COUNTY OF Placer®

MENTAL HEALTH SERVICES ACT
FY2022-2027 INNOVATIONS FIVE-YEAR PLAN AND EXPENDITURE REPORTS

Multi-County Innovation Project:
Semi-Statewide Enterprise Health Record

California Mental Health Services Authority
1610 Arden Way
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www.calmhsa.org

Multi-County Innovation Project: Impact of Human-Centered Design Principles on Behavioral Health Workforce Effectiveness, Satisfaction, and Retention

Background: Why this, why now?

The Mental Health Services Oversight & Accountability Commission (MHSOAC) has long been a key facilitator of investments in the California Public Behavioral Health System. These investments are tuned to deliver on the promise of the Mental Health Services Act (MHSA), which envisioned transforming a fragmented and under-resourced safety net system into a holistic, well-functioning and responsive array of services to meet the current and emerging needs of California residents. The MHSOAC has identified levers for enabling transformational change, many of which will rely on robust technology and data systems. Of utmost importance among county data systems is the Electronic Health Record (EHR). These records are used to document and claim Medi-Cal service that county Behavioral Health Plans (BHP) provide and if properly enhanced, can capture vital data and performance metrics across the entire suite of activities and responsibilities shouldered by BHPs.

Until now, BHPs have had a limited number of options from which to choose when seeking to implement a new EHR. The majority of EHR vendors develop products to meet the needs of the much larger physical health care market, while the few national vendors that cater to the behavioral health market have been disincentivized from operating in California by the many unique aspects of the California behavioral health landscape. This has resulted in the majority of county BHPs largely dissatisfied with their current EHRs, yet with few viable choices when it comes to implementing new solutions. The pervasive difficulties of 1) configuring the existing EHRs to meet the everchanging California requirements, 2) collecting and reporting on meaningful outcomes for all of the county BH services (including MHSA-funded activities), and 3) providing direct service staff and the clients they serve with tools that enhance rather than hinder care have been difficult and costly to tackle on an individual county basis.

Clearly, this current moment provides both the opportunity and the imperative for counties to take a substantial leap forward with regard to EHRs. California Advancing and Innovating Medi-Cal (CalAIM) changes target documentation redesign, payment reform and data exchange requirements bringing California BH requirements into greater alignment with national physical

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healthcare standards, thereby creating a lower-barrier entry to EHR vendors seeking to serve California. At the same time, the COVID-19 pandemic has increased the demand for behavioral health services, had disproportionately impacted communities of color, and has factored into the staggering workforce shortages faced by counties throughout California. BHPs need to foundationally revamp their primary service tool to meet the challenges and opportunities of this moment. BHPs, in partnership with CalMHSA are positioned to do just that through the Semi-Statewide EHR initiative.

Currently, EHRs have been identified as a source of burnout and dissatisfaction among healthcare direct service staff. EHRs, which were first and foremost designed as billing engines, have not evolved to prioritize the user experience of either the providers or recipients of care. The impact of this design issue is telling – an estimated 40% of a healthcare staff person's workday is currently spent in documenting encounters, instead of providing direct client care. This estimate does not consider the full breath of the BHP workforce, which relies on a wide diversity of provider types needed to respond to the Medi-Cal population.

Proposed Solution: Semi-Statewide Enterprise Health Record

CalMHSA is currently partnering with 20+ California Counties – collectively responsible for over half of the state's Medi-Cal beneficiaries – to enter into a Semi-Statewide Enterprise Health Record project. This project is unique in that it engages counties to collaboratively design a lean and modern EHR to meet the needs of counties and the communities they serve both now and into the intermediate future. The key principles of the EHR project include:

- **Enterprise Solution**: Acquisition of an EHR that supports the entirety of the complex business needs (the entire "enterprise") of County Behavioral Health Plans.

- **Collective Activism**: Moving from solutions developed within individual counties to a semi-statewide scale allows counties to achieve alignment, pool resources, and bring forward scaled solutions to current problems, thus reducing waste, mitigating risk, and improving quality.

- **Leveraging CalAIM**: CalAIM implementation represents a transformative moment when primary components within an EHR are being re-designed (clinical documentation and

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Medi-Cal claiming) while data exchange and interoperability with physical health care towards improving care coordination and client outcomes are being both required and supported by the State.

Optimizing EHR platforms used by providers to meet their daily workflow needs can enhance their working conditions, increase efficiencies, and reduce burnout. This increased efficiency translates into more time to meet the needs of Californians with serious behavioral health challenges, while improving overall client care and increasing provider retention.

Multi-County Innovation (INN) Project

In October 2021, CalMHSA administered a survey to 20 BHPs who had previously expressed interest in participating in the Semi-Statewide EHR. Subsequent to the survey, there has been additional interest in the project. This survey gathered preliminary data related to current EHR system usage, such as the total number of active EHR users, active users by staff classification, service provision, and interoperability capabilities. Survey participants reflect the diverse populations across California counties, with representation from each of the five (5) state regions (Bay Area, Central, Southern, Superior, Los Angeles) as well as county sizes (small-rural, small, medium, large, very large). Based on responses from all 20 counties, it is anticipated that this project could potentially impact more than 20,000 EHR users, depending upon the number of counties choosing to participate.

The proposed INN Project will include the initial cohort of counties who are scheduled to "go live" with the Semi-Statewide EHR during Fiscal Year 2022/2023. A foundational goal of this project is to engage key stakeholders and human-centered design experts *prior to* the new EHR implementation and include their experience and feedback to optimize the user experience and layout of the incoming EHR.

The INN project will have three (3) phases:

1) **Formative Evaluation**: Prior to implementation of the new EHR, the project will measure key indicators of time, effort, cognitive burden, and satisfaction while providers utilize their current or "legacy" EHR systems. The data collected by direct observation of staff workflows currently in use will then be assembled and analyzed using quantitative scales.

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Objective data for example, length of time moving between screens, number of mouse clicks, and amount of time required, as well as subjective data to measure user satisfaction, will be incorporated into the evaluation process.

2) **Design Phase**: Based on data gathered from the initial phase, Human-centered design (HCD) experts will assist with identifying solutions to problems identified during the evaluation of the legacy products. This process will help ensure the needs of service providers, inclusive of licensed professionals, paraprofessionals, and peers, and in turn their clients, will be at the forefront of the design and implementation of the new EHR. In order to create as many efficiencies as feasible, the design phase will be iterative, to assure feedback from users and stakeholders is incorporated throughout the process.
3) **Summative Evaluation**: After implementation of the new EHR, the same variables collected during the Formulative Evaluation will be re-measured to assess the impact of the Design Phase interventions.

The HCD approach is supported by research and is a key component of this project. Enlisting providers' knowledge and expertise of their daily clinical operations in order to inform solutions in the Design Phase is vital to ensuring the new EHR is responsive to the needs of the BHP workforce as well as the clients they serve.

Project Management and Administration

- **CalMHSA**: CalMHSA will serve as the Administrative Entity and Project Manager. CalMHSA will execute Participation Agreements with each respective county, as well as contracts with the selected EHR Vendor and Evaluator.
- **Streamline Healthcare Solutions**: This vendor will be responsible for the development, implementation, and maintenance of the Semi-Statewide EHR.
- **RAND**: As the evaluation vendor, RAND will assist in ensuring the INN project is congruent with quantitative and qualitative data reporting on key indicators, as determined by the INN project. These indicators include, but may not be limited to, impacts of human-centered design principles with emphasis on provider satisfaction, efficiencies, and retention. In addition, RAND will subcontract with a subject matter expert in the science of human-centered design to ensure the project is developed in a manner that is most congruent to the needs of the behavioral health workforce and the diverse communities they serve.

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Project Objectives

CalMHSA will partner with RAND to achieve the following preliminary objectives:

- **Objective I**: *Shared decision making and collective impact*. Over the course of the EHR project, RAND will evaluate stakeholder perceptions of and satisfaction with the decision-making process as well as suggestions for improvement.
- **Objective II**: *Formative assessment*. RAND will conduct formative assessments to iteratively improve the new EHR's user experience and usability during design, development, and pilot implementation phases. This will include:
    - A discovery process identifying key challenges that the new EHR is aiming to improve and establish strategic areas for testing (e.g., efficiency, cognitive load, effectiveness, naturalness, satisfaction).
    - Testing EHR usage with core workflows (e.g., writing progress notes; creating a new client records) as well as common case scenarios (e.g., potential client calls an "Access Center" for services, before or after hours; sending referrals to other agencies or teams) in order to identify opportunities for increased efficiencies / standardization.
    - Iterative testing and feedback of new EHR vendor's design (wireframes and prototypes) using agreed-upon scenarios, including interviews and heuristic evaluation workshops as appropriate.
    - Identifying performance indicators to gauge success, such as measures of efficiency (e.g., amount of time spent completing a task; number of clicks to access a needed form or pertinent client information), provider effectiveness, naturalness of a task, and provider cognitive load / burden and satisfaction.
- **Objective III**: *Summative assessment*. Conduct a summative evaluation of user experience and satisfaction with the new EHR compared to legacy EHRs, as well as a post-implementation assessment of key indicators.

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Project Learning Goals

1. Using a Human Centered Design approach, identify the design elements of a new Enterprise Health Record to improve California's public mental health workforce's job effectiveness, satisfaction, and retention.

2. Implement a new EHR that is more efficient to use, resulting in a projected 30% reduction in time spent documenting services, thereby increasing the time spent providing direct client care.

3. Implement a new EHR that facilitates a client-centered approach to service delivery, founded upon creating and supporting a positive therapeutic alliance between the service provider and the client.

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APPENDIX: PLACER COUNTY

1. COUNTY CONTACT INFORMATION

a. Primary Project Lead:
Sue Compton, MHSA Coordinator
scompton@placer.ca.gov

b. Secondary Project Lead:
Julia Soto, QM Program Manager
jsoto@placer.ca.gov

2. KEY DATES:

Local Review Process	Dates
30-day Public Comment Period (begin and end dates)	8/26/22-9/26/2022
Public Hearing by Local Mental Health Board	9/26/2022
County Board of Supervisors' Approval	9/27/2022

This INN Proposal is included in:

Title of Document		Fiscal Year(s)
	MHSA 3-Year Program & Expenditure Plan	
	MHSA Annual Update	
X	Stand-alone INN Project Plan	2022-2027

Below are the various ways to submit your comments during the Public Comment Period.

All written comments (including e-mail) must be submitted by September 26, 2022 at 12:00 p.m.

By Mail:
Health and Human Services/Systems of Care
Attention: Sue Compton
11512 B Avenue
Auburn, CA 95602

By E-Mail:
SCompton@placer.ca.gov

In Person:
Placer County Mental Health, Alcohol and Drug Advisory Board Public Hearing
Monday, September 26, 2022
6:15 P.M.
11533 C Avenue, Auburn - Large Conference Room

If you cannot attend in person and request to join virtually via Zoom, advance notice is required. Please email scompton@placer.ca.gov to request this accommodation.

Substantive recommendations will be considered for revisions, and the adopted reports shall summarize and analyze the recommended revisions, as appropriate, prior to submission to the County Board of Supervisors for review. The final documents, including evidence of BOS approval, will be submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) for final approval of the Innovation Project.

3. DESCRIPTION OF THE LOCAL NEED(S)

The SmartCare product is being sought to enhance our ability to fulfill our obligations as a Mental Health Plan (MHP), and Drug Medi-Cal Organized Delivery System (DMC-ODS). This solution will aid us in staying compliant with Federal interoperability requirements, state regulations implemented under California Advancing and Innovating Medi-Cal (CalAIM), as well as support the collective power of activism and standardization.

With the implementation of CalAIM and federal interoperability requirements, after a gap analysis it was determined that the Placer County Systems of Care (SOC) had to either heavily invest in the current EHR and technologies with both staff and financial resources to support these endeavors or to share resources and join the semi-statewide EHR, which will have larger macro benefits in the long run while also providing relief in the immediate future in regard to staffing resources. Currently Placer SOC is facing workforce challenges

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in our networks. The Adult System of Care has a current vacancy rate of 14% and Children's System of Care is at 9% in our behavioral health programs. We are working towards identifying and implementing workforce retention strategies including reducing frustrations caused by inefficient workflows and excessive "paperwork." With Medi-Cal enrollment up 15% during the pandemic, we need to develop a workflow that maximizes administrative time.

In addition to resources the current challenges identified by stakeholders include: poor user interface, lack of consumer portal, clunky provider portal with limited use (authorizations only), loss of functionality for the SUDs programs due to inadequate privacy and security issues, inability to display pertinent information at a glance, limited dashboard capabilities for outcomes and compliance monitoring, incompatible interfaces cause coding issues and systems to crash, inability to share data electronically accept receive referrals etc.

Additionally, Placer County SOC's sub-contracted providers all use individual EHRs all requiring upgraded infrastructure as mentioned before. Many of our local providers contract with multiple counties and often voice concerns that each county requires them to use different EHRs, or ways of sharing data which is 'inefficient" and not cost effective, increasing administrative staff time and resources as well as competing demands for the direct service staff. Some agencies do not even have an EHR and rely on paper templates to do their charting. A very small amount of them has the resources to exchange data electronically as is required under CalAIM and Interoperability regulations.

The disjointed and inadequate state of our EHR compared to the upcoming and current initiatives affects our system at multiple levels. Many of our administrative staff including our fiscal department, QM and clinical staff have paper tracking and excel systems outside of the EHR. QM has a difficult time obtaining some outcomes and reporting metrics due to inability to capture data efficiently.

4. DESCRIPTION OF THE RESPONSE TO LOCAL NEED(S) AND REASON(S) WHY YOUR COUNTY HAS PRIORITIZED THIS PROJECT OVER OTHER CHALLENGES IDENTIFIED IN YOUR COUNTY

As with many counties across California, Placer County SOC is uniquely situated to participate in this Multi-County INN project. Stakeholders across our system have expressed concern on the inefficient and inadequate EHR system(s) as well as the multi county requirements that is currently utilized. Stakeholders have prioritized this project to

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improve and enhance the EHR system to meet the needs of the provider and consumer community alike. With this unique multi-county collaborative, Placer County SOC will gain an opportunity to provide continuous feedback through system end-users, providers, contractors, consumer/family member staff and recipients of care. This broad stakeholder group will serve as an essential feedback loop to program design, system design and evaluation alike. Placer County SOC hopes to achieve the following learning goals in participation with this INN Project:

- Using a Human Centered Design approach, identify design elements of a new Enterprise Health Records to improve our local behavioral health workforce's job effectiveness, satisfaction, and retention
- Implement a new EHR this is more efficient to use, resulting in a reduction in time spent documenting services, thereby increasing the time spent providing direct care
- Implement a new EHR that facilitates a client-centered approach to service delivery, founded upon creating and supporting a positive therapeutic alliance between the service provider and the client.

5. DESCRIPTION OF THE LOCAL COMMUNITY PLANNING PROCESS

Placer County SOC views the Community Planning Process (CPP) as an ongoing conversation with our stakeholders. The CPP consists of an inclusive process for consumers, family members, staff, individual and organizational sub-contractors (agency), specialty groups, and general community stakeholders. Feedback opportunities are offered through committee meetings, stakeholder meetings, focus groups, and surveys, as well as through public hearings. Ongoing stakeholder feedback is provided during the year at various committees, which includes consumers, family members, providers, staff, etc.

In alignment with Welfare & Institutions Code § 5858, the MHSA Stakeholder Advisory Group consists of representatives from agency partners, consumers of mental health services, family members of consumers of mental health services, mental health providers, faith-based organizations, community-based organizations, and community/cultural brokers.

The Semi-Statewide Enterprise Health Record Project was introduced to the Placer County Board of Supervisors on July 26th, 2022, where the approval of the participation agreement was received to join other counties to implement the. In addition, stakeholder feedback was sought in the following committees:

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- EHR Executive Committee (Cross Department/Division committee including executive leadership from IT, HHS ASOC, HHS CSOC and HHS Administrative Services)
- May 19th, 2022, Fiscal IT Treatment Team QI Committee (Cross department/division committee including IT, HHS Administrative staff, HHS SOC QM and HHS ASOC/CSOC Treatment teams)
- June 7th, 2022, ASOC Organizational Leadership (HHS ASOC management and leadership team, including embedded Peer Services Manager/Consumer Council Chair)
- June 7th, 2022, CSOC Leadership Meeting confirm agenda (HHS CSOC management and leadership team, including embedded probation and family support partners)
- June 27th, 2022- July 6th, 2022, HHS ASOC/CSOC BxHx Staff CalAIM Training Series and EHR Intro multiple (county behavioral health staff, all levels including admin and direct service providers & embedded partners and peers)
- July 8th, 2022, MHP Provider meeting (individual and organizational sub-contracted providers, Managed care plan partners, community partners)
- July 12th, 2022, SUD Provider Meeting (organizational sub-contracted providers, Managed care plan partners, Mental Health, Alcohol and Drug Advisory Board (MHADAB) partners including consumer/family representation, community partners)
- July 18th, 2022, HIPAA Security Quarterly Meeting- (HHS Executive Leadership including HIPAA Privacy officer, IT Security officer, Department Deputy Directors and Council)
- July 21st, 2022, Campaign for Community Wellness (CCW) MHSA Stakeholder Advisory Group; 38 participants
- July 26th, 2022, Board of Supervisors (Board Members, community members)
- July 27th, 2022, Summer 2022 Provider Newsletter (subscriber mailing to sub-contracted network and community)
- July 27th, 2022, Kaiser Managed Care (MCP) meeting (MCP representatives and stakeholders involved with care coordination, & administration)
- July 28th, 2022, Leadership Committee Series (IT and Administrative executive leadership: CIO, directors, council, managers)
- August 22nd, 2022, Mental Health Alcohol and Drug Advisory Board (board members, including consumer/family representation, community members, county directors and managers)

- A 30-day public comment period with the draft Innovation Plan will commence on Friday, 8/26/22.
- A Public Hearing is scheduled at the Placer County Mental Health Alcohol and Drug Advisory Board on Wednesday, 9/26/22 to finalize the 30-day public comment period.
- A final draft will be presented for approval to Placer County Board of Supervisors at the next available meeting, 9/27/22.

6. CONTRACTING

Placer County SOC has a dedicated MHSA Coordinator who will be the lead on this INN project. The MHSA Coordinator is experienced in stakeholder engagement and chairs various stakeholder committees such as CCW and Placer READI (cultural and linguistic competency) as well as manages the MHSA 3 Year Plan and Annual Update Community Planning Process. The MHSA Coordinator will collaborate closely with the QM Program Manager to ensure contract monitoring, quality assurance and regulatory compliance. These position report to the division(s) directors and liaison with stakeholder committees and project resources. These designated staff will also participate in on-going communication with CalMHSA which serves as the Project Manager and liaison to the evaluation vendors.

7. COMMUNICATION AND DISSEMINATION PLAN

Placer County SOC will work with CalMHSA and its program partners to disseminate information regarding the EHR Multi-County Innovation Project to local stakeholders and counties. In general, communication pertaining to evaluation findings, or the publication of research studies will occur through the following steps:

- Annual reports on the project will be made publicly available, will be included in MHSA Annual Updates, and posted on the Placer County and CCW websites
- MHSA Coordinator and/or program staff will provide annual presentation to stakeholder committees (Behavioral Health Board, MHSA Consortium of Providers (CBO's), Consumer/Family Member Stakeholders & Quality Assessment and Improvement Council) on progress of the innovation project.
- Placer System SOC will partner with CalMHSA to further expand and provide related reports to announce findings and direct the public to the report.

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8. COUNTY BUDGET NARRATIVE

Expenditure Category	*Expenditure Item*	*Description/Explanation of Expenditure Item*	*Total Project Cost*
Personnel Costs	*Salaries*	*.25-.75 FTE - IT Project Manager will provide oversight and manage the implementation of the new Semi-Statewide EHR system in our county.*	*$486,242*
		. 10 – MHSA Coordinator will provide manage the stakeholder engagement and collaboration within our county.	*$108,726*
		. 20 - QM Program Manager will provide oversight and manage the contract for implementation of the new Semi-Statewide EHR system in our county.	*$262,834*
		.10 – Department I.T Analyst II will provide I.T. Project support of the new Semi-Statewide EHR system in our county.	*$123,928*
		.10 – Department I.T Analyst II will provide I.T. Project support of the new Semi-Statewide EHR system in our county.	*$109,038*
Contract/ Consultation		*Contract/PA Agreement with CalMHSA*	*$3,056,862*
Indirect Costs		*10% Annual Administration costs*	*$414,763*

Placer County anticipates contributing an additional $600,000 sourced from other available grant funding to round out the investment in this project with the majority expected in Year 1 and the remainder in Years 6 & 7 for the continued contractual agreement with CalMHSA.

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9. BUDGET & FUNDING CONTRIBUTION BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
1	Salaries	$ 247,561	$264,890	$226,187	$180,768	$171,362	$1,090,768
2	Direct Costs						
3	Indirect Costs	$ 24,756	$ 26,489	$ 22,619	$ 18,077	$ 17,136	$ 109,077
4	**Total Personnel Costs**	$ 272,317	$291,379	$248,806	$198,845	$188,498	$1,199,845
	OPERATING COSTS*	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
5	Direct Costs						
6	Indirect Costs						
7	**Total Operating Costs**						$
	NON-RECURRING COSTS (equipment, technology)	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
8							
9							
10	**Total non-recurring costs**						$
	CONSULTANT COSTS/CONTRACTS	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
11	Direct Costs	$1,301,299	$444,028	$402,721	$403,002	$505,812	$3,056,862
12	Indirect Costs	$ 130,130	$ 44,403	$ 40,272	$ 40,300	$ 50,581	$ 305,686
13	**Total Consultant Costs**	$1,431,429	$488,431	$442,993	$443,302	$556,393	$3,362,548
	OTHER EXPENDITURES (explain in budget narrative)	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
14							
15							
16	Total Other Expenditures						$
	EXPENDITURE TOTALS	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
	Personnel (total of line 1)	$ 247,561	$264,890	$226,187	$180,768	$171,362	$1,090,768
	Direct Costs (add lines 2, 5, and 11 from abov	$1,301,299	$444,028	$402,721	$403,002	$505,812	$3,056,862
	Indirect Costs (add lines 3, 6, and 12 from abo	$ 154,886	$ 70,892	$ 62,891	$ 58,377	$ 67,717	$ 414,763
	Non-recurring costs (total of line 10)						
	Other Expenditures (total of line 16)						
TOTAL INDIVIDUAL COUNTY INNOVATION BUDGET		**$1,703,746**	**$779,810**	**$691,799**	**$642,147**	**$744,892**	**$4,562,393**
	CONTRIBUTION TOTALS**	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
	County Committed Funds	$ 476,225					$ 476,225
	Additional Contingency Funding for County-Specific Project Costs						
	TOTAL COUNTY FUNDING CONTRIBUTION	$ 476,225	$ -	$ -	$ -	$ -	$ 476,225

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10. TOTAL BUDGET CONTEXT: EXPENDITURES BY FUNDING SOURCE & FISCAL YEAR

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
COUNTY:	***Placer County***						
ADMINISTRATION:							
A.	Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY & the following funding sources:	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
1	Innovation (INN) MHSA Funds	$ 1,453,746	$ 779,810	$ 691,799	$ 642,147	$ 744,892	$ 4,312,393
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding	$ 476,225					
6	Total Proposed Administration	**$ 1,929,971**	**$ 779,810**	**$ 691,799**	**$ 642,147**	**$ 744,892**	**$ 4,312,393**
EVALUATION:							
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
1	Innovation (INN) MHSA Funds	$ 250,000					$ 250,000
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding						
6	Total Proposed Evaluation	**$ 250,000**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 250,000**
TOTALS:							
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 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
1	Innovation(INN) MHSA Funds*	$ 1,703,746	$ 779,810	$ 691,799	$ 642,147	$ 744,892	$ 4,562,393
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding**	$ 476,225					$ 476,225
6	Total Proposed Expenditures	**$ 2,179,971**	**$ 779,810**	**$ 691,799**	**$ 642,147**	**$ 744,892**	**$ 5,038,618**