

## INNOVATIVE PROJECT PLAN RECOMMENDED TEMPLATE

### COMPLETE APPLICATION CHECKLIST

Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following before being scheduled before the Commission:

- ☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. The budget should be consistent with what has (or will be) presented to the Board of Supervisors.

*(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)*

- ☐ Local Mental Health Board Approval

Approval Date: December 16<sup>th</sup>, 2024\_

- ☐ Completed 30-day public comment period Comment Period: November 18-December 16, 2024

- ☐ BOS approval date

Approval Date: \_\_\_\_

If the County has not presented before BOS, please indicate the date when the presentation to BOS will be scheduled: \_\_March 11<sup>th</sup> 2025\_\_\_\_\_

*Note: For those Counties that require INN approval from MHSOAC before their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*

Desired Presentation Date for Commission: \_\_\_\_February 27, 2025\_\_\_\_\_

***Note: The date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***

County Name: VENTURA

Date submitted: November 18, 2024

Project Title: VETERAN MENTOR INNOVATION PROJECT (VMIP)

Total amount requested: \$ 2,587,377

Duration of project: 3 Years

**Purpose of Document:** The purpose of this template is to assist County staff in preparing materials that will introduce the purpose, need, design, implementation plan, evaluation plan, and sustainability plan of an Innovation Project proposal to key stakeholders. *This document is a technical assistance tool that is recommended, not required.*

**Innovation Project Defined:** As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as a project that “the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports”. As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

## Section 1: Innovations Regulations Requirement Categories

### CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- ☐ Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- ☒ Applies a promising community-driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☐ Supports participation in a housing program designed to stabilize a person’s living situation while also providing supportive services on-site

## CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- ☒ Increases access to mental health services to underserved groups
- ☐ Increases the quality of mental health services, including measured outcomes
- ☒ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- ☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

## Section 2: Project Overview

### PRIMARY PROBLEM

This Veteran Mentor Innovation Project (VMIP) will focus on supporting veterans returning to civilian life and the similar needs of emergency first responders. First responders (fire, police, sheriff, etc.) function in a para-military structure so the term, “veteran” is being used interchangeably in this document. Both populations have similar challenges in transitioning to non-military and non-emergency civilian lifestyles.

The Veteran Mentorship Project Inc. (VMPI), which is a non-profit, public benefit corporation founded by a veteran, brought forth this project idea through the Ventura County Innovation Community Planning Process in 2021. The founder and CEO of VMPI is James Espinoza, who currently serves as a member of the Ventura County Behavioral Health Advisory Board.

**NOTE ►\*The term “veteran” refers to both military and first responders.**

The US Department of Labor states that approximately 200,000 men and women annually leave military service and return to civilian life. Transitioning to civilian life can present many challenges, including access to community resources, access to mental health services, establishing new routines with family, or obtaining employment. Similarly, first responders can have a difficult time transitioning out of emergency response work and back into the community. This time of transition for both veterans and first responders is challenging.

Some former service members may not have experience with traditional job search strategies, especially if they enrolled out of high school while others may not be aware of how their military experience and training could be an advantage when applying to jobs in the civilian workforce. Others simply aren’t aware of what support or services are available for their transition. Currently service members attend the Transition Assistance Program, run by the Department of Veteran Affairs, upon discharge. Many do not follow up with the services offered once home. Without this information veterans may experience feelings of stress and anxiety affecting their overall mental health.

In addition, by 2031, the number of military retirees in the United States is expected to reach 2.28 million; an increase from an estimated 2.19 million retirees in 2021<sup>1</sup> Age of retirement in the military varies widely with some still in their twenties, with many years of work life left to live. If these retirees have a difficulty adapting from service to civilian life that time can feel isolating and purposeless.

Feelings of hopelessness are a significant risk factor for suicide<sup>3</sup>. In 2022<sup>4</sup>, there were 449 deaths by suicide among California residents aged 18 years and older who had served in the United States Armed Forces. Deaths by suicide among veterans made up 13.5% of all suicides in 2021. Most veteran deaths by suicide were male (96%), white (76%) and Hispanic (11%). Firearms were used in nearly two-thirds of suicides among California veterans (64%), followed by hanging/suffocation (19%). Age-wise, deaths by suicide in 2021 of the former 559 members of the US Armed Forces were as follows:

- 75+ years – 32%
- 55–74 years – 35%
- 35-54 years – 20%
- 18-34 years – 12%

Deaths by suicide in Ventura County of former military service members aged 18 and older numbered 25 in 2018, 23 in 2019, 13 in 2020, and 11 in 2021.

While death by suicide is not as closely tracked for first responders, the Center for Disease Control reported

“First responders may be at elevated risk for suicide because of the environments in which they work, their culture, and stress, both occupational and personal.”<sup>5</sup>

Occupational stress can also increase the risk of mental health issues including hopelessness, anxiety, depression and suicidal behaviors such as planning and attempts. Suicidal ideation, suicide attempts, and completed suicide, are at a significantly and disproportionately higher rate among first responders including law enforcement officers, firefighters, and emergency medical personnel.<sup>6,7</sup> While the Veterans Administration offers

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<sup>1</sup> <https://www.statista.com/statistics/217354/forecast-number-of-military-retirees-in-the-us/>

<sup>2</sup> <https://www.bls.gov/cps/>

<sup>3</sup> [Risk factors, protective factors, and warning signs | AFSP](#)

<sup>4</sup> [California Veteran Suicide Data Sheet 2022](#)

<sup>5</sup> [Suicides Among First Responders: A Call to Action | Blogs | CDC](#)

<sup>6</sup> Aldrich, R. S., & Cerel, J. (2022). Occupational Suicide Exposure and Impact on Mental Health: Examining Differences Across Helping Professions. *OMEGA - Journal of Death and Dying*, 85(1), 23-37.  
<https://doi.org/10.1177/0030222820933019>

<sup>7</sup> Ringer, F. B., Rogers, M. L., Podlogar, M. C., Chu, C., Gai, A. R., & Joiner, T. (2021). To support and defend: A eusociality-based account of suicide in U.S. military service members and first responders. *Clinical Psychology: Science and Practice*, 28(4), 380–390. <https://doi.org/10.1037/cps0000033>

supports for service men and women when they discharge no such agency exists for first responders. Similar to the veteran population, first responders transitioning from emergency services can also experience loss of identity associated with their career change.

The catalyst for the idea behind this proposal was the firsthand experience of a community member who lost his brother, a veteran, to death by suicide. The experience galvanized him and several members of the veteran community to look for a new approach to reach these men and women to support them in a time of change. Ongoing work is needed to understand factors associated with Veteran suicide, including differences by race and ethnicity, as well as study of treatment intervention outcomes across these populations. Although different resources exist for veterans throughout Ventura County, there appears to be a need for organizations to offer services that go beyond traditional employment support. Assistance with mental health services can be a need for this population and a peer-to-peer approach should be an impactful and stigma free system for an individual in need. Having the right social support system can ensure that the process is successful.

## PROPOSED PROJECT

The Veteran Mentor Innovation Project (VMIP) will focus on assisting veterans who are transitioning from service to civilian life in Ventura County through a mentorship program. Once identified through a localized referral process the individual would be screened and would receive supportive guided services in order to connect the participant with appropriate employment opportunities while focusing on their mental health. The program will first screen veterans and create an individualized plan focused on building the “five pillars of wellness”. The five pillars of wellness are mental health, physical wellness, relationship wellness, financial wellness, and career wellness. VMIP will set up partnerships with other veteran service organizations that provide a variety of intensive services within these pillars. VMIP will connect participants with a peer mentor and plan for addressing the participants’ needs according to the five pillars. The aim is to provide veterans with tiers of services depending on the needs of the individual. Higher tiers will always include services offered in the lower tiers as needed and all tiers would include a peer mentor.

- **Tier 1:** starts with a screening and subsequent placement with a peer mentor for 6 - 12 months. Tier one will always include prosocial relationship building as well as career support. A resume review, interview prep, and interview training would take place to ensure the participant knows how to highlight their service as a strength to employers. Ongoing social events and engagement will take place.
- **Tier 2:** provides a higher level of support to veterans who may need financial support to reach their goals. Tier 2 would pay for services such as gym memberships or classes, co-pays for counseling, resume

writing, professional clothing or other specialty work training or workwear.

- **Tier 3** would include veterans who need to learn coping skills or take some time to heal before pursuing employment. The focus at this tier would be more on mental health and relationship wellness and could include a variety of additional support services such as 22 zero<sup>8</sup> or other non-clinical, high intensity interventions decided and agreed upon with the mentee.
- **Tier 4** would include more intensive support for veterans who want to make a significant change. This tier would assist participants who have tried other options but have not been successful. It would include clinically supported services and residential retreats such as Save a Warrior<sup>9</sup>, Wild Ops<sup>10</sup>, or Mighty Oaks<sup>11</sup> – again, as decided and agreed with the mentee and their family.

VMIP will apply a promising community-supported approach that will involve partnerships with other community-based organizations. Mentorship programs have been proven to be beneficial and used in many different settings, such as employment, education, support groups, or other team settings<sup>12</sup>. This project proposes to apply this approach through a community mental health program and to analyze the effects on veteran participants.

Research has demonstrated mentorship programs which have led to higher retention rates in the workplace, improved academic outcomes, and better mental health outcomes. Mentorship programs have also been linked to having several mental health benefits including increased confidence, improved self-esteem, low levels of anxiety, reduced isolation, and encouragement to mentees. Having a veteran as a mentor who is aware of

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<sup>8</sup> <https://22zero.org/>

<sup>9</sup> <https://saveawarrior.org/>

<sup>10</sup> <https://wildops.org/>

<sup>11</sup> <https://www.mightyoaksprograms.org/>

<sup>12</sup>

Sarah E.M. Hill, Wendy L. Ward, A.Seay, J. Buzenski (2022, June 27). The Nature and Evolution of the Mentoring Relationship in Academic Health Centers. National Library of Medicine.

<https://www.ncbi.nlm.nih.gov/pmc/?term=PMC9243938>

Lillian T. Eby, Tammy D. Allen, Sarah C. Evans, Thomas Ng, David DuBois (2009, April 1). Does Mentoring Matter? A Multidisciplinary Meta-Analysis Comparing Mentored and Non-Mentored Individuals. National Library of Medicine. <https://www.ncbi.nlm.nih.gov/pmc/?term=PMC2352144>

the challenges that can come with transitioning to civilian life should provide comfort and a sense of understanding of the transition the mentee is facing.

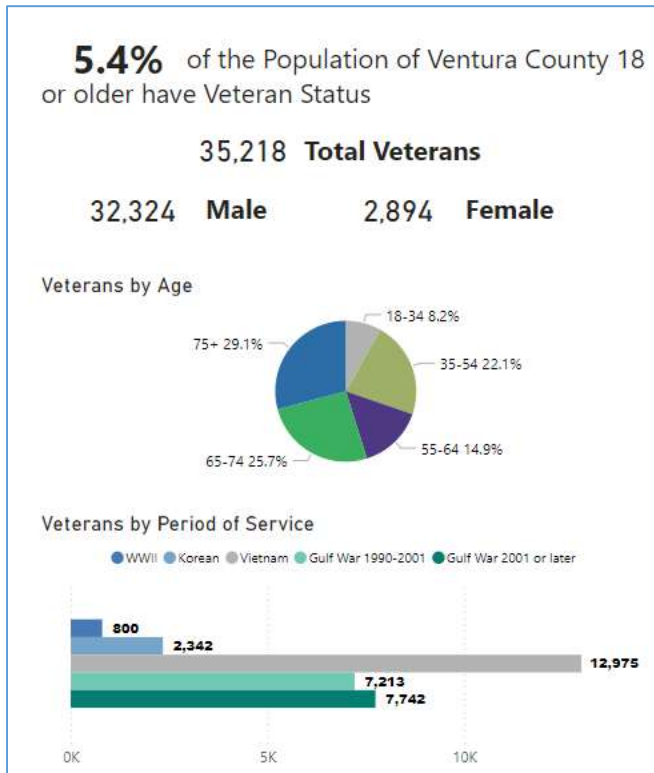
*A) Estimate the number of individuals expected to be served annually and how you arrived at this number.*

The VMIP plan is expected to serve an estimated two hundred veterans over three years. or 55 individuals per year. The VMIP will provide job placement services plus a variety of additional services, including mental health resources.

Ventura County is the home of two naval bases, Point Mugu Naval Air Station and the Naval Base Ventura County, and there is an exclusive military presence on San Nicholas Island (one of the Channel Islands that is off the coast of and is part of Ventura County). The naval bases employ over 16,000 personnel, making the military the largest employer in Ventura County. Meaning many veterans live and work in the area and outreach can be done locally.

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

Ventura County has a veteran rate about 20% higher (5.4% in Ventura County) than California's rate (4.3%) according to the U.S. Census 2022 American Community Survey. The latest data shows 35,218 total veterans, with 32,324 males and 2,894 females with 29.1% being of age 75+, followed by 65–74-year-olds (25.7%) and 35-54-year-olds (22.1%).



## RESEARCH ON INN COMPONENT

- A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?*

Currently there is no mentorship program that encompasses both veterans and first responders to provide such a wide array of supportive services. Existing community organizations focus either on job placement or on mental health linkage for veterans, however, none offer a veteran peer mentorship program that assists with the transition to civilian life and connection to additional community resources.

- B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.*

A thorough search of the US Department of Veterans Affairs peer-based programs within the Armed Forces was conducted. In 2011, the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury released a white paper titled, "Identification of Best Practices in Peer Support".<sup>13</sup> The review sought to identify and describe one-to-one

<sup>13</sup> <https://www.hsrd.research.va.gov/research/citations/PubBriefs/articles.cfm?RecordID=481>

mentorship programs, identifying elements associated with positive outcomes relevant to veterans, and summarizing the needs and development for veteran programs.

The findings from the research showed that peer mentors appear to be highly acceptable, credible sources of information for mentees. The research also suggested that mentors can conduct assessment triage, coaching, and teaching, and provide other support services.

Three areas that the paper identified as key areas where a veteran mentorship program might play a unique role for military/veteran populations:

- 1) coping with combat and operational stress,
- 2) suicide prevention, and
- 3) additional resources for veterans.

Additional findings indicate that further research is important as new and additional mentorship programs are developed.

## LEARNING GOALS/PROJECT AIMS

*The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.*

- A) *What is it that you want to learn or better understand throughout the INN Project, and why have you prioritized these goals?*

### Research Questions/Learning Goals

The questions/goals that the VMIP seeks to understand include:

- 1) Does having a Veteran as a mentor provide an easier transition for a service member transitioning to civilian life?
  - a. How receptive are veterans to be having a mentor linking them to resources?
  - b. Did they feel having a mentor helped them follow through with referrals?
- 2) Will the program lead to successful employment for veterans transitioning to civilian life?
- 3) How does a mentorship program impact a participant's self-perceived success in life?
- 4) Will veterans be receptive to mental health services if it is determined additional services are needed?

- a. If so, do they find that having a peer mentor was a key support to that process?

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

Some goals are aimed at evaluating if providing support from a mentor (Veteran or former service member) to a mentee (Veteran leaving the service), along with the necessary resources, would facilitate positive self-identified measure of success in the transition to civilian life. Other goals will evaluate if the services provided were more successful due to the peer support model which include linkages to mental health services and assistance with employment services.

## **EVALUATION OF LEARNING PLAN**

*For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend to use.*

An evaluator will work with the contractor to set up an evaluation plan to answer these goals via key stakeholder interviews, self-assessments potentially utilizing the flourishing scale, referral tracking, and length of participation in the program.

Each goal shall be measured via identified data collection tools to be outlined in the evaluation plan. Data to be collected will include participant demographics, attendance frequency, level of participation (dosage), and outcome surveys, which will be collected through an online survey platform.

## **Section 3: Additional Information for Regulatory Requirements**

### **CONTRACTING**

*If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship with the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?*

The County will oversee the project's activities and monitor contract adherence according to the deliverables set forth in the agreement. Quarterly reports and biannual contract meetings will take place with any contractors. Annual Reports will be produced by the evaluator in consultation with the contractor and the county to meet all regulatory requirements.

## COMMUNITY PROGRAM PLANNING

*Please describe the County's Community Program Planning process for the Innovative Project, encompassing the inclusion of stakeholders, representatives of unserved or underserved populations, and individuals who reflect the cultural, ethnic, and racial diversity of the County's community.*

### **The Community Program Planning Process**

A Community Planning Process took place back in 2021. Community members joined a Planning Committee and were trained on MHSA rules and regulations, Guiding Principles, and Innovation criteria. The programs selected during this round of solicitation took several years to get approved as the approval process is quite lengthy. The County began to pursue planning the VMIP in FY23-24 and hopes to launch the program in FY24-25.

### **The MHSA Planning Committee**

The MHSA Planning Committee reviewed 52 innovation concepts, along with a small accompanying literature review that highlighted which programs after a preliminary search seemed to be new concepts. The Planning Committee was comprised of Behavioral Health Advisory Members (BHAB) and their community members who were members of or represented the following populations: Consumers, Youth, Transitional Age Youth, Law Enforcement, Older Adults and Adults. The group each picked five innovative project ideas to pursue. The final list with the highest number of votes was compiled and presented to the full Behavioral Health Advisory Board for approval.<sup>14</sup>

## MHSA GENERAL STANDARDS

- A) Community Collaboration - VMIP will rely on community collaboration. The model would include community-based organizations, such as the naval bases in Ventura County, the US Department of Veteran Affairs, the County of Ventura Veterans' Services Office, and Ventura County Behavioral Health. As the program progresses, additional collaborations will be made.
- B) Cultural Competency – Veterans are a diverse community and any services focusing on the group must provide equal access to services of equal quality without disparities among racial/ethnic, cultural, or linguistic populations and communities. The program would include robust training and experienced veterans in the program plan.
- C) Client-Driven – The program model relies on volunteer mentors and staff with lived experience this approach ensures a partnership with the clients. Clients will have the

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<sup>14</sup> James Espinoza, mentioned above, was not a member of the Behavioral Health Advisory Board when that planning committee considered and approved this project.

primary decision-making role in identifying his/her needs, preferences and strengths, and services to be obtained.

- D) Family-Driven – The VMIP is targeting adults. If referrals are suggested the veteran has the primary decision-making responsibility. However, participants who are in a relationship or have family will be encouraged to bring them into their decision-making process for greater success and a wider support system.
- E) Wellness, Recovery, and Resilience-Focused – The services provided by the proposed program primarily focus on the wellness, recovery, and restoring/maintaining resilience of the client.
- F) Integrated Service Experience for Clients and Families (Section 3200.190) – To proposed program centers volunteer peers with the client and maintains that relationship through out any additional interventions or services regardless of whether they take place through the agency or in partnership with other agencies and organizations.

#### ***CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION***

*Explain how you plan to ensure that the project evaluation is culturally competent and includes meaningful stakeholder participation.*

Several stakeholders from the veteran and first responder community reflective of the County's demographics will continue to participate in the planning and evaluation of the project as they have been a vital part of the initial planning process.

#### **INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE**

*Describe how this project aligns itself with the Behavioral Health Services Act (BHSA):*

- *Does it provide housing interventions for persons who are chronically homeless or experiencing homelessness or are at risk of homelessness?*
- *Does it support early intervention programs or approaches in order to prevent mental illnesses and substance abuse disorders from becoming severe and disabling?*
- *Does it support Full-Service Partnership efforts and services for individuals living with serious mental illness?*

INN funding will conclude once the BHSA takes full effect. The program evaluation will be used to assess the success of the program and the feasibility of continuation with Prop 1 priorities under early intervention within the Behavioral Health Support Services category. Prop 1 focuses on veterans and asks the County to prioritize targeting high risk individuals. Veterans are a high-risk population due to the concerning death rates by suicide being reported. Thus, the County believes it could continue supporting this program through the Early Intervention funding authorized under the BHSA.

## COMMUNICATION AND DISSEMINATION PLAN

A) *How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?*

Annual updates will report on the VMIP's learning goals and a final report will be submitted to the State at the close of the project. Part of the contractor's responsibility is to create a presentation of the project's process and results at the end of the three years.

*KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.*

Veteran mentorship, military service, veteran employment, veteran mental health

## TIMELINE

The program is planned as a three-year pilot expected start date is 2025, with an end date of 2028.

The timeframe and deliverables are as follows:

1. 0-3 months
  - a. Partner with Clinical Psychologist for program review and approval
  - b. Review and renew bylaws
  - c. Review and approve mentor training curriculum
  - d. Review and approve mentee workbook
  - e. Review and approve companion book (for use with workbook)
  - f. Establish metrics for measured success
  - g. Review and approve marketing and communications plan
  - h. Rent Office Space
  - i. Purchase/Lease vehicle
  - j. Conduct any needed repairs on vehicle to put in service
  - k. Hire Project Staff
  - l. Establish pay and benefits
  - m. Lease office space/wellness center
2. 3-6 months
  - a. Implement mentor training
  - b. Implement mentee training
  - c. Recruit mentors and certify mentors
  - d. Place mentees with certified mentors
  - e. Establish office policies and procedures

- f. Finalize metrics for measurable success
  - g. Attend events for recruitment and awareness
  - h. Make capital improvements to office space
3. 6-9 months
- a. Assign mentees to certified mentors
  - b. Recruit & Train mentors bi-monthly
  - c. Implement office policies and ensure employees trained
  - d. Implement metrics for measurable success
  - e. Begin attending events with the new program
  - f. Fully operational in office space
4. 9-12 months
- a. Assign mentees to certified mentors
  - b. Recruit & Train mentors bi-monthly
  - c. Implement office policies and ensure employees trained
  - d. Implement metrics for measurable success
  - e. Attend events and public speaking engagements
5. 18 months
- a. Assign mentees to certified mentors
  - b. Recruit & Train mentors bi-monthly
  - c. Implement office policies and ensure employees trained
  - d. Implement metrics for measurable success
  - e. Attend events and public speaking engagements
6. 24 months
- a. Assign mentees to certified mentors
  - b. Recruit & Train mentors bi-monthly
  - c. Implement office policies and ensure employees trained
  - d. Implement metrics for measurable success
  - e. Attend events and public speaking engagements
7. 30 months
- a. Review metrics and begin the report
  - b. Continue to assign mentors and mentees
  - c. Continue to attend events and speaking engagements
8. 36 months -  
Finalize metrics evaluated and reported.

## **Budget Narrative**

### **Contracted Costs**

### **Direct Services Costs:**

#### Staffing

0.5 FTE Director of Services

1 FTE Program Coordinator

1 FT Peer Coordinator

0.5 FTE Office Assistant

0.5 FT Office Assistant

Total: \$ 967,127.00

Subcontracted Professional Services: Partner agency subcontracts, client supports such as clothing professional services, transportation, etc.

Total: \$ 743,750.00

Travel, Conference Presentations, and outreach: Total \$80,000

Program Expenses: (site procurement, facility, client supports such as clothing professional serves, transportation, etc.)

Total: \$ 430,000.00

#### Indirect Costs:

Overhead costs (fiscal/insurance etc.): \$320,000

**Total Contracted Costs \$ 2,587,377**

#### Total Proposed Evaluation

Evaluation contracted services: \$15,500.00 per year

Total cost: \$46,500.00

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*					
EXPENDITURES					
PERSONNEL COSTS (salaries, wages, benefits)		FY 24/25	FY 25/26	FY 26/27	TOTAL
1	Salaries				\$ -
2	Direct Costs				\$ -
3	Indirect Costs				\$ -
4	Total Personnel Costs	\$ -	\$ -	\$ -	\$ -
OPERATING COSTS		FY 24/25	FY 25/26	FY 26/27	TOTAL

5	Direct Costs				\$ -
6	Indirect Costs				-
7	Total Operating Costs	\$ -	\$ -	\$ -	\$ -
<b>NON RECURRING COSTS (equipment, technology)</b>		<b>FY 24/25</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>TOTAL</b>
8					
9					
10	Total Non-recurring costs				
<b>CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)</b>		<b>FY 24/25</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>TOTAL</b>
11	Direct Costs	\$ 750,548	\$ 714,387	\$ 802,442	\$ 2,267,377
12	Indirect Costs	\$ 110,000	\$ 105,000	\$ 105,000	\$ 320,000
13	Total Consultant Costs	\$ 860,548	\$ 819,387	\$ 907,442	\$ 2,587,377
<b>OTHER EXPENDITURES (please explain in budget narrative)</b>		<b>FY 24/25</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>TOTAL</b>
14	Marketing				\$0
15	Learning Events and Conferences				\$0
16	Total Other Expenditures				
<b>BUDGET TOTALS</b>					
Personnel (line 1)		\$0	\$0	\$0	\$0
Direct Costs (add lines 2, 5 and 11 from above)		\$750,548	\$714,387	\$802,442	\$2,267,377
Indirect Costs (add lines 3, 6 and 12 from above)		\$110,000	\$105,000	\$105,000	\$320,000
Non-recurring costs (line 10)		0	0	0	\$0
Other Expenditures (line 16)		\$0	\$0	\$0	\$0
<b>TOTAL INNOVATION BUDGET</b>		<b>\$860,548</b>	<b>\$819,387</b>	<b>\$907,442</b>	<b>\$2,587,377</b>

<b>BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)</b>					
<b>ADMINISTRATION:</b>					
<b>A.</b>	<b>Estimated total mental health expenditures for <u>ADMINISTRATION</u> for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>TOTAL</b>
1	Innovative MHSA Funds	\$ -	\$ -	\$ -	\$ -
2	Federal Financial Participation				
3	1991 Realignment				
4	Behavioral Health Subaccount				
5	Other funding*				
6	<b>Total Proposed Administration</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>EVALUATION:</b>					
<b>B.</b>	<b>Estimated total mental health expenditures for <u>EVALUATION</u> for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>TOTAL</b>
1	Innovative MHSA Funds	15,500.00	15,500.00	15,500.00	46,500.00
2	Federal Financial Participation				
3	1991 Realignment				
4	Behavioral Health Subaccount				
5	Other funding*				
6	<b>Total Proposed Evaluation</b>	<b>15,500.00</b>	<b>15,500.00</b>	<b>15,500.00</b>	<b>46,500.00</b>
<b>TOTAL:</b>					

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 24/25	FY 25/26	FY 26/27	TOTAL
1	Innovative MHSA Funds	\$860,548	\$819,387	\$907,442	\$ 2,587,377
2	Federal Financial Participation				
3	1991 Realignment				
4	Behavioral Health Subaccount				
5	Other funding*				
6	<b>Total Proposed Expenditures</b>	<b>\$860,548</b>	<b>\$819,387</b>	<b>\$907,442</b>	<b>\$ 2,587,377</b>
*If "Other funding" is included, please explain.					

**The Veteran Mentorship Project**  
**Public Comments**

Dates of Public Posting dates: 11/18/2024 – 12/16/2024

*Public Hearing comments: 12/16/2024*

- I very much agree with this project and am excited to see how it will help the veteran community.  
-Genevive

The following comments were submitted via email:

- The Veteran Mentor Project holds the promise of providing individualized, responsive support for the veterans it serves. The project acknowledges that different individuals may benefit from a variety of resources and looks to identify partnering programs that offer specific, relevant value. And the assessment of needs along five pillars and tiers of support allows for the individualization geared toward promoting success for those it serves. As this application states, "Mentorship programs have also been linked to having several mental health benefits including increased confidence, improved self-esteem, low levels of anxiety, reduced isolation, and

encouragement to mentees ([mentoringcomplete.com](http://mentoringcomplete.com)). Having a veteran as a mentor who is aware of the challenges of transitioning to civilian life provides comfort and a sense of understanding of the transition the mentee is facing. “For the reasons described above, I’d be excited to see the Veteran Mentor Project gain the support it needs to stand up this innovative program.

-Dr. Shauna Springer

- No one really talks about the struggles of transitioning from military to civilian. Those that do talk about it don't really go into depth on how difficult and isolating it can be. Even though friends and family want to help, there's nothing like advice or guidance from someone who's gone through the exact transition you are going into.

-Christian D Soriano

- I am a veteran and first responder and believe this program is beneficial for both. Furthermore, there are no transition services for first responders, so this is a benefit as well.

-Shawn

- I am writing in support of the Veteran Mentor Project in my personal capacity. There are two main reasons why I think this project should be given priority consideration and why I recommend it. First, is the gap we have in this community to address Veterans and First Responders. Second, is the person who will lead the project. Veterans and First Responders have a lot in common. They work assignments oftentimes out of their own choosing, in hazardous conditions, with sides of society that don't always appreciate them, and experience directly and/or vicariously trauma repeatedly at high levels. Statistically these populations struggle with suicidal ideation, physical injuries, psychological injuries, substance use (legal and illegal) and work-related mental health disorders. Their work often creates alienation with their own family because of their stress and being away for long shifts / deployments. They work in military or para-military structures that overly micro-manage their work performance where there isn't always a relief mechanism that other employees enjoy from a more traditional Human Resources Dept or Employee Assistance Program. Matter of fact, asking for psychological help can tarnish one's career advancements or worse, get them discharged / terminated from their employment. You may tell yourself, “*But at least they get to retire earlier than the traditional employee.*” Retirement doesn't always paint the rosy picture one would imagine if family stresses are present and if retirement income doesn't support living in high-cost communities. Also, many struggle being away from a job that brought a sense of fulfillment and self-worth. And, military and first responder cultures often distance themselves from former employees...it's akin to the saying, “*you are either in or your out.*” -Scott Walker

- As the veteran coordinator at Ventura College, I am writing to strongly support the Veteran Mentor Project (VMP), an innovative initiative that addresses critical gaps in veteran support services. From my professional perspective, I can clearly see the significant limitations we face as an educational institution in providing comprehensive support to veterans transitioning to civilian life. Our resources are constrained, and we consistently encounter challenges in fully supporting our veteran students' holistic needs. The VMP's approach focusing on the "five pillars of wellness" demonstrates a comprehensive understanding of veterans' complex transition challenges. By creating

individualized plans, establishing strategic partnerships, and providing tiered support with peer mentorship, VMP offers the targeted, compassionate intervention our veterans desperately need. Currently, there are few efficient transition services for military personnel and first responders.. I strongly endorse this initiative and believe it will make a significant difference in veterans' lives by bridging the support gaps that are currently unfulfilled.

-Elizabeth V.

- I concur and fully support the VMPI project. As a veteran and honorably retired law enforcement professional, it is comforting to see these projects in place to benefit our public safety heroes. We are familiar with the Veteran Mentor Project's Innovation Grant proposal to MHSA to serve veterans and first responders and believe their proposal would tremendously benefit both the veteran and first responder community in Ventura. Suicide rates among veterans and first responders are typically 50% higher than the general population. Mentorship and innovative programs addressing mental health are not only necessary but critical to addressing the stigma around mental health. Please support this important project proposal.

-Andy

- There needs to be help available for transitioning to civilian life. I personally know two first responders who took their own life and I'm supportive of the Veteran Mentor Project.

Abel Garcia