

NEW/REVISED PROGRAM DESCRIPTION
Innovation

County: Orange

- Completely New Program
- Revised Previously Approved Program

Program Number/Name: INN 02-006 Developing Skill Sets for Independent Living

Date: April 2, 2014

Complete this form for each new INN Program. For existing INN programs with changes to the primary¹ purpose and/or learning goal, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.

Increased quality of services, including better outcomes:

This project is designed to empower mental health consumers that have limited access or current barriers to learning how to live well independently. This project will target underserved, adult participants living with severe and persistent mental illness, who have been homeless or are at risk of homelessness to provide them with an opportunity to learn independent living skills prior to being placed in publically subsidized housing or other independent living situations. It is anticipated that teaching independent living skills with a focus on improving participant's ability to manage their mental health while mastering daily living skills will ultimately increase their ability to successfully retain stable housing for longer periods of time.

Mental Health Workers will teach participants how to manage their mental health independently on a daily basis. Mental Health Workers will teach a variety of independent living skills that include but are not limited to: medication management, mental health symptom management, mental health system navigation, cooking, paying bills, shopping, cleaning, laundry, conflict resolution (to learn how to manage potential conflicts with neighbors, landlords, etc.). Mental Health Workers will also teach participants about County/community services and resources that may be beneficial to their independent living.

This is an important project to bring to the homeless, probation, dependent living low-income population living with chronic mental illness. There are other programs that teach independent living skills but this project will teach all the independent living skills sets through the mental health lens to our targeted population. For example: other programs may teach you just how to pay bills and budget, this project will teach participants that their anxiety, of anticipating the worst outcomes, of being evicted could be addressed with medication management (if applicable, to manage symptoms), therapy (if applicable), learning how to pay bills - understanding the importance and timeliness of budgeting and paying bills AND how to manage mental health symptoms (e.g. lack of motivation, depression, etc.) in order to pay the bills on time. Other programs may also teach independent living skills to clients already living in supportive housing; this project will target not only those in supportive housing but also the homeless, recently paroled, recently homeless, those unable to retain stable housing and/or those living dependent on others that are willing and capable of living independently.

This project goes beyond a shelter referral or transitional housing placement; it gives participants the tools to succeed. This project will increase the breadth and quality of supportive services to those seeking to live independently which will give mental health consumers more opportunities to succeed and retain stable housing.

2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved

¹ The term "essential purpose" has been replaced with the term "primary purpose" for INN.

NEW/REVISED PROGRAM DESCRIPTION

Innovation

individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

Description of the INN Skill Sets for Independent Living Project: (Participant = Consumer learning independent living skill sets)

This project is designed to better prepare adults living with severe and persistent mental illness with the skills to live independently. This project will target underserved, chronically mentally ill, adult participants 18 and older, who are homeless, have been homeless, recently paroled, are at risk of losing their housing, and/or living dependent on others. Identified participants must express interest and commitment to developing independent living skills and be willing to receive mental health treatment. This project will provide participants with an opportunity to receive mental health education and learn independent living skills to move to and/or retain successful independent living. Some participants will benefit from this training prior to being placed in publically subsidized housing or other living situations while others already in supportive/transitional housing may also benefit to help retain their housing. This training will also help empower participants that have typically lived with family/caregivers in dependent situations with the skills and ability to transition to independently living, if so desired.

At intake and enrollment, the project staff will conduct assessments to establish baseline measurements that include a basic skills inventory/evaluation and a quality of life survey. Each participant will be empowered to actively shape their individual program plan by expressing and identifying their goals, objectives, hopes and desires to tailor project services to address their personal strengths and weaknesses. This information will be used to identify areas where instruction would be beneficial to the participant. The basic skills inventory/evaluation will include sixteen areas of independent living skill sets in total. The sixteen independent living skill sets will be structured in five broad categories:

1. Health Management (e.g. medication management, health resource and system navigation, making and keeping appointments, wellness):

- Symptom management
- Mental Health Care and Management
- Physical Health Care and Management
- Medication Management

2. Core/Basic Skills (e.g. finances, safety, grooming):

- Money Management (budgeting, paying bills)
- Safety
- Personal Hygiene
- Appearance and Presentation (how to dress appropriate to occasion- where to buy clothes)

3. Daily Living (e.g. managing a household, shopping, cleaning, healthy eating)

- Household chores (basic cleaning, caring for possessions and living space)
- Nutrition & Food Preparation (basics of cooking, adjusted to individual skill level) (basics, including drug interactions with current medications)
- Shopping (within a budget, using coupons, using a list, planning ahead)
- Transportation

4. Social Skills (e.g. interpersonal skills, avoiding or dealing with neighbor disputes, developing self-confidence and social networks):

- Social Relations
- Leisure and Recreational Activities

5. Vocational Skills (e.g. employment focused activities/skills):

- Job Search
- Job Retention

Project staff will create a task analysis for each of the independent living skills set modules. Each task analysis will list the sequence of actions or steps involved in completing a specified task. Listing the sequence of actions or steps involved in completing a task allows instruction to be individualized and modified based on the learner's success and barriers enhanced by their mental health symptoms. Instruction will take place in natural settings; for example- learning to cook will take place in a kitchen, learning to shop will take place in stores, etc. The contracting agency selected to implement this project is expected to have facilities to accommodate instruction or create/rent facilities to accommodate the project needs.

Each module can be taught separately and repeated until mastery or tabled and revisited when the participant is more

NEW/REVISED PROGRAM DESCRIPTION**Innovation**

willing and/or able. The Mental Health Worker will work with the participant to collaboratively create an individual service plan based on needs (as determined by the initial assessment) and participant interest. The individual service plan will serve as a service guide for the Mental Health Worker and participant and can be modified as needed. In addition to assessment measures for each of the sixteen modules, each module will have a unique pre and posttest to help the Mental Health Worker measure and benchmark the skills and knowledge gained through the trainings.

Innovative and unique to this project is that all of the independent living skills are taught through a mental health lens. The mental health lens will incorporate each participant's individual needs and diagnosis to directly address symptoms and behaviors that could have the potential to be self-defeating and instead turn them around to strength based behaviors. For example: those with a diagnosis of schizophrenia: "Cognitive deficits in schizophrenia are common and are strongly linked to vocational and functional impairments. These deficits can include decrements in declarative memory, working memory, language function, and other executive functions as well as slower processing speed (DSM-5, 2013)." Staff will help this participant address the behaviors and symptoms of their schizophrenia in each of the independent living skill sets taught. Using bill payment as an example- staff may work with this participant to create external reminders and organization systems to help organize the participant's process of paying bills in a timely manner: this could be as simple as a calendar and a checklist or collaborating with the participant's mental health team to use cognitive behavior tools to combat negative or disorganized thinking. Each participant will have instruction tailored to address their specific needs and mental illness as related to successfully learning independent living skills.

Project staff will also link the participant with community resources as applicable and needed. Through active engagement, the participant can learn various skills and about services that will help them manage their mental health and live well, independently.

The project staff consists of six Mental Health Workers funded by the project and (a supervising master's level clinician expected to be provided in-kind from the selected contract agency). The Mental Health Workers will provide direct services to the participants. The supervising clinician will meet with the Mental Health Workers at weekly staff meetings to review best practices unique to each participant's case. Also, upon enrollment into the project, the supervising clinician will attend the individual service plan development meeting with each new participant and their assigned Mental Health Worker. These collaborations will help insure the mental health lens is underscored in the teaching of each participant's independent living skill sets.

The issue and learning goal addressed:

The Homeless Resource Center from SAMHSA (2009) reports that a primary barrier to moving from homelessness to more permanent housing was the lack of functional independent living skills. The independent living skills, learned in this project, will improve the likelihood of the participants retaining their housing and remaining in stable residences and living situations for longer periods of time. Overall, this would reduce the participant's tendency to return to homelessness, transient lifestyles, or dependency on others. This project will address the lack of independent living skills of consumers with a desire to learn how to live independently and manage their mental health.

Expected learning outcomes:

This project will assess if participation in independent living skills courses combined with supportive services will result in:

- Increased participant's understanding of their own mental health diagnosis
- Increased participant's independent living skill sets while managing mental health symptoms
- Increased participant's quality of life through learning independent living skills

This project creates positive change in each participant's ability to live independently with a better understanding of daily living skills, including their mental health management and how it may affect their daily living. It is proposed that learning independent living skills with mental health management will ultimately result in enabling participants to retain stable housing for longer periods of time.

Meets MHSa definition of Innovation:

This project uses an innovative approach to reach and provide independent living skills to those that may not have access to or resources to: mental health consumers that are homeless, at risk of homelessness and/or living in dependent situations with a desire to live well independently. This project introduces, to the mental health system, a community defined approach that has been successful in a non-mental health context.

Reports from the Substance Abuse and Mental Health Services Administration (SAMHSA) note the importance of teaching independent living skills sets. "Life skills are the skills that many people take for granted, like managing money, shopping, cooking, running a home and maintaining social networks. They are essential for living independently. Some

NEW/REVISED PROGRAM DESCRIPTION

Innovation

homeless people do not have all of these skills, either because they never acquired them or because they lost them through extended periods of homelessness. Helping homeless people acquire life skills can help them move on from homelessness and resettle into the community. Life skills training is different from support, help or assistance in that the aim is to promote self-sufficiency (Power, A, 2008. Homeless Resource Center)".

The difference with this project is the focus on independent living skills as it relates to mental health challenges that participants face in their journey to live independently. There are many programs that teach independent living skills to individuals already in housing, but not specifically for our targeted homeless/recently paroled/at risk of losing housing/or living in dependent care mental health consumer population. For the participants in this project, it is not just about learning independent living skills; it is about learning those skills with the lens of mental health management and how to live well on a daily basis.

This project is important as it intends to help participants avoid homelessness, hospitalization and/or return to jail as a result of their mental illness and inability to live independently. This project is unique in that it will work to actively engage the participant and build family/support networks to help each participant build a social support safety net. This project integrates independent living skills and mental health education with supportive case management services.

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

This Innovations Project supports and is consistent with the General Standards identified in the MHS and Title 9, CCR, section 3320, as demonstrated by the following:

Community Collaboration: The project includes community collaboration, in that it was developed through a community planning process. Specifically the project promotes collaboration of supportive/transitional community based housing programs, probation/parole programs, homeless shelters and County/community mental health resources. A team of Mental Health Workers will staff the project to teach the independent living classes as well as provide referrals/linkages to a range of mental health resources and services available through County/community based partners.

Cultural Competence: The project aims to provide services with consideration for each participant's unique mental health diagnosis. Services will be designed and tailored to each participant's diagnosis and will also be sure to include any cultural and/or linguistic needs. Cultural consideration may include looking at gender roles about specific tasks and cultural expectations that need to be addressed as the participant gains independent living skills. All project trainings and project promotional materials will be translated into County threshold languages: English, Spanish, Vietnamese, Farsi and Korean.

Client and Family-Driven Mental Health System: This project empowers each consumer participant to take command of their mental health management, access to services by helping them get one step closer to successful independent living. Participants will be able to express and identify their goals, objectives, hopes and desires to tailor project services to address their personal strengths and weaknesses.

Wellness, Recovery, and Resilience Focused: This project is focused on wellness, recovery and resilience. It increases and eases access to mental health resources and services with the expectation that increased independent living skills will empower participants to be engaged and proactive in the management of their mental health and independent living. This project completely focuses on the participant's strengths, the development of resilience and the promotion of recovery.

Integrated Service Experience: This project provides an integrated service experience for participants, as they will have immediate access to a Mental Health Worker and Supervising Clinician to assist with County/community mental health referrals and linkages. Inherently, this project creates an integrative service experience connecting the individuals living independently in the community to mental health systems, resources, and services.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.

(Participant = Consumer learning independent living skills)

Target population: This project will target underserved, chronically mentally ill, adult participants who are or have been

NEW/REVISED PROGRAM DESCRIPTION

Innovation

homeless, are at risk of homelessness and/or living dependent on others. This project will provide participants with an opportunity to learn independent living skills prior to being placed in publically subsidized housing or other living situations. Participants will be individuals who have been typically dependent on others to manage their day to day needs; and individuals who have not had the opportunity/ circumstances to live in a residence without supervision; and/or individuals who have had a history of homelessness/ transiency or unstable housing situations, or recently paroled.

Served: This project will serve 100 participants annually

Demographics:

In 2012- 13,905 unduplicated clients were entered into the Homeless Management Information Systems (HMIS) by participating agencies within Orange County. Of those, 7,127 individuals were identified as homeless or recently homeless and served in an emergency shelter, transitional housing or supportive housing program. The National Coalition for the Homeless estimates that at minimum 15% of those counted in the census live with chronic mental illness. While it would be hard to predict the exact demographics of the project's participants, this project will target individuals with serious persistent mental illness or co-occurring mental health/substance abuse disorders ranging in age from Transitional Age Youth (TAY), adults and older adults. Efforts will be made to insure that all services will be accessible and available with consideration to overall County demographics, including all County threshold languages: Spanish, Vietnamese, Farsi and Korean.

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.

The Skill Sets for Independent Living Innovations Project is proposed to be contracted out. It is proposed that service delivery will run 2 years; program evaluation will take place throughout the duration of the project and the final year for summative analysis and evaluation at the project's end, for a total of 3 years dedicated to this project. At the project's end, based on the evaluation, a continuation plan will be developed and a different funding source identified.

It is expected that this time frame will allow Orange County Department of Behavioral Health sufficient time to assess the progress of this Innovations Project, make any necessary adjustments, and communicate the contribution to learning to the community, stakeholders, and other interested Counties and State agencies.

Months 0-3:

It is expected that the first three months of the project will be spent with county management staff working with contractors that want to implement this project. Following the completion of contractual arrangements with a provider and hiring of the staff, the project will simultaneously train Mental Health Workers staffing this project and conduct outreach presentations and recruitment to local transitional living, supportive housing, homeless shelters, probation/parole departments and community mental health agencies. During this time, project staff will work together to develop and implement a system for intake, screening, outreach and referral. Project staff will also work on the development of a fundamental curriculum aimed at teaching relevant independent living skills. There will be a specialized training for the project staff to collaboratively create a basic task analysis for each module.

Month 6:

At six months, the Skill Sets for Individual Living Project will have enrolled 50 participants who will have started working on their individual service plan goals and lessons. Each participant will be assigned a Mental Health Worker to work hand-in-hand on independent living skills. The Mental Health Worker will have collected all data relevant to project evaluations. Outreach material/project brochures will have been created and distributed in the community. Outreach material/project brochures will have been created and distributed in the community.

Year 1:

At year one, the project will have an additional 50 participants who have received independent living skills training as part of the project. Outreach material/project brochures will have been created and distributed in the community. Year one will conclude with a total of 100 consumers participating in the project. Program evaluation will continue throughout the duration of the project as data is collected. Quarterly programmatic reviews will give the project team opportunities to identify any policy or procedural changes needed to refine the project and services. The project will be revised based upon recommendations that come out of reviewing the annual outcome analysis.

NEW/REVISED PROGRAM DESCRIPTION

Innovation

Year 2:

An additional 100 participants will be enrolled in the project. Year two will conclude with a project total of 200 unduplicated participants.

Year 3:

Enrollment of new participants will be closed. All the existing participants in the project will continue to work on their individual service plans that are in progress but not begin new skill set instruction. The continuation of this project will depend on the contractor's decision to continue the project using other funding. Final data analysis will begin and continue through the end of the project. The final year will be dedicated to program evaluation. All of the project data for the 2 years of project service will be analyzed and reported formally to document the outcomes and lessons learned from this project. This report will be prepared for the MHSO Oversight and Accountability Commission, community, stakeholders and any other County/State agencies interested in project outcomes and lessons learned from this Innovations Project.

Orange County MHSO Innovation Coordination, Project Lead and Project Staff will conduct workshops presenting the results to the County public stakeholders as well as at statewide and national conferences, as requested. Our hope is to be able to disseminate research findings, encourage the replication of successful approaches and continue the Skill Sets for Independent Living project using other funding sources.

- 4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.**

Evaluation plan to measure the results, impacts and lessons learned:

Project evaluation will occur throughout the duration of the project with final summative analysis conducted during year 3. At intake and enrollment, each participant will be given a brief quality of life self-assessment, the World Health Organization's Well-Being Index (WHO-5) will also be given again at 6 month intervals and then finally at the project's end or whenever participants leave the project.

In addition to assessment measures for each of the sixteen modules, each module will have a unique pre and posttest to help the Mental Health Worker measure and benchmark the skills and knowledge gained through the trainings. Each pre/posttest will test skill specific knowledge as tracked by the task analysis, plus a few questions that are personalized to each participant by the Mental Health Worker. For example: if a participant has a history of disorganized thinking that serves as a barrier to paying their bills on time and the Mental Health Worker has worked with the participant to create a daily reminder system to help the participant pay their bills in a timely manner- before and after the skill and reminder system have been mastered- the pre/posttest would include bill payment related skills information (due dates, budgeting, stamps, mail, etc) as well as specifics about the daily reminder system (a positive solution to the mental health symptoms which were identified as barriers), which might include the importance of medication management to help manage the disorganized thinking, a calendar, a checklist, reminder about recovery goals as related to independent living, etc. All skills related data will be collected on a weekly basis.

Progress made as a result of increased independent living skills will be evaluated by taking baseline measurements of quality of life (WHO-5) combined with independent living skills modules. The WHO-5 survey will be given to participants at intake, quarterly throughout duration of participation in the project and then upon discharge or termination. Independent skills pre/posttests will be given prior to the instruction, at the end of instruction and then one additional time 30 days out to measure for retention of the knowledge learned. Other information from intake and quarterly status reports from the Mental Health Worker, (such as employment status, housing, medication compliance, hospitalization, etc.) will also be tracked in a narrative monthly report for additional information related to each participant's level of functioning.

After the project's end, if the County chooses to continue these services, the project work plan will explore and consider transition to CSS funding and/or other funding sources.

Outcomes measures:

Performance outcomes will be measured by intake and enrollment data, self-assessment surveys, pre/posttests and participant interviews. Additionally, all participants will be tracked for completion of independent living skill set courses

NEW/REVISED PROGRAM DESCRIPTION

Innovation

and follow through on any referrals and linkages given.

It is expected that participants of the project who partake in the independent living skills supportive services would show improvement in the following areas, as measured by:

- Increased participant's understanding of their own mental health diagnosis (to be measured by pre and posttest mental health awareness survey related to participant's specific diagnosis and symptoms that are being reviewed and addressed, as related to successful independent living, as identified in each participant's individual service plan).
- Increased participant's independent living skill sets while managing mental health symptoms (to be measured by comparing diagnosis and module specific pre/posttests, as outlined in each participant's individual service plan).
- Increased participant's quality of life through learning independent living skills (to be measured and compared to periodic self-assessment quality of life (WHO-5) surveys, as evidenced by an increase in the WHO-5 scores).

Measurement Tools: World Health Organization's Well-Being Index (WHO-5); Various independent living skills set competency records, pre/posttests, referral and linkage logs and case management reviews from the Mental Health Workers- documenting participant growth and competencies. Additional information from intake and quarterly status reports from the Mental Health Worker, (such as employment status, housing status, medication compliance, etc.), will also be considered in the measurement of performance outcomes.

Outcomes evaluation:

The Innovation Advisory subcommittee of the Orange County MHS Steering Committee (which includes consumer and family member representation) will review and provide input on the draft assessment procedures before the procedures are finalized. Following data collection and analysis, the Innovation Advisory subcommittee will review the project results and provide their assessment of the achievement of learning objectives.

5. If applicable, provide a list of resources to be leveraged.

N/A

6. Please provide a budget narrative for total projected costs for the entire duration of the Innovation Program, and also provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

The projected total budget for this project is \$1,343,866: including one month in the 2013-2014 fiscal year for administration; three years of project services (FY 2014-2017).

FY 2013-2014 administration projected amount is: \$10,805; The first project year projected amount is \$490,354; the second project year projected amount is \$490,354; and the third project year projected amount is \$352,354.

The budget incorporates personnel costs and operating costs. Each staff member position funded in this budget is essential to the provision and coordination of services for this project. The Mental Health Workers will serve as independent living skills instructors and case manager/advocates. The participant to staff ratio will be kept small to allow for intensive supportive instruction. The operation costs include facility rental expenses that will be used for instruction of skills in a simulated independent living setting, in addition to general project office supplies. The budget incorporates a percentage of a County work plan management team to help develop project design, develop and monitor project infrastructure, guide data collection and evaluation, and offer supervision and support to the project. Work plan management costs, as described below, are spread across the Innovation Projects for the percentage of time dedicated to each project.

After the project's end, if the County chooses to continue these services, the project work plan will explore and consider transition to CSS funding and/or other funding sources.

7. Provide an estimated annual program budget, utilizing the following line items.

Below please find the estimated annual budget as requested, Project Year 1 (FY 14-15). This year was chosen to illustrate estimated costs to run the project at its peak capacity. Budget amounts have been rounded up to the nearest whole dollar.

NEW/REVISED PROGRAM DESCRIPTION
Innovation

NEW ANNUAL PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel			188,947	188,947
2.	Operating Expenditures			120,000	120,000
3.	Non-recurring Expenditures				
4.	Contracts (Training Consultant Contracts)				
5.	Work Plan Management	181,406			181,406
6.	Other Expenditures				
	Total Proposed Expenditures	\$181,406		\$308,947	\$490,354
B. REVENUES					
1.	New Revenues	0		0	0
	a. Medi-Cal (FFP only)	0		0	0
	b. State General Funds	0		0	0
	c. Other Revenues	0		0	0
	Total Revenues	0		0	0
C. TOTAL FUNDING REQUESTED		\$181,406		\$308,947	\$490,354

D. Budget Narrative**1. Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.**

This project is being considered to be contracted out to a community based organization. The following budget narrative is an estimate based on initially anticipated expenses. The final budget will depend on the selected contract provider's proposal.

Personnel: Suggested staffing will include 6 (FTE) Mental Health Workers who will serve as independent living skills instructors and case manager/ advocates for project participants. The Mental Health Worker positions will be funded as part of this project. It is also suggested that the contract agency, selected to implement this project, offer a master's level clinical supervisor as in-kind services. The 1 (FTE) clinical supervisor (funded by contract agency as in-kind) will provide case management guidance as well as supervision and participation in developing each individual service plan. These staffing patterns will be suggested by County but project personnel will depend on contract provider's proposal.

Operating Expenditures: Operating expenses include services and supplies, which include phone/email, desks, computers, printing, training materials, and facility rental fees. Expenses might also include rental of facilities to accommodate the instruction of skills, i.e. a mock apartment, access to cooking facilities, etc. Operating expenses decrease in the last year of the project as services wind down and project evaluation ramps up.

Non-recurring Expenditures: None

Work Plan Management: Included in work plan management will be a team to provide project and administrative oversight and support. Work plan management, includes ongoing project development, project management, planning, contract monitoring, data collection, supervision support, project evaluation and outcome reporting.

Program Evaluation: The contractor selected to implement this project will be expected to have the capability to create/use a database to collect and analyze all program data. It will not be known until the contractor is selected, if there is a need to include software purchase for the purpose of program evaluation but will be an expected and approved cost if needed.