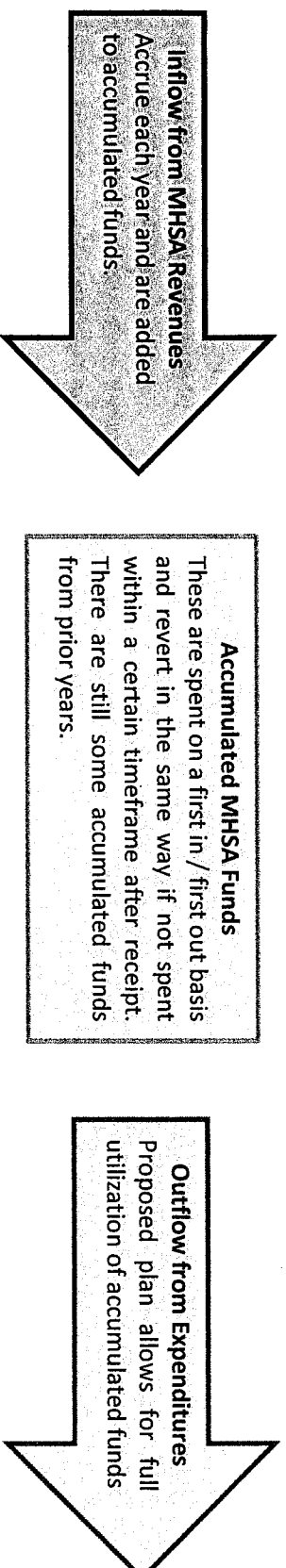


## County of Los Angeles – Department of Mental Health Proposed Spending Plan for Accumulated MHSA Funds



Over prior years, the Los Angeles County Department of Mental Health (DMH) has accumulated Mental Health Services Act (MHSA) funds, some of which must be spent this current fiscal year 2017-18, and others which must be spent over the next two fiscal years by June 30, 2020. For this current fiscal year, MHSA dollars associated with \$57.931 million in Community Services and Support funding; \$90.133 million in Prevention and Early Intervention; \$24.200 million Workforce Education and Training; and \$16.500 million Capital Facilities/Information Technology are subject to reversion to the State if not spent by June 30, 2018.

The current Three-Year Plan, previous Mid-Year Adjustments, and other public updates reflect allocations for programs and projects based on these accumulated funds which, if spent according to plan, would utilize them quickly enough to prevent any funds from reverting. In order to fully utilize all accumulated MHSA funds, DMH is proposing a spending plan containing new and/or expanded programs and projects, as an addition to the current spending plan associated with previous allocations.



Both the previous allocations in the current spending plan, as well as the proposed new and/or expanded programs and projects reflected in this document aim to address seven key DMH priorities that align with Board-approved County initiatives:

1. improve access to crisis services;
2. expand the inventory of critical care environments;
3. resource directly operated clinics with additional prescribers (psychiatrists, nurse practitioners, pharmacists), full-service partnerships and infrastructure to improve access to care and provide more robust community-based services across the County;
4. invest in the development of recovery- and reintegration-focused resources for client, family and community well-being;

5. develop prevention capacity through education initiatives, awareness campaigns, early illness identification, and trauma mitigation services;
6. build and/or acquire residential treatment and living environments for those in need; and
7. shore up departmental infrastructure.

This draft proposal is organized according to these key priorities, with the current and proposed spending plans for each priority broken down by their constituent MHSA funding categories shown below. The programs and projects listed in this draft proposal may also receive funding from current and future MHSA revenues and/or other funding sources. The table below shows the total amount of these accumulated MHSA funds by spending category, as well as the dollar amounts associated with the current and proposed spending plans.

- **CSS:** Community Services and Support
- **PEI:** Prevention and Early Intervention
- **INN:** Innovation
- **WET:** Workforce Education and Training
- **CF/IT:** Capital Facility and Information Technology

	CSS	PEI	INN	WET	CF/IT	Total*
<b>Total Accumulated MHSA Funds from Prior Years</b>	\$453,800,000	\$272,737,000	\$129,720,000	\$24,200,000	\$16,500,000	\$896,957,000
<b>Less: Total Current Spending Plan Previously allocated programs/projects</b>	262,869,000	110,260,000	129,720,000	24,200,000	16,500,000	\$543,549,000
<b>Total Proposed Spending Plan New and/or expanded programs/projects</b>	\$190,931,000	\$162,477,000	\$ -	\$ -	\$ -	\$353,408,000

\*Does not include the mandated allocation to Prudent Reserve

Please note this is still a draft proposal. DMH is seeking feedback and input from its stakeholders, especially on the proposed spending plan for new and/or expanded programs/projects, so as to revise and strengthen it over the coming weeks. Please direct your feedback to our Deputy Director of Strategic Communications, Mimi McKay ([MMMcKay@dmh.lacounty.gov](mailto:MMMcKay@dmh.lacounty.gov)).

### I. Crisis Services

Strategic, visible and highly accessible outreach, engagement and triage services at key access points funded through CSS.

<b>Current Spending Plan: Previously allocated programs/projects</b>		<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/IT</b>	<b>Total</b>
<b>Total Previously Allocated</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Proposed Spending Plan: New and/or expanded programs/projects</b>							
1	Psychiatric Mobile Response Team (PMRT) Expansion for Engage the Disengaged (Supervisor Barger Motion)	\$16,295,000	\$ -	\$ -	\$ -	\$ -	\$16,295,000
2	Mobile Triage Teams and Administration (SB 82)	12,095,000					\$12,095,000
3	Crisis Transition Specialists Non-Governmental Agency (SB 82)	834,000					\$834,000
4	California Health Facilities Financing Authority (CHFFA) Mobile Team (SB 82)	2,726,000					\$2,726,000
5	Assisted Outpatient Treatment - Expansion	7,450,000					\$7,450,000
<b>Total Proposed New and/or Expanded</b>		<b>\$39,400,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$39,400,000</b>
<b>CRISIS SERVICES</b>							
<b>Grand Total Spending Plan</b>		<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/IT</b>	<b>Total</b>
		\$39,400,000	\$ -	\$ -	\$ -	\$ -	\$39,400,000

**Descriptions – Previously Allocated Programs/Projects**

None

**Descriptions – Proposed New and/or Expanded Programs/Projects**

- (1) Psychiatric Mobile Response Team expansion through the development of dedicated multi-disciplinary care teams to engage disengaged clients utilizing person-centered outreach and triage strategies that connect and refer clients for treatment, including Assisted Outpatient Treatment teams.
- (2) Continuation of SB 82 Mobile Triage teams and administration, including crisis transition specialists who provide intensive case management for up to 60 days after discharge from Urgent Care Centers.
- (3) Augmentation of the Los Angeles County Department of Health Services (DHS) diversion programs for at-risk youth by educating and training potential responders, such as families, school personnel, community service providers, and law enforcement personnel.
- (4) Same as (3) above.
- (5) Expansion of outreach and engagement capacity for Assisted Outpatient Treatment.

## II. Critical Care Environments

Outpatient or short-term residential services for those in urgent need to avoid unnecessary psychiatric inpatient care.

Current Spending Plan: <i>Previously allocated programs/projects</i>		CSS	PEI	INN	WET	CF/IT	Total
Total Previously Allocated		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Proposed Spending Plan: <i>New and/or expanded programs/projects</i>							
1	Harbor Urgent Care Clinic (UCC) Capital Improvement, Start-Up and Operating Costs	\$16,093,000	\$ -	\$ -	\$ -	\$ -	\$16,093,000
2	UCCs Capital Improvement & Start-Up Costs (3 UCCs with Star View)	4,720,000					\$4,720,000
Total Proposed New and/or Expanded		\$20,813,000	\$ -	\$ -	\$ -	\$ -	\$20,813,000
CRITICAL CARE ENVIRONMENTS							
Grand Total Spending Plan		\$20,813,000	\$ -	\$ -	\$ -	\$ -	\$20,813,000

### Descriptions – Previously Allocated Programs/Projects

None

### Descriptions – Proposed New and/or Expanded Programs/Projects

(1-2) Expansion of the urgent care system to fund capital improvements, startup costs and operating costs for new urgent care clinics.

### III. Outpatient Treatment and Stabilization

Outpatient mental health services focused on treatment and stabilization of clients.

	<b>Current Spending Plan: Previously allocated programs/projects</b>	<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/IT</b>	<b>Total</b>
1	Full Services Partnerships (FSP) - Housing, Homeless, Whole Person Care, Incarcerated, Public Guardian, including INN 5 - Peer FSP	\$104,290,000	\$ -	\$7,015,000	\$ -	\$ -	\$111,305,000
2	Financial Incentive Programs - Mental Health Psychiatrists				12,787,000		\$12,787,000
3	INN 4 - Transcranial Magnetic Stimulation (TMS)			1,982,000			\$1,982,000
4	Interpreter Training Program				120,000		\$120,000
5	Stipend Program for MSWs, MFTs, and NPs				6,127,000		\$6,127,000
6	Harbor-UCLA Post Doctorate Fellowship Program				500,000		\$500,000
7	WET Administration Staff Costs				2,367,000		\$2,367,000
	<b>Total Previously Allocated</b>	<b>\$104,290,000</b>	<b>\$ -</b>	<b>\$8,997,000</b>	<b>\$21,901,000</b>	<b>\$ -</b>	<b>\$135,188,000</b>
<b>Proposed Spending Plan: New and/or expanded programs/projects</b>							
8	Service Extenders	\$189,000	\$ -	\$ -	\$ -	\$ -	\$189,000
9	Directly Operated Clinics Expansion	19,883,000					\$19,883,000
10	Vehicles for Various Field-Based Programs	1,146,000					\$1,146,000

<b>Proposed Spending Plan (cont'd): New and/or expanded programs/projects</b>		<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/IT</b>	<b>Total</b>
11	Services in Board and Care Facilities	27,725,000					\$27,725,000
12	Underserved Populations	8,316,000					\$8,316,000
	<b>Total Proposed New and/or Expanded</b>	<b>\$57,259,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$57,259,000</b>
<b>OUTPATIENT TREATMENT &amp; STABILIZATION</b>							
<b>Grand Total Spending Plan</b>		<b>\$161,549,000</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/IT</b>	<b>Total</b>
			<b>\$ -</b>	<b>\$8,997,000</b>	<b>\$21,901,000</b>	<b>\$ -</b>	<b>\$192,447,000</b>

**Descriptions – Previously Allocated Programs/Projects**

- (1) Through a solicitation and enhancement of directly operated programs, 5,156 FSP slots are being added for clients ages 18 and above, with a focus on serving clients with intensive psychiatric service use who: are homeless or recently homeless and recently housed; have recent (including current) incarceration histories; and are in adult residential settings. This includes Innovation 5: Peer FSP.
- (2) Financial incentive program that offers an education loan repayment incentive to eligible Mental Health Psychiatrists at the end of each year of continuous service for a maximum of five years.
- (3) Innovation 4 will allow Transcranial Magnetic Stimulation (TMS) to be delivered to clients in Board and Care Facilities with treatment resistant depression.
- (4) Training for bilingual staff to provide interpreter services for clinical sessions, as well as monolingual clinicians on how to use interpreters properly.
- (5) Stipend program for Masters of Social Work (MSW), Marriage and Family Therapists (MFT), and Nurse Practitioners (NP). Funding is for second-year students in the above programs in exchange for a minimum of one-year work commitments in hard-to-fill geographic areas of the County.
- (6) Post-doctoral fellowships are offered to participants who are interested in pursuing education in a subspecialty. These participants will have finished their psychiatry residency and are Board-eligible to work as psychiatrists.
- (7) Funding to cover administrative overhead for the WET Program.

RESOLUTION – Proposed New and/or Expanded Programs/Projects

- (8) Service Extenders are peers (clients in recovery), family members or interested individuals who serve as volunteer members of a clinical team providing mental health services to older adults. Service Extenders provide home visits, supports and resources to clients served. PEI funding is needed to provide service extenders with stipends to cover expenses such as food, parking, and travel while providing services as a part of the clinical team.
- (9) Additional prescriber capacity in the directly operated clinics throughout the County mental health care system.
- (10) Funding will provide for the purchase of vehicles for field-based services programs - Assisted Outpatient Teams, Law Enforcement Teams and the Mental Health Court Linkage Program.
- (11) Enhancement of service capacity in Board and Care facilities guided by the use of the Multnomah Community Functioning Scale to assess and inform the level of residential treatment need.
- (12) Funding will allow for expansion of services to address treatment disparities for the Asian Pacific Islander, African immigrant and other under-served cultural communities.



#### IV. Outpatient Recovery

Outpatient mental health services and supports to promote client and community wellbeing.

	<b>Current Spending Plan: Previously allocated programs/projects</b>	<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/IT</b>	<b>Total</b>
1	Child Well-Being Services	\$2,922,000	\$ -	\$ -	\$ -	\$ -	\$2,922,000
2	Directly Operated Expansion of Recovery, Resiliency & Reintegration (RRR) Services	29,894,000					\$29,894,000
3	Intensive Mental Health Recovery Specialist Core Training Program				739,000		\$739,000
4	Recovery Oriented Internship Training				200,000		\$200,000
	<b>Total Previously Allocated</b>	<b>\$32,816,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$939,000</b>	<b>\$ -</b>	<b>\$33,755,000</b>
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	<b>Proposed Spending Plan: New and/or expanded programs/projects</b>	<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/IT</b>	<b>Total</b>
5	Women's Re-entry and Re-Integration Program	\$4,832,000	\$ -	\$ -	\$ -	\$ -	\$4,832,000
6	Flex Funds for Housing for Clients in Recovery	21,915,000					\$21,915,000
7	Additional Awards for Transition Age Youth (TAY) Supported Employment Pilot Project	1,124,000					\$1,124,000
8	New/Expanded TAY Drop-In Center Services	9,721,000	5,134,000				\$14,855,000
9	North Hollywood Health Center Project	1,349,000					\$1,349,000
	<b>Total Proposed New and/or Expanded</b>	<b>\$38,941,000</b>	<b>\$5,134,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$44,075,000</b>

OUTPATIENT RECOVERY	CSS	PEI	INN	WET	CF/IT	Total
Grand Total Spending Plan	\$71,757,000	\$5,134,000	\$ -	\$939,000	\$ -	\$77,830,000

Descriptions - Previously Allocated Programs/Projects

- (1) Expansion of Recovery, Resilience and Reintegration (RRR) services designed for children and youth who are stepping down from more intensive services, yet continue to require some medically necessary clinical services, support groups, and resources within the community.
- (2) Expansion of directly operated RRR services to provide a low level of care for clients stepping down from more intensive services.
- (3) The Intensive Mental Health Recovery Specialist Core Training Program prepares participants with core knowledge and experience to work in the public mental health system as Recovery Specialists.
- (4) The Recovery Oriented Internship Training promotes recovery oriented and integrated core principles, and provides student training critical to their work in the public mental health system.

Descriptions - Proposed New and/or Expanded Programs/Projects

- (5) Mental health treatment focused on mentally-ill women released from the Los Angeles County correctional facility. Services are geared toward re-establishing meaningful and productive roles, including education, employment, family reunification, and community integration.
- (6) Client Supportive Services Flex funding that is for use with clients in RRR programs. These funds can pay for rental subsidies, as well as other recovery supports.
- (7) Supported employment expansion that provides services and training to enable TAY clients to obtain and maintain employment.
- (8) Expansion of TAY Drop-In Centers that will amend existing agreements to add funding for a series component for youth diversion programming, as well as program monitoring and oversight of the drop-in centers.
- (9) Co-location with Los Angeles County Health Agency departments - DHS and Department of Public Health (DPH) at the new North Hollywood Health Center to provide health, public health and mental health care.

## V. Prevention

These projects seek to expand the array, approach and foci of prevention, early identification and early intervention efforts in Los Angeles County. These programs aim to prevent mental illness by addressing risk factors associated with mental illness, increasing protective factors associated with mental health and resilience, intervening early in the course of a mental illness, promoting stigma and discrimination reduction, preventing suicide, and strategic outreach for increasing early recognition of mental illness.

	<b>Current Spending Plan: Previously allocated programs/projects</b>	<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/IT</b>	<b>Total</b>
1	Veterans Community Colleges	\$ -	\$2,054,000	\$ -	\$ -	\$ -	<b>\$2,054,000</b>
2	Veteran Peer Services - Directly Operated Program (Battle Buddies)		3,492,000				<b>\$3,492,000</b>
3	Victims of Commercial Sexual Exploitation (CSECV) and Human Trafficking Trauma Unit		1,496,000				<b>\$1,496,000</b>
4	PEI Supportive Services for Clients in Supportive Housing		4,725,000				<b>\$4,725,000</b>
5	Boys and Girls Club - Project Learn		4,109,000				<b>\$4,109,000</b>
6	LGBTQ Dialogue Series		42,000				<b>\$42,000</b>
7	Domestic and Intimate Partner Violence Prevention		2,054,000				<b>\$2,054,000</b>
8	Promotores - Directly Operated Programs		6,186,000				<b>\$6,186,000</b>
9	Promotores - Subcontract with Community Based Organizations		2,465,000				<b>\$2,465,000</b>
10	Hub Enhancement (Expansion to all Hubs, Prevention & Aftercare Network, Home Visiting, Youth Diversion Program)	2,143,000	83,637,000				<b>\$85,780,000</b>
11	INN 2 - Community Capacity Building			83,269,000			<b>\$83,269,000</b>

<b>Current Spending Plan (cont'd):</b> <i>Previously allocated programs/projects</i>							
	CSS	PEI	INN	WET	CF/IT	Total	
12			4,454,000			\$4,454,000	
13			33,000,000			\$33,000,000	
14				400,000		\$400,000	
15				400,000		\$400,000	
16				560,000		\$560,000	
	<b>Total Previously Allocated</b>	<b>\$2,143,000</b>	<b>\$110,260,000</b>	<b>\$120,723,000</b>	<b>\$1,360,000</b>	<b>\$ -</b>	
						<b>\$234,486,000</b>	
<b>Proposed Spending Plan:</b> <i>New and/or expanded programs/projects</i>							
	CSS	PEI	INN	WET	CF/IT	Total	
17		\$ -	\$5,695,000			\$5,695,000	
18			20,543,000			\$20,543,000	
19			23,420,000			\$23,420,000	
20			82,000			\$82,000	
21			2,905,000			\$2,905,000	
22			8,217,000			\$8,217,000	
23			123,000			\$123,000	
24			15,407,000			\$15,407,000	
25			11,504,000			\$11,504,000	

	<b>Proposed Spending Plan (cont'd): New and/or expanded programs/projects</b>	<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/IT</b>	<b>Total</b>
26	CalMHSA Joint Powers Agreement		6,379,000				\$6,379,000
27	Implicit Bias and GARE Training		637,000				\$637,000
28	Cultural Competency		2,671,000				\$2,671,000
29	Parks After Dark Expansion		8,382,000				\$8,032,000
30	Modular Structures for Office/Clinic Space		10,272,000				\$10,272,000
31	NAMI Psychosis Services		24,652,000				\$24,652,000
32	Family Finding		16,454,000				\$16,454,000
	<b>Total Proposed New and/or Expanded</b>	<b>\$ -</b>	<b>\$157,343,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$157,343,000</b>
<b>PREVENTION</b>							
	<b>Grand Total Spending Plan</b>	<b>\$2,143,000</b>	<b>\$267,603,000</b>	<b>\$120,723,000</b>	<b>\$1,360,000</b>	<b>\$ -</b>	<b>\$391,829,000</b>

**Descriptions – Previously Allocated Programs/Projects**

- (1) Funding will allow for case management services offered to veterans and their families who suffer from Post-Traumatic Stress Disorder or other mental health conditions resulting from recent combat duty. Services will be provided on community college campuses.
- (2) Mental health support offered to veterans that leverages the “battle buddy” peer support approach.
- (3) The Victims of Commercial Sexual Exploitation (CSECY), Domestic Violence, Trafficking, and Lesbian, Bisexual, Gay, Transgender and Questioning (LGBTQ) youth unit will coordinate DMH’s efforts to address and inform agencies in providing appropriate trauma-informed services to current and former victims of CSECY, Domestic Violence, and Human Trafficking.
- (4) Delivery of PEI services to residents of permanent supportive housing that targets risk factors with the goal of increasing protective factors. Services will be provided onsite whenever possible, including mentoring/coaching, school help, life skills, and renting skills.

- (5) Boys and Girls Club - Project Learn is an afterschool program for specific service areas that offer parenting workshops, college information, and other supports which engage youth in learning to improve academic outcomes.
- (6) Opportunities to improve services for LGBTQ individuals, including reducing disparities and increasing access to mental health services.
- (7) Domestic and Intimate Partner Violence Prevention is a community-based outreach and engagement, educational prevention program to reduce and/or eliminate domestic abuse, spousal abuse, battering, family violence, and intimate partner violence, patterns and behavior. Raising educational awareness is important for at-risk individuals in group and peer support meetings, as well as educational training for service providers working with these victims.
- (8) The Promotores program includes the use of community health workers who are not certified health care professionals but have been trained to promote health or provide preventive healthcare services within their community, including educational and awareness building activities.
- (9) Same as (8) above.
- (10) Expansion of mental health services, in the form of trauma and depression focused mental health interventions, to children and youth at County-operated Medical Hubs. Services include identification of children and youth in the County Department of Children and Family Services (DCFS) Prevention Aftercare Networks who are at risk of developing mental illness; intervention by increasing protective factors and addressing identified risk factors; expansion of DPH and First 5 home visiting services as a way to assess and protect against the impact of adverse childhood experiences. This also includes expansion of mental health services to youth at risk of entering the criminal justice system through programming and training of staff providing supports, as well as youth diversion programming.
- (11) Innovation 2: Community Capacity Building to address and prevent trauma.
- (12) Same as (11) above.
- (13) Innovation 3: DMH, in conjunction with several other counties is part of a technology collaborative to improve access to mental health care and detect mental health symptoms earlier. The technology suite of applications will allow for early detection of mental illness.
- (14) Funding is for training peers known as health navigators to navigate and advocate for clients in the public health and mental health systems.
- (15) Peer training that is designed to develop the knowledge, skills and abilities to work in the public mental health system.
- (16) Underserved Cultural Communities (USCC) Recruitment of BA degree level individuals from underserved communities interested in working in the public mental health system.

RESOLUTION – Proposed New and/or Expanded Programs/Projects

- (17) Expansion of services with Los Angeles Unified School District to deliver the evidence-based practice FOCUS (Families Overcoming Stress).
- (18) Comprehensive prevention, early intervention and treatment services on school campuses that promote social and emotional development and school achievement for children and youth that include mental health consultation, family engagement, behavioral supports, restorative justice, early intervention in the forms of social skills groups and case management, and other more intensive services.
- (19) Infusion of additional mental health services and supports to the County library system.
- (20) Funding for the Los Angeles County Office of Education to deliver Project Fatherhood (Prevention Practice identified as part of the Three Year Plan) services in Head Start Programs.
- (21) Expansion of suicide hotline services, as well as development of a new suicide prevention center to address the steady increase in calls.
- (22) Early Intervention mental health services delivered by Federally Qualified Health Centers (FQHCs) to uninsured clients.
- (23) An annual conference focused on training topics that are culturally relevant for identifying and providing mental health care and supports to African and African American communities.
- (24) Development of mental health prevention-oriented media campaigns.
- (25) Same as (24) above.
- (26) Joint Powers Agreement with CalMHSA for Statewide PEI Initiatives focused on sustaining PEI programs. The agreement will provide planning, development, implementation and sustenance of current and ongoing projects related to stigma and discrimination reduction, suicide prevention, and infusion of mental health services and supports on school campuses.
- (27) Implicit Bias and Government Alliance on Race and Equity (GARE) training is an initiative to optimize cultural competence that serves to prevent mental illness and emotional problems in individuals who likely have social determinant risk factors exacerbated by often long held attitudes, beliefs and corresponding actions of mental health staff related to gender, ethnicity and sexual orientation.
- (28) Additional cultural competence training to support a culturally competent workforce.
- (29) Expansion of mental health services and hours for at-risk youth and families at 23 existing and 10 new County parks.
- (30) Modular structures that are converted into office/clinic space which will be used to provide and expand mental health services at the Medical Hubs and school-based centers.

- (31) National Alliance for the Mentally Ill (NAMI) - Expansion of early psychosis services through PIER model and activities promoting stigma discrimination reduction and outreach.
- (32) Expansion of mental health services and supports for DCFS involved children to identify permanent homes through family and care givers.



## VI. Treatment and Living Environments

Investments in housing infrastructure for public mental health clients that range from short-term residential environments to permanent supportive housing.

<b>Current Spending Plan: Previously allocated programs/projects</b>		<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/IT</b>	<b>Total</b>
1	Community Development Commission (CDC) Housing	\$112,382,000	\$ -	\$ -	\$ -	\$ -	\$112,382,000
2	California Housing Finance Agency (CalHFA) Housing Developments	11,238,000					\$11,238,000
	<b>Total Previously Allocated</b>	<b>\$123,620,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$123,620,000</b>
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<b>Proposed Spending Plan: New and/or expanded programs/projects</b>		<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/IT</b>	<b>Total</b>
3	Crisis Residential Treatment Program Capital Improvements & Start-Up Costs	\$10,002,000	\$ -	\$ -	\$ -	\$ -	\$10,002,000
4	Restorative Care Villages on DHS campuses Capital Improvements	17,419,000					\$17,419,000
5	Whole Person Care II Community Care Residential Facilities	3,585,000					\$3,585,000
6	TAY Enhanced Emergency Shelter Program	3,512,000					\$3,512,000
	<b>Total Proposed New and/or Expanded</b>	<b>\$34,518,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$34,518,000</b>
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<b>TREATMENT &amp; LIVING ENVIRONMENTS</b>		<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/IT</b>	<b>Total</b>
Grand Total Spending Plan		\$158,138,000	\$ -	\$ -	\$ -	\$ -	\$158,138,000

**Descriptions – Previously Allocated Programs/Projects**

(1-2) Development of permanent supportive housing through a Community Development Commission Notice of Funding Availability and through the California Housing Finance Authority (CalHFA).

**Descriptions – Proposed New and/or Expanded Programs/Projects**

- (3) Crisis residential treatment programs provide safe, home-like community environments that offer programming and services that promote the well-being and recovery of the individuals transitioning from UCCs, psychiatric emergency departments and inpatient units, as well jails. Funding is for capital development and start-up costs.
- (4) The Restorative Care Villages will provide a full continuum of integrated programming and services for patients/clients/consumers who require physical health, mental health, substance use disorder treatment and housing related services and supports. Funding is for capital improvements to develop these villages on DHS campuses.
- (5) Community care residential facilities will expand access for residential care for Whole Person Care clients. Support services will be enhanced by providing additional staff and supervision to give more support for lower level care to these clients stepping down from intensive care.
- (6) TAY enhanced emergency shelter expansion to increase bed capacity.

## VII. Departmental Infrastructure

Current Spending Plan: <i>Previously allocated programs/projects</i>		CSS	PEI	INN	WET	CF/IT	Total
1	Downtown MHC Parking Lot	\$ -	\$ -	\$ -	\$ -	\$4,000,000	\$4,000,000
2	Information Technology - IBHIS					12,500,000	\$12,500,000
<b>Total Previously Allocated</b>		\$ -	\$ -	\$ -	\$ -	\$16,500,000	\$16,500,000
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Proposed Spending Plan: <i>New and/or expanded programs/projects</i>		CSS	PEI	INN	WET	CF/IT	Total
<b>Total Proposed New and/or Expanded</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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DEPARTMENTAL INFRASTRUCTURE Grand Total Spending Plan		CSS	PEI	INN	WET	CF/IT	Total
		\$ -	\$ -	\$ -	\$ -	\$16,500,000	\$16,500,000

### Descriptions – Previously Allocated Programs/Projects

- (1) Funding is for a parking lot for clients of the Mental Health Center in downtown Los Angeles.
- (2) Funding is for IBHIS maintenance, upgrades and support.

### Descriptions – Proposed New and/or Expanded Programs/Projects

None

**Grand Totals**

	CSS	PEI	INN	WET	CF/IT	Total*
<b>Total Current Spending Plan</b> <i>Previously allocated programs/projects</i>	\$262,869,000	\$110,260,000	\$129,720,000	\$24,200,000	\$16,500,000	\$543,549,000
<b>Total Proposed Spending Plan</b> <i>New and/or expanded programs/projects</i>	190,931,000	162,477,000	-	-	-	\$353,408,000
<b>Grand Total Spending Plan</b>	\$453,800,000	\$272,737,000	\$129,720,000	\$24,200,000	\$16,500,000	\$896,957,000

\*Does not include the mandated allocation to Prudent Reserve