully able to transition to permanent housing before the end of the project.

### 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?*

*From Housing to Healing* will have a project-specific Advisory Committee that will include people with lived experience, experts in Trauma Informed Care, Jail Mental Health, Race-Equity, housing, and co-occurring challenges. All residents and alumnae will be invited to participate on the Advisory Committee and get a stipend for their time participating in the meetings.

The Advisory Committee, evaluator, and staff will provide annual updates presentations and written reports to the Community at large about the project and its status. There will also be a webpage dedicated to this project that will house the updates and keep the community informed about progress.



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B) **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.

1. Trauma or Healing
2. Re-Entry
3. Women
4. ACEs or “Adverse Childhood Experiences”
5. Housing

### TIMELINE

G) Specify the expected start date and end date of your INN Project

January 1, 2022-December 31, 2026

H) Specify the total timeframe (duration) of the INN Project

5 calendar years

I) Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

In advance of the project starting:

- Release Requests for Proposals (RFPs)
  - CBO partner to operate the house/house management
  - Evaluation consultant
- Trauma Therapist position is approved by the BOS and position is posted for recruitment

Year 1, Quarter 1: (FY21/22: January-March 2022)

- Program Stakeholder Advisory Committee is formalized, meets monthly during Year 1
- Trauma Therapist is hired
- Trauma Therapist clearance for Jail Access
- Contracted partners selected from RFP responses, and contracts are approved by the Board of Supervisors
  - Community-Based Organization (CBO) partner contract to operate the house
  - Evaluator contract
  - Lead partner for alternative/somatic therapies (if applicable)
- Trauma Therapist begins meeting with women in the jail as part of their re-entry work
- Contractors complete the hiring of their staff (Peer Specialist and House Manager)
- Trauma Informed assessment of the house and physical space is completed with minor modifications made that would promote Trauma Informed principles
- Evaluation framework, protocols, and procedures are developed with the lead evaluation partner



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### Year 1, Quarter 2: (FY21/22: April-June 2022)

- Goal is for the house to be fully occupied by the end of Quarter 2
- Evaluation process for somatic/alternative therapies is developed/finalized
- Website is launched to keep the community updated about progress

### Year 1, Quarters 3 and 4: (FY22/23: July 2022-Dec 2022)

- Women in the house begin to be introduced to a variety of somatic/alternative therapies and evaluation process
- Partnerships with other organizations, housing providers, and other HHS programs are strengthened

### Years 2-4: (Jan 2023-December 2025)

- Program is fully operational
- Annual Stakeholder Committee community presentations
- On-going evaluation
- Expansion of most highly recommended somatic/alternative therapies into other parts of the system in year 3

### Year 5: (Jan 2026-December 2026)

- Q1/2 Determination of whether program will continue after the end of the Innovation Period using other funding. Determination will be made through the Community Planning Process looking at outcome data, occupancy, cost-effectiveness and cost-savings to the larger community, client-feedback, and availability/prioritization of funding.
- Ensuing housing and continued support for all residents will be the number one priority if continued funding is not planned for during Q3-4.
- Final evaluation report will be submitted to the OAC and shared broadly throughout the county and the state within 6 months of the completion of the Innovation project



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### Section 4: INN Project Budget and Source of Expenditures

#### INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSA funds are being utilized:

- A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
- B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
- C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)

#### BUDGET NARRATIVE

This budget narrative goes line by line in coordination with the budget on the following pages to provide context and further explanation of the anticipated costs and budget items to fulfill the goals of the project. The budgets are estimates for planning purposes.

1. *Personnel salary costs are calculated for a county position of a full-time Licensed Mental Health Practitioner with benefits. This position is projected to bring in Federal Financial Participation (FFP) also known as Medi-Cal revenue when seeing clients in the house and the community. Services provided in the jail will not be Medi-Cal billable, so the projected revenue has taken that into account.*
2. *Direct costs associated with the position are calculated at 10% of the salary and benefits. These direct costs include operating costs tied directly to that position (finger printing and background checks, computer, mileage, cell phone, etc.).*
3. *The indirect costs are calculated at 15% of the costs after revenue which will go toward funding the portion of county indirect services such services as Human Resources, Payroll, Compliance, etc.*
4. *Total Personnel costs represents the total MHSA Innovation covered portion of the Personnel Costs (i.e. total cost minus the revenue offset projection that would be funded with Federal Medi-Cal FFP funding.)*
5. *Direct Costs includes the estimated costs for rent for the house, utilities, repairs, and maintenance costs, a half-time house manager who is budgeted at \$25/hr, plus 28% benefits, and 10% operating costs including training, cell phone, etc), a Peer Stipend of approximately \$750/month (plus free rent/utilities, as well as training and Peer Specialist Certification support through MHSA Workforce Education and Training funding if needed) for a peer who would also be living in the house; an activity fund of approximately \$9,000/year which would include funding for groceries for the weekly Sunday dinners (and general nutrition/healthy snacks for groups) as well as for special activities and outings.*



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*This activity fund may be supplemented with donations. Also included in direct costs would be vehicle maintenance and gas costs for a program van. These are the numbers that were used for budgeting but there would be flexibility to shift actual budget expenditures around as needed. The Direct Operating costs are planned to be contracted to a community-based organization through an RFP process. There is a budgeted 3% increase at the beginning of the third Fiscal Year across the direct costs.*

6. *Indirect Costs are calculated at 15% and would be used to cover the indirect costs of the community-based organization overseeing the house and for the county costs for contract management.*

7. *Line 7 of the budget is the total operating costs for the house/residential aspects of the program*

8. *In non-recurring expenses there is a projected budget for a program van which will be purchased by the CBO if needed. This van would be used for transportation including helping the women move in/out, for outings, and to help facilitate alumnae in returning to the house for groups or other activities.*

*Also in non-recurring expenses is a \$5,000 budget for Trauma Informed minor modifications to the house/furniture. At the beginning there will be an assessment/walk-through of the space and strategizing on how to make integrated the principles of trauma-informed care with the goal of creating physical spaces that promote safety, well-being, and healing.*

*Things like the better lighting, color of the walls, mirrors for enhanced visibility, placement and type of seating, calming pictures/art on the walls, plants (or potentially a fish tank), etc. can all play a part in how safe people feel, their sense of identity and worth, and their feelings of empowerment. This would also potentially look at if modifications are needed to enhance a part of the space for meditation or other mindfulness practices.*

9. *Total non-recurring costs is the combined total costs of the van and the trauma informed improvements*

10. *There will be two types of consultants contracted with for this project (in addition to the Community Based Organization contracted to operationalize the house and supports there). The first consultant will be for Evaluation. Evaluation is a major part of all innovation projects. This project allocates 10.5% of the program costs on Evaluation with an expectation that there will be higher evaluation costs at the beginning of the project to set up the framework for the evaluation and the collection methods, as well as an increase for the last two Fiscal Years when there will be more data for evaluation that will be used to determine continuation of the project and develop final findings to be shared. The second type of consultant will be for the somatic, cultural, alternative, and wholistic therapies or modalities.*

11. *This line is for indirect costs for managing those contracts*

12. *Totals adding the consultant costs and the indirect costs*

13. *Stakeholder stipends for participation of the women and alumni from the project or other people with lived experience to participate in the Advisory Committee meetings, focus groups, or individual interviews for evaluation. Budgeted for \$30 per meeting with an*



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*average of 7 stipends per month with additional stipends at the beginning and end for further evaluation interviews and focus groups.*

*A total of 10.5% of program costs is budgeted for evaluation*

*A total of 14.5% of direct costs is budgeted for indirect.*

MHSA Innovation funding will be used on a first in, first out basis with the MHSA Innovation funding received in FY18/19, FY19/20, and FY20/21 to be used for this project first.



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BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*								
EXPENDITURES								
PERSONNEL COSTS (salaries, wages, benefits)		FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
		(6 months)					(6 months)	
1	Salaries							
	Trauma Therapist (1.0 FTE) LMHP	\$51,339	\$105,758	\$108,931	\$112,199	\$115,564	\$59,516	\$553,307
	Benefits	\$27,620	\$56,898	\$58,605	\$60,363	\$62,174	\$32,019	\$297,679
	FFP Revenue Offset	(\$45,796)	(\$94,340)	(\$97,171)	(\$100,086)	(\$103,088)	(\$53,090)	(\$493,572)
2	Direct Costs	\$7,896	\$16,266	\$16,754	\$17,256	\$17,774	\$9,154	\$85,099
3	Indirect Costs	\$6,159	\$12,687	\$13,068	\$13,460	\$13,864	\$7,140	\$66,377
4	Total Personnel Costs	\$47,217	\$97,268	\$100,187	\$103,192	\$106,287	\$54,738	\$508,890
OPERATING COSTS		FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
		(6 months)					(6 months)	
5	Direct Costs							
	Rent for the House	\$34,800	\$69,600	\$71,688	\$71,688	\$71,688	\$35,844	\$355,308
	Utilities, repairs, and maintenance costs	\$7,000	\$14,000	\$14,420	\$14,420	\$14,420	\$7,210	\$71,470
	House/Support Manager (.5 FTE)	\$18,304	\$36,608	\$37,706	\$37,706	\$37,706	\$18,853	\$186,884
	Peer Stipend	\$4,500	\$9,000	\$9,270	\$9,548	\$9,270	\$4,635	\$46,223
	Activity/Nutrition fund	\$5,000	\$10,000	\$10,000	\$10,000	\$10,000	\$5,087	\$50,087
	Vehicle maintenance, gas costs	\$1,500	\$3,000	\$3,090	\$3,090	\$3,090	\$1,545	\$15,315
6	Indirect Costs	\$10,666	\$21,331	\$21,926	\$21,968	\$21,926	\$10,976	\$108,793
7	Total Operating Costs	\$81,770	\$163,539	\$168,100	\$168,420	\$168,100	\$84,150	\$834,080
NON-RECURRING COSTS (equipment, technology)		FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
		(6 months)					(6 months)	
8	Program Van	\$36,000						\$36,000
9	Trauma Informed modifications to the house/furniture	\$5,000						\$5,000
10	Total Non-recurring costs	\$41,000						\$41,000



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CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
		(6 months)					(6 months)	
11	Evaluation Costs	\$35,000	\$20,000	\$15,000	\$15,000	\$35,000	\$50,000	\$170,000
	Somatic, Alternative, Wholistic, or Cultural therapy/activity contract	\$15,000	\$30,000	\$30,000	\$40,000	\$40,000	\$20,000	\$175,000
12	Indirect Costs	\$7,500	\$7,500	\$6,750	\$8,250	\$11,250	\$10,500	\$51,750
13	Total Consultant Costs	\$57,500	\$57,500	\$51,750	\$63,250	\$86,250	\$80,500	\$396,750
OTHER EXPENDITURES (please explain in budget narrative)		FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
		(6 months)					(6 months)	
14	Stipends for stakeholder representatives	\$2,100	\$2,520	\$2,520	\$2,520	\$2,520	\$2,100	\$14,280
15								
16	Total Other Expenditures	\$2,100	\$2,520	\$2,520	\$2,520	\$2,520	\$2,100	\$14,280
BUDGET TOTALS		FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
		(6 months)					(6 months)	
Personnel (line 1)		\$33,163	\$68,316	\$70,365	\$72,476	\$74,650	\$38,445	\$357,414
Direct Costs (add lines 2, 5 and 11 from above)		\$129,000	\$208,474	\$207,928	\$218,709	\$238,948	\$152,328	\$1,155,386
Indirect Costs (add lines 3, 6 and 12 from above)		\$24,324	\$41,518	\$41,744	\$43,678	\$47,040	\$28,616	\$226,920
Non-recurring costs (line 10)		\$41,000	\$0	\$0	\$0	\$0	\$0	\$41,000
Other Expenditures (line 16)		\$2,100	\$2,520	\$2,520	\$2,520	\$2,520	\$2,100	\$14,280
<b>TOTAL BUDGET</b>		<b>\$229,587</b>	<b>\$320,827</b>	<b>\$322,557</b>	<b>\$337,382</b>	<b>\$363,158</b>	<b>\$221,488</b>	<b>\$1,795,000</b>



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#### BUDGET CONTEXT - 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 21/22 (6 months)	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27 (6 months)	TOTAL
1	Innovative MHSA Funds	\$24,324	\$41,518	\$41,744	\$43,678	\$47,040	\$28,616	\$226,920
2	Federal Financial Participation							
3	1991 Realignment							
4	Behavioral Health Subaccount							
5	Other funding*							
6	<b>Total Proposed Administration</b>							

##### 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 21/22 (6 months)	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27 (6 months)	TOTAL
1	Innovative MHSA Funds	\$35,000	\$20,000	\$15,000	\$15,000	\$35,000	\$50,000	\$170,000
2	Federal Financial Participation							
3	1991 Realignment							
4	Behavioral Health Subaccount							
5	Other funding*							
6	<b>Total Proposed Evaluation</b>							

##### 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 21/22 (6 months)	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27 (6 months)	TOTAL
1	Innovative MHSA Funds	\$229,587	\$320,827	\$322,557	\$337,382	\$363,158	\$221,488	\$1,795,000
2	Federal Financial Participation	\$45,796	\$94,340	\$97,171	\$100,086	\$103,088	\$53,090	\$493,572
3	1991 Realignment							
4	Behavioral Health Subaccount							
5	Other funding*							
6	<b>Total Proposed Expenditures</b>	\$275,383	\$415,168	\$419,728	\$437,468	\$466,246	\$274,578	\$2,288,571

\*If "Other funding" is included, please explain.