



## **MHSA INNOVATION 6 PROJECT ENHANCING WORKFORCE TRAINING THROUGH MIXED REALITY APPROACHES**

### **The Innovation**

The Los Angeles County Department of Mental Health (LACDMH) proposes to enhance workforce training and improve the quality of service delivery through the implementation of mixed and/or virtual reality and/or virtual patient training series. New and existing clinicians and peer support specialists will have exposure to a much broader range of clinical experiences than previously possible. The Mixed Reality system uses highly trained actors to deliver realistic mental health training scenarios, allowing clinicians and peer support specialists to train with the diverse range of cultures, age groups, and mental health issues they will experience in direct practice. The Virtual Reality training allows the user to experience computer-generated environments within a controlled setting: delivering sensory information through a head-mounted display and specialized interactive devices. The head-mounted displays enable users to engage in dynamic interactions through virtual reality created environments in a more naturalistic and intuitive way. The Virtual Client training uses virtual human technology to create realistic lifelike characters: these simulators, programmed with speech recognition software algorithms allowing these virtual clients to have a highly interactive conversation and respond to questions by clinical staff. The Mixed Reality training program is a simulated training where developed avatars and case studies will represent the diverse cultural and linguistic populations found within LA County communities. The Simulation system will allow for skill building using a cyclical, reflective, and highly realistic teaching modality that provides immediate corrective feedback, peer support, and a genuinely collaborative learning environment. The use of the simulation system will provide a combination of artificial intelligence and a highly trained live controller (actor) to provide the responses of the avatar. A group of employees will learn the ABC's of clinical work while also developing their confidence and strengthening their clinical intervention and empathic skills. The virtual training program enables clinical staff to interact with clients and learn new skills while immersed in an authentic virtual environment. The virtual patient training uses virtual characters that are available 24/7 (with the use of a computer) and can be customized to provide an opportunity for clinical staff to be exposed to a multitude of characters and clinical conditions in a safe and effective environment before interacting with actual clients.

### **Innovation Criteria**

This project introduces a new application to the mental health system of a promising practice that has been successful in non-mental health settings. Therefore, this project proposes to adapt the virtual simulation training, an approach currently used in the medical profession, to the community mental health field, allowing clinicians and peer support specialists to be more prepared to deal with a broad range of client needs. Numerous research studies show medical residents trained using simulation

achieve proficiency in less time than those using traditional methods and critical care physicians can practice medical crises which are unlikely to occur during an internship. Many training programs for clinical staff currently use classroom role-play as a fundamental training tool and virtual simulation training can take this to a new level. The use of virtual simulation is a new paradigm for the education of community mental health professionals and peer support specialists. It allows them to practice dealing with profound mental health challenges in a safe environment, with the support and feedback of colleagues and instructors, while building critical interpersonal skills, such as listening, reflecting, and questioning, more effectively than classroom role-plays.

The Department is seeking to incorporate these new training applications into the community mental health system using a technology-focused training approach that will enhance the workforce training of its clinical staff including peer support specialists. Through this system, staff can practice new skills, interpersonal skills, get immediate feedback, make mistakes, and have “do-overs” with guidance from trained facilitators without a negative impact on LACDMH clients.

### **Primary Purpose**

The primary purpose of this project is to increase the quality of mental health services, including measurable outcomes, improve staff retention and reduce staff stress and burnout. The Simulation training program will provide a cutting-edge mixed reality software system, and/or a virtual reality software system and/or a virtual reality technology with speech recognition software, to provide existing and new clinicians and peer support specialists with a much broader range of clinical experiences than previously possible. Clinicians will have the opportunity to practice counseling individuals with severe conditions, such as Post Traumatic Stress Disorder, various forms of trauma, Obsessive Compulsive Disorder, substance abuse, and many other serious mental health challenges, thus preparing staff to respond as effectively as possible. In addition, developed avatars and case studies will represent the diverse cultural and/or linguistic populations found in the LA County communities as well as different environmental challenges (i.e., jails, disaster areas) clinical staff may be exposed to. This project will also incorporate an innovative concept of mixing staff, for selected topics, including psychiatrists, other medical staff (i.e., nurse practitioners), peer advocates, case managers, and clinicians. By grouping staff in the same learning situation, an enhanced amount of learning and team building occurs, particularly with the stop the process mechanism that allows for questions and feedback. Building an effective community mental health team should be part of the learning of all staff and it starts with understanding what the other staff are doing and why.

### **Project Length**

The Simulation Pilot Training Program will establish a partnership between LACDMH and local university/universities and vendors, for a period of 5 years. This will test whether this learning paradigm can more effectively train clinical staff in diagnostic and assessment practices and improve training in case management and supportive services to all staff. The proposed project length would enable LACDMH to develop an expansive virtual training library.

## **Making the case for Enhanced Workforce Training, Through Mixed Reality Approaches in LA County**

LACDMH faces the challenge of providing caring, high quality community mental health services to a growing population of the most severely mentally ill, many of whom are homeless, have a dual diagnosis, and/or significant medical conditions. Many of these clients need culturally sensitive and linguistically appropriate services. In LA County, there is a growing workforce shortage for DMH and its contract providers. Without well-trained clinical staffs, which include peers, the underserved will not have access to mental health services in a timely, effective and compassionate manner. The workforce shortage issue would benefit from a fresh approach to training that would accelerate the process with a more interactive and meaningful learning experience. When staff are confident in their clinical skills, it is projected they will become more productive and the quality of service delivery would be improved. Additionally, many new clinicians not exposed to the wide variety of mental health conditions, in school and prior training, they will encounter in practice. The accelerated turnover of clinical staff in the first few years of practice is often, due to their lack of confidence and training, and feelings of being under prepared in their new role. For providers serving monolingual or limited English proficient clients, the workforce shortage issue is even more acute. This Innovation project will improve and enhance the current clinical training approach, supporting the LACDMH workforce, and ultimately improve clinical service delivery as a direct result.

### **How the project meets the values of MHSA**

- **Client and Family Driven:** This project will include the ongoing involvement of consumers and family members to obtain their input in the development of specific trainings, virtual environments, and avatars. Incorporating client, family and community feedback into the development and augmentation of the training programs is a priority. Ongoing meetings continue with underserved community subcommittees (UsCC) for feedback and avatar scenario development.
- **Cultural Competence:** This project will have a specific focus on cultural, ethnic and racial diversity of mental health consumers (especially those representing underserved cultural communities, such as Asian Pacific Islanders and Native Americans) in an effort to implement the necessary trainings to strengthen and improve service delivery across the County of Los Angeles. Training around cultural specific trainings will be accomplished through the introduction of two different styles of instruction. 1) Virtual Immersion, research shows virtual immersion into a situation provides a greater impact on the learner and a deeper level of learning. Staff will experience situations their clients might have, but they have not perhaps ever experienced. These scenarios will range greatly, and will be informed through the community, they may be in the areas of; homeless encampments, gang violence, war situation, racially charged riots and/or rallies, drug house, extreme poverty environments, etc. 2) Specific avatar scenarios, which will train staff through voice response algorithms will be developed, with community input, around specific community needs for clinicians to learn by experiencing an event or situation they have not had exposure to, based on their cultural and/or life experience.

- **Community Collaboration:** Throughout the developmental process of this project, engagement and collaboration with a variety of community partners, have and will continue to occur. Constituents include stakeholders, such as consumers, families, peers, staff, underserved cultural communities, etc. to gain their input in the development of the avatars (ensuring proper representation of the avatars and to identify gaps in services as well as gaps in trainings, both clinically and culturally). This project will begin to bridge the public and academic worlds, integrating in real time, the needs of the surrounding communities, as they see them.
- **Service Integration:** This project encourages access to a full range of services provided by community resources, multiple providers, programs and funding sources for consumers. This innovation provides an opportunity for providers from multiple disciplines to develop skills to improve services across the continuum of care in Los Angeles County.
- **Focus on Recovery, Resilience and Wellness:** This project increases resilience and promotes the achievement of recovery and wellness for clients by improving the delivery of mental health services. The virtual simulation training will offer staff the opportunity to effectively learn and develop their interpersonal/clinical skills/cultural understanding, which can lead to creating a strong bond between the client and clinician/staff. This can therefore lead to better outcomes for client recovery, which ultimately can lead to client resilience and reintegration into the community.

### **Target Population**

The proposed focal population will be comprised of public mental health staff including peer support specialists. Well-trained clinical staff, whether clinicians or peer advocates, are the backbone of a successful mental health system. Clients not provided services in a timely manner, by caring professionals, often reject the assistance offered. The LACDMH mental health system strives to identify methods to decrease workforce shortages existing in all levels of care, through the provision of more culturally sensitive training for its staff, resulting in the delivery of the soundest services possible. A focus on training in the areas of cultural competency and implicit bias is necessary, when the majority of clients are from a multitude of ethnicities, yet most clinical staff and peers are primarily familiar with their own culture. Research shows that the best indicator of good outcomes for client recovery is the bond that builds between the clinician or staff member and the client. The trust between them is the key to staying in treatment and improving their lives.

### **Goals of Implementation of Enhanced Workforce Training Through Mixed Reality Approaches**

The Department envisions a comprehensive training system, which allows for extensive training in a multitude of scenarios, across a number of ethnic and cultural backgrounds. Simulations will be developed to specifically train for optimal service delivery to the populations served in LACDMH. A focus on language and cultural differences will be a priority, for those providers/areas with specific focal populations. Previously, it might have taken a mental health worker employed in the system years to gain the level and depth of knowledge these training systems will introduce. LACDMH strives to ensure its workforce preparation, development and training, is exceptional and has a direct impact upon

effective service delivery and culturally competent services. It is the hope of the Department, that through the augmentation of training, staff will be better prepared, thus possessing a greater level of confidence and feeling better equipped to successfully meet the needs of their clients. The Department predicts in-depth thorough training will increase staff retention across LACDMH providers, while also improving staff moral and decreasing burnout. Ultimately the Department envisions these enhanced training systems will improve service delivery and realize improved client care and outcomes.

### **Overarching Learning Questions and Evaluation**

1. Can this type of technology train staff to provide realistic therapeutic experiences that more effectively work with culturally diverse clients and those with traumatic histories?
  - A quarterly analysis of a questionnaire, will measure staff pre/post confidence levels of clinical skills in which they received training will be assessed.
  - A comparison of confidence levels across staff that have experienced these trainings, opposed to those who have not will be analyzed.
  - Clinics will begin to track the timeliness of acquiring licensure of those who take enhanced mixed reality training to those who do not.
2. Will this teaching model be more cost effective because it intensifies and speeds up the training as opposed to traditional role-play?
  - Measure several data points in the system, on an annual basis, as compared across staff who have and who have not had enhanced training, such as: rate of hospitalization
3. Will the social learning model used in the simulator more effectively build partnerships between clinical and peer staff?
  - Measure, through bi-annual questionnaire to peers, their experience of feeling integrated and supported on their team. Compare peers who have experienced the simulator training to those who have not.
  - Measure, through a bi-annual questionnaire to clinical staff, their experience of having a peer on their team and whether training with peers effected a connection across disciplines.
4. Will participants in the simulator experience have better mastery of their physical responses to stress, effective use of silence, and identification of personal triggers and strategies to handle them?
  - Evaluation will make a comparison, between clients receiving services from staff trained with simulation, compared to those receiving services from staff not trained with simulation. A number of data points will be collected, including age, diagnosis, length of treatment, symptom reduction (through implementation of various measures, PHQ9, etc.), employment, etc.
  - Evaluation will measure the staff response to the simulation training experience, as compared to traditional forms, specifically as it relates to improved clinical and cultural understanding/skills.
5. Will this model offer a better method to deal with the nuanced, unconscious cultural biases people have when working with an unfamiliar ethnicity or category of people?

- Annual evaluation will measure the client’s perception to the therapeutic experience, specifically as it relates to staff skills around cultural awareness/sensitivity and trauma, a cross analysis of clients treated by staff who have completed the enhanced training, as compared to those who have not will be done.
6. Will the implementation of this training method provide cost effective outcomes in providing services to clients (i.e., decreased number of sessions, reduced number of days to wait for an appointment, decreased hospitalizations)?
- A comparative analysis will assess each client’s length of treatment, with staff simulation trained, as opposed to those who are not.
  - A cost-analysis will assess if simulation training, increases cost-effectiveness, based on a decrease in hospital stays, decreased trauma, increased compliance with care plan and a decrease in staff turnover.

Throughout the five (5) year implementation of the Simulation Workforce Training projects, the Department will focus on learning, including addressing barriers to implementation, identify and promote successful strategies, use outcomes to guide learning, implementation and development opportunities for shared learning. As with all components of MHSA, implementation and preliminary outcomes reviewed with LACDMH’s SLT periodically and reported upon through the MHSA Annual Updates/MHSA Three Year Program and Expenditures Plan. A shared, in-house, psychologist and analyst, who are dedicated solely to INN evaluation, will support outcome collection and analysis efforts. Results are reflective of a set of common measures, record review, as well as data specific to the project.

### **Stakeholder Involvement in Proposed Innovation Project**

The LACDMH Program Development and Outcomes Bureau (PDOB) began the outreach and development of the INN Pipeline Group in December of 2017. In an effort to expedite the creation and implementation of INN projects in Los Angeles County, the group was established. A “quick guide” to INN guidelines and an “INN feedback form” were developed and posted on the LACDMH website in early January, to cast a wide net, and encourage countywide participation and feedback. The form remains posted, in a click and submit format, thus upon completion it is sent directly to the bureau and taken to the pipeline for review and discussion. Both the pipeline group and feedback form provide ongoing and diverse stakeholder input, feedback and contribution. The pipeline group initially met January 9<sup>th</sup>, 2018, and have met on the following dates, 1/23, 2/6 and 13, 3/6 and 20, 4/3 and 5/1, and will continue to meet ongoing, at least monthly, with meetings scheduled to the end of the calendar year. To date, 30 proposals have been submitted, the Enhanced Training proposal was presented on 1/23 and 2/06 and vetted at the 2/06 pipeline group. Six (6) proposals referred to the PEI division for consideration and development. Seven (7) proposals did not meet INN requirements. Two (2) proposals forwarded to veteran subject matter experts, as they dealt with intricate programming and the group wanted to ensure proposals are accurate, to meet the needs for this population. The group continues to refine and develop two (2) proposals for re-discussion and vetting. At this time, the group’s focus is on the

development of the ten (10) proposals submitted in the AB 114 spending plan. Many of the proposals in development are a compilation of several initial submissions, into one proposal.

Presentations made to the System Leadership Team (SLT) in both January and April of 2018, generated useful feedback and suggestions. These discussions, intended to both, encourage participation and gain input into the Pipeline group, as well as share the posted AB 114 INN proposed spending plan (posted 03/23/2018). Both groups are composed of diverse community stakeholders, county staff, family members and individuals who receive mental health services in Los Angeles County. Further stakeholder involvement was stimulated through discussion and distribution of INN pipeline information and feedback forms to several groups. The groups are as follows: The Client Advisory Board Meeting, The Peer Resources Center, The Disability Underserved Cultural Community Meeting/Group, Service Area Advisory Committee (SAAC) Chairs, NAMI Chairs, Cultural Community Meeting/Group, The AFSCME Local 2712 meeting, Long Beach Mental Health and the Program Manager III's to inform various clinics across the county.

Development of this proposal includes a number of interviews with subject matter experts in the field, listed below, and continued research regarding virtual reality training. The INN Team presented to the Underserved Cultural Communities Group on 5/14 and the Cultural Competency Committee meeting on 6/13, in an effort to bridge with LA's diverse cultures and communities and ensure the needs and concerns of the diverse cultures in LA are weaved throughout the develop and implementation of projects. Work with these groups will continue ongoing at the community level, through the implementation phase.

**Key subject matter experts engaged during the information gathering process:**

- Dr. Jeremy Bailenson  
Director, Doctoral Program in Communication  
Director, Stanford University's Virtual Human Interaction Lab
- Dr. Patrick Bordnick  
Tulane University  
Dean of the School of Social Work
- Benjamin Lewis  
Chief Executive Officer, Limbix Health
- Dawn McDaniel, PhD  
Executive Director of Research  
Virtually Better, Inc.
- Dr. Greg Reger  
Deputy Associate Chief of Staff for Mental Health at the VA Puget Sound Health Care System  
Associate Professor of Psychiatry and Behavioral Sciences, University of Washington School of Medicine
- Albert "Skip" Rizzo, Ph.D.  
Director, Medical Virtual Reality - Institute for Creative Technologies  
Research Professor - Dept. of Psychiatry and School of Gerontology, University of Southern California
- Kenneth Scott Smith, Ph.D., LCSW  
Associate Professor

Texas State University School of Social Work  
Director of Virtual Reality and Technology Lab

- Dr. Sally Spencer

Professor, Special Education

Director, CSUN Simulation Services

- Matthew Trimmer

Project Director, USC Institute for Creative Technologies

### **Timeframe of the Project and Project Milestones**

- April 18, 2018: LACDMH System Leadership Team Presentation
- May 2018: 30 Day Public Posting of Proposed Project
- August 2018: Presentation of full proposal to the MHSOAC

Upon approval to the Mental Health Services Oversight and Accountability Commission (MHSOAC), the Department will initiate an innovation, implementation workgroup made up of members of the Program Design and Outcomes Bureau, to outline implementation actions, with the LACDMH Contracts Development and Administration Division. The workgroup will begin identifying the type of solicitation(s), and begin immediate work on drafting the solicitation:

- October 2018: Development of Board Letter to request positions and approval of INN funds for county-operated program.
- September 2018: Solicitation Development
- By January 2019: Review and approval of solicitation by the Department, County Counsel and Chief Executive Office, Approval of Board Letter
- February 2019: Bidder's Conference held, proposals received
- April 2019: Selection and awarding of contract, Begin hiring directly operated staff.
- June 2019: Implementation begins

### **Disseminating Successful Learning**

The Department will share learning as it is occurring internally within the Department and County and externally throughout California. Within the Department/County LACDMH will provide regular reports to the all provider meeting, the SAACs and through other broader countywide opportunities. The Department will also participate in learning opportunities supported by the Mental Health Services Oversight and Accountability Commission and/or its partner organizations. The Department is most excited to bridge with educational institutions, to adjust learning as needed and to bring the most current and innovative training opportunities to the community mental health system.

Through close work with the UsCC subcommittees and Universities, in the formulation of these simulated training scenarios, the County's mental health workforce will be provided with exponential situations, which will broaden their understanding across ethnic and cultural matters influencing DMH clients. This will also begin to influence stigma reduction and implicit bias across the general population, as it is predicted this information will be shared by staff to others outside of the work environments.



Discussion of the impact of simulation training and implementation status and outcomes will also be shared in quarterly Learning Sessions. These sessions will focus on addressing barriers to implementation, identifying and promoting a successful program structure, using outcome data to guide opportunities for shared learning and decision-making throughout the project.

Ongoing communication and collaboration with the workforce, education and training (WET) division will be imperative, as it will be an integrated effort and anticipated for future training expansion in this venue. A future project imagined is the implementation of enhanced training to all staff, during new employee orientation, to begin the cultural enhancement of all staff at the first point of contact and begin to help staff to better understand our clients through virtual learning. LACDMH will seek to present the project and its outcomes at statewide conferences, meetings and relevant national conferences, as learning is understood and should be shared in order to better all mental health systems.

### **Sustainability**

The sustainability of this training project is assured through the previous purchase of VR equipment, establishment of a VR library of training clinical case scenarios, and a train the trainer opportunity for avatar and facilitator training. Funds will be identified through the WET division, to fund ongoing licensing fees and costs for any needed facilitator/avatar training supports, as well as the future development of training scenarios.

### **Budget Narrative**

In an effort to implement this enhanced workforce training plan, initially hardware must be attained and software developed and/or adapted to meet the needs of the LACDMH. The below items are needed in order to develop a new and improved training system, which will not only assist in improving service delivery, but will also have a direct impact on improving cultural sensitivity and improving an understanding of implicit bias across the LACDMH system. **The Total MHSA Innovation, 5-year budget, of this project is \$6,109,364.**

The Simulation Training budget will include the following items:

- Interactor stations, five per year, for the first two years: \$5,000 per station; \$25,000 annually.
- Interactor Training fee across first two years: \$20,000 annually.
- Creation of up to fifty scenarios for each year for the first three years resulting in a library of up to 150 different clinical scenarios: \$35,000 annually.
- Creation of 8 Virtual Environments (one for each service area) for each year for the first three years resulting in a library of 24 virtual environments: \$10,000 each scenario x each of eight service areas = \$80,000 annually.
- VR training kit; including tablet and VR headset for training: \$1,000 each x 33 sets = \$33,000 annually
- Computers and software for Virtual Agent Trainings: \$1,000 + \$500 each x 10 sets= \$15,000
- Projectors needed for training: \$500 x 10 = \$5,000

- Annual Licensing Fees:  $\$1,788 \times 10 = \$17,880$  annually
- Maintenance and Technical Support for VR software and devices=  $\$1,200 \times 10 = 12,000$  annually
- Training: Facilitator “train the trainer” model”:  $\$13,500$  annually, totaling  $\$67,500$ .
- Simulator sessions:  $\$500$  each at 500 sessions =  $\$250,000$  annually.
- **Evaluation Staff:** HPA II (1.0 FTE),  $\$134,743$  annually.
- **Facilitator Staff:** Mental Health Clinician II’s (3.0 FTE),  $\$117,084.66 \times 3 = \$351,253.98$ , Sr. Community Workers (2.0 FTE),  $\$69,934.97 \times 2 = \$139,869.94$  and a Clinical Psychologist II (1.0 FTE),  $\$150,935.54$ ; **Total Facilitator Staffing cost,  $\$642,049.46$  annually.**

**Year 1:  $\$1,310,873$**

Interactor stations,  $\$5,000$  each  $\times 5 = \$25,000$

Interactor training,  $\$20,000$

Development of Scenarios,  $\$700$  each  $\times 50 = \$35,000$

Creation of Virtual environments,  $\$10,000$  each  $\times 8 = \$80,000$

VR Training Kit,  $\$1,000$  each  $\times 33 = \$33,000$

Computer and Software for Virtual Training,  $(\$1,000 + \$500) \$1,500 \times 10 = \$15,000$

Projectors for Training,  $\$500$  each  $\times 10 = \$5,000$

Licensing Fees,  $\$1,788 \times 10 = \$17,880$

Maintenance and Technical Support,  $\$1,200 \times 10 = \$12,000$

Facilitator Training,  $\$13,500$

Simulator sessions,  $\$500$  each at 500 sessions =  $\$250,000$

Evaluation Staff:  $\$134,743$

Facilitator Staff,  $\$642,049$

**Year 2:  $\$1,290,873$**

Interactor stations,  $\$5,000$  each  $\times 5 = \$25,000$

Interactor training,  $\$20,000$

Development of Scenarios,  $\$700$  each  $\times 50 = \$35,000$

Creation of Virtual environments,  $\$10,000$  each  $\times 8 = \$80,000$

VR Training Kit,  $\$1,000$  each  $\times 33 = \$33,000$

Licensing Fees,  $\$1,788 \times 10 = \$17,880$

Maintenance and Technical Support,  $\$1,200 \times 10 = \$12,000$

Facilitator Training,  $\$13,500$

Simulator sessions,  $\$500$  each at 500 sessions =  $\$250,000$

Evaluation Staff:  $\$134,743$

Facilitator Staff,  $\$642,049$

**Year 3:  $\$1,245,873$**

Development of Scenarios,  $\$700$  each  $\times 50 = \$35,000$

Creation of Virtual environments,  $\$10,000$  each  $\times 8 = \$80,000$

VR Training Kit,  $\$1,000$  each  $\times 33 = \$33,000$

Licensing Fees,  $\$1,788 \times 10 = \$17,880$

Maintenance and Technical Support,  $\$1,200 \times 10 = \$12,000$   
Facilitator Training,  $\$13,500$   
Simulator sessions,  $\$500$  each at 500 sessions =  $\$250,000$   
Evaluation Staff:  $\$134,743$   
Facilitator Staff,  $\$642,049$

**Years 4 & 5:  $\$1,130,873$**

VR Training Kit,  $\$1,000$  each  $\times 33 = \$33,000$   
Licensing Fees,  $\$1,788 \times 10 = \$17,880$   
Maintenance and Technical Support,  $\$1,200 \times 10 = \$12,000$   
Facilitator Training,  $\$13,500$   
Simulator sessions,  $\$500$  each at 500 sessions =  $\$250,000$   
Evaluation Staff:  $\$134,743$   
Facilitator Staff,  $\$642,049$

**Please see attached Budget Worksheet for a detailed budget.**

COUNTY OF LOS ANGELES  
DEPARTMENT OF MENTAL HEALTH  
PROGRAM DEVELOPMENT AND OUTCOMES BUREAU  
INN 6 - VIRTUAL REALITY (VR) - GRANT PROPOSAL

INN 6 -Budget Worksheet-ATTACHMENT

MHSA 5 YEAR - YEAR BUDGET - \$ 6,109,364

DESCRIPTION				FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23
SALARIES & EMPLOYEE BENEFITS (EB)				TOTAL SALARY & EB	TOTAL SALARY & EB	TOTAL SALARY & EB	TOTAL SALARY & EB	TOTAL SALARY & EB
ITEM NO.	ITEM & DESCRIPTION	FTE's						
<b>CLINICAL</b>								
8697A	CLINICAL PSYCHOLOGIST II	1.0		\$ 150,935.54	\$ 150,935.54	\$ 150,935.54	\$ 150,935.54	\$ 150,935.54
9030A	MENTAL HEALTH CLINICIAN II	3.0		351,253.98	351,253.98	351,253.98	351,253.98	351,253.98
8105A	SENIOR COMMUNITY WORKER	2.0		139,869.94	139,869.94	139,869.94	139,869.94	139,869.94
<b>Clinical FTE Subtotal</b>		<b>6.0</b>						
<b>ADMIN</b>								
4729A	HEALTH PROGRAM ANALYST II	1.0		134,743.43	134,743.43	134,743.43	134,743.43	134,743.43
<b>Admin FTE Subtotal</b>		<b>1.0</b>						
<b>TOTAL SALARIES &amp; EMPLOYEE BENEFITS TOTAL FTEs</b>			<b>\$ 3,884,014.45</b>	<b>\$ 776,802.89</b>	<b>\$ 776,802.89</b>	<b>\$ 776,802.89</b>	<b>\$ 776,802.89</b>	<b>\$ 776,802.89</b>
<b>SERVICES &amp; SUPPLIES (S &amp; S): ONGOING &amp; ONE TIME COST</b>				<b>S&amp;S Including ONE TIME</b>	<b>ONGOING S&amp;S</b>	<b>ONGOING S&amp;S</b>	<b>ONGOING S&amp;S</b>	<b>ONGOING S&amp;S</b>
<b>CAPITAL ASSETS:</b>								
	COMPUTERS AND SOFTWARE FOR VIRTUAL AGENT TRAININGS 1,000+500 EACH X 10 SETS		\$ 15,000.00	\$ 15,000.00				
	PROJECTORS \$500.00 X 10		5,000.00	5,000.00				
<b>TOTAL SERVICES &amp; SUPPLIES - ONE TIME</b>			<b>\$ 20,000.00</b>					
<b>START UP COST / ANNUAL TRAINING / MAINTENANCE FEES</b>								
	INTERACTOR STATIONS FOR 1ST TWO YEARS			\$ 25,000.00	\$ 25,000.00			
	INTERACTOR TRAINING FEE FOR 1ST TWO YEARS			20,000.00	20,000.00			
	CREATION OF 50 SCENARIOS FOR 1ST THREE YEARS			35,000.00	35,000.00	\$ 35,000.00		
	CREATON OF 8 VITURAL ENVIRONMENTS ONE FOR EACH SA FOR 1ST THREE YEARS			80,000.00	80,000.00	80,000.00		
	VR TRAINING "KITS" 33 SETS @ 1,000 EACH ANNUALLY			33,000.00	33,000.00	33,000.00	\$ 33,000.00	\$ 33,000.00
	ANNUAL LICENSING FEES: 10 @ 1,788 ANNUALLY			17,880.00	17,880.00	17,880.00	17,880.00	17,880.00
	MAINTENANCE & TECHICALSUPPORT for VR SOFTWARE 10 @ 1,200 ANNUALLY			12,000.00	12,000.00	12,000.00	12,000.00	12,000.00
	TRAINING FACILITATOR "Train the Trainor Model" 13, 500 ANNUALLY			13,500.00	13,500.00	13,500.00	13,500.00	13,500.00
	SIMULATOR SESSIONS 500 SESSIONS @ \$500.00 EACH			250,000.00	250,000.00	250,000.00	250,000.00	250,000.00
<b>TOTAL START UP COST / ANNUAL TRAINING / MAINTENANCE FEES</b>			<b>\$ 2,086,900.00</b>	<b>\$ 506,380.00</b>	<b>\$ 486,380.00</b>	<b>\$ 441,380.00</b>	<b>\$ 326,380.00</b>	<b>\$ 326,380.00</b>
<b>SERVICES &amp; SUPPLIES: ONGOING COST</b>								
	County Telephone	800	\$5,600.00	\$ 1,120.00	\$ 1,120.00	\$ 1,120.00	\$ 1,120.00	\$ 1,120.00
	Telecommunication (Cell Phone/Pagers)	700	\$4,900.00	980.00	980.00	980.00	980.00	980.00
	Office Supplies	600	\$4,200.00	840.00	840.00	840.00	840.00	840.00
	Personal Computer Software	500	\$3,500.00	700.00	700.00	700.00	700.00	700.00
	Computers	1000	\$7,000.00	1,400.00	1,400.00	1,400.00	1,400.00	1,400.00
	Printer/Peripherals	400	\$2,800.00	560.00	560.00	560.00	560.00	560.00
	Space (Clinical)	15000	\$90,000.00	18,000.00	18,000.00	18,000.00	18,000.00	18,000.00
	Space (Admin)	11000	\$11,000.00	2,200.00	2,200.00	2,200.00	2,200.00	2,200.00
	Training	800	\$5,600.00	1,120.00	1,120.00	1,120.00	1,120.00	1,120.00
	Utilities	250	\$1,750.00	350.00	350.00	350.00	350.00	350.00
	Mileage	200	\$1,400.00	280.00	280.00	280.00	280.00	280.00
	Travel	100	\$700.00	140.00	140.00	140.00	140.00	140.00
<b>TOTAL SERVICES &amp; SUPPLIES - ONGOING</b>			<b>\$ 138,450.00</b>	<b>\$ 27,690.00</b>	<b>\$ 27,690.00</b>	<b>\$ 27,690.00</b>	<b>\$ 27,690.00</b>	<b>\$ 27,690.00</b>
				<b>\$ 1,310,873</b>	<b>\$ 1,290,873</b>	<b>\$ 1,245,873</b>	<b>\$ 1,130,873</b>	<b>\$ 1,130,873</b>
				<b>GROSS PROGRAM COST</b>				<b>6,109,364</b>