



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH



MHSA INNOVATION 12 PROJECT TRAUMA-INFORMED RESILIENCE LEADERSHIP TRAINING

The Innovation

LACDMH proposes a pilot project designed to build individual and community resilience, leadership resources and social connectedness that increase the community's capacity to overcome adversity and thrive. This project, Trauma-Informed Resilience Leadership Training (TIRLT), will serve to increase access to mental health services and/or decrease the need for services to underserved groups of Los Angeles County, by recruiting Peers with lived experience and residents who reside in those communities to offer guidance, support, and linkage in times of crisis and/or disaster. The TIRLT training is based on current science and the impact of trauma and highly stressful experiences, understanding that every individual, child or adult, has a natural-born resiliency and can learn self-help skills to restore resiliency after a traumatic event.

Because of this project, LACDMH will make a change to an existing practice in the field of mental health, including but not limited to, application to a different population. The goal will be to train Peers and community members to serve as a "Mental Health National Guard", offer immediate, affordable support to diverse populations that are gentle, effective and culturally sensitive. "Peers" as referred to in this document are defined as, individuals with lived experience in the areas of mental health, community trauma and/or natural disaster. The Peers will not only help themselves but also help others within their social network and community. Marginalized populations will have a "shared understanding" of the impact of trauma and chronic stress and learn skills to restore the individual and therefore the community to a previous resilient state. Ultimately, a decrease in more significant mental health issues will transpire due to the immediacy of the support and readily accessible guidance. Less chronic health problems and co-morbid disorders may also be a secondary gain of TIRLT.

Innovation Criteria

This proposal qualifies as an Innovation Project, through making a change to an existing mental health approach in which Peers bring biological interventions to address the impact of physiological and psychological symptoms associated with highly stressful experiences. TIRLT will make a change to an existing practice in the field of mental health, with Peers offering support proactively, to individuals as well as organizations and/or community neighborhoods, and alleviate symptoms by decreasing environmental trauma, such as gun violence and family and interpersonal violence and therefore change a community on a global and individual level.

Traditionally, trauma trainings have focused on educating and informing clinicians, first responders and educators on the impact trauma has on children, adults, victims of unforeseen circumstances and life stressors. However, a shift in practice is now placing a focus on educating those who have experienced

trauma to better understanding the effects and impact trauma has in their everyday life. Although, the city of Long Beach is currently working to become a “Trauma Informed City,” this innovation project seeks to not only make Los Angeles County a Trauma Informed County, but starting at a grassroots level of informing and educating community members not only on the impact of trauma; but the power they possess through resilient leadership training in an effort to create “Trauma Informed Neighborhoods.”

The training model used in this approach, The Community Resiliency Model (CRM) is a “peer-to-peer model” focusing on community supporting community, and with a primary focus on stabilization of the nervous system in an individual who has experienced a traumatic event. The innovation in this project will be to use that same approach to address environmental trauma, or individual or communal traumas such as homelessness, gun violence on school campuses, poverty, racism, bullying, and drugs that are human made disasters in the community as well natural disasters such as flash flooding, hurricanes, and earthquakes. Thus far, LACDMH has focused on providing a place for families who have experienced a natural disaster or community trauma and provide information and mental health services. However, there are no programs in place providing communities with leadership and wellness skills to increase resiliency to a marginalized populations, also incorporating peers into the model.

LACDMH offers financial, emotional, and social support services in times of global crisis but the goal has not been to have the community, through training opportunities on trauma-informed skill building, also support the individual and community effects of trauma during a major traumatic community event or natural disaster. Communities may be left on their own for several days, weeks and even months during the recovery-oriented period without adequate mental health services providers for everyone who needs assistance. It is imperative that communities have their own mental health resources and supports accessible to everyone.

This approach will allow those communities that are already vulnerable during a traumatic community event or natural disaster, due to multiple traumatic experiences, to care for their own. Examples of these experiences include high rates of adverse childhood experiences, historical trauma, racial trauma, generational poverty, health disparities, and high levels of homelessness community violence for the negative psychological impacts associated with climate change, natural disasters, or other environmental calamities. This training would provide a unique opportunity to strengthen the community’s capacity to identify and care for those exposed to a traumatic event and play an important role in identifying the early warning signs of an emerging mental health condition.

Primary Purpose

The primary purpose of the project is to Increase access to mental health services to underserved groups, which will occur through the design of a Trauma-Informed Resilience Leadership Training. The aim of TIRLT is to build individual and community resilience, leadership resources and social connectedness that increase the community’s capacity to optimize the hope, wellbeing and life trajectory of Los Angeles County’s most vulnerable.

Curriculum Outline: Trauma-Informed Resilience Leadership Training (TIRLT)

The training's introduction lays the foundation upon which each module will progressively build. It covers two concepts: trauma (what it is, what causes it and the differences between types of trauma and their impacts) and trauma resilient leadership (what it is, and characteristics of resilient leadership.) The curriculum is broken into five modules: (1) Introduction to TIRLP Program and Historical Perspective, (2) Symptomology, (3) Assessment, Treatment, Theories and Developmental Milestones, (4) Models of Resilience, and (5) Support/ Evaluation and Assessment of Learning.

Day 1: Introduction to TIRL Program and Historical Perspective: Trauma in different forms

1. Historical
2. Racial/Cultural
3. Generational
4. Poverty
5. Health Disparities of People who have health insurance vs. People who do not
6. Homelessness
7. Community Violence
8. Social Media and Technology
9. Geographic

Day 2: Symptomology: Examining Diagnosis, Medication, Physiological and Psychological Symptoms of Trauma

1. Trauma Impact
2. ACE Study
3. Post-Traumatic Stress Disorder (PTSD)
4. Anxiety
5. Depression
6. Aggressive Behavior
7. Substance abuse
8. Overall Medical Issues
9. Medication

Day 3: Assessment, Treatment, Theories and Developmental Milestones

1. Prenatal/Utero
2. Childhood
 - a. 0-5 years-old
 - b. 6-15 years-old
3. Teen
 - a. 16-18 years-old
4. Young Adult
 - a. 18-25 years-old
5. Middle age

6. Older Adults 65 years and older

Day 4: Models of Resilience

1. Full Frame Initiative Well-Being Model
2. Community Resilience Model
3. Resilient Leadership Model
4. Empowerment Evaluation Model
5. Leadership Skill Development

Day 5 will be divided into two parts:

Part 1: Support: *Whom are we working with?*

1. Local Business
2. Community based organizations
3. Service providers
4. Government workers
5. Law enforcement
6. Mental, Public, Health, and Child Welfare Services
7. Community at Large
 - a) Systems
 - i) Ecosystem
 - ii) Mesosystems
 - iii) Microsystem
 - iv) Macro system

Part 2: Evaluation and Assessment of Learning

1. Pre-test and Post-Test
2. Summary of Learning
3. Q & A
4. Resources

How the Teams Will Operate

The TIRLT trained staff will provide 5-day trainings throughout the year, training individuals in the community and associated with organizations and specialized groups such as those that work with domestic violence, family violence, gang violence, Federal Emergency Management Agency (FEMA), Red Cross, emergency homeless shelter staff, police departments and schools. Those who successfully complete the trainings are agreeing to become Community Resilience Leaders (CRL) and receive a stipend, will meet monthly as a cohort and present information about community trauma and resilience to their family members, friends, neighbors, associates, etc. to increase the community's knowledge base on these issues and build social networks of support. On a monthly basis, the CRLs will submit activity logs of whom they contacted and talked to about these issues. They will be asked to educate at least 10 people on a monthly basis. All CRLs receive monthly incentives to cover costs of recruiting and presentations. A staff person facilitates these meetings.

Another option for CRLs is to work as part of a community leadership team to address community issues, such as violence prevention, child abuse, food insecurity, safe parks, housing, schools, etc. The CRLs determine which community issue they will focus on. These community leadership teams meet on a monthly basis and receive incentives to develop and conduct needs assessments, resource development, action plans, etc. The members of the community leadership team can volunteer or be elected by the other CRLs. Each meeting is documented by notes on the items discussed, actions taken and outcomes achieved. A staff person who also acts as a consultant on community development issues does the management of the community leadership teams.

Some of the CRLs may choose to become trainers by taking the Train the Trainer course and train new community members in the model as well as act as mentors. The CRLs receive an incentive for becoming trainer/mentors who organize and facilitate each training session. The CRLs work with a master trainer who supervises their work and meets with them often to oversee the training processes. Each CRL is expected to participate for at least 2 years and the hope is that they will continue much longer due to their connections in the community. In addition, they are asked to recruit five community members to take the TIRL training, in order to ensure sustainability of TRILT in the community.

There will be at least two (2) trainings offered in each of the eight (8) Service Areas in year one (1) of the project, accounting for development and implementation efforts. Trainings will provide instruction to 20 participants per session. There will be up to four or more (4) trainings offered in each Service Area in years two (2) through four (4). There will be at least 320 individuals trained in year one (1) and 640 members of the community trained by Peer TIRLT trainers annually thereafter. By the end of the four (4) year project, each Service Area will minimally receive ten (10) trainings, as need indicates. This project will result in at least one hundred twelve (112) trainings completed in a variety of geographic communities throughout the County. Final determination of where trainings will be conducted will be based on a needs assessment and requests from the community, paying close attention to the need for cultural and ethnic specific support in communities. The TIRLT Peer staff and the members of those communities will remain available to provide trauma-informed support, guidance, and resources, if and when a crisis, whether communal or individual, occurs. Over the course of this project, which is 4 years, at least 2,240 people will be trained. Sustainability of the project will be ensured through a “Train the Trainer” component to the model.

During a crisis, similar to what occurred in the Flint Michigan water crisis of 2014, the Parkland Florida School shooting, protests in Ferguson Missouri, gang shootings, drug dealing, or a domestic violence incident in a family, the TIRLT Peers will be deployed. They will serve their own community and build a bridge of communication, understanding, and education about common reactions resulting from individual or communal traumas. Poverty, family violence, racism, all on-going stressors that activate biological stress responses are re-activated by additional natural and human-made disasters. The symptoms of anxiety, depression, somatic symptoms and hostility will be reduced based on the knowledge and biologically based skills that are learned to help individuals and communities get back into balance in body, mind and spirit.

Project Length

This is a project proposed for implementation over a four (4) year period.

Making the case for why there is a need for Trauma Informed Resilience Leadership Training

According to SAMHSA's concept of a trauma-informed approach, "A program, organization or system that is trauma-informed, realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system, and responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization."

The recovery from natural disasters or community crisis as that with the recent school shootings in Florida, Texas, and Palmdale, cause an impact beyond the physical environment and change the way people live and their well-being. This causes great stress for community members who must change how they live, work and relate to others. Studies have shown increases in domestic violence rates in areas where there have been major natural disasters. There are numerous trainings offered, as well as clinical support, once a crisis occurs. These services are offered, even if an individual or community has not requested the support. Many are clinically based, such as Crisis Oriented Recovery Services or Psychological First Aid, which offers mental health support or skill building, respectively, once a crisis, has occurred. These types of interventions are offered by a trained clinician with the goal to re-stabilize the individual, but do not address the community as a whole.

The TIRLT INN project is designed to build individual and community resilience, leadership resources and social connectedness that increase the community's capacity to overcome adversity and thrive. During a disaster, whether natural or man-made, communities such as on Hawaii's Big Island being affected by Kilauea volcano, may be left on their own for several days, weeks and even months during the recovery period without adequate mental health service providers for everyone who needs assistance. It is imperative that communities have their own mental health resources, which are accessible to everyone. Professionals who do not know a community as well as those that are a part of it often address the recovery from a stress that affects a community and its members. The TIRLT approach trains members of a community to address the emotional and biological aspects of trauma. TIRLT also ensures a community is prepared to provide support to its members and that there is an understanding based on current science about the impact of traumatic and highly stressful experiences on individuals and on the community as a whole.

How the project meets the values of MHSA

The Los Angeles County Department of Mental Health understands the importance of MHSA roots and core values when planning for services, and in developing the TIRLT project, considered the philosophy of the Recovery Vision for mental health consumers, including:

- **Community Collaboration:** One of the goals of TIRLT is for clients and/or families receiving the training to connect to other community members and organizations to share information to fulfill the expectation of a global response to trauma. Each member's psychological and emotional re-stabilization after a crisis offers support and guidance to others.
- **Focus on Recovery, Resilience and Wellness:** Planning the TIRLT services based on the community member's sense of personal empowerment and social connections, promotes a consumer-operated and peer operated way to support recovery after a traumatic event.
- **Cultural Competence:** Incorporating a program design, such as TIRLT, provides an infrastructure that promotes equal access for all members of a community to recover from trauma. It will promote an understanding of how historical racism and discrimination influences a community, and address specific needs and supports unique to each individual community. TIRLT acknowledges how each community member's long-term symptoms are related to trauma, and encourages workforce training of peers to effectively address the needs and values of the racial/ethnic population of a specific community.
- **Mental Health Care is Consumer and Family-Driven:** Planning for each consumer's individual needs on a case-by-case basis will be the hallmark of this project. It is critically important to take into consideration how complex trauma has impacted and affected consumers and their families. These factors (traumatic experiences) will be taken into consideration in the design and delivery of this training, through psycho-education, clients will be empowered to ask any questions they may have, which will aide in reducing stigma, and allow for a greater level of focus on their recovery, resilience and overall wellness.
- **Service Integration:** Clients will have decreased levels of trauma and an increased level of support from completion of TIRLT training. This training would provide a unique opportunity to strengthen the community's capacity to identify and care for those exposed to a traumatic event and play an important role in identifying the early warning signs of an emerging mental health condition.

Target Population

The target population of this project will be community members of Los Angeles County who have experienced a trauma based on the SAMHSA definition of trauma. SAMHSA states, "Individual trauma results from an event, or series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, or emotional, or spiritual well-being. As well events that fall under the umbrella of a natural disaster such as floods and hurricanes that impact an entire community."

Goals of This Project

- Improve the emotional health, well-being and resilience of communities impacted by trauma.
- Empower community members, through training and support, to improve the emotional health and well-being of the communities they reside in.
- Reduce the functional impact of trauma on communities, including reducing trauma symptoms.

- Increase social connectedness of community members.
- A decrease in secondary symptoms associated with trauma, such as drug and alcohol use, child abuse, domestic violence, unemployment, homelessness due to financial issues, and interpersonal difficulties is also predicted.

Overarching Learning Questions and Evaluation

LACDMH will engage in a mixed methods approach to evaluating this project, utilizing qualitative and quantitative data collection and analysis.

Quantitative evaluation:

1. Do training recipients have reduced symptoms?
 - a. Measure trauma and depression symptoms prior to the training and at intervals after the 5-day training.
 - b. Utilizing a well-being measure, measure changes in well-being prior to the training and at intervals after the training.
 - c. Utilizing a protective factors scale, such as the Connor-Davidson Resilience Scale, measure changes prior to and after the training.

Qualitative evaluation:

2. Is the indicated Train the trainer model sustainable within communities?
 - a. Do those trained continue on to community improvement and engagement functions?
3. Will a community demonstrate an overall improvement in its response to a series of traumas after receiving the TIRLT training?
 - a. Focus groups will be used, along with a community functioning measure, to identify changes as a result of TIRLT.
 - i. Domains of interest will include perceived safety, community engagement and perceived community support.
4. Are there individuals in the community who become leaders in response to the TIRLT training, take a more active role in responding and leading a community through a crisis and disaster?
 - a. Ask community members, through pre/post questionnaires, if participating in TIRLT encouraged them to take an active role in helping their community re-balance after a trauma.
 - b. Measure through self-evaluation if the leaders experience less symptoms related to trauma, conducting the training, or do the community members experience less traumatic symptoms due to the assistance of those trained in TIRLT.
 - c. Do any community members take on the role of “leader” for a period more than 3 months, or is it predominately immediately following the traumatic event? This too will be measured through self-report questionnaire.
 - d. A self-evaluation is completed by the Peers to evaluate their own response to providing the TIRLT training.

Throughout the three (4) year implementation of the TIRLT project, the Department will focus on learning, including addressing barriers to implementation, identify and promote successful strategies and use outcomes to guide learning. As with all components of MHSA, implementation and preliminary outcome reviews with LACDMH's SLT occur periodically and are 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 will be reflective of a set of common measures, record review, as well as data specific to the TIRLT 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 9th, 2018, and has 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 TIRLT proposal was presented on 1/23 and 2/20 and vetted at the 2/20 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 the following groups for presentation: The Client Advisory Board Meeting, The Peer Resources Center, The Disability Underserved Cultural Community Meeting/Group, Service Area Advisory Committee (SAAC) Chairs, NAMI Chairs, and the Program Manager III's to inform various clinics across the county.

The INN Team presented to the Underserved Cultural Communities (UsCC) group on 5/14, and scheduled to speak at the Cultural Competency Committee meeting on 6/13. This effort intends to bridge LA's diverse cultures and communities and ensure the needs and concerns of the diverse cultures in LA are weaved throughout the development and implementation of all INN projects. Work with these groups will continue ongoing at the community level, through the implementation phase. UsCC subcommittee level meetings are scheduled.

Timeframe and Project Milestones

This project proposes a four (4) year Innovation project. Upon approval from the Mental Health Services Oversight and Accountability Commission (MHSOAC), the Department will initiate immediate work on the type of solicitation for drafting and will begin immediate work on the solicitation.

A timeline, as systems allow, follows:

- By August 2018: Present proposal to OAC
- September 2018: Develop solicitation, request county positions.
- September – October, 2018: Identify communities
- November, 2018: Release solicitation
- February, 2019: : Contracting process complete
- March, 2019: Begin trainings

Disseminating Successful Learning

The Department of Mental Health will assess the effectiveness of Trauma Informed Resilient Leadership Training, provided by Peers, and will incorporate the learning and successful approaches into the array of services currently offered by LACDMH. In addition, a designated geographically defined community that demonstrated more resiliency, as evidenced by less trauma-related psychological and emotional symptoms following the TIRLT interventions, will be supported in terms of community members sharing their knowledge and strategies at designated county events, including Public Health and the Department of Children and Family Services.

Sustainability

Based on the learning from this project, LACDMH will attempt to acquire funds in order to ensure there are a sufficient number of trainers to meet the needs of a crisis or disaster and quality of TIRLT trainers is consistent over time. The Train the Trainer model that will be implemented as part of the project will allow, at minimal to no cost, TIRLT trainers available to train community members and to ensure that there are enough currently trained community members to meet the ever-changing needs of a culturally diverse community.

Continuing involvement in the community is a necessity for all TIRLT trainers for smooth transitions and awareness of communities needs as well as to support the allotment of new trainers. The crisis or

natural or manmade disaster may be averted or reactions to trauma may be less polarizing if TIRLT trained members are aware of potentially incendiary situations. Political or professional involvement in various community groups, such as city councils or clubs creates a climate of cross-communication, which can also lead to advertisement for the project as well as cross-training opportunities as more individuals and agencies become interested in the project.

The training component of this project will be maintained through the Train the Trainer component and using DMH's commitment to ensuring trainings are offered on a frequent basis. DMH's training department, WET (Workforce Education and Training) will offer centralized TIRLT trainings, bi-annually, to create a sustainability plan.

Budget Narrative

The budget for this project includes staffing for a TIRLT team, comprised of:

- Project manager, responsible for developing, implementing, managing and supporting the project, \$100,000 annually.
- Administrative assistant responsible for scheduling, organizing, tracking, reporting and supporting the TIRLT team, \$60,000 annually.
- Trainers including, 2 full time training staff, \$75,000 each, annually, and 4 peer support specialists, \$50,000 each annually, as a team responsible for conducting trainings.
- Stipend Community Resilience Leaders (CRLs) who have received training and agree to conduct at least 10 community engagements per month to disseminate what they have learned, \$75 per month for two years.
- Clinical Psychologist II, Evaluation staff, \$171,286 annually.

The total INN 12 MHSA Only budget for this project is \$7,126,144

Estimated MHSA Only Budget Last 6 Months of Fiscal Year 2018-19: \$557,643

- \$85,643 Evaluator, Clinical Psychologist II
- \$5,000 Curriculum Development
- \$75,000 Trainers
- \$50,000 Project Manager
- \$30,000 Administrative Assistant
- \$100,000 Peer Support Specialists
- \$56,000 16 Trainings of 2 CRLs (\$3,500 for each CRL)
- \$12,000 Training supplies/equipment
- \$144,000 Stipends for 320 CRLs @ \$75 a month

Estimated MHSA Only Budget Fiscal Years 2019-20: \$1,669,286

- \$171,286 Evaluator, Clinical Psychologist II
- \$150,000 Trainers/Facilitators
- \$100,000 Project Manager
- \$60,000 Administrative Assistant
- \$200,000 Peer Support Specialists
- \$112,000 32 trainings (\$3,500 each)
- \$12,000 Training supplies/equipment
- \$864,000 960 stipends, \$75 a month

Estimated MHSA Only Budget Fiscal Year 2020-21: \$2,101,286

- \$171,286 Evaluator, Clinical Psychologist II
- \$150,000 Trainers/Facilitators
- \$100,000 Project Manager
- \$60,000 Administrative Assistant
- \$200,000 Peer Support Specialists
- \$112,000 32 trainings (\$3,500 each)
- \$12,000 Training supplies/equipment
- \$1,152,000 1280 stipends, \$75 a month
- \$144,000 320 stipends, \$75 a month for 6 months

Estimated MHSA Only Budget Fiscal Year 2021-22: \$1,957,286

- \$171,286 Evaluator, Clinical Psychologist II
- \$150,000 Trainers/Facilitators
- \$100,000 Project Manager
- \$60,000 Administrative Assistant
- \$200,000 Peer Support Specialists
- \$112,000 32 trainings (\$3,500 each)
- \$12,000 Training supplies/equipment
- \$1,152,000 1280 stipends, \$75 a month

Estimated MHSA Only Budget First 6 Months of Fiscal Year 2022-23: \$840,643

- \$85,643 Evaluator, Clinical Psychologist II
- \$75,000 Trainers
- \$50,000 Project Manager
- \$30,000 Administrative Assistant

- \$100,000 Peer Support Specialists
- \$56,000 16 Trainings of 2 CRLs (\$3,500 for each CRL)
- \$12,000 Training supplies/equipment
- \$432,000 Stipends for 960 CRLs @ \$75 a month

Stipends for those trained to disseminate information

- 320 stipends last 6 months of fiscal year 2018-19: \$75 a month x 6 months: \$144,000
- 960 stipends fiscal year 2019-20: \$75 a month x 12 months: \$864,000
- 1280 stipends fiscal year 2020-21: \$75 a month x 12 months: \$1,152,000
- 320 stipends fiscal year 2020-21: \$75 a month x 6 months: \$144,000
- 1280 stipends fiscal year 2021-22: \$75 a month x 12 months: \$1,152,000
- 960 stipends first 6 months of fiscal year 2022-23: \$75 a month x 6 months: \$432,000
- \$75 a month x up to 2 years, per CRL trained , 4-year stipend total: \$3,888,000

Please see attached budget worksheet.

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
PROGRAM DEVELOPMENT AND OUTCOMES BUREAU
TRAUMA-INFORMED RESILIENT LEADERSHIP TRAINING (TIRLT)

INN 12 - Budget Worksheet - ATTACHMENT

MHSA Budget Plan for 4 years - Totaling \$7,126,144

DESCRIPTION		FTEs	*FY 2018- 19 TOTAL SALARY & EB Jan 1, 2019 thru Jun 30th 2019	FY 2019-20 TOTAL SALARY & EB	FY 2020-21 TOTAL SALARY & EB	FY 2021-22 TOTAL SALARY & EB	*FY 2022- 23 TOTAL SALARY & EB Jul 1, 2022 thru Dec 31, 2022
SALARIES & EMPLOYEE BENEFITS (EB)							
CLINICAL							
CLINICAL PSYCHOLOGIST II (Evaluation Staff)		1.0	85,643.00	171,286.00	171,286.00	171,286.00	85,643.00
Clinical FTE Subtotal		1.0					
TOTAL CLINICAL FTE			\$ 85,643.00	\$ 171,286.00	\$ 171,286.00	\$ 171,286.00	\$ 85,643.00
ADMIN							
PROJECT MANAGER		1	50,000	100,000.00	100,000.00	100,000.00	50,000
ADMINISTRATIVE ASSISTANT		1	30,000	60,000.00	60,000.00	60,000.00	30,000
FACILITATOR / TRAINER		2	75,000	150,000.00	150,000.00	150,000.00	75,000
PEER SUPPORT SPECIALIST		4	100,000	200,000.00	200,000.00	200,000.00	100,000
Admin FTE Subtotal		8.0					
TOTAL ADM FTE			\$ 255,000.00	\$ 510,000.00	\$ 510,000.00	\$ 510,000.00	\$ 255,000.00
TOTAL SALARIES & EMPLOYEE BENEFITS Total FTEs		9.0	\$ 340,643	\$ 681,286	\$ 681,286	\$ 681,286	\$ 340,643
TRAINING AND SETUP COST							
* Curriculum Development			5,000.00				
TIRLT Training (\$3,500 each) 20 participants per participants							
* Trainings 16 @ \$3,500			56,000.00				56,000.00
Trainings 32 @ \$3,500 - 2nd, 3rd & 4th years				112,000.00	112,000.00	112,000.00	
* 320 Stipends annually @ \$75.00 x 6 months			144,000.00	864,000.00	144,000.00		432,000.00
960 Stipends annually @ \$75.00 x 12 months - Year 2							
1280 Stipends annually @ \$75.00 x 12 months - Year 3					1,152,000.00		
1280 Stipends annually @ \$75.00 x 12 months - Year 4						1,152,000.00	
TOTAL TRAINING SUPPLIES			\$ 205,000	\$ 976,000	\$ 1,408,000	\$ 1,264,000	\$ 488,000
TRAINING SUPPLIES & EQUIPMENT 12 MONTHS @ \$1,000 PER MONTH			12,000.00	12,000.00	12,000.00	12,000.00	12,000.00
TOTAL EQUIPMENT AND SUPPLIES			\$ 12,000.00	\$ 12,000.00	\$ 12,000.00	\$ 12,000.00	\$ 12,000.00
GROSS PROGRAM COST			\$ 557,643.00	\$ 1,669,286.00	\$ 2,101,286.00	\$ 1,957,286.00	\$ 840,643.00
MHSA ONLY			\$ 557,643.00	\$ 1,669,286.00	\$ 2,101,286.00	\$ 1,957,286.00	\$ 840,643.00
TOTAL MHSA ONLY							\$ 7,126,144

* DENOTES LAST HALF OF FY 2018-19 & FIRST HALF OF FY 2022-23