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September 29, 2005

ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

47 OCT 11 2005

Violet Varona-Lukens
VIOLET VARONA-LUKENS
EXECUTIVE OFFICER

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

APPROVAL FOR SUBMISSION OF THE MENTAL HEALTH SERVICES ACT COMMUNITY SERVICES AND SUPPORTS PLAN TO THE STATE DEPARTMENT OF MENTAL HEALTH
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

Authorize the Department of Mental Health (DMH) to submit the attached Los Angeles County Mental Health System's Community Services and Supports (CSS) Plan as described in Attachment I (Executive Summary) and Attachment II (CSS Plan) to the State Department of Mental Health (SDMH) in accordance with the Mental Health Services Act (MHSA).

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The purpose of the requested action is to get Board authorization for submission of the proposed CSS Plan, which was developed in accordance with Stakeholder recommendations and SDMH requirements. The MHSA requires that each county mental health program prepare and submit a three-year plan for approval by the SDMH after review and comment by the State's Oversight and Accountability Commission. The CSS Plan is the first of five distinct substantive plans that must be developed to access all available MHSA funding.

The MHSA, adopted by the California electorate on November 2, 2004, creates a new permanent revenue source, administered by SDMH, for the transformation and expanded delivery of mental health services provided by State and county agencies and requires the development of integrated plans for prevention, innovation, and system of

care services. Funding provided through the MHSA will be used to transform the current mental health system from one that focuses primarily on clinical services into one in which DMH can partner with clients, their families, and their communities to provide, under client and family direction, whatever it takes to enable people to attain their goals toward recovery.

The CSS Plan is founded on several fundamental commitments that include: (1) Promoting recovery for all who struggle with mental health issues; (2) Achieving positive outcomes; (3) Delivering services in culturally appropriate ways, honoring the differences within communities; and (4) Ensuring that services are delivered in ways that address disparities in access to services, particularly disparities affecting ethnic and cultural communities.

In April 2005, your Board approved the "MHSA Plan Phase I - Funding, Plan, and Planning Process," which provided initial funding for community engagement and culminated in the development of the attached CSS Plan. The CSS Plan was submitted to the Mental Health Commission for public hearing and is being submitted to your Board for authorization to submit the CSS Plan to SDMH for approval.

IMPLEMENTATION OF STRATEGIC PLAN GOALS

The CSS Plan supports the County's strategic goals of "Service Excellence," and "Organizational Effectiveness." SDMH approval of the CSS Plan will also initiate decisive steps toward accomplishing adopted strategies for achieving Program Goals of "Children and Family Well-Being," and "Health and Mental Health," of the County Strategic Plan.

FISCAL IMPACT/FINANCING

There is no increase in net County cost.

The first CSS Plan will cover three (3) fiscal years, and the State has projected that Los Angeles County will receive about $280 million over that period.

The projected MHSA funds for CSS are as follows:

- FY 2005-2006 - $89,792,800 ($44,896,400 in on-going funds, $44,896,400 in one-time funds)
- FY 2006-2007 - $90,690,728
- FY 2007-2008 - $96,078,296

A transformed mental health system requires new and innovative activities and services not currently funded through Medi-Cal and other public or private payors. Emphasis has been placed on striking a balance to ensure that funds are set aside to provide services to uninsured individuals, while also taking advantage of every opportunity to leverage MHSA funds as match for Medi-Cal, Healthy Families and other funding streams which match the MHSA requirements. We estimate that an additional $48 million in State and Federal funding will be realized through leveraging efforts.

As soon as SDMH has approved the CSS Plan, and DMH develops an implementation plan, in conjunction with its community partners, DMH will return to your Board with a request for approval of the implementation plan and the corresponding fully funded Budget Adjustment.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The SDMH requires that the CSS Plan focus on people in our community who have the most severe and persistent mental illness or serious emotional disturbances, including children and families, transition age youth (TAY), adults, and older adults, who are at risk of homelessness, jail, or being put or kept in other institutions because of their mental illness. The CSS Plan must also provide help to ethnic and racial communities and other communities having difficulty with helping individuals and families with serious mental health issues.

Community Engagement Planning Process. Since December 2004, almost 10,000 individuals across Los Angeles County have participated in a fast-paced, three (3) phase planning process to develop the first draft of the CSS Plan. A total of 285 workgroup, delegates, and community engagement meetings were held. Of the 220 community engagement and training meetings, 80 were conducted in one of the 11 threshold languages other than English or bilingually. A total of 63 delegates from 40 stakeholder groups worked over 20 half-day and full-day meetings to reach consensus on the CSS Plan.

- Phase I involved an expansive community assessment process that began in December 2004 and concluded in March 2005 with the publication of 930 pages of assessments which evaluated diverse aspects of the current community mental health system and incorporated an extensive array of preliminary recommendations regarding suggested improvements for the current mental health system. These assessments were produced though frequent and numerous countywide group outreach, planning, and training meetings.
- Phase II began in late March 2005 and proceeded through early June 2005 in which five (5) countywide workgroups representing children, TAY, adults, older

adults, and under-represented and inappropriately served ethnic populations convened to develop draft recommendations. Subsequently, these recommendations were reviewed and revised by delegates from more than 40 formally recognized Stakeholder groups.

- Phase III began in early June 2005 where 63 delegates from over 40 Stakeholder groups began meeting to review the recommendations from the five (5) countywide workgroups. A draft of the CSS Plan was produced and represented the culmination of the planning process to date. With the publication of the draft CSS Plan on August 9, 2005, a formal 30-day comment period began in order to solicit additional Stakeholder and community input and feedback. At the end of the 30-day comment period, delegates met in a final series of meetings to review all feedback received during Phase III and to initiate the development of the final draft of the CSS Plan.

Conceptual Framework. The DMH CSS Plan is a conceptual framework designed to create a culturally competent mental health system, which promotes recovery and wellness for adults and older adults with severe mental illness and resiliency for children and youth with serious emotional disorders and their families. The CSS Plan was shaped following SDMH requisite guiding principles which included: (1) significant increases in the level of participation and involvement of clients and their family members in all aspects of the community mental health system and programs; (2) changes in access and increased geographic proximity of services and programs; (3) age-specific strategies for children and youth, TAY, adults, and older adults; (4) increase in community partnerships; (5) expansion of culturally competent services and programs; and (5) expanded outcome monitoring and achievement of MHSA accountability goals.

Design and Implementation Phase. The discussions about how to implement the recommendations contained in the CSS Plan will begin in late September after the plan is finalized. The target date for completion, including identification of service providers, is December 2005. Once the implementation plan is developed, and State approval of the CSS Plan is received, DMH will return to your Board for approval of the implementation plan.

Services to Be Provided. MHSA funds will provide services for:

- Full Service Partnerships in which people create their own plans for recovery with support from professionals and peers, and receive a wide array of services and 24/7 support to make their plan a reality.
- Peer support, peer counseling, and peer mentoring.
- Housing and residential services, including temporary, supportive and permanent housing.

- Counseling, assessment, and other traditional mental health services.
- A wide array of alternative crisis services to help people stay out of emergency rooms or other institutions and involuntary settings.
- Bridging and support services to help people find supports they need in their communities.
- Outreach and engagement services.

Psychiatric Emergency Services. Over the past several years, the Psychiatric Emergency Services (PES) in all County hospitals have been challenged with overcrowded conditions caused by a severe lack of community resources, particularly for those who do not have insurance. Given this crisis, delegates have agreed, consistent with the Board of Supervisors' commitment to ensure long-term transformation of these services, to recommend a significant investment of systems development funds to improve PES in Los Angeles County. Essential design elements for this initiative include the establishment of Urgent Care Centers geographically located to support community-based interventions, including full-service partnerships, as well as dedicating funds for ancillary services and programs that are essential to support clients' ability to remain in their communities.

Target Population. The CSS Plan is intended to provide services to people in our communities who are most severely challenged by mental health issues, including adults and older adults with severe and persistent mental illnesses, and children and youth suffering from severe emotional disturbances. In this first plan, a number of priority groups have been identified to receive services, including but not limited to:

- *Children (0-15)* and families of children with severe emotional disturbances who have been or are at risk of being removed from their homes by the County; are in families affected by substance abuse issues; are experiencing extreme behaviors at school; or are involved with probation.

- *TAY (16-25)* suffering from severe mental health issues who are struggling with substance abuse disorders; are homeless or at-risk of becoming homeless; are aging out of the children's mental health, child welfare or juvenile justice system; are leaving long-term institutional care; or are experiencing their first psychotic break.

- *Adults (26-59)* who have severe and persistent mental illness and who are suffering from substance abuse or other co-occurring disorders, and/or who have suffered trauma; are homeless; are in jail; are frequent users of hospitals and emergency rooms; are cycling through different institutional and involuntary settings; or are being cared for by families outside of an institutional setting.

- *Older Adults (60 years+)* who have severe and persistent mental illness and who are not currently being served and have reduced functioning; are homeless or at risk of being homeless; are institutionalized, or at risk of being institutionalized; or are in nursing homes, or receiving hospital or emergency room services.

Number of Persons to Be Served. It is estimated that a total of 45,616 individuals will be served over the three-year period, including: 8,377 children and their families; 11,431 TAY and their families; 18,515 adults; and 7,296 older adults. Alternative crisis services will reach out to 55,560 children, TAY, adults, and older adults. A total of 18,710 children and their families, TAY and their families, adults, and older adults will receive help finding the community-based supports and services they need. Education on mental health issues and how to get involved will target 45,000 persons.

Outcomes. There are eight (8) outcomes that are expected to positively impact individuals and families who receive services under the CSS Plan:

- Meaningful use of time and capabilities, including things such as employment, vocational training, education, and social and community activities;
- Safe and adequate housing, including safe living environments with family for children and youth;
- Reduction in homelessness;
- A network of supportive relationships;
- Timely access to needed help, including times of crisis;
- Reduction in incarceration in jails and juvenile halls;
- Reduction in involuntary services, reduction in institutionalization, and reduction in out-of-home placements; and
- Maintaining or improving physical health (as it relates to the achievement of the other outcomes).

Details on monitoring and measurement of required performance outcomes will be determined during the design and implementation phase. Development of the necessary infrastructure to track outcomes over time will also be addressed during this phase.

One-Time Funds. Given the complexity of the planning process required to complete the first draft of the CSS Plan, the earliest that Los Angeles and other counties can expect to receive funding from the State is January 2006, halfway through the first fiscal year. Since the State is administering the CSS Plan on a fiscal year basis, Los Angeles will not have an approved plan for the first half of 2005-06. To address this timing anomaly in the first year, the State is allowing counties to treat the unused portion of their first year allocations as one-time funds. Los Angeles County's first year allocation for the CSS is approximately $90 million. Assuming DMH submits its plan to the State

mid-October and the State approves the plan in time for funding to be available by January 2006, DMH would potentially have access to half of its first year allocation, or $45 million, as one-time funds. Although the State has not yet issued final guidelines for the one-time funds, indications are that: (1) investments that would be allowed under the guidelines for ongoing funds will be permitted; (2) all one-time funds must be expended by June 30, 2006; and (3) a portion of the one-time funds will be set aside in a prudent reserve established by the County in accordance with State requirements. Priority categories for one-time funds include: (1) planning, outcomes, and engagement work; (2) one-time infrastructure investments, including vehicles, equipment, and other needs; (3) housing supports; and (4) training and education initiatives.

On-Going Funds. For on-going funds, the allowable investments include:

- *Full-service partnerships funds* which involve services to established focal populations. State guidelines specify that a majority of a County's CSS investments must be devoted to full service partnerships (includes supportive services to people in the full service partnership programs and their families). A total of $56 million in full-service partnership funds is being requested from the State.
- *General system development funds* which are used to improve programs, services, and supports for all clients and families and to transform their programs and services in ways consistent with the values and aims of the MHSA. A total of $40 million in general system development funds is being requested from the State (includes administration, outreach and engagement costs).

On September 20, 2005, the Mental Health Commission held a public hearing in collaboration with the Board of Supervisors on the final draft of the CSS Plan. Based on the feedback received at the public hearing, delegates assembled to revise and finalize the CSS Plan. This Board action is for your review of the final CSS Plan and your authorization to submit the CSS Plan to SDMH for approval.

The Chief Administrative Office and County Counsel have approved this proposed action.

CONTRACTING PROCESS

This subject does not apply.

IMPACT ON CURRENT SERVICES

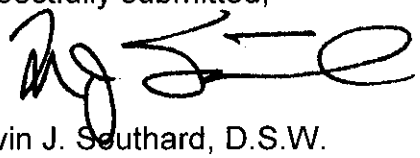
Implementation of the County's CSS Plan will improve the efficiency and effectiveness of mental health operations across the entire service delivery system of directly-

operated and contract providers, fee-for-service network providers, and hospitals. As designed, it will significantly improve the capacity of the mental health system to provide outcomes driven, evidence-based models of care and recovery.

CONCLUSION

The Department of Mental Health will need one (1) copy of the adopted Board's action. It is requested that the Executive Officer of the Board notifies the Department of Mental Health's Contracts Development and Administration Division at (213) 738-4684 when this document is available.

Respectfully submitted,



Marvin J. Southard, D.S.W.
Director of Mental Health

MJS:OC:RK:aw

Attachments

c: Chief Administrative Officer
County Counsel
Chairperson, Mental Health Commission

Aw: MHSA BL #9

LOS ANGELES COUNTY'S
COMMUNITY SERVICES AND SUPPORTS PLAN

A Summary of the Plan Submitted by Los Angeles County to the California Department of Mental Health in Accordance with the Mental Health Services Act

October 2005

EXECUTIVE SUMMARY

In November 2004 California voters passed Proposition 63, the Mental Health Services Act. The Mental Health Services Act (MHSA) gives money to counties to help people and families who have mental health needs. To access these funds, counties develop 5 different substantive plans. The first plan is called the Community Services and Supports (CSS) plan.

This document summarizes Los Angeles County's Community Services and Supports plan.

The State Department of Mental Health requires that a county's Community Services and Supports plan focus on children and families, transition age youth, adults, and older adults who have the most severe and persistent mental illnesses or serious emotional disturbances, including those who are at risk of homelessness, jail, or being put or kept in other institutions because of their mental illness. The plan also must provide help to ethnic and racial communities who have difficulty getting the help they need for themselves or their families when they have serious mental health issues.

Since December 2004, thousands of people across Los Angeles County have participated in a fast-paced planning process to develop our first Community Services and Supports Plan. Participants included people who are receiving services, family members, community leaders, community service providers, staff from the Los Angeles County Mental Health Department, staff from other County Departments, and many others. People of all ages have participated in this planning process, including youth 13 years and older and people well over 70.

We have had people from many ethnic and racial communities participate, including members of African American, Armenian, American Indian, Cambodian, Chinese, Hispanic, Korean, Latino, Persian, Russian, Tongan, Western European, and many other racial and ethnic communities.

Some brief numbers will illustrate the scope of this planning process:

- Between December 2004 and March 2005, over 2000 people helped conduct a needs and strengths assessment of the LA County mental health system. This process generated 930 pages of analysis and draft recommendations.
- Between March and September 2005, we conducted 355 workgroup, delegates, and community engagement meetings involving over 11,000 participants, including 268 community engagement and training meetings and 87 countywide workgroup and delegates meetings. Over 120 of the community engagement meetings were conducted in one or more of 13 languages other than English.
- Between June and September 2005 we conducted 17 delegates meetings, some lasting a half-day, many for a full day. Average participation in these meetings has been over 200 people.

- The public hearing conducted on September 20, 2005 drew over 400 people, including over 150 people who receive services and/or who are family members of people with mental health issues.

We have pursued this expansive planning process because of the significant opportunity presented by this plan for Los Angeles County. In the first three years of this effort, the State Department of Mental Health currently estimates that approximately $280 million will come to Los Angeles County to fund our Community Services and Supports Plan, including:

- **$89, 792,800 in FY 2005-06** ($44,896,400 in on-going funds and $44,896,400 in projected one-time funds);
- **$90,690,728 in FY 2006-07;** and
- **$96,078,296 in FY 2007-08.**

The Community Services and Supports Plan is intended to provide services to people in our communities who are most severely challenged by mental health issues, including adults and older adults with severe and persistent mental illnesses, and children and youth suffering from severe emotional disturbances. In this first plan, we have identified a number of priority groups to receive services, including but not limited to:

- **Children (0 to 15)** with severe emotional disturbances and their families **who:**
  - Have been or are at risk of being removed from their homes by the County;
  - Are in families affected by substance abuse issues;
  - Are experiencing extreme behaviors at school; or
  - Are involved with Probation.

- **Transition Age Youth (16-25)** suffering from severe mental health issues, **who are**:
  - Struggling with substance abuse disorders;
  - Homeless or at-risk or becoming homeless;
  - Aging out of the children's mental health, child welfare or juvenile justice system;
  - Leaving long-term institutional care; or
  - Experiencing their first psychotic break.

- **Adults (26-59)** who have severe and persistent mental illness and **who are**:
  - Suffering from substance abuse or other co-occurring disorders, and/or who have suffered trauma;
  - Are homeless;
  - Are in jail;
  - Are frequent users of hospitals and emergency rooms;
  - Are cycling through different institutional and involuntary settings; or
  - Are being cared for by families outside of any institutional setting.

- **Older Adults (60 years+)** who have severe and persistent mental illness and **who are**:
    - Not currently being served and have reduced functioning
    - Homeless or at risk of being homeless
    - Are institutionalized, or at risk of being institutionalized
    - Who are in nursing homes, or receiving hospital or emergency room services

The guidelines issued by the California Department of Mental Health stipulated a range of services that could be funded through the CSS Plan. In accordance with these guidelines, the Los Angeles County Community Services and Supports Plan proposes to fund the following services:

- Full Service Partnerships in which people create their own plans for recovery with support from professionals and peers, and receive a wide array of services and 24/7 support to make their plan a reality;
- Peer support, peer counseling, and peer mentoring services;
- Housing and residential services, including temporary, supportive, and permanent housing;
- Counseling, assessment, and other traditional mental health services;
- A wide array of alternative crisis services to help people stay out of emergency rooms or other institutional and involuntary settings; and
- Bridging and support services to help people find the supports they need in their communities.

From January 2006, the date we currently expect to begin receiving CSS funds following the State's review of our plan, through June 2008, the timeframe for this first CSS plan, we estimate that these services will reach:

- **9,550** children and their families;
- **11,431** transition age youth and their families;
- **24,180** adults; and
- **7,296** older adults.

Additionally, we project that:

- **59,323** adults, transition age youth and their families, older adults, and children and their families will receive alternative crisis services;
- **18,710** children and their families, transition age youth and their families, adults, and older adults will receive help finding the community based supports and services they need; and
- **45,000** children and their families, transition age youth and their families, adults, and older adults will learn more about mental health issues, the mental health services act, and how to get involved. [1]

[1] Note that these are not unduplicated counts. That is, we expect that some people who receive Alternative Crisis Services, for example, will also receive Full Service Partnership Services and services through our Systems Development investments.

In addition to the services provided with on-going CSS funds, this plan also includes allocations for the use of $44,896,400 in projected one-time funds, including projected allocations for:

- A one-time investment to capitalize a housing trust fund that will provide a source of on-going funding for supportive housing for people with serious mental health needs;
- An investment in a short-term workforce training and development initiative that will help prepare current and future staff within the County mental health system to provide services and supports with a commitment to recovery, and from a place of cultural awareness and competency;
- A one-time investment in needed infrastructure to support the implementation of the CSS plan;
- A one-time investment in an aggressive outreach and engagement campaign to help more people become aware of how to engage in the Mental Health Services Act planning process in Los Angeles County, and to help us begin to identify the needs of hard to reach populations within the County; and
- An investment in a Prudent Reserve Fund as recommended by the California Department of Mental Health to help Los Angeles County weather year-to-year fluctuations in funding for the MHSA.

Several commitments permeate every aspect of the Los Angeles County CSS plan, including commitments to:

- Promote recovery for all who struggle with mental health issues;
- Achieve positive outcomes for all who receive mental health services;
- Deliver services in culturally appropriate ways, honoring the difference within communities;
- Insure that services are delivered in ways that address disparities in access to services, particularly disparities affecting ethnic and cultural communities.

We are building systems to insure that we are held accountable to these commitments over time as we move toward the implementation of the Community Services and Supports Plan for Los Angeles County.

TABLE OF CONTENTS

THE LOS ANGELES COUNTY MENTAL HEALTH SYSTEM'S COMMUNITY SERVICES AND SUPPORTS PLAN

Introduction

In November 2004 California voters passed Proposition 63, the Mental Health Services Act. The Mental Health Services Act (MHSA) gives money to counties to help people and families who have mental health needs.

To access these funds, counties have to develop 5 different substantive plans (in addition to a plan to plan). The first substantive plan is called the Community Services and Supports (CSS) plan.

This document summarizes Los Angeles County's first Community Services and Supports Plan, submitted to the State Department of Mental Health for approval in October 2005.

The State Department of Mental Health requires that a county's Community Services and Supports plan focus on children and families, transition age youth, adults, and older adults who have the most severe and persistent mental illnesses or serious emotional disturbances, including those who are at risk of homelessness, jail, or being put or kept in other institutions because of their mental illness. The plan also must provide help to ethnic and racial communities who have difficulty getting the help they need for themselves or their families when they have serious mental health issues.

This summary includes the following sections:

- Section 1 briefly summarizes public planning process that generated the Community Services and Supports Plan for Los Angeles County.
- Section 2 outlines the overarching themes addressed by the plan.
- Section 3 details the kinds of funding and programs the plan must incorporate according the guidelines issued by the California Department of Mental Health.
- Section 4 summarizes the recommendations for each age group, including Children 0-15, Transition Age Youth 16-25, Adults 26-59, and Older Adults 60 and older;
- Section 5 summarizes the cross-cutting services that apply to all or multiple age groups, including services to help alleviate the current crisis in the Psychiatric Emergency Rooms, and bridging and support services to help people find the supports and services they need in their communities.
- Section 6 summarizes the recommendations for the projected one-time funds.
- Section 7 provides a summary of the projected three-year budget, including both the on-going funds and the projected one-time funds.

Section 1: The Community Planning Process

Since December 2004, thousands of people across Los Angeles County have participated in a fast-paced planning process to develop the first draft of a Community Services and Supports Plan.

Participants included people who are receiving services, family members, community leaders, community service providers, staff from the Los Angeles County Mental Health Department, staff from other County Departments, and many others. People of all ages have participated in this planning process, including youth 13 years and older and people well over 70. We have had people from many ethnic and racial communities participate, including members of African American, Armenian, American Indian, Cambodian, Chinese, Hispanic, Korean, Latino, Persian, Russian, Tongan, Western European, and many other racial and ethnic communities.

The Los Angeles County planning process for the Community Services and Support (CSS) Plan is continuing to unfold through several different structures. Sixty-three delegates, chosen from over 40 different stakeholder groups, have been making all formal decisions during this process. People who receive services and family members, including caregivers of young children, are well-represented as delegates and alternates.

While stakeholder groups formally choose the delegates and alternates who participate in the decision-making process, participation in all other structures is open: anyone who wants to participate can. The work of the delegates is supported by a variety of other work structures, including five countywide workgroups, myriad ad hoc workgroups, and the Service Area Advisory Councils. The Board of Supervisors divided Los Angeles County into eight service areas to facilitate planning within and among County departments. Each Service Area has a Mental Health Service Area Advisory Council that includes people who receive mental health services, family members, mental health service providers, and County Department representatives. Consumers, family members, and advocates actively participate in the work of the countywide workgroups, the ad hoc workgroups, and the Service Area Advisory Councils.

We have been offering modest stipends and transportation vouchers to participants, and investing substantial resources in oral and written translation services to facilitate the participation of people who receive services and families.

The planning process has proceeded through three stages to date:

Phase One: We organized an expansive community process that began in December, 2004 and concluded in March, 2005. This process produced 930 pages of assessment and analysis of the current system and a broad array of preliminary recommendations about how to improve it. Over 30 ad hoc countywide groups formed and participated; in addition, each of the eight Service Area Advisory Councils organized three or more sub-groups to participate in this process as well. Beyond this assessment work, this phase

also produced multiple trainings for stakeholder and other groups in the fundamentals of the Mental Health Services Act and how the planning process would unfold in Los Angeles County.

Phase Two: Five countywide workgroups formed to begin work specifically focused on the CSS Plan. The five workgroups included:

- Children 0-15;
- Transition Aged Youth 16-25;
- Adults 26-59;
- Older Adults 60 and older; and
- Under-represented (and Inappropriately Served) Ethnic Populations.

These groups met intensively in full-group and ad hoc workgroup sessions between late April and mid-June, 2005 to draft a series of recommendations for their age group or area of focus for consideration and revision by the delegates. Each workgroup had a participant list of well over 100 people, and included substantial representation from people who receive services, family members, advocates, community-based providers, members of the Service Area Advisory Councils, various Departments, and other groups.

This phase of work continued the trainings on how to participate in the planning process and was delivered in multiple languages to groups across the County. It also included trainings in the recovery model and in various dimensions of Full Service Partnerships as well as systems development.

Phase Three: Beginning in mid-June sixty-three delegates from more than forty Stakeholder groups began meeting in half-day and full-day sessions to review the recommendations from the five countywide workgroups. On average, more than 200 people attended each of the 17 delegate meetings that occurred between June and September 2005. Dozens of ad hoc workgroup sessions also occurred during this period to address issues that arose during the delegates' deliberations.

The delegates' meetings had two fundamental foci: first, to educate the delegates and others about the various recommendations from the Countywide workgroups and about the evolving State guidelines; and second, to engage the delegates in a consensus building process to develop the first draft of the CSS Plan.

We published the draft of our CSS Plan on August 9, 2005, reflecting the consensus achieved among the delegates and stakeholder groups on the overarching budget, and the priority programs and strategies for the first three years of the CSS Plan. Between mid-July, after delegates had reached agreement on the framework for the plan, and September 9, the last day of the thirty-day comment period, we conducted over 200 community engagement sessions involving more than 5000 people. These meetings were organized and supported by community members, people receiving services,

family members, DMH staff, community based providers and many others. These sessions:

- Occurred across all 8 service areas.
- Engaged people across all four age groups.
- Engaged multiple special populations, including people who are currently homeless, older adults who are homebound, people who are deaf or hearing impaired, parent groups, faith-based groups, probation officers, HIV clinic patients, social workers, people who are gay, lesbian, or transgender, people in the jails and other institutional settings, and many others.
- Included 127 sessions conducted in 13 different languages other than English, including 58 sessions in Spanish only, 19 sessions in Spanish and English, 9 in Korean, 8 in Armenian, 6 in Japanese, 5 in Thai, 4 in Russian, 4 in Tagalog, 3 in mixed language, 2 in Cambodian, 2 in Cantonese, 2 in Farsi, 1 in Mandarin, 1 in American Sign Language, 1 in Hindi, 1 in Urdu, and 1 in Vietnamese.

All told, since March 2005 we have conducted almost 90 working sessions on various aspects of the plan, including delegates meetings, countywide workgroup meetings, and ad hoc workgroup meetings. The total number of participants in all sessions for which we have documentation since March 2005, including the working sessions, the community engagement and training sessions analyzed above, and other specialized training and engagement sessions, is over 11,000.

Section 2: Overarching themes

The State has mandated, and the delegates to the Los Angeles County planning process have adopted, a number of overarching commitments and themes to guide all of the efforts under the Community Services and Supports (CSS) plan.

A Commitment to Outcomes

First, this plan must demonstrate progress over time to making concrete, measurable improvements in the lives of the people and families who receive services through the CSS plan. In the language of the MHSA, this is called making a commitment to outcomes. Specifically, the State has outlined seven related outcomes that each County will be expected to positively impact for the people and families who receive services under the Community Services and Supports Plan. These outcomes include:

- Meaningful use of time and capabilities, including things such as employment, vocational training, education, and social and community activities;
- Safe and adequate housing, including safe living environments with family for children and youth; reduction in homelessness;
- A network of supportive relationships;
- Timely access to needed help, including times of crisis;
- Reduction in incarceration in jails and juvenile halls; and

- Reduction in involuntary services, reduction in institutionalization, and reduction in out-of-home placements.

In addition to these six outcomes, the delegates to Los Angeles County's planning process have adopted one additional outcome:

- Maintaining or improving physical health as it relates to the achievement of the other outcomes.

These outcomes provided the starting place for delegates' work constructing plans for the four age groups: children, transition age youth, adults, and older adults. In some cases, delegates developed more nuanced statements of the outcomes associated with each age group. (See the discussion of Full Service Partnerships below.) Moreover, age-appropriate indicators will have to be developed for each outcome. For example, indicators for the outcome *meaningful use of time and capabilities* will clearly vary significantly by age group.

A Commitment to Recovery and Wellness

A second major focus for this effort in Los Angeles County, and required by the State guidelines, is a commitment to recovery and wellness. As a starting place for this commitment, we have identified five cornerstones to a commitment to recovery. In everything we do, we should reflect a commitment:

- To the conviction that *recovery is possible*;
- To encourage individuals, families and communities to share responsibility to support one another;
- To provide education about mental illnesses and mental health issues and how they affect individuals and families;
- To teach and promote self-advocacy; and
- To provide meaningful and appropriate support to individuals and families at every step along the pathway to recovery and wellness.

The State's language about recovery and wellness includes the concept of resiliency as well:

> *Recovery* refers to the process in which people who are diagnosed with a mental illness are able to live, work, learn, and participate fully in their communities. For some individuals, recovery means recovering certain aspects of their lives and the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or elimination of symptoms. Focusing on recovery in service planning encourages and supports hope.
>
> *Resilience* refers to the personal qualities of optimism and hope, and the personal traits of good problem solving skills that lead individuals to live,

> work and learn with a sense of mastery and competence. Research has shown that resilience is fostered by positive experiences in childhood at home, in school and in the community. When children encounter negative experiences at home, at school and in the community, mental health treatments, which teach good problem solving skills, optimism, and hope can build and enhance resilience in children . . . (Mental Health Services Act Community Services and Supports: Three Year Program and Expenditure Plan Requirements, August 1, 2005, pp. 5-6. From this point forward, this document will be referred to as the State CSS Guidelines.)

The delegates to the planning process in Los Angeles County understand that informal and peer-provided social supports are as essential for sustaining long-term recovery and wellness as are services and supports provided by professionally trained service providers, and that our efforts must reflect a resolute commitment to both.

The State has reinforced this commitment in its August 1 guidelines, making clear its expectation that beyond the specific outcome measures for individuals and families, it expects that a number of system improvements will develop as a result of County efforts through the CSS and other Mental Health Services Act plans, including:

- Increases in the level of participation and involvement of clients and families in all aspects of the public mental health system;

- Increases in client and family operated services; . . . [and]

- Increases in the array of community service options for individuals diagnosed with serious mental illness, and children and youth diagnosed with serious emotional disorders and their families, that will allow them to avoid unnecessary institutionalization and out-of- home placements. (State CSS Guidelines, p. 3)

A Commitment to Address Disparities in Access to Services

A third commitment embraced by the Los Angeles County planning process, and specifically required by the State, requires efforts funded by the CSS plan to address disparities in access to services by ethnic and racial groups, and by geography. The State guidelines state that County efforts must include:

> . . . Outreach to and expansion of services to client populations in order to eliminate ethnic disparities in accessibility, availability and appropriateness of mental health services and to more adequately reflect mental health prevalence estimates . . . (State CSS Guidelines, p. 3)

One of the ways the Los Angeles County planning process sought to insure this commitment would be a substantial dimension of any CSS plan submitted by the State was to create a specific Countywide workgroup focused on the needs of Under-represented (and Inappropriately Served) Ethnic Populations. This group developed a series of recommendations for the immediate CSS plan and the long-term

transformation efforts in LA County, including recommendations about how funding should be allocated within the first CSS plan. These recommendations are detailed in the discussion of Full Service Partnerships below.

The State has made clear, and delegates to the LA County planning process have agreed, that a commitment to address disparities in access to services must include a commitment to building a culturally competent system, a system that respects and builds upon the strengths and capacities of different communities. Again, from the August 1 guidelines:

> . . . Cultural competence includes language competence and views cultural and language competent programs and services as methods for elimination of racial and ethnic mental health disparities. There is a clear focus on improved quality and effectiveness of services. Service providers understand and utilize the strengths of culture in service delivery. Culturally competent programs and services are viewed as a way to enhance the ability of the whole system to incorporate the languages and cultures of its clients into the services that provide the most effective outcomes and create cost effective programs. (State CSS Guidelines, p. 6)

Although the State has not yet issued guidelines for the Workforce Training and Development Plan that will be required under the Mental Health Services Act, delegates have recommended using one-time funds to support a short-term workforce training and development initiative to help prepare current and future staff to provide services and supports with a commitment to recovery, and from a place of cultural awareness and competency.

A Commitment to Age Appropriate Strategies

Los Angeles County delegates have embraced a commitment to age-appropriate strategies, beginning with the State's age groups of Children 0-15, Transition Age Youth 16-25, Adults 26-59, and Older Adults 60 and older. Delegates also recognize that differences often exist within these somewhat arbitrary age groupings—e.g., the needs of older adults who have just turned 60 may be profoundly different than older adults who are over 80; the needs of transition age youth who are 16 are often quite different than youth who are in their mid-twenties. Delegates sought to develop strategies that accounted for different needs within age groups, and have made a commitment to refine this plan over time to develop even more nuanced approaches to such sub-age group issues.

A Commitment to Address Substance Abuse and Other Co-Occurring Disorders

Delegates have recognized that an overwhelming percentage of people who suffer from severe and persistent mental illness or severe emotional disturbances also suffer from complications due to co-occurring disorders, including in particular substance abuse

issues. Each of the plans associated with the four age groups has clearly articulated and embraced a commitment to build a system that seamlessly and effectively addresses co-occurring disorders that often significantly exacerbate the effects of mental illness.

A Commitment to Community Collaboration and Integrated Services

Beyond these specific commitments, the State also expects, and Los Angeles County delegates have embraced, commitments to community collaboration and integrated services. The multiple strategies recommended for funding in this plan all require significant collaboration between the Los Angeles County Department of Mental Health and multiple other partners, including self-help and peer advocacy groups, family groups, community-based and faith-based organizations, community-based providers, other County Departments, law enforcement agencies, and myriad others.

Section 3: Distinguishing two kinds of funding and the different investments supported by each

The first CSS plan covers three fiscal years: July 2005 through June 2006, July 2006 through June 2007, and July 2007 through June 2008.

Given the complexity of the planning process required to complete the first draft of the CSS plan, the earliest that Los Angeles and other counties can expect to receive funding from the State is January 2006, half-way through the first fiscal year. Since the State is administering the CSS plans on a fiscal year basis, this means that Counties will not have plans for at least the first half of the first fiscal year (or longer if they take longer to submit their plans to the State).

To address this timing anomaly in the first year, the State is allowing Counties to treat the un-used portion of their first year allocations as one-time funds. Los Angeles County's first year allocation for the CSS is approximately $90 million. Assuming we submit our plan to the State by early October 2005 and the State approves the plan in time for funding to be available by January 2006, Los Angeles County would potentially have access to half of its first year allocation, or $45 million, as one-time funds.

So: the first funding distinction is that there are *on-going funds* and *one-time funds*. The State further stipulates allowable uses for both kinds of funding.

Allowable uses for on-going funds

For *on-going* funds, there are three kinds of allowable investments: full-service partnerships, general system development initiatives, and outreach and engagement funding.

Full-service partnerships have several defining characteristics, including providing services to established focal populations (discussed more fully below under each age group) through a *whatever it takes* commitment to support the individual receiving services to make progress on their particular pathway to recovery and wellness. Put more simply:

- Discrete **individuals who meet certain population criteria** (called focal population criteria) enroll in a Full-Service Partnership program.
- Each enrolled individual (and their family where appropriate) participates in the development of a **plan** that is **focused on recovery and wellness.**
- The plan can include **traditional mental health services as well as a wide array of other services—**e.g., housing services, employment services, peer support services, substance abuse treatment services, recreational or other therapeutic services—consistent with a commitment to support and do "**whatever it takes"** to help the individual progress toward recovery and wellness. Programs can either provide the range of services required by clients directly, or can link to other organizations and providers to insure that the services agreed to in the plan are available to the client and the family where appropriate.
- Each enrolled individual has a **single point of responsibility for the provision of services and supports.** In most programs this will be through a **team**, each member of which has a sufficient trusting relationship with the individual receiving services that the individual feels comfortable calling team members when they need help.
- Team members must have low enough case loads to insure **24/7 availability.** In many programs this is estimated to be no more than 15 clients to 1 staff member.
- Programs will report **quarterly on outcomes** achieved for the individuals enrolled. (State CSS Guidelines, p. 22-23)

System development funds are funds to improve programs, services and supports for the populations to be served by full service partnerships, and for other populations consistent with the State-mandated populations for the Community Services and Supports plan. As a general rule, Counties may use system development funds to improve programs, services and supports for all clients and families and to transform their programs and services in ways consistent with the values and aims of the MHSA. (State CSS Guidelines, p. 8)

Counties may also use on-going funds to support *outreach and engagement efforts* targeting those populations that currently receive little or no service. The August 1 guidelines specifically restrict the use of these funds to those activities designed to reach un-served populations. Individuals who may have had extremely brief and/or only crisis oriented contact with and/or service from the mental health system are considered un-served for the purposes of this funding. (State CSS Guidelines, p. 8)

Of these three allowable uses for on-going funds—full service partnerships, general system development investments, and outreach and engagement—State guidelines

specify that a majority of a County's CSS investments must be devoted to full service partnerships.

Allowable uses for one-time funds

Under the guidelines issued by the State for one-time funds, Counties can develop plans for these funds that include:

- Extensions of Community Program Planning Funding;
- System Improvement Funding;
- Other One-Time Community Services and Supports Funding; and
- Funding for a Prudent Reserve.

With certain exceptions—e.g., funding for the Prudent Reserve—all one time funds must be expended by June 30, 2006. (DMH Letter No. 05-06, September 2, 2005.)

Section 4: Projected three year budget amounts

The State has projected that Los Angeles County will receive the following allocations for its Community Services and Supports plan over the next three fiscal years:

- FY 2005-06: **89,792,800**
- FY 2006-07: **90,690,728**
- FY 2007-08: **96,078,296**

We project that we will begin receiving on-going funds in January 2006, half-way through FY 2005-06. Therefore, we project that we will have $44,896,400 available in on-going funds for the second half of FY 2005-06, and an equivalent amount in one-time funds. The tables in Attachment 2 detail the current projected budgets for each age group and the plan as a whole.

Section 5: Summary of the funding recommendations for the first three-year CSS plan

What follows is a summary of the consensus recommendations delegates have approved for the first three-year Community Services and Supports Plan.

This section proceeds through the following structure:

- A summary of the Full-Service Partnership recommendations for each age group;
- A summary of the Systems Development recommendations for each age group;
- A summary of the Cross-Cutting recommendations that address all or multiple age-groups;
- A summary of the One-time Funding recommendations.

FULL SERVICE PARTNERSHIPS FOR EACH AGE GROUP

The Full Service Partnerships for all age groups will reflect the characteristics described on page 9 above. The differences in design will reflect the different focal populations chosen for each age group, and the particular outcomes sought for the focal populations. The following sections, therefore, first outline the focal populations and priority outcomes delegates identified for each age group. Additionally, each section contains beginning reflections about design criteria for age specific full service partnerships. Delegates will develop more refined criteria for the implementation of full service partnerships in the coming weeks as they begin to focus on design and implementation issues related to the CSS plan.

Following these sections are two additional sections related to Full Service Partnerships: the first estimates the number of people to be served under each age group across the three fiscal years of this first CSS plan; the second summarizes the approach the delegates have endorsed for allocating the Full Service Partnerships by age group, by ethnicity, by Service Area, and by focal population.

Full Service Partnerships for Children 0-15

1. Recommended Target Populations for Children's Full Service Partnerships

In the August 1, 2005 guidelines the State Department of Mental Health recommends several groups of children aged 0-18 as candidates for target populations. These groups include children and youth between the ages of 0 and 18, [2] or Special Education students through the end of the school year in which they turn 22 and their families, who have serious emotional disorders and who are not currently being served. This population generally consists of:

- Youth and their families who are uninsured, under-insured and/or youth who are not eligible for Medi-Cal because they are detained in the juvenile justice system;
- Homeless youth, youth in foster care placed out-of-county and youth with multiple (more than two) foster care placements;
- Children and youth who are so underserved that they are at risk of homelessness or out-of-home placement. (State CSS Guidelines, p. 21)

Delegates embraced the State's recommended focal populations, though many of the sub-groups specified by the State actually fall within the focal populations identified by

[2] The first draft of the CSS guidelines issued by the State set the age range for children at 0-15. In subsequent versions of the guidelines, including the final guidelines, the State established the age range for children at 0-18, creating an overlap with Transition Age Youth. We have opted to keep the age range for children at 0-15, and to create ad hoc structures for the Children and Transition Age Youth workgroups to work together when they are addressing issues that cross between the two populations.

the Transition Age Youth (TAY) workgroup (see the TAY discussion in the next section). The delegates further defined the recommended focal populations to include children (0 to 15) with severe emotional disorders [SED] and their families, with a priority placed on children with co-occurring disorders, recent hospitalizations, psychotic disorders, or showing symptoms of trauma experiences. In particular we will focus on:

- Pre-natal to 5 year olds who are at high risk of being expelled from pre-school, involved with or at high risk of being detained by the Department of Children and Family Services (DCFS); or children of parents or caregivers who have SED or severe and persistent mental illness, or have a co-occurring substance abuse disorder;

- Children who have been removed from their homes or who are at high risk of being removed from their home by DCFS, and who are in transition to less restrictive placements;

- Children who are experiencing the following at school:
  - Expulsion or suspension, or high risk of either;
  - Violent behaviors;
  - Drug possession or use;
  - Suicidal and/or homicidal ideation; and/or
  - Truancy; and

- Youth involved with the Probation Department who are being treated with psychotropic medications and who are transitioning back into less structured home and community settings.[3]

2. Recommended Outcomes

Delegates have embraced the outcomes for children and their families as specified by the State's August 1, 2005 guidelines, including:

- Meaningful use of time and capabilities, including employment, vocational training, education, and social and community activities;
- Safe and adequate housing, including safe living environments with family for children and youth; reduction in homelessness;
- A network of supportive relationships;
- Timely access to needed help, including during times of crisis;
- Reduction in incarceration in jails and juvenile halls; and
- Reduction in involuntary services, reduction in institutionalization, and reduction in out-of-home placements.

[3] Delegates also identified Transition Age Youth in Probation Camps as a priority population. Full service partnership models will be encouraged that serve both populations seamlessly.

Delegates also embraced the additional outcome of maintaining or improving physical health, as it relates to the achievement of the other outcomes, for children and their families.

3. Beginning Design Reflections for Full Service Partnerships for Children

Delegates embraced the definition of Full Service Partnerships as outlined above. Delegates also embraced a range of other criteria for Full Service Partnerships for this age group, including:

- Services provided in the home, school, and community;
- Strength-based assessments;
- Services provided to family members when essential for the achievement of outcomes for the child;
- Benefit establishment services;
- Mental health treatment for parents of SED children who may not meet the target population definition in the adult system;
- Evidence based treatment practices; and
- Support for parent and caregiver advocacy.

Full Service Partnerships for Transition Age Youth 16-25

1. Recommended Target Populations for Full Service Partnerships

On August 1, 2005, State Department of Mental Health guidelines recommended several groups of Transition Age Youth 16-25 as candidates for target populations. These groups include transition age youth between the ages of 16 and 25, who are currently unserved or underserved who have serious emotional disorders and who are:

- Homeless or at imminent risk of being homeless;
- Youth who are aging out of the child and youth mental health, child welfare and/or juvenile justice systems;
- Youth involved in the criminal justice system or at risk of involuntary hospitalization or institutionalization; and
- Transition age youth who have experienced a first episode of major mental illness.

The delegates have embraced the State's recommended focal populations, and further refined them in the following manner. The delegates intend to make a long-term commitment to all transition age youth 16-25 who have severe emotional disturbances (SED) or Severe Mental Illnesses (SMI) that result in significant functional impairment, or who demonstrate significant social, emotional, educational and/or occupational impairments who could meet the criteria for an SED and/or SMI diagnosis, including those youth with dual diagnoses or co-occurring disorders, including substance abuse disorders and others.

During the first three years of the CSS Plan, however, focus will be on those youth who are unserved, underserved or inappropriately served, including those who are homeless, or at risk of homelessness, and/or youth aging out of the children's mental health, child welfare, and juvenile justice systems.

In particular, we will give priority to youth who:

- Have been in or are leaving long term institutional settings—e.g., level 14 group homes—including those youth who, though diagnostically qualified for level 14 group homes, were living in other settings;
- Have been in hospitals, Institutes for Mental Disease (IMDs), Community Treatment Facilities, jails, and/or Probation Camps; and
- Youth who have experienced their first psychotic break.

2. Recommended Outcomes

Delegates have embraced the State's outcomes for transition age youth, including:

- Meaningful use of time and capabilities, including employment, vocational training, education, and social and community activities;
- Safe and adequate housing, including safe living environments with family for children and youth; reduction in homelessness;
- A network of supportive relationships;
- Timely access to needed help, including during times of crisis;
- Reduction in incarceration in jails and juvenile halls; and
- Reduction in involuntary services, reduction in institutionalization, and reduction in out-of-home placements.

Delegates also embraced three additional outcomes for transition age youth:

- Maintaining or improving physical health, as it relates to the achievement of the other outcomes;
- Reduction in early pregnancy; and
- Completion of high school diploma or a GED.

A note about age appropriateness and transition age youth: Delegates fully appreciate the unique developmental challenges faced by this group of young people, above and beyond whatever mental health challenges they face. Our use of different phrases throughout this report, youth, young people, young adults, is intended to suggest some of these age-related developmental challenges. All of the recommendations in this report, both within Full Service Partnerships and system development investments, presume a commitment to ultimately helping transition age youth who are receiving services to achieve the highest level of self-sufficiency possible. What this means in practice will vary depending on many factors including age, culture, and ethnicity.

For many youth 16-18 or even older, helping them establish or re-establish appropriate relationships with family members or other adult caregiver is crucial to helping them progress toward self-sufficiency. Many young people, however, even some in younger ages, have already begun to transition to independence, and establishing relationships with family members or other adults must reflect this reality.

The complexity of these dynamics reflects the essential requirement to tailor services and supports to the particular needs of the individual. As a general principle, however, we understand all of the recommendations made here to reflect both a commitment to provide services to young people in the context of their relationships with their families and communities, and a commitment to support the maximum levels of self-sufficiency possible.

3. Beginning Design Reflections for Full Service Partnerships for TAY

Delegates embraced the definition of Full Service Partnerships for transition age youth as outlined above.

In addition, delegates agreed that one of the most essential elements for success of Full Service Partnerships is a strong commitment to meet the housing needs of enrolled youth and young adults. Delegates believe that such a commitment is crucial for ensuring that youth and young adults enrolled in Full Service Partnerships have a stable environment in which to work toward recovery and wellness.

Included within the initial cost estimates for Full Service Partnerships for transition age youth are the cost estimates for a range of housing options to be made available to youth and young adults enrolled in these programs including:

- Hotel vouchers for emergency housing;
- Rental subsidies and vouchers;
- Access to housing, and housing with supportive services, specifically designated and designed for transition age youth with SED or SMI; and
- Other appropriate housing assistance.

Full Service Partnerships for Adults 26-59

1. Recommended Target Populations for Full Service Partnerships for Adults

The State Department of Mental Health August 1 guidelines recommended several groups of adults with serious mental illness as potential focal populations, including adults with a co-occurring substance abuse disorder and/or health condition who are either not currently served and meet one or more of the following criteria:

- Homeless;
- At risk of homelessness, such as youth aging out of foster care or persons coming out of jail;

- Involved in the criminal justice system, including adults with child protection issues; or
- Frequent users of hospital and emergency room services;
- Or who are so underserved that they are at risk of:

    - Homelessness, such as persons living in institutions or nursing homes;
    - Criminal justice involvement;
    - Institutionalization; or
    - Transition age older adults (often between the ages of 55 and 59) who are aging out of the adult mental health system and at risk of any of the above conditions or situational characteristics are also included. (State CSS Guidelines, p. 21)

The delegates embraced the State's recommended focal populations, and further refined them as follows. We will focus our initial CSS Full Service Partnerships for adults on those people with serious mental illness, including people who have co-occurring disorders and/or have suffered severe trauma, who are so unserved or underserved as to be:

- Homeless;
- In jail;
- Frequent users of hospitals or emergency rooms;
- In other institutional settings (including State Hospitals, IMDs, Urgent Care Centers, various residential treatment and other facilities); or
- With family members or in other settings and, because of their mental illness, are at imminent risk of homelessness, jail, and/or institutionalization.

2. Recommended Outcomes

Delegates have embraced the outcomes for adults as specified by the State, including:

- Meaningful use of time and capabilities, including employment, vocational training, education, and social and community activities;
- Safe and adequate housing, including safe living environments with family for children and youth; reduction in homelessness;
- A network of supportive relationships;
- Timely access to needed help, including times of crisis;
- Reduction in incarceration in jails and juvenile halls; and
- Reduction in involuntary services, institutionalization, and/or out-of-home placements.

Delegates also embraced the additional outcome of maintaining or improving physical health as it relates to the achievement of the other outcomes for adults.

Full Service Partnerships for Older Adults 60+

1. Recommended Target Populations for Full Service Partnerships for Older Adults

The August 1, 2005 guidelines issued by the State Department of Mental Health recommended several groups of Older Adults 60 and older as candidates for target populations. These groups include older adults 60 years and older with serious mental illness, including older adults with co-occurring substance abuse disorders and/or other health conditions, who are not currently being served and:

- Have a reduction in personal or community functioning;
- Are homeless;
- At risk of homelessness, institutionalization, nursing home care, hospitalization and emergency room services; or
- Older adults who are so underserved that they are at risk of any of the above

Transition age older adults may be included under the older adult population when appropriate.

The delegates embraced the State's recommended focal populations, and further refined them as follows. We will focus our initial CSS Full Service Partnerships for older adults 60 years and older with serious mental illness, including:

- Individuals with co-occurring disorders that include substance abuse disorders, developmental disorders, medical disorders and cognitive disorders with a primary diagnosis of mental illness;
- Those at imminent risk for placement in Skilled Nursing Facility (SNF) or released from SNF, possibly conserved;
- Adult Protective Service-referred clients with a history of self-neglect or abuse and who are typically isolated;
- Clients at high risk of going to jail or released from jails;
- Intensive service recipients (clients with 6 or more hospitalizations in the past 12 months);
- Clients currently in the system who are aging up in the system, e.g., consumers who have suffered from severe mental disorders in earlier years who are now becoming senior citizens, perhaps currently in adult "ACT-like programs;" and
- Clients at high risk for suicide

2. Recommended Outcomes

Delegates have embraced the outcomes for older adults as specified by the State, including:

- Meaningful use of time and capabilities, including employment, vocational training, education, and social and community activities;

- Safe and adequate housing, including safe living environments with family for children and youth; reduction in homelessness;
- A network of supportive relationships;
- Timely access to needed help, including times of crisis;
- Reduction in incarceration in jails and juvenile halls; and
- Reduction in involuntary services, reduction in institutionalization, and reduction in out-of-home placements.

Delegates modified the wording of these outcomes to more appropriately apply to older adults. The refined list of outcomes includes:

- An affordable, safe and nurturing environment that is, as least restrictive as possible, supporting optimal functioning in a safe living arrangement;
- A meaningful way to use one's time, including a sense of community connectedness, and feelings of value and esteem within the community;
- Meaningful and supportive relationships with others ;
- A full array of culturally sensitive, age appropriate mental health and supportive services, available in all geographic areas;
- Maintaining optimal functional ability and physical, cognitive and mental health; and
- Ability to exercise self-determination.

3. Beginning Design Reflections for Full Service Partnerships for Older Adults

Delegates have developed a preliminary list of potential design criteria for Full Service Partnerships for older adults, including:

- Multidisciplinary staff with training and experience in working with older adults
- Experience with and commitment to delivering in-home services
- Demonstrated experience providing specialized interventions that have been shown to have promise for older adults
- Experience identifying, integrating and addressing the multi-faceted needs of older adult clients in the areas of mental health, substance abuse, health & hygiene, benefits establishment, housing, transportation, and nutrition.
- Demonstrated ability to work collaboratively with primary care providers
- Experience delivering field-based services to older adults in sites such as nursing facilities, senior centers, faith-based organizations or congregate meal programs
- Ability to work with the three focal populations of older adults: those age 60 to 64, 65 to 84 and those over the age of 85
- Commitment to working with the families of older adults, including providing caregiver support groups
- Commitment to a significant period of engagement to establish relationships
- Expertise in recognizing suicidality and conducting periodic assessments of suicidality of at-risk clients
- Demonstrated experience in providing treatment options including psychotherapy in the home

- Available consultation with a gero-pharmacist, occupational therapist and nutritionist and coordination of care with primary care physician
- Ability to provide or arrange transportation that is truly "door through door"
- Demonstrated experience and/or ability to partner with the range of older adult resources including: Caregiver resources, Multi-Service Senior Program, Adult Day Health Care Center, Primary Care Providers, APS, and Public Guardian

Estimates of numbers to be served through Full Service Partnerships

1. Children 0-15
   a. Total children to be served through Full Service Partnerships
      (1) FY 2005-06: 384
      (2) FY 2006-07: 1534
      (3) FY 2007-08: 1534

   b. Estimated average cost per client: $16,500

   c. Estimated percentage of children receiving services who will be eligible for alternative payers sources at some time during a full year of service: 90%

   d. Estimated annual amount to be leveraged through Early Periodic Screening, Diagnosis, and Testing (EPSDT) funds when fully operational: $21,607,465 per year

2. Transition Age Youth 16-24
   a. Total TAY to be served through Full Service Partnerships
      (1) FY 2005-06: 207
      (2) FY 2006-07: 828
      (3) FY 2007-08: 828

   b. Estimated average cost per client: $15,520

   c. Estimated percentage of children receiving services who will be eligible for alternative payers sources at some time during a full year of service: 65%

   d. Estimated annual amount to be leveraged through Early Periodic Screening, Diagnosis, and Testing (EPSDT) funds, Medi-Cal funds, and Healthy Families when fully operational: $7,839,128

3. Adults 25-59
   a. Total to be served
      (1) FY 2005-06: 441
      (2) FY 2006-07: 1766
      (3) FY 2007-08: 1766

b. Estimated average cost per client: $15,000

c. Estimated percentage of adults receiving services who will be eligible for alternative payers sources at some time during a full year of service: 65%

d. Estimated annual amount to be leveraged through Medi-Cal when fully operational: $8,911,440

4. Older Adults 60 +
   a. Total to be served
      (1) FY 2005-06: 41
      (2) FY 2006-07: 205
      (3) FY 2007-08: 205

   b. Estimated average cost per client: $15,000

   c. Estimated percentage of older adults receiving services who will be eligible for alternative payers sources at some time during a full year of service: 80%

   d. Estimated annual amount to be leveraged through Medi-Cal when fully operational: $973,844

Allocation of Full Service Partnerships by Age Group, By Ethnicity, By Service Area, By Focal Population

Conservative estimates calculate the unmet need in Los Angeles County for mental health services for those suffering from severe mental health issues at over 112,000 people (See pp.. 42-55 of the Los Angeles County Community Services and Supports Plan for an analysis of the data that produced this estimate.) When fully staffed and operational, the Full Service Partnerships will support 4,333 people and their families. The relative impact these initial Full Service Partnerships will have, therefore, is small. Our intention, however, is to use these investments to help us learn how to more effectively and efficiently create the broad range of supports that individuals need to accelerate their recovery. Moreover, we are committed to use these new funds to learn how to set and meet targets for different populations so that we can pursue a more ambitious agenda of addressing disparities in access to services in coming years.

We have begun to act on this commitment as follows. We first identified several criteria to help us set preliminary targets for Full Service Partnerships to different ethnic groups by age and by service planning area. These criteria included: poverty by age by ethnicity by service area; the number of uninsured by age by ethnicity by service area; and number of households where English is not the primary language by age by ethnicity by service area.

We quickly discovered that reliable data by age by ethnicity by service planning area only exists for the poverty criterion; the other two criteria can only be analyzed Countywide or by service planning area, but not by age by ethnicity by service area.

The delegates decided to start with the poverty data and do a first calculation of countywide slots by ethnicity. We will then analyze the demographic data for the various focal populations by service area and begin to develop coherent designs for Full Service Partnerships that will stay within the recommended allocations. We will then monitor these targets on a quarterly basis, reporting back to the delegates our progress and identifying where we may need to strengthen our outreach and engagement efforts. Additionally, we will create some specialized slots for dispersed ethnic and special populations —e.g., American Indians—to insure we are creating services for those populations and learning how to improve the larger service system's efforts on their behalf.

One last calculation we have done relative to the allocation of Full Service Partnerships is to set targets for the uninsured in Los Angeles County. We have set ambitious targets for reaching the uninsured in each age group in order to insure that these funds provide support and hope for the most vulnerable citizens with mental health needs in our community. Specifically, these targets are: 10% for children, 35% for transition age youth, 35% for adults, and 20% for older adults. That is, the expectation is that we will serve at least this percentage of people who will not have access to other payer sources for a year or longer. These targets do not reflect any diminishment of the system's commitment to aggressively pursue and establish benefits for all who are eligible; instead the targets are intended to reflect the intention to reach the most unserved and difficult to serve among the various age groups.

SYSTEMS DEVELOPMENT INVESTMENTS FOR ALL AGE GROUPS

Systems Development Investments for Children 0-15

System Development investments for children will target SED children and their families including those who are in full service partnerships. The goal is to support a system in which children are served within the context of their families. Service systems will be created and transformed to meet the needs of unserved, under-served, and inappropriately served children and their families.

Recommended systems development investments include:

Family Support Services, including additional services as allowed under the CSS guidelines for parents, caregivers, and/or other family members of children who are enrolled in full service partnerships but who do not themselves meet the criteria established for full service partnerships for their age group. These services would be determined as essential for the achievement of the outcomes of the child or children

enrolled in full service partnerships. These services would be prioritized for those parents, caregivers, or other family members without other funding sources, who are not covered under other systems of care, and who do not qualify for collateral services.

Integration of Mental Health and Substance Abuse Treatment Practices: This strategy is essential to support the effective implementation of full service partnerships and includes developing fully integrated co-occurring disorder models of treatment to serve both children who have caregivers with co-occurring disorders and children who themselves have co-occurring disorders.

Family Crisis Services: Respite care for parents and caregivers of children with SED. These services will be provided primarily to families of children who are enrolled in Full Service Partnerships. Respite Care is a support service for families providing constant care for a person with a disability or serious illness. Respite care programs are designed to help relieve families from the stress that results from caring for a disabled child or adult. Available as a service to families in the developmental disabilities system for over 20 years, respite care has proven itself to be the most cost-effective family support system. Families in the same circumstances in the mental health system have done without similar support, suffering in silence. Delegates believe that many tragedies, where families with a seriously mentally ill family member have been torn apart due to the immense stress of caregiving, could have been prevented had respite care been available.

In the year 2000, the California State Legislature included language in the State Budget to establish the Mental Health Respite Care Pilot Project to be administered by county mental health departments. Chapter 93, Part 3.5 language stated that "*respite care provided to families caring for a seriously emotionally disturbed child or seriously mentally ill adult is critical to assist them in keeping their family member in the home and maintaining the stability of the family.*"

Currently available only to families in the developmental disabilities system, delegates believe it is important to make respite care available to family members of children and youth, ages 0-15, who meet the eligibility criteria of Full Service Partnerships.

Systems Development Investments for Transition Age Youth 16-25

Delegates embraced 3 overarching purposes to their system development investments for transition age youth:

- Improve ease of entry and access to the system;
- Increase short-term and long-term housing options; and
- Increase quantity and quality of MH services in the juvenile camps.

Extend the operating hours of drop-in centers: Transition age youth with serious mental health issues are often highly transient, and therefore present unique challenges for providing effective services and supports. One of the first conditions for providing

services and supports is to establish a trusting relationship with the person to receive services. Delegates are recommending significant resources to extend the operating hours of drop-in centers around the County to include at least some evenings and weekends when they are needed most. Such centers have a proven track record of creating safe environments where transition age youth can begin to develop trusting relationships that can lead to longer term supports and services.

Increase housing options available to Transition Age Youth: Transition age youth with serious mental health issues frequently struggle to find safe emergency housing, and safe permanent housing. Delegates are recommending investments in a network of **Housing Specialists** to help transition age youth get access to a range of housing options, from emergency shelter to permanent housing. These specialists will work with landlords and others who can help provide housing for transition age youth. They will also develop expertise about the available housing subsidies, supports, and services for which particular transition age youth may qualify.

Additionally, delegates are recommending investments in **emergency housing vouchers**, which will help transition age youth living on the street to find some temporary housing from which they can begin to receive services and, with support, develop longer term plans. Delegates are also recommending significant investments in **project based housing subsidies** that will help establish permanent housing units available to transition age youth with serious mental health issues.

Increase mental health services in the Probation Camps: Delegates recommended significant investments to young people in the Probation Camps who may not yet be prepared or able to transition from the camps into full service partnerships. Delegates believe that services in the Probation Camps are critical in assisting this portion of the TAY population with mental health needs to reach their maximum potential rather than continue their involvement in the criminal justice system as adults.

The proposed multi-disciplinary, integrated teams will provide an array of services aimed at successfully transitioning youth out of the Probation settings. Using a recovery approach, which views mental illness as a condition from which an individual can recover and live a healthy and productive life, these teams will be inclusive of parent/peer advocates, clinicians, and Probation staff who will provide a variety of treatment and support services, including: assessments for mental illness, co-occurring substance abuse issues, and medications; ongoing treatment services; peer support; parent support/education; behavior management; discharge planning, including benefits establishment and transition planning with linkages to Full Service Partnerships (FSPs) in the community and to family, if appropriate.

Systems Development Investments for Adults 26-59

Delegates reached consensus on several priorities for the general system development investments for adults.

Wellness and Client-Run Support Centers to support adults in full service partnerships and other adults with severe and persistent mental illness. Wellness/Client Run Support Centers are designed to offer options to clients who no longer need the intensive services offered by the FSP programs, who may be receiving services from less intensive outpatient programs, and who are ready to take increasing responsibility for their own wellness and recovery.

Ideally the Wellness/Client Run Support Centers will be located in their own buildings centrally located to many other community organizations, rather than as part of an outpatient clinic or FSP program site. Activities at the Centers will include scheduled appointments with the Nurse Practitioner or Psychiatrist for medication or physical health issues (Wellness Centers); participation in small self-help meetings and workshops; research or use of a small computer/resource library; and meetings/ interactions with other staff who work there. In addition, the Centers will need a "welcome area," where anyone entering can find peer support staff available for questions, concerns, or help with scheduling services. The environment is intentionally friendly, welcoming, and "non-institutional" in appearance. Larger workshops, self-help meetings, and planned social events are held at larger venues outside the Wellness/Client Run Support Centers.

The Wellness Centers address both mental and physical health, based on research showing that people with mental health issues also have a high incidence of serious physical health problems, including diabetes, hypertension and obesity, which can be side effects of medications. Wellness Centers offer a variety of support and strategies to its participants, addressing their physical and mental health needs. With the Wellness Recovery Action Plan (WRAP) at the core, there is an enormous emphasis on pro-active behavior, preventative strategies, and self-responsibility. The Wellness Center integrates this with mental and physical health education, self-help meetings, peer support, and medical and psychiatric support, in order to help program participants continue in their recovery and pursue their goals for a healthy life.

In the spirit of developing a community of inclusion, the Wellness/Client Run Support Centers welcome anyone in the community to participate in the variety of self-help, educational, and social/recreational activities they offer. These Centers are committed to increasing the capacity of the community to include all citizens. Community development will be a critical component of the Centers' efforts because of the many benefits created by becoming active in the life of a community. Community development provides opportunities for individuals to develop non-institutional support mechanisms, reduce stigma, and decrease reliance on mental health and other related systems, all critical elements of success as individuals strengthen their self-reliance. Persons participating in these Centers need not be enrolled in a program and groups will be available to members of the public who would like to participate.

Step-down facilities from IMDs: The IMD Step-down Facilities program provides supportive on-site mental health services and limited operational costs, when

necessary, at selected licensed Adult Residential Facilities (ARF), and in some instances, assisted living, congregate housing or other independent living situations affiliated with the ARFs. The program will serve 50 to 100 individuals at any given time, 18 years of age and above, the majority of who are persons ready for discharge from Institutions for Mental Disease (IMD). The program will also accommodate persons being discharged from acute psychiatric inpatient units or intensive residential facilities, or at risk of being placed in these higher levels of care, who are appropriate for this service. The program will target those individuals in higher levels of care who require supportive mental health and supportive services to transition to stable community placement and prepare for more independent community living. Strategies and features of this Systems Development investment are:

- The anticipated length of stay will be two to six months for the ARFs and unlimited for clients in assisted living, congregate housing or other independent living situations.
- The program will have 24/7 capacities for emergencies and specialized programming.
- Staffing for these supportive residential programs will include licensed mental health professionals, mental health workers, certified drug and alcohol counselors, and family and peer support advocates.
- Available services will include individual and group treatment, medication support, crisis intervention, case management, vocational rehabilitation services, and, if necessary, operational costs for enhanced non-Medi-Cal-reimbursable staffing.
- Peer support and family involvement will be a primary focus of the program promoting community re-integration before discharge from the program. For example, there will be Project Return, a client-run self-help group with peer bridgers, and DMH peer support advocates and bridgers.
- The MHSA, Medi-Cal, Medicare, or other available third party revenue will support the program.
- Outcomes will be consistent with those outlined in the CSS plan.

Implementation of the program will assist clients from acute inpatient, institutional and intensive residential settings to safely reside in the community with mental health and supportive services.

Investments to **increase housing options for adults with severe and persistent mental illness**: The Housing Systems Development initiative is designed to fund housing specialists throughout the County, and the service and operational costs of two new residential programs, Safe Havens, for homeless persons who have mental illness with co-occurring substance abuse disorders.

Housing Specialists: The Department's successful Integrated Services for the Homeless Mentally Ill program, AB 2034, has utilized housing specialists effectively in the delivery of housing services to its homeless members. The AB 2034 program has substantiated that housing specialists are extremely effective in securing and retaining

private market rate housing for homeless individuals with mental illness. Accordingly, the housing specialists funded through the MHSA will adopt the model of service delivery employed by the AB 2034 Program. The housing specialists' functions will include, but not be limited to:

- Assisting individuals complete applications for rental subsidies and move-in assistance, housing programs or private rental agreements
- Assisting individuals to prepare for interviews with prospective property owners or housing managers
- Accompanying and assisting individuals with housing searches
- Acting as an advocate and negotiator for individuals with poor credit and poor housing histories (i.e. evictions or lack of a housing tenancy) while establishing a professional relationship with property owners and managers
- Averting possible evictions by maintaining a professional relationship and promptly addressing the concerns of the property owners and managers that may arise
- Working closely with individuals' PSCs or outpatient clinicians to assist with housing retention efforts and facilitate communication among the involved parties

In keeping with the Department's system transformation efforts, Housing Specialists will provide housing placement services not only for homeless individuals and families, but also those living in institutional settings, ARFs, Sober Living Homes and other community placements that seek to live in a more independent living situation. Assistance will also be given to those who are living in temporary, often overcrowded, situations with family or friends.

It is the goal of this program to have two Housing Specialists in each of the Department's eight Service Areas (SA). Currently, there are two existing Housing Specialists, one in SA 5 and one in SA 8. Accordingly, MHSA funding will be used for 14 new Housing Specialist positions for adults and older adults. Recognizing that each SA has unique characteristics and needs, the SA has the discretion to utilize a staffing pattern that is consistent with the needs of its particular area, including the recruitment of clients and/or family members.

Development of Residential Programs for the Homeless Mentally Ill/ **Safe Havens**: Safe Havens provide a safe and non-threatening environment for chronically homeless individuals with mental illness and possible co-occurring substance abuse disorder to seek refuge. Each program will provide a 24-hour staffed facility offering up to 25 semi-private accommodations for men and women for an indefinite period. The programs are intentionally kept small, to provide for more intimacy and opportunity to engage with residents, and embrace a high-tolerance, low-demand service philosophy. Due to the high levels of disability among the targeted population, the programs offer diverse, specialized services that are flexible to address the non-linear progression of mental illness and substance addiction. Accordingly, staffing for these programs will include individuals with similar backgrounds and experiences as those individuals being outreached. Specifically, staffing will include clients and family members who have

experienced homelessness and/or substance abuse. The capacity and configuration of the Safe Havens will depend heavily on the site, as some programs also provide supportive services on a drop-in basis to eligible persons who are not residents. From a housing perspective, these programs are focused on preparing and moving clients into more appropriate forms of support, such as Shelter Plus Care, where they can benefit from permanent supportive housing. Safe Haven residents can stay indefinitely, although many move on within six months.

Jail Transition and Linkage Services: Jail Transition and Linkage Services are designed to outreach and engage/enroll incarcerated individuals receiving services from Jail Mental Health Service or others with mental illness referred by Mental Health Court Workers, Attorneys, and family members, into appropriate levels of mental health services and supports, including housing and employment services, prior to their release from jail. The goal of these services is to prevent release to the streets, thus alleviating the revolving door of incarceration and unnecessary emergency/acute psychiatric inpatient services. A Linkage and Engagement Team will identify those individuals who meet the criteria for FSP programs and coordinate the referral and linkage with FSP programs. For those individuals requiring assistance but not meeting the criteria for FSP, the team will link the individuals with a Service Area Navigator and/or appropriate program(s). Individuals interested in seeking employment, including those being referred to FSP programs and those linked with a Service Area Navigator will be referred to one of four designated partner WorkSource Centers administered by the City of Los Angeles Community Development Department.

The Linkage Team will interview and assess referred clients to determine level and type of need, develop a release plan, coordinate with Service Area and Service Area Navigators or FSP programs for appropriate placement, and refer to one of the designated WorkSource Centers, when indicated. All Linkage services will take place while the client is incarcerated, thus ensuring a seamless transition from jail mental health services to community based services upon release.

The Jail Linkage and Engagement Team will also be responsible for following clients who are referred to and placed in a DMH Specialized Shelter Program upon their release from jail. The team will work towards transitioning these individuals from the Specialized Shelter to enrollment in a FSP program.

We estimate that, currently, approximately 77 inmates being released from the jail each week need linkage to MHSA community-based services. In order to serve this volume of inmates, the Jail Linkage and Engagement Team will consist of a multi-disciplinary team of professional, paraprofessional, and support staff that will report directly to the County Resource Management District Chief. The professional and paraprofessional staff will be assigned to each SA and will work in collaboration with the Jail Mental Health Staff assigned to the same SA.

The Rehabilitation Counselors on the Jail Linkage and Engagement Team will be assigned to two Service Areas each and will work in collaboration with the Jail Mental

Health Staff assigned to the corresponding Service Area. In addition, the Rehabilitation Counselors will be co-located regularly at the four designated partner WorkSource Centers in order to coordinate the transition from jail to the community.

The Rehabilitation Counselors will provide the employment component of the Jail Transition and Linkage Services. Their responsibilities will include:

- Co-locate at a designated WorkSource Center 3 to 4 days a week providing a full complement of services (clinical, employment and case management)
- Meet with DMH clients initially engaged in the jail and those referred from FSP programs at the WorkSource center.
- Participate in co-case management of DMH clients with WorkSource center staff.
- Participate in WorkSource Center Orientation, presenting on mental health services available to WorkSource customers
- Provide referrals for WorkSource customers to appropriate mental health or substance dependence services.
- Provide training to WorkSource Center staff and partner staff on identified topics relating to mental health such as conflict resolution, stress management.
- Include WorkSource Center staff and interested partners in any appropriate training opportunities provided by the County Department of Mental Health or its partner agencies.

Systems Development Investments for Older Adults 60+

Systems Development investments for older adults are intended to help initiate a comprehensive system of care for older adults with mental illness. The current system is clearly inadequate to meet the needs of this growing population in Los Angeles County.

Systems Development investments for older adults will address the needs of individuals with long-term serious mental illness who have been part of the adult system of care and are now aging into the older adult system of care – as well as individuals who have late-onset mental illness.

Transformation Design Team: The Transformation Design team intends to utilize Community Services and Supports funding to transform the Older Adult (OA) System of Care in Los Angeles County. “Transformation Design” dollars will be used to identify, disseminate and evaluate values-driven, evidence-based and promising clinical services for older adults. The ability to promulgate and evaluate emerging practices is particularly critical in Los Angeles County, which is known for the rich cultural, ethnic and linguistic diversity of our population. It is an area where promising culturally relevant practices may evolve based on the wisdom and experience of clinicians, peers, family members and alternative/indigenous caregivers. The Transformation Design component of the CSS plan will create an opportunity to identify and develop promising practices, supporting those who may have knowledge based on experience – but who may lack the ability to objectively evaluate the success of their approaches.

The CSS Transformation Design program will focus on practices that are transformative and consistent with priorities identified in the State's CSS plan. Some examples include:

- Recovery-oriented approaches specific to older adults, including employment, volunteerism, and continuing education programs
- Evidence-based integrated treatment of co-occurring disorders in older adults – including new programs that will be developed due to changing patterns of substance abuse and mental illness stemming from the aging of the "baby boomers"
- Culturally sensitive evidence-based or promising practices for assessing and treating older adults, including assessment strategies that integrate primary healthcare providers in the treatment team
- Use of community based, culturally sensitive older adult family and peer support in the delivery of services which includes the following: peer advocates, peer counselors, family members, and alternative / indigenous caregivers
- Best practices for transition age adults including training and consultation services for adult providers working with transition age adults who will "age in place" within the adult system of care, as well as development of integrated transition programs that will assist adults as they move from ASOC into OASOC programs.

The opportunity to transform the Older Adult System of Care in Los Angeles County comes at a crucial moment. Currently, the continuum of care is comprised of one countywide assessment team and five specialized contract providers serving older adults. Specialized treatment services for this age group are located in only three of the County's eight Service Areas with general services located in another two Service Areas. While the Department has focused on developing core staff competencies in assessment and treatment of older adults, recent professional and social changes are dramatically impacting the field. More specifically, the rapid expansion of evidence-based practices and the significant changes in the cohort of individuals entering the older adult age group (due to the baby boomer generation who are now reaching the age of 60) necessitate changes in program development and outcome monitoring as a basis for Community Services and Supports. The Transformation Design strategies proposed are intended to benefit two subgroups identified within the older adult group: individuals 60-64 years of age, and those who are 65 and older. In addition, proposed services will focus on the highly specialized needs of individuals over the age of 75 – a group that is growing dramatically.

In order to accomplish these goals, individuals with expertise in design, development and evaluation of programs for older adults will be recruited. Additional dollars will be used to retain the services of consultants with specialized expertise such as suicide among the elderly, psychopharmacology and aging, and integrated treatment of co-occurring disorders in older adults. Staff will develop baseline information about existing services and needs, identify evidence-based or promising practices, and evaluate the

success of strategies that are implemented. Additional input will be garnered from peer and family advocates.

The proposed Transformation Design investment is expected to reach well beyond programs implemented through the Mental Health Services Act. The work of the Transformation Design program will impact older adult services with existing funding sources – thereby significantly leveraging resources available through the Mental Health Services Act.

Field Capable Clinical Services: Development of field capable clinical services throughout Los Angeles County is a priority for the Older Adult System of Care. As noted above, specialized treatment services for older adults and their families currently exist in only three of eight Service Areas, with general services provided in another two service areas. Field capable services, delivered by interdisciplinary teams of professionals trained to work with older adults, will be offered in community locations preferred by the client including homes, senior/public housing complexes, senior centers, mental health clinics and primary care physicians' offices. Specific services include:

- Outreach and engagement
- Bio-psychosocial assessment
- Individual and family treatment
- Medication support
- Linkage and case management support
- Specialized treatment for Co-occurring disorders
- Peer counseling, family education and support

Field capable clinical service teams will also include consultation by gero-psychiatrists, geriatricians, gero-pharmacists, and neuro-psychologists. Field capable clinical service teams will coordinate care with available older adult appropriate psychiatric emergency services and conservatorship support (both LPS and probate).

Field-capable clinical services will address the needs of older adults who are between the ages of 60 and 64, and those who are 65 years and older. As the program develops, specialized services for those who are over the age of 75 will also become a focus. Stakeholders recommend the funding of field capable clinical services as they are currently unavailable in many areas within Los Angeles County. In addition, expansion of services to older adults will prioritize the needs of those who have traditionally been unserved or underserved. This includes those clients who need much engagement to access and maintain services (e.g. paranoid individuals who are fearful of "the system") individuals who are severely mentally ill and/or isolated, self neglecting or abused, and older adults who are homeless. Finally, field capable clinical services staff will focus on individuals who are uninsured, undocumented immigrants and/or monolingual in a language other than English. Additional sources of funding for this program will include MediCal and Medicare.

In contrast to many existing programs that are primarily clinic-based, field capable clinical services funded through the MHSA, will be dedicated to ensuring that services are provided in locations preferred by clients. This will include, for example, the option of co-locating services with physical healthcare providers – or delivering services in collaboration with primary medical providers.

Older Adult Service Extenders: Reaching older adults in a manner that is sensitive to their needs and culture includes providing services in homes, residential facilities and other community locations. Each Service Extenders program will recruit paid and/or volunteer peer counselors and family members who will address concerns for older adults and their families including:

- Isolation of the home-bound elderly
- Loss of support system due to the death and disability of family and peers
- Disorientation and cognitive decline that occur when older adults must navigate the movement between levels of care and institutions (as when an older adult is hospitalized or must enter a skilled nursing facility or assisted living center)
- Difficulties for family members who require mental health information and emotional support to cope with the changing circumstances of their loved one(s)

Assistance for family members will help reduce their stress level, and will also help ensure that they stay connected and in relationship with the client.

Service extenders are included within the Older Adult Community Services and Supports plan. The following components of the Service Extender Program are designed to address the needs outlined above:

- Peer Counselors/peer bridgers who are part of field-based clinical teams, will be hired to visit older adults in their residences. They will provide support and counseling, helping to reduce isolation. Peer counselors will also be trained to identify and intervene with older adults who are at risk of abuse, neglect or disability, thereby increasing the safety net for those who are most vulnerable. Peer counselors/peer bridgers will also support and assist older adults who are transitioning to and from hospitals and other residential facilities (e.g., returning home from hospital). As members of field-based clinical teams, they will provide continuous support, helping the older adult adjust to new settings and establish or reestablish linkages with individuals and services.
- Volunteer peer counselor programs may be developed by specialized older adult agencies. Staff will be hired to train, monitor and supervise volunteer peer counselors for these specialized programs.
- Family members who have life experience supporting older adults with mental illness will be trained to provide education and support groups for others.

All components of the Service Extenders program will address the needs of distinct groups of older adult mental health consumers and their families:

- those who are 60 through 64 years of age;
- those who are between 65 and 84 years of age; and
- those who are above the age of 85.

Older Adult Training: The CSS Training Program for older adult service providers will be dedicated to developing a transformative system by changing attitudes and knowledge regarding recovery, peer support and emerging best practices for culturally diverse older adults. In collaboration with the Transformation Design Team program described above, the CSS Training Program will provide education to professionals, peers, family members and community partners (e.g., primary healthcare providers, first responders, staff of senior centers) regarding values-driven and promising clinical services that support client-selected goals.

In order to accomplish the objective of developing integrated treatment models for older adults, the training program will involve direct training and cross-training of a variety of individuals including (but not limited to):

- Clients who will serve as peer counselor/peer bridgers
- Family members who will lead support and educational groups for other family members in the community
- Primary caregivers and other allied health professionals
- First responders
- Staff of community-based organizations such as senior centers, in-home support services and faith-based organizations
- Multidisciplinary mental health staff

The training topics and curriculum will be designed to address the multi-system characteristics of mental health services to older adults, with a bio-psycho-behavioral approach. Components include the following which are included in the CSS guidelines:

- Transformative training focused on changing attitudes in support of peer counseling/peer bridging programs (see section on Service Extenders)
- Education for primary care providers and other health providers to increase coordination and integration of mental health, primary care and other health services

Additional topics that support the values and priorities of the Mental Health Services Act include:

- Effective interventions; evidence-based and promising practices for culturally diverse populations
- Recovery models for older adults
- Integrated treatment of co-occurring disorders among older adult populations
- Challenges for transition age adults
- Employment and volunteerism for older adults
- Housing options for older adults

- Understanding of benefits; benefits establishment
- Stigma, ageism: influences on providers, clients and family
- Developmental/life cycle issues in aging
- Cultural Competence and Older Adult Mental Health Services
- Assessment methods/screening tools for ethnically and linguistically diverse groups

CROSS-CUTTING INVESTMENTS FOR ALL AGE GROUPS

In addition to the age-specific recommendations for systems development, delegates also developed recommendations for several initiatives that will benefit all age groups. These include recommendations for:

- Service Area Navigator Teams;
- An expansive array of alternative crisis services;
- Planning efforts and outreach and engagement efforts; and
- Administration of the CSS plan.

Service Area Navigator Teams

One of the foundational premises of the Los Angeles County CSS plan is a belief that professionally delivered, public funded human services, by themselves, cannot deliver the outcomes we seek for people who struggle with mental health needs.

Funds from the MHSA will ultimately represent only 15-20% of the total LA DMH budget; the CSS plan represents less than 10% of the Department's budget. As promising as these new funds are, if we are committed to achieving the outcomes of the MHSA for all people in Los Angeles County who struggle with mental health issues, we must build structures that help people more quickly identify both the professional and community-based services and supports they need to advance their recovery and strengthen their capacity for wellness.

Service Area Navigator Teams will be a crucial structure to help people find the formal and informal supports they need. We will begin by establishing one Service Area Navigation team in each of the eight Service Areas. Team members and those who support them will:

- Engage with people who need services and their families to help them quickly identify currently available services, including supports and services tailored to the particular cultural, ethnic, age, and gender identity of those seeking them;
- Recruit community-based organizations and professional service providers to join an active and ever growing locally-based support network for people in the Service Area, including those most challenged by mental health issues;
- Follow-up with people with whom they have engaged to ensure that they have connected with support structures and received the help they need;

- Use information technology and other means to map and keep up to date about the current availability of services and supports in the Service Area;
- Engage in joint planning efforts with community partners, including community-based organizations, other County Departments, intradepartmental staff, schools, and health service programs, with the goal of increasing access to mental health services and strengthening the network of human services available to clients of the mental health system;
- Collaborate with the Countywide Resource Management, Residential and Bridging Services, and Jail Transition and Linkage Services initiatives to further facilitate the return to the community of those individuals that have primarily been involved with psychiatric emergency/acute inpatient and institutional care; and
- Promote awareness of mental health issues, and the commitment to recovery, wellness, and self-help that lies at the heart of the Mental Health Services Act.
- Have familiarity with and the capacity to make appropriate linkages to the wide array of services and supports to help people with co-occurring disorders, with particular emphasis on substance abuse disorders.

Members of Service Area Navigator Teams will regularly visit community organizations, emerging and well-established health and mental health programs, Law enforcement agencies, schools, courts, residential facilities, NAMI chapters, self-help groups, client advocacy groups, and others. This model provides the beginning infrastructure to implement a system of care that is responsive to the local needs of communities, clients and families.

The Navigator teams in each Service Area will consist of a balance of community workers, people who have received services, family advocates, family members, and mental health professionals. While the precise design of these teams will vary by Service Area, reflecting each Area's particular local character and needs, each team will recruit members who together have substantial familiarity and expertise with all age groups, including the particular challenges facing those age groups and the distinct characteristics of the support networks for each.

One common aspect of these teams agreed to by the delegates focused on the role and deployment of transition age youth specialists. These specialists would be divided into two groups: specialists deployed at the Transition Resource Centers (TRCs) and Drop-in Centers across the County, and specialists who "float" between the camps, shelters, and other places that attract un-served and under-served TAY with serious mental illness/severe emotional disturbances.

These specialists will be part of the Service Area teams even though they are deployed in different places. These specialists should have direct lived experience with a many of the issues facing TAY, and the relational skills to develop easy rapport with TAY.

Some of the key responsibilities of these TAY specialists would include:

- Helping to expand the capacity of the TRCs and other structures to outreach to and become safe places for TAY, developing current active knowledge of the range of resources available for TAY.
- Conducting MediCal eligibility screening and initial clinical assessments for young people who may not have been in any system up to this point (different from the expectations for the children and adult community education and outreach workers).
- Earning the trust of TAY and making referrals to organizations that will provide effective assistance.
- Advocacy and short-term case-management.

Alternative Crisis Services

Over the past several years, the Psychiatric Emergency Services (PES) in all County hospitals have been challenged with overcrowded conditions caused by a severe lack of community resources, particularly for those who do not have insurance. As County hospitals became impacted, beds in local community hospital emergency rooms filled with individuals who had a mental illness, many of whom were also homeless and/or experiencing a co-occurring substance abuse disorder. The overcrowded emergency room conditions and the lack of essential community resources for aftercare have combined to create a crisis in the emergency system of Los Angeles County.

Given this crisis, delegates have agreed, consistent with the Board of Supervisors commitment to insure long-term transformation of these services, to recommend a significant investment of systems development funds to create a range of alternative crisis services to relieve the crisis affecting Psychiatric Emergency Services in Los Angeles County.

The recommendations are intended to significantly improve these services for youth and their families, and adults and older adults. Some delegates remain skeptical about the potential for these services to meet the threshold requirements of the CSS plan to reflect a commitment to recovery and wellness, and to reduce institutionalization of people with severe and persistent mental illness and severe emotional disturbances. Considerable detailed planning must take place before the recommendations embraced by the delegates can be implemented on a daily, working basis in ways that reflect these threshold commitments to recovery and wellness.

This recommended investment actually includes recommendations for four related but distinct initiatives:

- Urgent Care Centers;
- Countywide Resource Management;
- Residential and Bridging Services; and
- Enriched Residential Services.

Urgent Care Centers: The Urgent Care Centers (UCC) program, currently being explored and developed at several sites in the County—e.g., at Augustus F. Hawkins Mental Health Center and Olive View Medical Center—will provide intensive crisis services and integrated treatment for co-occurring disorders (COD) to individuals who would otherwise be brought to the Department of Health Services (DHS) County hospital Psychiatric Emergency Services (PES). These individuals are less likely to require psychiatric hospitalization or medical care, but are in need of medication management, stabilization and linkage to ongoing community-based services. Providing crisis intervention services to clients in a UCC with a focus on recovery and linkage to ongoing community-based mental health services will divert clients who would otherwise go to the PES and further aggravate overcrowded conditions in the PES. Clients evaluated in PES are most often placed on 72-hour detentions, often resulting in unnecessary and lengthy involuntary inpatient treatment. This alternative crisis service will promote the provision of mental health care and integrated treatment for COD in voluntary treatment settings that are recovery oriented.

Emphasis will be on highly specialized and intensive interventions, including rapid stabilization, outpatient detoxification, engagement with mental health and substance abuse specialists, and linkage to services within local communities. The length of patients' stay will be no more than 23 hours. Services include**:**

- Comprehensive psychiatric assessment, including substance abuse assessment
- Basic physical assessment, including assessment of symptoms related to substance abuse
- Referral to medical treatment when necessary
- Individualized mental health treatment and services
- Limited detoxification services
- Group interventions, e.g., AA meetings on the unit
- Engagement of clients with co-occurring substance abuse problems
- Crisis intervention, including family interventions when needed
- Medication management
- Housing assessment and referrals for emergency, transitional, permanent housing
- Referral to Full Service Partnership (FSP) programs
- Assessment of financial situations and initiation of benefits establishment process when indicated
- Referral to substance abuse programs, particularly those with capacity to admit persons with co-occurring mental illness
- Referral to employment, self-help, money management, and community resources for recreation and social interaction, etc.
- Referral and linkage to community mental health centers in clients' communities; linkage to clients' existing service providers
- Referral to Wellness Centers and Client Run Support programs

Surveys have shown that approximately 70 percent of clients in PES have substance abuse problems. The COD component of the UCC plan, through the DHS Alcohol and Drug Program Administration (ADPA), will provide much-needed on-site substance

abuse assessment and referral capabilities and will begin to expand off-site capacity in community-based treatment and recovery programs for clients with COD who present in emergency settings. These services will include detoxification, stabilization/residential, intensive outpatient and transitional housing, along with other supportive services tailored to meet individual client needs. Clients will be provided with or assisted with accessing the following types of integrated treatment services:

Adolescents (ages 12 to 17) – A continuum of care, offering a full range of intensity and evidence-based approaches, needs to be expanded to address this population. Services should include the following:

- Licensed residential treatment services offering 24-hour stabilization, clinical case management, and therapeutic counseling; maximum treatment stay would be 60 days.
- Intensive certified integrated outpatient counseling services offering supportive placement, therapeutic individual, family and group counseling, and client supportive services tailored to meet individual client needs.
- Integrated outpatient services that are less intensive offering case management services and client supportive services tailored to meet individual client needs.
- Ongoing recovery support services that offer a broad array of programs supporting youth and their families, such as relapse prevention sessions, self-help and peer support group meetings and other strength-based activities promoting resiliency and achievement of recovery and wellness.

Adults (ages 18 and above, including transition age youth age 18 and over, adults, and older adults) – A full continuum of integrated treatment services will include detoxification, stabilization, intensive outpatient services with supportive housing, and ongoing recovery support. The following continuum of care, offering a full range of intensity and types of evidence-based integrated mental illness and substance abuse services is needed to comprehensively address this population's specific needs:

- Medically supported short-term residential detoxification services that provide stabilization and referral.
- Licensed residential services offering 24-hour clinical and integrated treatment services.
- Intensive certified outpatient counseling services offering clinical individual, family and group counseling services, case management and supportive housing assistance.
- Certified outpatient counseling services that are less intensive, offering client supportive services tailored to meet individual client needs.
- Ongoing recovery support services that offer a broad array of programs supporting persons in recovery and may follow completion of a structure treatment programs. Services may include relapse prevention sessions, self-help and peer support group meetings, and other activities promoting resiliency and achievement of recovery and wellness.

Expected outcomes of the UCC include the following:

- Reduced overcrowding in LA County PES as measured by reduced length of stay and reduced daily census
- Reduced number of adverse events in County hospital psychiatric emergency rooms
- Reduced hospitalization rates among identified intensive service recipients (high utilizers/ISRs) who are served by the UCC
- Reduced utilization of PES by identified high utilizers
- Increased community tenure (time spent living and working in the community) among people served by the UCC
- Change in substance abuse behaviors (uses less, attends meetings, classes, etc.)
- Enhancing and strengthening access, linkage and transition between crisis services and community based programs
- Planning, developing, and implementing programs that support the goal of increasing access to community-based mental health services, i.e. supportive residential and housing programs, and enrollment in FSP for persons exiting higher levels of care
- Identifying and addressing systemic barriers to providing coordinated mental health services with programs, providers, County, and State departments and agencies

Countywide Resource Management Program: The Countywide Resource Management Program, an administrative Department of Mental Health (DMH) program, will provide overall administrative, clinical, integrative, and fiscal management functions for the Department's acute inpatient (uninsured persons), and adult/older adult long-term institutional, crisis residential, intensive residential and supportive residential (IMD step-down) resources, with daily capacity for over 1200 persons. The Department's Interim Funding Program and the proposed Residential and Bridging Services, and Jail Transition and Linkage Services will also be under the direction of this program.

By centralizing the management of these Countywide resources, this program will be vital to the success of the CSS plan, enhancing individuals' ability to avoid or reduce lengths of stay in involuntary treatment and institutional settings. Staffing for this initiative will consist of a Mental Health Clinical District Chief and a Mental Health Analyst.

The Countywide Resource Management Program's responsibilities will include:

- Being responsible for overall administrative, clinical, integrative and fiscal aspects of all resources within the program;
- Coordinating functions to maximize client flow between higher levels of care and community-based mental health services and supports;
- Planning and implementing programs on an ongoing basis that promote transition of individuals residing in institutional care to community-based

programs that promote recovery and reduce rates of hospitalization, incarceration, and placement in Institutions for Mental Disease (IMD);
- Negotiating and managing Countywide, multi-million dollar contracts with hospitals, long-term care and community providers;
- Directing and coordinating program reviews and evaluation of outcomes to ensure that services provided address the unique needs of clients served, including those with co-occurring behavioral disorders, and that they are in compliance with the terms of the contracts and County, State, and Federal mandated standards; and
- Interfacing with other County, State, and Federal departments/agencies, the Mental Health Commission, Service Area (SA) administrations and Advisory Committees, NAMI, and other stakeholders regarding program resources and coordination in order to ensure appropriate utilization and coordination of resources.

Current fragmentation of mental health service delivery contributes to over-reliance on costly crisis and inpatient resources, as well as unnecessary incarcerations. This program will provide enhanced coordination, linkage and integration of inpatient and residential services throughout the system thereby enhancing the goals of the MHSA by reducing re-hospitalization, incarceration and the need for long-term institutional care, while increasing the potential for community living and recovery.

Residential and Bridging Services: The Residential and Bridging Services will provide DMH program liaisons and peer advocates/bridgers to assist in the coordination of psychiatric services and supports for TAY, adults and older adults being discharged from County hospital psychiatric emergency services and inpatient units, County contracted private acute inpatient beds for uninsured individuals, UCCs, IMDs, crisis residential, intensive residential, and supportive residential (IMD step-down) facilities. The program will ensure linkage of these clients upon discharge, with appropriate levels and types of mental heath and supportive services, residential, substance abuse, and other specialized programs. The program will promote the expectation that clients must be successfully reintegrated into their communities upon discharge and that all care providers must participate in client transitions. The Countywide Resource Management Program will manage and coordinate the Residential and Bridging Services.

This program will utilize CSS funding to support the following strategies:

- In inpatient settings staff will identify those Intensive Service Recipients (ISR) enrolled in Full Service Partnerships or similar programs—e.g., AB 2034 and Assertive Community Treatment (ACT) programs—or served by other outpatient service providers and link these providers to the hospital treatment teams for the purpose of coordinated treatment and discharge planning.
- The liaisons and peer advocates will collaborate with inpatient, emergency services, and residential treatment teams, to assist in developing after care plans for those clients identified with intensive and complicated service needs that are not already in FSP/AB 2034 or ACT programs.

- The program will coordinate discharge planning with Service Area Navigators to ensure that individuals have access to appropriate resources in their geographical areas.
- Liaisons and advocates will work collaboratively with community providers to facilitate linkage to community-based resources. This includes coordination with substance abuse programs, mental health clinics, residential providers, FSPs, self-help groups and bridging services. The program will ensure continuity of care and consumer support during the discharge process.
- Staff will assist in benefit establishment activities to ensure applications for benefits are initiated in a timely manner. This will include advocacy and identification of system barriers that prevent the establishment of benefits.
- The program will identify system barriers, including social and financial barriers, to successful re-integration of individuals into their communities and work with other departmental programs and community agencies to resolve these barriers.
- The program will employ a recovery approach toward treatment with a strength-based focus that empowers clients to develop their goals toward community re-integration, skills to become self-sufficient and the capacity to increase current levels of community functioning.
- Peer support and family involvement will be an important aspect of the program promoting community re-integration. For example, the program will employ peer advocates and there will be client-run self-help groups providing support and peer bridging.

Enriched Residential Services: The Enriched Residential Program will be a secure 48-bed augmented, licensed Adult Residential Facility (ARF) that will serve DMH clients, 18 to 64 years of age, who are ready for discharge from acute psychiatric inpatient units, Crisis Residential facilities or Institutions for Mental Disease (IMD). This program, provided by a DMH contractor, will increase the Department's community-based intensive residential resources that are focused on breaking the cycle of costly emergency and inpatient care and promoting successful community re-integration.

The program will target those individuals in higher levels of care who require intensive mental health supportive services to transition to stable community placement and prepare for more independent community living. Some of the essential characteristics of this program will include:

- The anticipated length of stay will be two to six months.
- The program will have 24/7 capacity for emergencies and specialized programming.
- Staffing will include licensed mental health professionals, mental health workers, certified drug and alcohol counselors, and family and peer advocates.
- As clients progress, they will be able to transition into Full Service Partnerships and independent living and participate in vocational activities in the community.
- The program will provide individual and group treatment, medication support, crisis intervention, case management, and vocational rehabilitation services.
- Peer support and family involvement will be a primary focus of the program promoting community re-integration before discharge from the program. For

example, there will be Project Return, a client-run self-help group with peer bridgers, and DMH peer support advocates/bridgers.
- Outcomes will be consistent with those outlined in the CSS plan.

Planning, Outreach and Engagement

From the outset of the CSS planning process, delegates planned on assigning a portion of the on-going funds to support on-going *planning*, *efforts to engage communities* traditionally un-served by the mental health system, and work to *build the infrastructure needed to track outcomes* over time. When the California Department of Mental Health created the opportunity of one-time funds, and designated planning and outreach and engagement as permissible uses of these funds, delegates developed a plan to:

- Develop a very aggressive outreach and engagement campaign through the second half of FY 2005-06 with one-time funds;
- Build essential planning and outcomes infrastructure with one-time funds; and
- Allocate approximately 5% of the on-going funds in FY 2006-07 and FY 2007-08 ($4.5 million each year) to on-going planning and outreach and engagement efforts.

Administration costs

The delegates agreed to estimate the administrative costs the Department will incur during the first 3 years of administering the overall Community Services and Supports initiative at $4.5 million per year. Additional plans developed under the Mental Health Services Act will require additional administrative costs.

Delegates distinguished between administrative costs the Department will incur in administering the overall initiative and administrative costs providers will incur administering particular programs. While delegates agreed that provider rates should make provision for reasonable administrative costs, several delegates raised the issue of costs that providers incur in *designing* a program that often cannot be recouped through service rate structures. Delegates agreed to examine this issue in the design and implementation phases of each of the initiatives funded under the Community Services and Supports plan.

ONE-TIME FUNDING RECOMMENDATIONS

Delegates reached consensus on six priority investments for the projected one-time that may be available to Los Angeles County. We understand that all efforts funded through one-time funds must be completed by June 30, 2006. The priority investments include:

- A Prudent Reserve;
- A Housing Trust Fund;
- One-time Training and Workforce Development Initiatives;

- Outreach and Engagement investments;
- Planning and Outcomes infrastructure investments; and
- System infrastructure.

We believe all of these investments are specifically allowed under the guidelines for one-time funds as outlined in DMH Letter No. 05-06, dated September 2, 2005.

A Prudent Reserve: The Mental Health Services Act legislation specifically calls for the establishment of a Prudent Reserve to help counties weather year-to-year fluctuations in funding for the MHSA. DMH Letter No. 05-06, dated September 2, 2005, sets an ultimate target for this reserve at one-half of a County's first year CSS allocation. For Los Angeles County, that would equal $44,896,400. While we have initially recommended $9,046,400 be invested in this reserve fund, to the extent we do not meet our other one-time funding spending targets, we expect to be able to move the unspent one-time funds into the reserve fund to insure that these funds are not lost to Los Angeles County.

Housing Trust Fund: Delegates recommend allocating $11.6 million of one-time funds to help capitalize a Housing Trust Fund to support the development of new permanent supportive housing for individuals with psychiatric disabilities, particularly those individuals who are homeless or are living in Residential Care Facilities, Institutions for Mental Disease and other settings such as Sober or Collaborative Living facilities.

The MHSA funds dedicated to the Trust Fund account will be used to:

- Leverage other local, state, and federal financial resources for developing permanent affordable supportive housing for all age groups, including children, youth and families, transition age youth, adults, and older adults.
- Provide on-going rental subsidies and the on-site supportive services necessary for special needs housing developers to leverage millions of dollars in capital funds. Long-term commitments for project-based vouchers or other types of rental subsidies are necessary for special needs housing developers to obtain long-term financing for the capital costs of new projects. Historically, federally sponsored Section 8 vouchers have served this purpose. However, in recent years there has been a dramatic decrease in the availability of Section 8 tenant and project-based vouchers, a trend that is expected to continue. The Housing Trust Fund will fill a crucial gap in commitments for rental subsidies and supportive services required for the development of permanent, affordable and safe supportive housing.
- Provide emergency housing for emancipated homeless youth during the outreach and engagement process
- Fund consultants to assist in planning strategies to minimize any neighborhood opposition to special needs housing in their neighborhoods.

The Department, in conjunction with a Housing Trust Fund Advisory Board (HTFAB), will establish specific administrative and program guidelines outlining the purposes of

the Housing Trust Fund, the targeted beneficiaries, basic eligibility requirements for receiving funds, the funding process, and the mechanism for overseeing the Trust Fund operations. The Housing Trust Fund Advisory Board will include representatives from County and local governments, and other appropriate stakeholders. The Board will include significant representation from clients and family members. Additionally, the Department will encourage a broad range of consumer input on the HTFAB. Special attention will be given to engage homeless and formerly homeless individuals at different points in their recovery and from different types of housing initiatives, age groups, and minority populations.

Of the recommended $11.6 million for this housing initiative, delegates recommend using $100,000 of these resources to fund a planning and design initiative. The purpose of this planning and design work, called the NIMBY (Not in My Backyard) initiative, is to develop an on-going approach for responding to local concerns and resistance to the siting of permanent supportive housing for people with severe and persistent mental illness.

Workforce Training and Development: Meeting the aggressive implementation timelines outlined in the Los Angeles County CSS plan will require a workforce committed to recovery, grounded in principles of cultural sensitivity and competency, and dedicated to achieving positive outcomes for those most severely affected by mental health issues. The purpose of this one-time funding proposal is to jump start efforts in Los Angeles County to strengthen its mental health workforce in ways that will insure the success of the Mental Health Services Act.

The three target groups for this proposal include:

- People who are not yet working in the mental health system who are committed to getting a job working somewhere in the system
- People who are currently working in the mental health system or in partnering organizations, agencies, and departments
- People who are in degree-granting programs for whom there is a documented urgent need

1. **Target group:** People who are not yet working in the mental health system
   a. This group:
      - Includes people without bachelor degrees as well as people with bachelors degrees
      - Will include substantial numbers of people who receive services, family members, including caregivers of young children, and members from underserved populations, including ethnic and racial groups.

   b. The outcomes sought for this group as a result of this proposal include:
      - A job in the mental health system providing effective mental health services, including but not limited to jobs with:
        - The Department of Mental Health
        - Community-based organizations providing mental health services

- Contract providers
- Partner departments and organizations

- Increased understanding and commitment to the concepts of wellness, recovery, and resiliency as part of their work

c. The basic design for this population
   - An intensive training and orientation program (or programs) that would include at least 4 basic components:
     - Classes to introduce participants to the essential components of the mental health system, and the essential elements of mental health services grounded in a commitment to wellness, recovery, and resiliency.
     - Experiential learning opportunities for participants to experience first-hand one or more aspects of the mental health system
     - Peer and mentoring support to help participants make sense of and learn from their experiences
     - Support for securing a job at the conclusion of the program

   - The exact design of this approach will be determined over the next several months. We will research existing models and programs to insure that we can meet the time constraints associated with the one-time funds.

d. Estimated budget: $2.5 million

2. **Target group:** People who are currently working in the mental health system or in partnering organizations, agencies, and departments

   a. This group:
      - Includes current staff for LA DMH
      - Includes current staff for partnering organizations, agencies, and departments, including but not limited to:
        - Law enforcement personnel
        - Staff from other County departments, including Probation, Health Services, Department of Children and Family Services, Department of Public Social Services, and others
        - Staff from community agencies, organizations, and contract providers
        - Community based workers—e.g., existing Promotoras and others
      - Includes people with no degrees and practitioners with advanced degrees
      - Will include substantial numbers of people who receive services, family members, including caregivers of young children, and members from underserved populations, including ethnic and racial groups
      - Will prioritize people who are essential in the first phases of implementation for the Community Services and Supports plan

b. Outcomes sought for this group as a result of this proposal
   - Increased understanding and commitment to the concepts of wellness, recovery, and resiliency as part of their work, including their responsibilities implementing parts of the Community Services and Supports plan
   - Recruit people from this group who are willing to sponsor experiential placements and jobs for people from the first target group

c. The basic design for this population
   - A consortium of stakeholders, including people who receive services, family members, including caregivers of young children, ethnic and racial groups, DMH representatives, and representatives from partnering organizations, agencies, and departments, will oversee:
     - The selection and recruitment of people to participate in the various programs and training modules.
     - The identification and selection of programs and training modules to provide the training;
     - The monitoring of learning objectives.

   - A group of consultants will be hired to:
     - Identify available programs and training modules;
     - Match priority programs and training modules to the projected participants' needs and develop reasonable learning objectives for the different groups.

   - Various programs and training modules will be identified that can introduce a diverse array of participants to:
     - The fundamental concepts of wellness, recovery, and resiliency;
     - Different cultural conceptions of mental health;
     - Other skills and orientations needed to help effectively implement the Community Services and Support plan.

d. Estimated budget: $5 million

3. **Target group:** People who are in degree-granting programs for whom there is a documented urgent need

   a. The group refined
      - People in the second year of Social Work school, Marriage and Family Therapy programs, Psychiatric Technician programs who are committed to working in the mental health system
      - People in the first year of these programs who are committed to working in the mental health system
      - People in BA programs committed to working in the mental health system
      - People in psychology degree granting programs who are fluent in one of the 11 threshold languages (other than English) and who are committed to providing mental health services to people in communities who speak that threshold language

b. Outcomes sought for this group as a result of this proposal
   - Increased understanding and commitment to the concepts of wellness, recovery, and resiliency as part of their work
   - Commitments from students who will graduate within the next year (ideal) or the next two years to provide high need services and supports in the mental health system in Los Angeles County

c. The basic design for this population
   - Agreements will be developed between the Department and several schools to provide support to students in exchange for a commitment to work for one or more years in areas of critical need in the mental health system.

   - Some examples of these programs include:

     - Social Work: The social training proposal addresses the Department's immediate need to increase the number of bilingual and multi-cultural social workers throughout the mental health delivery system in order to address the needs of underrepresented groups. Students enrolled in graduate programs in Los Angeles with field placements at DMH directly operated and contract agencies would receive stipends. Funding for stipends to support trainees with MHSA one-time funds would be converted to ongoing funding through CALSWEC once that plan is finalized by the state. Estimated budget: $1.2 million

     - Marriage and Family: The Marriage and Family Therapy proposal addresses the Department's immediate need to increase the number of bilingual and multicultural mental health providers with an emphasis in working with families. Students enrolled in graduate programs in area universities would be granted stipends for field placements in DMH directly operated or contract agencies. Estimated budget: $900,000

     - Psychiatric Technician: To further address the Department's need for bilingual and multicultural mental health providers, DMH will develop partnerships with Mt. San Antonio and Hacienda La Puente Community Colleges to implement training opportunities for students enrolled in psychiatric technician training programs. Estimate budget: $168,000

     - Psychology: Conversations will begin soon with programs to explore how to identify and provide support to psychologists who are fluent in one of the 11 threshold languages other than English and who are committed to providing mental health services to people in communities who speak that threshold language.

d. Estimated budget: $2.5 million

Outreach and Engagement investments: See discussion under Section 5, page 40.

Planning and Outcomes infrastructure: See discussion under Section 5, page 40.

System infrastructure: LA DMH is requesting $8,250,000 in one-time funds for infrastructure essential in supporting the CSS initiatives in the areas of information technology, transportation, critical clinic refurbishments, the purchase of modular buildings, and flexible funding to supplement infrastructure as needed. The following details the projected expenditures:

1. Information Technology Systems $3,177,000

    a. Integrated Behavioral Health Information System (IBHIS): To effectively execute the intent of the MHSA, the Department must select and implement an IBHIS that will meet the needs of both contracted and directly operated providers.

    b. Data Warehouse: It will be necessary to interface the IBHIS with other information systems to provide all of the data and functionality that DMH and its partners need to deliver services, manage operations, and complete required reports. This data would come together in a data warehouse so it can be managed and made available as appropriate.

    c. Technology Infrastructure (Two Interface Engine Servers, Additional Networked Storage, and Providers' Required Upgrade for Computer Hardware): These components are critical to data storage capacity and computer hardware needs to better position service delivery staff to handle the MHSA implementation.

2. Vehicles $1,279,000

Vehicles will be needed to meet the transportation needs of clients enrolled in Full Service Partnership programs at both contracted and directly operated clinics. The funding will purchase 73 vehicles and serve the needs of over 4,000 clients.

3. Building and Refurbishments $3,500,000

Critical refurbishments will be made to clinics, both contract and directly operated programs, in order to provide better service and an improved environment to clients. In addition, to house our Olive View Alternative Crisis Services, a modular building will be purchased.

4. Flexible Supplemental Funding $ 294,000

To be allocated based on need, between additional computer hardware upgrades, vehicles, and critical clinic refurbishments using a formula based on Full Service Partnership Clients.

Conclusion

We are excited by the opportunity under the Community Services and Supports plan to significantly improve outcomes for people in our communities who are struggling with severe mental health issues. We have a long-standing commitment in Los Angeles County to a wellness and recovery model of support and services. During the last year, we have developed a solid track record for authentic community and stakeholder engagement to address serious budget and policy dilemmas facing our mental health system. This long-standing commitment and strengthened capacity will provide, we believe, a powerful foundation for constructing an aggressive and far reaching change initiative in the coming years, beginning with this first three year Community Services and Supports plan.

As gratifying, and challenging, as the process has been to produce Los Angeles County's CSS plan, we know the real work is ahead of us: the work of delivering on the promises and hopes embedded within this plan. Even as we await the State's approval of this plan, we have already turned our attention to preparing for the design and implementation phases of the work. We invite you to join us. You can learn how to get involved by going to our website: **http://dmh.lacounty.info/stp/index.html**.

Thank you for taking the time to engage with this plan, and more importantly, for your commitment to help people struggling with severe mental health issues claim the power of recovery and wellness in their lives.

ATTACHMENT 1:
TABLE OF DELEGATES FOR THE FY 2005-06 BUDGET AND CSS PLANNING PROCESS

Client Coalition	2
Client stakeholder group, including client-run programs	2
Academic Partnerships	1
Alcohol and Drug Program Administration	1
Association of Community Human Service Agencies (ACHSA)	2
Representative from the Asian and Pacific Islander Community	1
Representative from the African American community	1
Chief Administrative Office	1
Children's Planning Council	1
The Courts and Public Defenders office	1
Department of Children and Family Services	1
Department of Community and Senior Services	1
Department of Health Services	1
Department of Mental Health	6
Department of Public Social Services	1
DMH Parent Advocate	1
Hospitals	2
Advocates for the homeless mentally ill	1
IMD representative	1
Representative of the jails	1
Representative from the Latino community	1
Law enforcement	1
Mental Health Advocacy Services	1
Mental Health Commission	1
National Alliance for the Mentally Ill (NAMI)	2
Representatives of the Native American community	1
Office of Consumer Affairs	1
Older Adult advocated	1
Older Adult who receives services	1
Probation Department	1
Service Area Advisory Committees 1–8 (2 delegates per SAAC; of the 16 total, at least 4 must be people who receive services and 4 must be family members)	16
State Hospital representative	1
Youth advocate	1
Additional at-large members: two with relationships with the State MHSA process; and 1 each for the African American, Asian American, and Latino communities	5
Total delegates	**63**

ATTACHMENT 2:
PROJECTED THREE-YEAR BUDGETS

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

County:	**Los Angeles**
Fiscal Year:	**FY 2005-06**

(Assumes funds are available 1/1/2006)

#	Program Work Plan	TOTAL FUNDS REQUESTED By Type				FUNDS REQUESTED By Age Group			
		FSP	SD	O&E	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
	CHILDREN								
C-01	Children's Full Service Partnership	2,707,702				2,707,702			
C-02	Family Support Services	1,750,000				1,750,000			
C-03	Integrated MH/COD Svcs	600,000	150,000			750,000			
C-04	Family Crisis svcs: Respite Care	200,000	50,000			250,000			
	Sub-total	5,257,702	200,000		5,457,702	5,457,702			
	TAY								
T-01	TAY Full-Service Partnerships	3,358,663					3,358,663		
T-02	Drop-in Centers	100,000	150,000				250,000		
T-03	TAY Housing services	393,750	393,750				787,500		
T-04	Probation Camp services	187,500	562,500				750,000		
	Sub-total	4,039,913	1,106,250		5,146,163		5,146,163		
	ADULTS								
A-01	Adult Full Service Partnerships	15,475,000						15,475,000	
A-02	Wellness/Client-Run Centers	90,000	810,000					900,000	
A-03	IMD step-down facilities	712,500	237,500					950,000	
A-04	Housing services	92,405	831,648					924,053	
A-05	Jail Transition & Linkage svcs	174,811	699,242					874,053	
	Sub-total	16,544,716	2,578,390		19,123,106			19,123,106	

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

County:	**Los Angeles**
Fiscal Year:	**FY 2005-06**

(Assumes funds are available 1/1/2006)

#	Program Work Plan	TOTAL FUNDS REQUESTED By Type				FUNDS REQUESTED By Age Group			
		FSP	SD	O&E	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
	OLDER ADULTS								
OA-01	Older Adult FSP	1,049,400							1,049,400
OA-02	System Transformation Team		165,000						165,000
OA-03	Field-capable clinical services	126,968	2,412,383						2,539,350
OA-04	Service Extenders	61,875	61,875						123,750
OA-05	Training	23,863	75,566						99,429
	Sub-total	1,262,105	2,714,824		3,976,929				3,976,929
	CROSS-CUTTING								
SN-01	Service Area Navigator Teams		2,450,000		2,450,000	1,050,000	1,000,000	400,000	
ACS-01	Alternative Crisis Services	750,000	5,425,000		6,175,000	308,750	1,420,250	3,766,750	679,250
POE-01	Planning, outreach, engagement			317,500	317,500				
ADM-01	Administration	1,125,000	1,125,000		2,250,000	405,000	382,500	1,215,000	247,500
	Total Request for FY 05-06	28,979,436	15,599,464	317,500	44,896,400	7,221,452	7,948,913	24,504,856	4,903,679

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

County:	**Los Angeles**
Fiscal Year:	**FY 2006-07**

		TOTAL FUNDS REQUESTED By Type				FUNDS REQUESTED By Age Group			
#	Program Work Plan	FSP	SD	O&E	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
	CHILDREN								
C-01	Children's Full Service Partnerships	5,415,404				5,415,404			
C-02	Family Support Services	3,500,000				3,500,000			
C-03	Integrated MH/COD Svcs		1,500,000			1,500,000			
C-04	Family Crisis Svcs: Respite Care	400,000	100,000			500,000			
	Sub-total	9,315,404	1,600,000		10,915,404	10,915,404			
	TAY								
T-01	TAY Full-Service Partnerships	6,717,326					6,717,326		
T-02	Drop-in Centers	200,000	300,000				500,000		
T-03	TAY Housing services	787,500	787,500				1,575,000		
T-04	Probation Camp services	375,000	1,125,000				1,500,000		
	Sub-total	8,079,826	2,212,500		10,292,326		10,292,326		
	ADULTS								
A-01	Adult Full Service Partnerships	30,950,000						30,950,000	
A-02	Wellness/Client-Run Centers	180,000	1,620,000					1,800,000	
A-03	IMD step-down facilities	1,425,000	475,000					1,900,000	
A-04	Adult Housing services	184,811	1,663,295					1,848,106	
A-05	Jail Transition & Linkage svcs	349,621	1,398,485					1,748,106	
	Sub-total	33,089,432	5,156,780		38,246,212			38,246,212	

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

County:	**Los Angeles**
Fiscal Year:	**FY 2006-07**

		TOTAL FUNDS REQUESTED By Type				FUNDS REQUESTED By Age Group			
#	Program Work Plan	FSP	SD	O&E	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
	OLDER ADULTS								
OA-01	Older Adult FSP	2,098,800							2,098,800
OA-02	Systems Transformation Team		330,000						330,000
OA-03	Field-capable clinical services	253,935	4,824,765						5,078,700
OA-04	OA Service Extenders	123,750	123,750						247,500
OA-05	OA Training	47,726	151,132						198,858
	Sub-total	2,524,211	5,429,647		7,953,858				7,953,858
	CROSS-CUTTING								
SN-01	Service Area Navigator Teams		4,900,000		4,900,000	2,100,000	2,000,000	800,000	
ACS-01	Alternative Crisis Services	1,500,000	12,520,000		14,020,000	701,000	3,224,600	8,552,200	1,542,200
ADM-01	Administration	2,250,000	2,250,000		4,500,000	810,000	765,000	2,430,000	495,000
POE-01	Planning, outreach, engagement		3,500,000	1,000,000	4,500,000	810,000	765,000	2,430,000	495,000
	Rollover projected from FY05-06				-4,637,072				
	Total Request for FY 2006-07	56,758,873	37,568,927	1,000,000	90,690,728	15,336,404	17,046,926	52,458,412	10,486,058

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

County:	**Los Angeles**
Fiscal Year:	**FY 2007-08**

		TOTAL FUNDS REQUESTED By Type				FUNDS REQUESTED By Age Group			
#	Program Work Plan	FSP	SD	O&E	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
	CHILDREN								
C-01	Children's FSP	5,415,404				5,415,404			
C-02	Family Support Services	3,500,000				3,500,000			
C-03	Integrated MH/COD Svcs		1,500,000			1,500,000			
C-04	Family Crisis Svcs: Respite Care	400,000	100,000			500,000			
	Sub-total	9,315,404	1,600,000		10,915,404	10,915,404			
	TAY								
T-01	TAY Full-Service Partnerships	6,717,326					6,717,326		
T-02	Drop-in Centers	200,000	300,000				500,000		
T-03	TAY Housing services	787,500	787,500				1,575,000		
T-04	Probation Camp services	375,000	1,125,000				1,500,000		
	Sub-total	8,079,826	2,212,500		10,292,326		10,292,326		
	ADULTS								
A-01	Adult Full Service Partnerships	30,950,000						30,950,000	
A-02	Wellness/Client-Run Centers	180,000	1,620,000					1,800,000	
A-03	IMD step-down facilities	1,425,000	475,000					1,900,000	
A-04	Adult Housing services	184,811	1,663,295					1,848,106	
A-05	Jail Transition & Linkage svcs	349,621	1,398,485					1,748,106	
	Sub-total	33,089,432	5,156,780		38,246,212			38,246,212	

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

County:	**Los Angeles**
Fiscal Year:	**FY 2007-08**

		TOTAL FUNDS REQUESTED By Type				FUNDS REQUESTED By Age Group			
#	Program Work Plan	FSP	SD	O&E	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
	OLDER ADULTS								
OA-01	Older Adult Full Service Partnerships	2,098,800							2,098,800
OA-02	Systems Transformation Team		330,000						330,000
OA-03	Field-capable clinical services	253,935	4,824,765						5,078,700
OA-04	OA Service Extenders	123,750	123,750						247,500
OA-05	OA Training	47,726	151,132						198,858
	Sub-total	2,524,211	5,429,647		7,953,858				7,953,858
	CROSS-CUTTING								
SN-01	Service Area Navigator Teams		4,900,000		4,900,000	2,100,000	2,000,000	800,000	
ACS-01	Alternative Crisis Services	1,500,000	15,920,000		17,420,000	3,135,600	2,961,400	9,406,800	1,916,200
ADM-01	Administration	2,250,000	2,250,000		4,500,000	810,000	765,000	2,430,000	495,000
POE-01	Planning, outreach, engagement		3,500,000	1,000,000	4,500,000	810,000	765,000	2,430,000	495,000
	Rollover projected from FY 06-07				-2,649,504				
	Total Request for FY 07-08	56,758,873	40,968,927	1,000,000	96,078,296	17,771,004	16,783,726	53,313,012	10,860,058

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

County:	**Los Angeles**
Fiscal Year:	**FY 2005-06**

(Assumes funds are available on or before 1/1/2006)

#	Program Work Plan	TOTAL FUNDS REQUESTED By Type			
		FSP	SD	O&E	Total Request
	ONE-TIME				
OT-01	Housing Trust Fund	7,192,000	4,408,000		11,600,000
OT-02	Training & Workforce Development	6,000,000	4,000,000		10,000,000
OT-03	Outreach & Engagement	300,000		2,700,000	3,000,000
OT-04	Planning & Outcomes	1,500,000	1,500,000		3,000,000
OT-05	Infrastructure	4,372,500	3,877,500		8,250,000
OT-06	Prudent Reserve	4,523,200	4,523,200		9,046,400
	Total Request for FY 07-08	23,887,700	18,308,700	2,700,000	44,896,400

THE LOS ANGELES COUNTY MENTAL HEALTH SYSTEM'S COMMUNITY SERVICES AND SUPPORTS PLAN

A Proposal to the California Department of Mental Health
in Accordance with the Mental Health Services Act

September 2005

Community Services and Support Plan

Section 1

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TABLE OF CONTENTS

THE LOS ANGELES COUNTY MENTAL HEALTH SYSTEM'S COMMUNITY SERVICES AND SUPPORTS PLAN

PART 1: COUNTY/COMMUNITY PUBLIC PLANNING PROCESS AND PLAN REVIEW PROCESS

Part 1, Section I: Planning Process

1) Briefly describe how your local public planning process included meaningful involvement of consumers and families as full partners from the inception of planning through implementation and evaluation of identified activities.

Since December 2004, thousands of people across Los Angeles County have participated in a fast-paced planning process to develop the first draft of a Community Services and Supports Plan.

Participants included people who are receiving services, family members, community leaders, community service providers, staff from the Los Angeles County Mental Health Department, staff from other County Departments, and many others. People of all ages have participated in this planning process, including youth 13 years and older and people well over 70. We have had people from many ethnic and racial communities participate, including members of African American, Armenian, American Indian, Cambodian, Chinese, Hispanic, Korean, Latino, Persian, Russian, Tongan, Western European, and many other racial and ethnic communities.

The Los Angeles County planning process for the Community Services and Support (CSS) Plan is continuing to unfold through several different structures. Sixty-three delegates, chosen from over 40 different stakeholder groups, have been making all formal decisions during this process. People who receive services and family members, including caregivers of young children, are well-represented as delegates and alternates.

While stakeholder groups formally choose the delegates and alternates who participate in the decision-making process, participation in all other structures is open: anyone who wants to participate can. The work of the delegates is supported by a variety of other work structures, including five countywide workgroups, myriad ad hoc workgroups, and the Service Area Advisory Councils. The Board of Supervisors divided Los Angeles County into eight service areas to facilitate planning within and among County departments. Each Service Area has a Mental Health Service Area Advisory Council that includes people who receive mental health services, family members, mental health service providers, and County Department representatives. Consumers, family members, and advocates actively participate in the work of the countywide workgroups, the ad hoc workgroups, and the Service Area Advisory Councils.

We have been offering modest stipends and transportation vouchers to participants, and investing substantial resources in oral and written translation services to facilitate the participation of people who receive services and families.

In addition to these more formalized work structures, we have conducted an aggressive education and training campaign to help people who receive services, family members, and other stakeholders learn about the Mental Health Services Act and the CSS planning process. Between mid-July, after delegates had reached agreement on the framework for the plan, and September 9, the last day of the thirty-day comment period, we conducted over 200 community engagement sessions involving more than 5000 people. These meetings were organized and supported by community members, people receiving services, family members, DMH staff, community based providers and many others. People were encouraged during these sessions, to give us feedback both through small group dialogue as well as through written feedback. Family members and people who receive services were a substantial majority of the participants in the forums conducted during the 30 day comment period.

2) In addition to consumers and family members, briefly describe how comprehensive and representative your public planning process was.

The planning process has proceeded through three stages to date:

Phase One: We organized an expansive community process that began in December, 2004 and concluded in March, 2005. This process produced 930 pages of assessment and analysis of the current system and a broad array of preliminary recommendations about how to improve it. Over 30 ad hoc countywide groups formed and participated; in addition, each of the eight Service Area Advisory Councils organized three or more sub-groups to participate in this process as well. Beyond this assessment work, this phase also produced multiple trainings for stakeholder and other groups in the fundamentals of the Mental Health Services Act and how the planning process would unfold in Los Angeles County.

Phase Two: Five countywide workgroups formed to begin work specifically focused on the CSS Plan. The five workgroups included:

- Children 0-15;
- Transition Aged Youth 16-25;
- Adults 26-59;
- Older Adults 60 and older; and
- Under-represented (and Inappropriately Served) Ethnic Populations.

These groups met intensively in full-group and ad hoc workgroup sessions between late April and mid-June, 2005 to draft a series of recommendations for their age group or area of focus for consideration and revision by the delegates. Each workgroup had a participant list of well over 100 people, and included substantial representation from people who receive services, family members, advocates, community-based providers,

members of the Service Area Advisory Councils, various Departments, and other groups.

This phase of work continued the trainings on how to participate in the planning process and was delivered in multiple languages to groups across the County. It also included trainings in the recovery model and in various dimensions of Full Service Partnerships as well as systems development.

Phase Three: Beginning in mid-June sixty-three delegates from more than forty Stakeholder groups began meeting in half-day and full-day sessions to review the recommendations from the five countywide workgroups. On average, more than 200 people attended each of the 10 delegate meetings that occurred between June 13 and July 25, 2005. Dozens of ad hoc workgroup sessions also occurred during this period to address issues that arose during the delegates' deliberations.

The delegates' meetings had two fundamental foci: first, to educate the delegates and others about the various recommendations from the Countywide workgroups and about the evolving State guidelines; and second, to engage the delegates in a consensus building process to develop the first draft of the CSS Plan.

We published the draft of our CSS Plan on August 9, 2005, reflecting the consensus achieved among the delegates and stakeholder groups on the overarching budget, and the priority programs and strategies for the first three years. Between mid-July, after delegates had reached agreement on the framework for the plan, and September 9, the last day of the thirty-day comment period, we conducted over 200 community engagement sessions involving more than 5000 people. These meetings were organized and supported by community members, people receiving services, family members, DMH staff, community based providers and many others. These sessions:

- Occurred across all 8 service areas.
- Engaged people across all four age groups.
- Engaged multiple special populations, including people who are currently homeless, older adults who are homebound, people who are deaf or hearing impaired, parent groups, faith-based groups, probation officers, HIV clinic patients, social workers, people who are gay, lesbian, or transgender, people in the jails and other institutional settings, and many others.
- Included 127 sessions conducted in 13 different languages other than English, including 58 sessions in Spanish only, 19 sessions in Spanish and English, 9 in Korean, 8 in Armenian, 6 in Japanese, 5 in Thai, 4 in Russian, 4 in Tagalog, 3 in mixed language, 2 in Cambodian, 2 in Cantonese, 2 in Farsi, 1 in Mandarin, 1 in American Sign Language, 1 in Hindi, 1 in Urdu, and 1 in Vietnamese.

All told, since February 2005 we have conducted almost 90 working sessions on various aspects of the plan, including delegates meetings, countywide workgroup meetings, and ad hoc workgroup meetings. The total number of participants in all sessions for which we have documentation since February 2005, including the working sessions, the

community engagement and training sessions analyzed above, and other specialized training and engagement sessions, is over 11,000.

3) Identify the person or persons in your county who had overall responsibility for the planning process. Please provide a brief summary of staff functions performed and the amount of time devoted to the planning process to-date.

The Director of the Department of Mental Health has the administrative responsibility for the overall planning process. He assigned a full time Mental Health District Chief (100%), and four administrative staff (100%) to support five contracted consultants (25%) plus the lead consultant (75%) who reports directly to the Director.

In addition, five Department of Mental Health Program Deputies (20%) and their staff (30%) have had the responsibility of convening meetings and managing the communication process for each of the five workgroups (four age groups plus the countywide Under-Represented and Inappropriately Served Ethnic Population (UREP) workgroup). A Chief Research Analyst was reassigned part time (50%) to MHSA activities to coordinate the collection and analysis of data. Staff members throughout the Department of Mental Health including District Chiefs and their staff from the eight Service Planning Areas (SPA), representative from the Office of Consumer Affairs, the Mental Health Commission support staff, the Public Information Officer, and a Parent Advocate have dedicated at least 15% of their time to conduct and promote outreach, training and other activities that encourage community involvement, specifically from the unserved and underserved populations within Los Angeles County.

a) Provide the name of the person with overall responsibility for the public planning process in your county and the percentage of their time devoted to the effort.

Name	Title	% Time
Marvin J. Southard, DSW	Director, LA County Dept. of Mental Health	20%
Olivia Celis-Karim, MPI, LCSW	MH District Chief, LA County Dept. of Mental Health	100%

b) PROVIDE the names and titles of other persons who supported the public planning process; identify their function and how much time they each devoted to the effort.

PUBLIC PLANNING ROSTER

Name	Title	% Time
John G. Ott	Principal Consultant	75%
Jose Montano	Community Training & Engagement, and Underserved Ethnic Communities Consultant	25% - 50%
Rose Pinard	Older Adult Workgroup & Underserved Ethnic Communities Consultant	25%
Tessa de Roy	TAY and Children's Workgroup Consultant	40%
Rigoberto Rodriguez	Children's Workgroup Consultant	25%
Pat Bowie	Adult Workgroup Consultant	15%
John Hatakeyama	Children's Deputy Director - DMH	20%
Sam Chan	Children's Countywide Programs - DMH	20%
Cora Fullmore	Justice Programs Deputy Director - DMH	20%
Dean Whitehead	Justice Programs Administration	20%
Jim Allen	Adult Deputy Director - DMH	20%
Kathy Daly	Adult Medical Director - DMH	20%
Yvette Townsend	Older Adult Deputy Director - DMH	20%
Kevin Tsang	Older Adult Administration - DMH	20%
Joellen Perkins	District Chief – Service Planning Area I	15%
Natalie Ambrose	Coordinator Consultant - Service Planning Area I	15%
Eva Carrera	District Chief – Service Planning Area II	15%
Eileen Maronde	Administration – Service Planning Area II	15%
Carlotta Childs	District Chief – Service Planning Area III	15%
Jaime Renteria	Administration – Service Planning Area III	15%
Ana Suarez	District Chief – Service Planning Area IV	15%
Karen Williams	District Chief – Service Planning Area V	15%
Mark Wells	Administration – Service Planning Area V	15%
Renee Woodruff	District Chief – Service Planning Area VI	15%
Sandra Thomas	District Chief – Service Planning Area VI	15%
Edward Vidaurri	District Chief – Service Planning Area VII	15%
Debbie Innes-Gomberg	District Chief – Service Planning Area VIII	15%
Anthony Cooksie	Administration – Service Planning Area VIII	15%
Carmen Diaz	Office of the Parent Advocate	25%
John Griffith	Office of the Family Advocate	15%
Ron Schraiber	Office of Consumer Affairs	15%
Gwen Lewis-Reid	Office of Consumer Affairs	15%
Terry Lewis	Mental Health Commission Administration Staff	15%
Kirsten Deichert	Public Information Officer	25%
Yolanda Sanchez	MHSA Planning – Administrative Support	100%
Ken Sholders	MHSA Planning – Administrative Support	100%
Norma Roman	MHSA Planning - Secretary	100%
La Shanda Brown	Data Research and Analysis	50%

At least as important to this process, however, has been the perseverance and steadfast commitment of hundreds of people across the county, including the sixty-three delegates and countless other community and County leaders who have dedicated thousands of hours to help craft this plan.

4) Briefly describe the training provided to ensure full participation of stakeholders and staff in the local planning process.

As noted previously, we have engaged in an aggressive process of outreach and engagement as part of the planning process for the Community Services and Supports plan. Central to this effort has been our effort to provide stand-alone trainings and trainings embedded within workgroup, delegates, and other meetings to ensure that people who receive services, family members, and stakeholders across the County could engage as full-on participants in the process. These training sessions have not only focused on how to get participants involved in the planning process, but also on particular aspects of the plan and the larger Mental Health system, including:

- Understanding the Mental Health Services Act;
- Committing to the essential elements of recovery;
- Fundamentals of community engagement and organizing;
- Understanding the County Mental Health budget;
- Understanding Full Service Partnerships;
- Understanding the State Guidelines governing the CSS Plan;
- Working with demographic and focal population data;
- Principles and practices of consensus decision-making;
- Creating a transformed service delivery system; and
- Myriad other topics relevant to the CSS planning process.

Part 1, Section II: Plan Review

1) Provide a description of the process to ensure that the draft plan was circulated to representatives of stakeholder interests and any interested party who requested it.

The draft plan has been circulated widely among stakeholder groups across the County since its posting on the Department's website on August 9, 2005. While anyone who wished to do so could download the plan off the website, we also developed a proactive strategy for circulating the plan and soliciting feedback. Service Area Advisory Councils and community groups across the County have conducted meetings on the plan. To assist with these discussions, the Department's Training and Cultural Competency Bureau, Public Information Office, process consultants, and a number of key community partners developed a range of materials, including summary PowerPoint presentations and talking points, translated into multiple threshold languages, that highlight essential elements of the plan.

We published the draft of our CSS Plan on August 9, 2005, reflecting the consensus achieved among the delegates and stakeholder groups on the overarching budget, and the priority programs and strategies for the first three years. Between mid-July, after delegates had reached agreement on the framework for the plan, and September 9, the last day of the thirty-day comment period, we conducted over 200 community engagement sessions involving more than 5000 people. These meetings were organized and supported by community members, people receiving services, family members, DMH staff, community based providers and many others. These sessions:

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- Engaged multiple special populations, including people who are currently homeless, older adults who are homebound, people who are deaf or hearing impaired, parent groups, faith-based groups, probation officers, HIV clinic patients, social workers, people who are gay, lesbian, or transgender, people in the jails and other institutional settings, and many others.
- Included 127 sessions conducted in 13 different languages other than English, including 58 sessions in Spanish only, 19 sessions in Spanish and English, 9 in Korean, 8 in Armenian, 6 in Japanese, 5 in Thai, 4 in Russian, 4 in Tagalog, 3 in mixed language, 2 in Cambodian, 2 in Cantonese, 2 in Farsi, 1 in Mandarin, 1 in American Sign Language, 1 in Hindi, 1 in Urdu, and 1 in Vietnamese.

2) Provide documentation of the public hearing by the mental health board or commission.

The public hearing held on September 20, 2005 was the culmination of this aggressive outreach effort. Over four hundred people attended the public hearing, including 129 people who receive services and family members, ninety-two representatives from community organizations and agencies, and a range of other interested stakeholders,

including clergy, representatives from SEIU 660, representatives from LA DMH and other county departments, and many others. We offered translation services in six different languages.

One of our objectives for this public hearing was to attract many people who had not yet been engaged in the process; at least 86 people indicated in their small groups that the public hearing was their first meeting; another 191 indicated they had attended only a few meetings on the plan.

Participants in the public hearing had three opportunities to be heard: first, through small group conversations following a brief presentation about the plan; second through individual comment sheets made available to every participant; and third, through public comment during the large group discussion.

We received 57 summary sheets from small group conversations; 90 individual comment forms (including 15 table summary forms that were filled out by individuals); and dozens of public comments during the large group discussion. While we will conduct a more thorough analysis of the public hearing data, together with the data from the community engagement sessions, over the next several weeks, broad themes are already apparent.

The small group discussion summaries revealed overwhelming support for every aspect of the plan. The questions from these small group discussion summaries focused primarily on how questions, including:

- How will the plan address disparities in access to services?
- How will the plan improve outcomes for those most severely in need?
- How will the plan address housing needs?
- How will the plan *really* demonstrate an on-going commitment to recovery?

Given the large percentage of people who had little or no exposure to the planning process or the plan prior to this hearing, these questions are to be expected. Moreover, such questions suggest agreement on the intention of the plan, focusing instead on whether the plan and the people who will implement it will actually achieve what the plan promises.

The responses in the individual comment sheets reflected a similar pattern. People expressed appreciation for all aspects of the plan, with a number of respondents specifically identifying the following highlights:

- The inclusive process;
- Housing;
- Specific attention to different age groups;
- Core values, including recovery, hope, multicultural access, focus on outcomes;
- Full service partnerships; and
- Co-occurring services.

In response to the question of what could be improved in the plan, the pattern of responses from the individual feedback forms matched the pattern of comments made during the large group discussion at the end of the public hearing. In both contexts people expressed appreciation for the plan and the process, but wanted to know:

- Would they or their family members be included in the plan and eligible for services? Hispanic family members, people who are hard of hearing, people who themselves or their family members have a developmental disability, Asian family members, and many others gave voice to this question.
- How would the plan address the needs of individuals in, transitioning out of, or being diverted from jails?
- How could homeless people and others access the housing options through this plan?
- How could people learn about the plan earlier, and how can they get involved now?
- How will the plan address the particular needs of different ethnic and racial communities–e.g., Native American communities, Hispanic communities, Asian and Pacific Islander communities?
- How will the plan insure that practitioners are grounded in a commitment to recovery?
- How will we continue the education and outreach process after the plan is submitted?
- How will the plan support the expansion of peer support and self-help groups?

All of these questions are important, and were thoroughly explored by the Countywide workgroups and the delegates in the months of work that produced the consensus draft Community Services and Supports plan.

As we have reflected upon the data that emerged from the public hearing and the broader community engagement process, the Mental Health Commission, Department leadership, and the delegates to the Stakeholder process have concluded together that:

- We are on the right track.
- There is broad agreement across multiple communities and stakeholder groups about the directions we are taking in the plan.
- The data from these engagement efforts will be very helpful in the design and implementation phases of our work.
- We are building very effective capacity to engage a broad array of people across the County in dialogue and discernment about mental health issues, capacity that will be essential as we move forward to implement the CSS plan.

We are proud of the work we have done both to craft the Community Services and Supports Plan, and to reach out to a broad cross-section of the Los Angeles County community to take stock of this draft plan. The hard work of implementation now lies ahead. We no doubt will learn much over the coming months as we move to implement the plan, and will of course explore ways to change and improve the plan over time.

3) Provide the summary and analysis of any substantive recommendations for revisions.

Please see the response to question 2) above.

4) If there are any substantive changes to the plan circulated for public review and comment, please describe those changes.

The plan we originally posted for public review and comment on August 9 is substantially different in *form* from the plan that we now submit for approval. Our intention was to post a version of the plan that would clearly and accessibly articulate the consensus reached among the sixty-three delegates from over 40 different stakeholder groups. The essential content of the plan, however, including the budget agreements and essential descriptions of the commitments at the heart of the plan, remain unchanged.

PART 2: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

Part 2, Section I: Identifying Community Issues Related to Mental Illness and Resulting from Lack of Community Services and Supports

1) Please list the major community issues identified through your community planning process, by age group. Please indicate which community issues have been selected to be the focus of MHSA services over the next three years by placing an asterisk (*) next to these issues. (Please identify all issues for every age group even if some issues are common to more than one group.)

In preparation for the CSS planning process, Los Angeles County stakeholders engaged in an expansive community needs and strengths assessment process. Thousands of people participated and produced nearly 10,000 pages of detailed data regarding the challenges and issues that were reported by the various age groups and special populations within each of the geographic area's ethnic communities. This information provided a starting point for the five countywide workgroups to begin their planning process and provide meaningful recommendations to the stakeholder delegates. From the volumes of reports, intensive dialogue, research and analysis, the ad hoc workgroups identified the following priority issues that needed to be addressed by the first iteration of our CSS plan:

Children	TAY	Adults	Older Adults
Children being removed from their families by the Department of Children and Family Services because of mental health issues affecting the children, other family members, or both (*)	Young people involved in child welfare and probation systems because of mental health issues and the lack of supports and services for these youth as they transition out of these systems (*)	The frequent cycle suffered by many adults struggling with mental health issues that sees people cycle between: homelessness, institutionalization, incarceration, and emergency rooms (*)	Lack of understanding and commitment for addressing mental health issues among the older adult population from policymakers, clinicians, community leaders, and others (*)
Children suffering because their parents or caregivers, including teen parents, have SED or severe and persistent mental illness (*)	Invisibility: Many transition age youth who suffer from mental health issues are highly transient and therefore present challenges for developing trusting relationships that can lead to effective services and supports being provided (*)	Co-occurring disorders, particularly substance abuse disorders (*)	Significant differences in needs and issues affecting younger older adults (60—65) and older older adults (*)

School issues, including: (a) Truancy (b) Expulsions and suspensions from schools (c) Violent behaviors at school (d) School failures (*)	Transition age youth and their families who suffer from co-occurring disorders, particularly substance abuse disorders (*)	Lack of adequate transition facilities to help people move out of institutional settings and into more community based settings (*)	Lack of the basic resources and infrastructure for a system of care for older adults (*)
Children and youth who are involved with the Juvenile Justice System because of mental health issues (*)	Transition Age Youth who are homeless, and who lack safe, affordable permanent housing (*)	Adults who are homeless, and who lack safe, affordable, permanent housing (*)	Lack of effective data documenting the needs of this population (*)
Children, youth, and their families who suffer from co-occurring disorders, particularly substance abuse disorders (*)	Frequent lack of family engagement in issues affecting TAY (*)	In many communities, lack of awareness and acceptance of mental health issues (*)	Multiple barriers to accessing services—e.g., providing effective services to people who are homebound (*)
Lack of culturally aware and competent services and supports (*)	Lack of culturally aware and competent services and supports (*)	Lack of culturally aware and competent services and supports (*)	Lack of culturally aware and competent services and supports (*)

2) Please describe what factors or criteria led to the selection of the issues starred above to be the focus of MHSA services over the next three years. How were issues prioritized for selection? (If one issue was selected for more than one age group, describe the factors that led to including it in each.)

In selecting these priority issues, workgroups focused on a number of strategic and heart-felt considerations, including:

- The focus of the state CSS guidelines for adults and older adults with the most severe and persistent mental illness, and children and youth who struggle with the most severe emotional disturbances;
- Opportunities to use the MHSA funds to help leverage change that goes well beyond the immediate impact of the new dollars;
- The relative flexibility of the MHSA funds compared to other resources available for mental health services and thus the opportunity to use MHSA funds to address some of the community's most intractable issues and most vulnerable populations;
- The desire to create early successes to build momentum for larger-scale change.
- The desire to finally address, in concrete ways, issues of disparities in access to services and disparities in outcomes.

3) Please describe the specific racial ethnic and gender disparities within the selected community issues for each age group, such as access disparities, disproportionate representation in the homeless population and in county juvenile or criminal justice systems, foster care disparities, access disparities on American Indian rancherias or reservations, school achievement drop-out rates, and other significant issues.

In each section below, the needs identified for each age group are discussed in terms of the racial, ethnic, and geographic disparities. We detail homelessness, access to services, justice system encounters, foster care or dependence when they are relevant for the age group and issue and can be described using existing data. More detailed presentations of the basis for the findings and conclusions stated here can be found in the demographic and needs data tables in Section II.

With respect to gender disparities, the current quantitative data available do not present sufficient differences to warrant emphasis. The following analysis therefore focuses principally on issues of racial, ethnic, and geographic disparities. Such a choice does not in any way obviate the need to engage in design and implementation efforts that insure that gender and identity differences are appropriately accounted for and addressed.

CHILDREN

We analyzed children in terms of the following subgroups: age groups in poverty (0-5, 5-18), involvement with the foster care system, involvement with the juvenile justice system and receiving mental health services or psychotropic drugs.

Ethnic Disparities

- In 2003, 2,485,090 children (ages 015) lived in the County. Of these children, nearly one in three (27.29) were economically disadvantaged.
- Of the 244,771 African American children (0-15) in the County, 89,101 (13.14%) live in impoverished households They are the second most likely to live in poverty but the least likely (17.96%) likely to be uninsured if impoverished.
- Of the 6,932 American Indian children living in the County, 3,189 (46.00%) live in impoverished households. Proportionate to the overall population, they are the most likely to live in poverty, and the second most likely to be uninsured (31.36%).
- Of the 249,409 Asian American children living in the County, 42,430 (17.01%) live in impoverished households. Asian Pacific Islanders are almost as likely as American Indian children to be uninsured (30.64%).
- Of the 1,509,338 Hispanic children living in the County, 499,320 (33.08%) live in impoverished households. They are less likely (25.43%) than all but African American children to be uninsured.
- Of the 474,640 White children living in the County, 44,142 (9.30%) live in impoverished households. They are the most likely to be uninsured (31.72%) of all subgroups of the economically disadvantaged population.

Involvement with DCFS

- County-wide, 62,482 children under 18 were clients of the Department of Children and Family Services (DCFS) and therefore exposed to the foster care system.
- Of these 62,482 children, 19,041 (or 30.00%) received at least one mental health service from DMH within the 2002-2003 fiscal year. An additional 9,221 (14.00%) of the children involved in DCFS received mental health services from DMH at some point in time before 2002-2003.
- Of the DCFS clients, 4,162 are in D-Rate facilities. Of these, 74.31% received some DMH service during 2002-2003. As expected, children in D-Rate facilities are more likely to receive services from DMH than other DCFS clients.
- Of the DCFS clients who received some service from DMH during 2002-2003, 7,342 (40%) were African American, 6,031 (33%) were Hispanic, and 2,860 (16%) were White.
- There are significant geographic disparities. Of the total DCFS population, Service Area 6 (Central Los Angeles) has the highest number (3,466) representing 12% of the children served by DMH in that area. In contrast, Service Area 1 (Antelope Valley) has 1,458 representing 21% of the children served by DMH in that area.
- DCFS clients are approximately uniformly distributed geographically within the County with two exceptions. In SPA 1 (Antelope Valley) children are two times more likely to be involved with DCFS than in any other SPA. SPA 5 (Western) and SPA 4 (Metro/Downtown) have historically hosted more homeless children than six of the other SPAs.

Children of Parents with SMI or Co-Occurring Disorders

This is a significant area of concern to the stakeholders because county experience, in the judgment of stakeholders, shows that the lack of community services and support causes significant disruption among the children affected. However, none of the quantitative data sources available to the stakeholders for the current year contain data that can be used to present or analyze the details. DMH and the stakeholders will augment this finding with quantitative data and analysis in future years.

School Issues

This is a significant area of concern to the stakeholders because county experience, in the judgment of stakeholders, shows that the lack of community services and support causes significant disruption among the children affected. However, none of the quantitative data sources available to the stakeholders for the current year contain data that could be used to present or analyze the details for the various ethnic groups and geographic areas of interest. DMH and the stakeholders will augment this finding with quantitative data and analysis in future years.

Involvement with the Juvenile Justice System

This is a significant area of concern to the stakeholders because county experience, in the judgment of stakeholders, shows that the lack of community services and support causes significant disruption among the children affected.

The stakeholders focused on the population detained by the juvenile justice system, served by DMH during 2002-2003, and treated with psychotropic drugs.

- Overall, 11, 088 children (0-18) detained in the juvenile justice system were treated with psychotropic drugs at least once by DMH.
- Nearly a quarter of these children (23%) live in Service Area 6.
- Of this overall population, 2,870 (25%) are African American, 4,473 (40.33%) are Hispanic, American Indian (37) and Asian American (185) groups amount to less than 2% of overall population. However, the ethnic origin for more than 2,500 (24%) of this population is unknown. The remainder is White.
- Most of these children, estimated at 68%, are approaching or in the transitional age youth focus group.

DMH and the stakeholders will augment these findings with additional quantitative data and analysis of the at-risk population in future years.

Co-occurring Disorders, Particularly Substance Abuse

This is a significant area of concern to the stakeholders because county experience, in the judgment of stakeholders, shows that the lack of community services and support causes significant disruption among the children affected. However, none of the quantitative data sources available to the stakeholders for the current year contain data that could be used to present or analyze the details for the various ethnic groups and geographic areas of interest. DMH and the stakeholders will augment this finding with quantitative data and analysis in future years.

Lack of Culturally Aware and Competent Services and Supports

Section V of this document contains a detailed exposition of the cultural competence of DMH and its providers. Unfortunately, the data available to DMH for analysis of cultural competence is not age-specific. This is a significant area of concern to the stakeholders because county experience, in the judgment of stakeholders, shows that the lack of community services and support causes significant disruption among the children affected. However, none of the quantitative data sources available to the stakeholders for the current year contain data that could be used to present or analyze the details for the various ethnic groups and geographic areas of interest. DMH and the stakeholders will augment this finding with quantitative data and analysis in future years.

The following pages contain detailed data tables that further explicate the analysis and conclusions stated in this section above.

Notes on Table Sources

Focal Populations Proxies – by Age Group, SPA, and Ethnic Population

Children Ages (0-15) Data Sources:

[a]*Hedderson, J. & Bixler, J., Walter R. McDonald & Associates, Inc. Sacramento, CA.* Countywide poverty population estimates published during the MHSA stakeholder process do not vary; however, when the estimates are broken into small categories,

such as SPA and ethnicity or into even smaller sub-categories such as ethnicity within SPA, the sub-total (category totals) typically vary. This variance is not statistically significant.

[b]*Urban Research, Service Integration Branch, Los Angeles, CA.* Includes children/youth living at or below the 200% Poverty Level in Los Angeles County as of July 1, 2003.

[c]*Los Angeles County Department of Children and Family Services (DCFS).* DCFS Active Caseload by Age Range, Ethnicity, and Current Location SPA: (a) for children in Out-of-Home Placement, the current location SPA is determined by the child's current placement location address and (b) for children receiving DCFS services in-home, the current location SPA is determined by the child's residence address.

[d] *LAC-DMH Planning Files, FY 2002 – 2003.* Juvenile Justice summarizes the number of juveniles who were prescribed psychotropic medications at least once during FY 02-03. This value includes drugs administered by Short-Doyle providers. This value does not include drugs administered by general practitioners or by FFS providers.

Children Ages 0 – 15 years	Children 0 – 5 years Living in Poverty *(At or Below 200% Poverty Level)* [a]		Children 5 – 18 yearsLiving in Poverty *(At or Below 200% Poverty Level)* [b]		Children involved with DCFS [c]		Children/Youth involved with Juvenile Justice who received Psychotropic medications [d]	
Service Planning Area (SPA)	*N*	*%*	N	*%*	*N*	*%*	*N*	*%*
Antelope Valley (1)								
African American	2,551	30.26	8,049	30.30	1,143	40.56	186	40.09
American Indian	67	0.79	196	0.75	10	0.35	4	0.86
Asian/Pacific Islander	67	0.79	444	1.67	17	0.61	0	0.00
Hispanic	4,086	48.46	11,614	43.72	818	29.03	117	25.22
Other	0	0.00	0	0.00	0	0.00	0	0.00
Unknown	0	0.00	0	0.00	9	0.32	78	16.80
White	1,661	19.70	6,259	23.56	821	29.13	79	17.03
Total	**8,432**	**100.00**	**26,562**	**100.00**	**2,818**	**100.00**	**464**	**100.00**
San Fernando (2)								
African American	1,774	4.80	6,877	5.89	399	12.62	346	17.56
American Indian	231	0.63	586	0.50	24	0.76	7	0.36
Asian/Pacific Islander	1,767	4.79	7,314	6.27	91	2.88	32	1.62
Hispanic	27,498	74.47	78,420	67.19	1,806	57.12	980	49.75
Other	0	0.00	0	0.00	0	0.00	0.00	0.00
Unknown	0	0.00	0	0.00	15	0.47	327	16.60
White	5,653	15.31	23,514	20.15	827	26.15	278	14.11
Total	**36,923**	**100.00**	**116,711**	**100.00**	**3,162**	**100.00**	**1,970**	**100.00**

Children Ages 0 – 15 years	Children 0 – 5 years Living in Poverty *(At or Below 200% Poverty Level)* [a]		Children 5 – 18 years Living in Poverty *(At or Below 200% Poverty Level)* [b]		Children involved with DCFS [c]		Children/Youth involved with Juvenile Justice who received Psychotropic medications [d]	
SPA	*N*	*%*	N	*%*	*N*	*%*	*N*	*%*
San Gabriel (3)								
African American	1,691	5.14	6,699	6.26	863	17.10	208	15.37
American Indian	203	0.62	562	0.52	43	0.85	5	0.37
Asian/Pacific Islander	5,206	15.83	20,855	19.45	286	5.67	42	3.10
Hispanic	24,277	73.80	70,772	66.01	3,154	62.48	590	43.61
Other	0	0.00	0	0.00	0	0	0	0
Unknown	0	0.00	0	0.00	18	0.35	391	28.90
White	1,517	4.61	8,319	7.76	684	13.55	117	8.65
Total	**32,894**	**100.00**	**107,207**	**100.00**	**5,048**	**100.00**	**1,353**	**100.00**
Metro (4)								
African American	1,265	3.38	4,420	3.95	311	15.09	209	16.15
American Indian	127	0.34	375	0.34	3	0.15	3	0.23
Asian/Pacific Islander	2,429	6.50	9,325	8.35	96	4.66	10	0.77
Hispanic	32,109	85.90	90,234	80.78	1,476	71.65	626	48.38
Other	0	0.00	0	0.00	0	0.00	0	0.00
Unknown	0	0.00	0	0.00	8	0.39	393	30.37
White	1,451	3.88	7,354	6.58	166	8.06	53	4.10
Total	**37,381**	**100.00**	**111,708**	**100.00**	**2,060**	**100.00**	**1,294**	**100.00**

Children Ages 0 – 15 years	Children 0 – 5 years Living in Poverty *(At or Below 200% Poverty Level)* [a]		Children 5 – 18 years Living in Poverty *(At or Below 200% Poverty Level)* [b]		Children involved with DCFS [c]		Children/Youth involved with Juvenile Justice who received Psychotropic medications [d]	
SPA	*N*	*%*	N	*%*	*N*	*%*	*N*	*%*
West (5)								
African American	778	14.60	2,887	10.09	122	30.58	59	26.70
American Indian	54	1.01	110	0.39	2	0.50	0	0.00
Asian/Pacific Islander	409	7.68	6,296	22.01	18	4.51	1	0.45
Hispanic	2,861	53.70	9,529	33.31	155	38.85	87	39.37
Other	0	0.00	0	0.00	0	0	0	0.00
Unknown	0	0.00	0	0.00	13	3.26	41	18.55
White	1,226	23.01	9,784	34.20	89	22.30	33	14.93
Total	**5,328**	**100.00**	**28,606**	**100.00**	**399**	**100.00**	**221**	**100.00**
South (6)								
African American	11,812	23.21	38,689	25.62	3,943	61.78	1,124	43.21
American Indian	67	0.13	239	0.16	11	0.17	0	0.00
Asian/Pacific Islander	166	0.33	1,938	1.28	44	0.69	8	0.31
Hispanic	38,785	76.20	106,813	70.74	2,177	34.11	757	29.10
Other	0	0.00	0	0.00	0	0.00	0	0.00
Unknown	0	0.00	0	0.00	24	0.38	694	26.69
White	66	0.13	3,309	2.20	183	2.87	18	0.69
Total	**50,896**	**100.00**	**150,988**	**100.00**	**6,382**	**100.00**	**2,601**	**100.00**

Children Ages 0 – 15 years	Children 0 – 5 years Living in Poverty *(At or Below 200% Poverty Level)* [a]		Children 5 – 18 years Living in Poverty *(At or Below 200% Poverty Level)* [b]		Children involved with DCFS [c]		Children/Youth involved with Juvenile Justice who received Psychotropic medications [d]	
SPA	*N*	*%*	N	*%*	*N*	*%*	*N*	*%*
East (7)								
African American	931	2.80	3,796	3.90	285	7.74	136	9.94
American Indian	178	0.54	463	0.47	15	0.41	9	0.66
Asian/Pacific Islander	942	2.84	3,778	3.88	84	2.28	15	1.10
Hispanic	30,206	91.01	85,231	87.42	2,900	78.78	729	53.29
Other	0	0.00	0	0.00	0	0.00	0	0.00
Unknown	0	0.00	0	0.00	12	0.33	392	28.65
White	933	2.81	4,225	4.33	385	10.46	87	6.36
Total	**33,190**	**100.00**	**97,493**	**100.00**	**3,681**	**100.00**	**1,368**	**100.00**
South Bay/Harbor (8)								
African American	8,889	22.17	28,888	24.00	2,163	46.06	602	33.13
American Indian	189	0.47	503	0.42	22	0.47	9	0.50
Asian/Pacific Islander	3,226	8.04	12,466	10.35	271	5.77	77	4.24
Hispanic	26,318	65.62	71,205	59.16	1,573	33.50	587	32.31
Other	0	0.00	0	0.00	0.00	0.00	0	0.00
Unknown	0	0.00	0	0.00	14	0.29	400	22.00
White	1,482	3.70	7,301	6.07	653	13.91	142	7.82
Total	**40,104**	**100.00**	**120,363**	**100.00**	**4,696**	**100.00**	**1,817**	**100.00**

TRANSITION AGE YOUTH

We analyzed transition age youth (16-25) in terms of the following subgroups: those in poverty, at risk of homelessness, involvement with the foster care system, involvement with the juvenile justice system with at least one crisis episode of mental health care and no prior or follow-up treatment.

Ethnic Disparities

- In 2003, 1,466,904 transition age youth (TAY) (ages 16-25) lived in the County. Of these youth, 612,288 (41.70%) were economically disadvantaged.
- Of the 139,670 African American youth in the County, 69,501 (49.7%) live in impoverished households. Of these, 20,000 (28.70%) are uninsured.
- Of the 4,245 American Indian youth living in the County, 1,792 (42.20%) live in impoverished households. Of these, 1,000 are uninsured (55.80%).
- Of the 197,345 Asian American youth living in the County, 72,276 (36.60%) live in impoverished households. Of these, 30,000 are uninsured (41.50%).
- Of the 797,987 Hispanic youth living in the County, 388,826 (48.7%) live in impoverished households. Of these, 224,000 are uninsured (57.60%).
- Of the 327,657 White youth living in the County, 79,893 (24.3%) live in impoverished households. Of these, 62,000 are uninsured (77.60%).
- Community issues including insurance needs increase as children age into the transition age youth category. The overall condition worsens and the between-group disparities increase with age.

Involvement with DCFS, Probation, and Aging Out

- County-wide, 3,248 youth (over 18) were clients of the Department of Children and Family Services (DCFS) and therefore exposed to the foster care system.
- Of these 3,248 youth, 1,088 (or 33.40%) received at least one mental health service from DMH during the 2002-2003 fiscal year. An additional 736 of the youth involved in DCFS received mental health services from DMH at some point in time before 2002-2003.
- Of the DCFS clients, 295 are in D-Rate facilities. Of these, 52.2% received some DMH service during 2002-2003. As expected, youth in D-Rate facilities are more likely to receive services from DMH than other DCFS clients. However, it is important to note that intensive services are less likely for TAY than for younger children (75%).
- There are significant geographic disparities. Of the total DCFS population, Service Area 6 (Central Los Angeles) has the highest number of transition age youth (1,345), and the highest concentration of poverty, both significantly disproportionate to the population size.
- County-wide, 9,621 youth (0.65% of the population) were involved with Probation and treated by DMH. Most (83.19%) are male. Of the total, 3,677 are Hispanic (38.22%) are Hispanic. In many cases (27.14%), the ethnicity is unknown or not reported.

Invisibility of This Population

This is a significant area of concern to the stakeholders because county experience, in the judgment of stakeholders, shows that the lack of community services and support causes significant disruption among the youth affected. Available data sources from public agencies will not show these people because they are typically not eligible to receive services from the local public system, unless they encounter the justice system.

However, none of the quantitative data sources available to the stakeholders for the current year contain data that can be used to present or analyze the details. DMH and the stakeholders will augment this finding with qualitative and quantitative data and analysis in future years. For example, we will attempt to access the general relief and social security data for review and analysis.

Co-Occurring Disorders, Particularly Substance-Abuse

This is a significant area of concern to the stakeholders because county experience, in the judgment of stakeholders, shows that the lack of community services and support causes significant disruption among the youth affected. However, none of the quantitative data sources available to the stakeholders for the current year contain data that could be used to present or analyze the details for the various ethnic groups and geographic areas of interest. DMH and the stakeholders will augment this finding with quantitative data and analysis in future years. Information systems available to DMH and DHS contain vehicles for collecting data about co-occurring disorder in the population served. However, the stakeholders elected to identify the group and call for detailed analysis later, considering the levels and quality of the available data.

Homelessness

This is a significant area of concern to the stakeholders because county experience, in the judgment of stakeholders, shows that the lack of community services and support causes significant disruption among the youth affected. DMH and the stakeholders will augment these findings with additional quantitative data and analysis of the at-risk population in future years.

The stakeholders determined that risk indicators may be relevant to analysis of this need. For example, we reviewed the incidence of households with income at or less than 100% of the Federal poverty level as a surrogate for risk of homelessness. In the case of adults in Los Angeles County,

- Among adults in Los Angeles, 1,466,904 or 16.5% live in households or with income at or less than 100% of the poverty level.
- Among Hispanic adults, who represent 54.40% of the overall county population, 153,244 persons, or 10.4%, are at risk of homelessness. On the other hand Hispanics comprise 63.1% of the total TAY population at risk of homelessness.
- Among White adults, who represent 22.34% of the overall county population, 28,175, or 1.9%, are at risk of homelessness. They comprise 11.6% of the total TAY population at risk of homelessness.
- Among all other ethnic subgroups, the risk of homelessness is approximately equivalent to their level in the overall population.

Lack of Safe Affordable Permanent Housing

This is a significant area of concern to the stakeholders because county experience, in the judgment of stakeholders, shows that the lack of community services and support causes significant disruption among the youth affected. However, none of the quantitative data sources available to the stakeholders for the current year contain data that could be used to present or analyze the details for the various ethnic groups and geographic areas of interest. DMH and the stakeholders will augment this finding with quantitative data and analysis in future years.

Frequent Lack of Family Engagement

This is a significant area of concern to the stakeholders because county experience, in the judgment of stakeholders, shows that the lack of community services and support causes significant disruption among the youth affected. However, none of the quantitative data sources available to the stakeholders for the current year contain data that could be used to present or analyze the details for the various ethnic groups and geographic areas of interest. DMH and the stakeholders will augment this finding with quantitative data and analysis in future years.

Lack of Culturally Aware and Competent Services and Supports

Section V of this document contains a detailed exposition of the cultural competence of DMH and its providers. However, the data available to DMH and the stakeholders for analysis of cultural competence is not age-specific. This is a significant area of concern to the stakeholders because county experience, in the judgment of stakeholders, shows that the lack of community services and support causes significant disruption among the transition age youth affected. However, none of the quantitative data sources available to the stakeholders for the current year contain data that could be used to present or analyze the details for the various ethnic groups and geographic areas of interest. DMH and the stakeholders will augment this finding with quantitative data and analysis in future years.

The following pages contain detailed data tables that further explicate the analysis and conclusions for transition age youth stated in this section above.

Notes on Table Sources

Focal Populations Proxies – by Age Group, SPA and Ethnic Population
Transition Age Youth 16-25

TAY Sources:
Source (CPI-U) We are using the 100% poverty level as an indicator that this population is at most risk of becoming homelessness. Measure of Need is based on Poverty thresholds which are dollar amounts used to determine poverty status.
Source: DCFS. These are clients **not** seen at DMH.
Source: LAC Planning File UOS FY 02-03.

Transitional Age Youth Ages 16-25	At Risk of Homelessness (100% Poverty Level) [a]		TAY 18-25 Involved in DCFS [b]		TAY involved with Juvenile Justice with at least one crisis episode and no prior or follow up treatment [c]	
Service Planning Area (SPA)	N	%	N	%	N	%
Antelope Valley (1)						
African American	2,011	24%	284	52%	14	44%
American Indian	89	1%	0	0%	0	0%
Asian/Pacific Islander	291	3%	4	1%	0	0%
Latino	3,154	38%	119	22%	6	19%
White	2,797	34%	133	25%	5	16%
Other	0	0%	2	0%	0	0%
Unknown or Not Reported	0	0%	0	0%	7	22%
Total	**8,342**	**100%**	**542**	**100%**	**32**	**100%**
San Fernando (2)						
African American	1,948	5%	128	22%	13	10%
American Indian	142	0%	5	1%	0	0%
Asian/Pacific Islander	3,471	9%	16	3%	3	2%
Latino	22,617	61%	278	49%	68	54%
White	9,150	25%	141	25%	17	13%
Other	0	0%	1	0%	1	0%
Unknown or Not Reported	0	0%	0	0%	25	20%
Total	**37,328**	**100%**	**569**	**100%**	**127**	**100%**
San Gabriel (3)						
African American	2,389	6%	305	31%	28	9%
American Indian	143	0%	6	1%	1	0%
Asian/Pacific Islander	10,225	27%	45	5%	9	3%
Latino	21,475	57%	495	50%	157	49%
White	3,763	10%	143	14%	18	6%
Other	0	0%	3	0%	1	0%
Unknown or Not Reported	0	0%	0	0%	105	33%
Total	**37,995**	**100%**	**997**	**100%**	**319**	**100%**

Transitional Age Youth Ages 16-25	TAY At Risk of Homelessness (100% Poverty Level) [a]		TAY 18-25 Involved in DCFS [b]		TAY involved with Juvenile Justice with at least one crisis episode and no prior or follow up treatment [c]	
Service Planning Area (SPA)	N	%	N	%	N	%
Metro (4)						
African American	1,412	4%	119	31%	6	10%
American Indian	94	0%	1	0%	0	0%
Asian/Pacific Islander	4,688	13%	16	4%	0	0%
Latino	27,413	76%	221	58%	25	43%
White	2,434	7%	26	7%	3	5%
Other	0	0%	1	0%	0	0%
Unknown or Not Reported	0	0%	0	0%	24	41%
Total	**36,041**	**100%**	**384**	**100%**	**58**	**100%**
West (5)						
African American	846	8%	33	41%	2	18%
American Indian	21	0%	1	1%	0	0%
Asian/Pacific Islander	2,895	28%	2	2%	0	0%
Latino	3,131	30%	24	30%	5	45%
White	3,595	34%	19	23%	1	9%
Other	0	0%	2	2%	0	0%
Unknown or Not Reported	0	0%	0	0%	3	27%
Total	**10,488**	**100%**	**81**	**100%**	**11**	**100%**
South (6)						
African American	12,564	27%	1,006	75%	207	32%
American Indian	52	0%	1	0%	0	0%
Asian/Pacific Islander	1,009	2%	7	1%	1	0%
Latino	30,920	67%	289	21%	214	33%
White	1,332	3%	38	3%	0	0%
Other	0	0%	4	0%	0	0%
Unknown or Not Reported	0	0%	0	0%	223	35%
Total	**45,877**	**100%**	**1,345**	**100%**	**645**	**100%**

Transitional Age Youth Ages 16-25	TAY At Risk of Homelessness (100% Poverty Level) [a]		TAY 18-25 Involved in DCFS [b]		TAY involved with Juvenile Justice with at least one crisis episode and no prior or follow up treatment [c]	
Service Planning Area (SPA)	N	%	N	%	N	%
East (7)						
African American	1,077	4%	82	14%	28	7%
American Indian	152	1%	1	0%	2	0%
Asian/Pacific Islander	1,938	6%	12	2%	3	1%
Latino	25,113	83%	428	71%	204	50%
White	2,014	7%	77	13%	20	5%
Other	0	0%	1	0%	2	0%
Unknown or Not Reported	0	0%	0	0%	153	37%
Total	**30,294**	**100%**	**601**	**100%**	**412**	**100%**
South Bay/ Harbor (8)						
African American	8,039	22%	550	62%	107	23%
American Indian	154	0%	8	1%	4	1%
Asian/Pacific Islander	5,701	16%	40	5%	19	4%
Latino	19,421	53%	175	20%	146	32%
White	3,090	8%	114	13%	29	6%
Other	0	0%	0	0%	3	1%
Unknown or Not Reported	0	0%	0	0%	151	33%
Total	**36,405**	**100%**	**887**	**100%**	**459**	**100%**

ADULTS

We analyzed adults (26-59) in terms of the following subgroups: those in poverty, those at risk of homelessness, those with 6 or more hospitalizations within a 12-month period, and those involved with the current criminal justice system with at least one mental health service episode.

Ethnic Disparities

- In 2003 of the 4,582,527 adults living in the County, slightly over one in three (38%) were living in households with income at or below the 200% poverty level. As with other age groups, the discrepancies between ethnic groups are less clear at the SPA level.
- Of the 437,516 African American adults living in the County, 214,789 (49.7%) live in impoverished households. Of these, 74,000 (34.40%) are uninsured.
- Of the 15,481 American Indian adults living in the County, 7,464 (48.20%) live in impoverished households. Of these, 7,000 are uninsured (93.70%).
- Of the 672,267 Asian American adults living in the County, 208,005 (30.90%) live in impoverished households. Of these, 93,000 are uninsured (44.70%).
- Of the 1,973,668 Hispanic adults living in the County, 1,005,712 (50.9%) live in impoverished households. Of these, 678,000 are uninsured (67.40%).
- Of the 1,483,595 White adults living in the County, 299,861 (20.2%) live in impoverished households. Of these, 185,000 are uninsured (61.60%).
- Hispanics are the largest proportion of each sub-population within the County. Hispanics make up 43.07% of the overall County population, 57.94% of the County poverty total, and 63.31% of the County uninsured total.

Adult Cycling In Public Systems

This is a significant area of concern to the stakeholders because county experience, in the judgment of stakeholders, shows that the lack of community services and support causes significant disruption among the adults affected. However, none of the quantitative data sources available to the stakeholders for the current year contain data that could be used to present or analyze the details for the various ethnic groups and geographic areas of interest. DMH and the stakeholders will augment this finding with quantitative data and analysis in future years.

Information systems available to DMH other county agencies contain vehicles for collecting data about exposure of adults to these cycles. However, the stakeholders elected to identify the group and call for detailed analysis later, considering the levels and quality of the available data.

The tables below in this Section contain data that describe re-hospitalization in the adult population. These tables show, for example:

- Over 350 adults are hospitalized six or more times during 2002-03, excluding State hospitals, but including private Medi-Cal hospitals and County hospitals.
- Based on the data we have, these cases are concentrated among Whites, except in SA 6 and SA 8 (South/Harbor), where it is concentrated among African Americans.

Co-Occurring Disorders, Particularly Substance-Abuse

This is a significant area of concern to the stakeholders because county experience, in the judgment of stakeholders, shows that the lack of community services and support causes significant disruption among the adults affected. However, none of the quantitative data sources available to the stakeholders for the current year contain data that could be used to present or analyze the details for the various ethnic groups and geographic areas of interest. DMH and the stakeholders will augment this finding with quantitative data and analysis in future years.

Lack of Adequate Transition Facilities

This is a significant area of concern to the stakeholders because county experience, in the judgment of stakeholders, shows that the lack of community services and support causes significant disruption among the adults affected. However, none of the quantitative data sources available to the stakeholders for the current year contain data that could be used to present or analyze the details for the various ethnic groups and geographic areas of interest. DMH and the stakeholders will augment this finding with quantitative data and analysis in future years.

Information systems available to DMH and other public agencies contain some data that would be useful for analyzing the issue. For example, referral of discharged inmates to community based resources may occur regularly, but follow-up can be an issue or difficult. However, the stakeholders elected to identify the group and call for detailed analysis later, considering the levels and quality of the available data.

Lack of Awareness and Acceptance of Mental Health Issues

This is a significant area of concern to the stakeholders because county experience, in the judgment of stakeholders, shows that the lack of community services and support causes significant disruption among the adults affected. DMH and the stakeholders will augment these findings with additional quantitative data and analysis of the at-risk population in future years.

Lack of Safe Affordable Permanent Housing

This is a significant area of concern to the stakeholders because county experience, in the judgment of stakeholders, shows that the lack of community services and support causes significant disruption among the adults affected. However, none of the quantitative data sources available to the stakeholders for the current year contain data that could be used to present or analyze the details for the various ethnic groups and geographic areas of interest. DMH and the stakeholders will augment this finding with quantitative data and analysis in future years.

The stakeholders determined that risk indicators may be relevant to analysis of this need. For example, we reviewed the incidence of households with income at or less than 100% of the Federal poverty level as a surrogate for risk of homelessness. In the case of adults in Los Angeles County,

- Among adults in Los Angeles, 637,863 or 13.90% live in households or with income less than 100% of the poverty level.

- Among Hispanic adults, who represent 43% of the overall county population, 356,586 persons, or 55.90%, are at risk of homelessness.
- Among White adults, who represent 32.38% of the overall county population, 108,290, or 6.9%, are at risk of homelessness.
- Among all other ethnic subgroups, the risk of homelessness is approximately equivalent to their level in the overall population.

Lack of Culturally Aware and Competent Services and Supports
Section V of this document contains a detailed exposition of the cultural competence of DMH and its providers.

However, the data available to DMH and the stakeholders for analysis of cultural competence is not age-specific. This is a significant area of concern to the stakeholders because county experience, in the judgment of stakeholders, shows that the lack of community services and support causes significant disruption among the adults affected. However, none of the quantitative data sources available to the stakeholders for the current year contain data that could be used to present or analyze the details for the various ethnic groups and geographic areas of interest. DMH and the stakeholders will augment this finding with quantitative data and analysis in future years.

The following pages contain detailed data tables that further explicate the analysis and conclusions for adults stated in this section above.

Summary of Table Sources

Focal Populations Proxies – by Age Group, SPA, and Ethnic Population
Adults Ages (26 – 59) Sources:

[a]*Hedderson, J. & Bixler, J., Walter R. McDonald & Associates, Inc. Sacramento, CA.* Countywide poverty population estimates published during the MHSA stakeholder process do not vary; however, when the estimates are broken into small categories, such as SPA and ethnicity or into even smaller sub-categories such as ethnicity within SPA, the sub-total (category totals) typically vary. This variance is not statistically significant.
[b]*Urban Research, Service Integration Branch, Los Angeles, CA.* Includes individuals living at the 100% Poverty Level in Los Angeles County as of July 1, 2004.

[c] *LAC-DMH Planning Files, FY 2002 – 2003.* Excludes State Hospitals, with Mode 05 / SFC 10 - 20

Adult Ages 26-59 years	Adults Living in Poverty *(At or Below 200% Poverty Level)* [a]		Adults at risk of homelessness *(100% Poverty Level)* [b]		Adults with 6 or more hospitalizations within a 12-month period [c]		Adults involved with the criminal justice system w/ at least one MH Episode [d]	
Service Planning Area (SPA)	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Antelope Valley (1)								
African American	11,540	24.19	3,171	20.38	2	50.00	365	44.24
American Indian	631	1.32	219	1.41	0	0.00	1	0.12
Asian/Pacific Islander	1,435	3.01	618	3.97	0	0.00	3	0.36
Hispanic	17,346	36.36	5,492	35.30	0	0.00	95	11.52
Other	0	0.00	0	0.00	0	0.00	0	0.00
Unknown	0	0.00	0	0.00	0	0.00	24	2.91
White	16,753	35.12	6,058	38.94	2	50.00	337	40.85
Total	**47,705**	**100.00**	**15,558**	**100.00**	**4**	**100.00**	**825**	**100.00**
San Fernando (2)								
African American	17,697	5.77	5,772	5.37	7	17.07	396	17.98
American Indian	1,579	0.51	560	0.52	0	0.00	6	0.27
Asian/Pacific Islander	26,375	8.59	11,812	10.99	3	7.32	16	0.73
Hispanic	162,914	53.08	55,386	51.51	2	4.88	484	21.98
Other	0	0.00	0	0.00	0	0.00	1	0.05
Unknown	0	0.00	0	0.00	1	2.44	104	4.72
White	98,379	32.05	33,989	31.61	28	68.29	1,195	54.27
Total	**306,944**	**100.00**	**107,519**	**100.00**	**41**	**100.00**	**2,202**	**100.00**

Adult Ages 26-59 years	Adults Living in Poverty (200% and below) [a]		Adults at risk of homelessness (100% Poverty Level) [b]		Adults with 6 or more hospitalizations within a 12-month period [c]		Adults involved with the criminal justice system w/ at least one MH Episode [d]	
SPA	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
San Gabriel (3)								
African American	14,657	5.67	5,097	5.32	13	34.21	508	25.43
American Indian	1,211	0.47	411	0.43	0	0.00	9	0.45
Asian/Pacific Islander	74,778	28.95	31,898	33.32	2	5.26	19	0.95
Hispanic	133,944	51.85	45,838	47.88	9	23.68	711	35.59
Other	0	0.00	0	0.00	0	0.00	0	0.00
Unknown	0	0.00	0	0.00	1	2.63	90	4.50
White	33,751	13.06	12,493	13.05	13	34.21	661	33.08
Total	**258,341**	**100.00**	**95,737**	**100.00**	**38**	**100.00**	**1,998**	**100.00**
Metro (4)								
African American	21,959	7.03	7,071	5.82	48	43.24	1,629	38.02
American Indian	947	0.30	350	0.29	0	0.00	10	0.23
Asian/Pacific Islander	45,024	14.41	21,620	17.78	1	0.90	41	0.96
Hispanic	195,497	62.55	75,552	62.13	7	6.31	825	19.25
Other	0	0.00	0	0.00	0	0.00	1	0.02
Unknown	0	0.00	0	0.00	2	1.80	789	18.41
White	49,100	15.71	17,001	13.98	53	47.75	990	23.10
Total	**312,527**	**100.00**	**121,594**	**100.00**	**111**	**100.00**	**4,285**	**100.00**

Adult Ages 26-59 years	Adults Living in Poverty (200% and below) [a]		Adults at risk of homelessness (100% Poverty Level) [b]		Adults with 6 or more hospitalizations within a 12-month period [c]		Adults involved with the criminal justice system w/ at least one MH Episode [d]	
SPA	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
West (5)								
African American	8,619	9.52	2,901	7.93	9	42.86	237	30.82
American Indian	403	0.44	145	0.40	0	0.00	3	0.39
Asian/Pacific Islander	14,953	16.51	8,621	23.57	0	0.00	9	1.17
Hispanic	22,978	25.37	8,688	23.75	1	4.76	108	14.04
Other	0	0.00	0	0.00	0	0.00	0	0.00
Unknown	0	0.00	0	0.00	1	4.76	25	3.25
White	43,611	48.15	16,226	44.36	10	47.62	387	50.33
Total	**90,564**	**100.00**	**36,581**	**100.00**	**21**	**100.00**	**769**	**100.00**
South (6)								
African American	77,347	29.54	28,938	29.94	42	64.62	3,458	81.98
American Indian	258	0.10	85	0.09	0	0.00	7	0.17
Asian/Pacific Islander	3,087	1.18	2,112	2.18	0	0.00	5	0.12
Hispanic	178,891	68.32	63,970	66.18	5	7.69	471	11.17
Other	0	0.00	0	0.00	0	0.00	0	0.00
Unknown	0	0.00	0	0.00	0	0.00	94	2.23
White	2,243	0.86	1,559	1.61	18	27.69	183	4.34
Total	**261,826**	**100.00**	**96,664**	**100.00**	**65**	**100.00**	**4,218**	**100.00**

Adult Ages 26-59 years	Adults Living in Poverty (200% and below) [a]		Adults at risk of homelessness (100% Poverty Level) [b]		Adults with 6 or more hospitalizations within a 12-month period [c]		Adults involved with the criminal justice system w/ at least one MH Episode [d]	
SPA	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
East (7)								
African American	6,844	3.35	2,017	2.82	3	10.34	181	11.44
American Indian	1,104	0.54	362	0.51	0	0.00	6	0.38
Asian/Pacific Islander	12,633	6.19	5,519	7.71	1	3.45	8	0.51
Hispanic	167,356	81.97	57,421	80.26	8	27.59	853	53.92
Other	0	0.00	0	0.00	0	0.00	0	0.00
Unknown	0	0.00	0	0.00	0	0.00	79	4.99
White	16,229	7.95	6,228	8.70	17	58.62	455	28.76
Total	**204,166**	**100.00**	**71,547**	**100.00**	**29**	**100.00**	**1,582**	**100.00**
South Bay/ Harbor (8)								
African American	56,126	22.12	18,992	20.50	35	44.87	1,672	48.86
American Indian	1,331	0.52	468	0.51	0	0.00	10	0.29
Asian/Pacific Islander	29,720	11.71	14,228	15.35	1	1.28	42	1.23
Hispanic	126,786	49.96	44,239	47.74	6	7.69	511	14.93
Other	0	0.00	0	0.00	1	1.28	0	0.00
Unknown	0	0.00	0	0.00	2	2.56	119	3.48
White	39,795	15.68	14,736	15.90	33	42.31	1,068	31.21
Total	**253,758**	**100.00**	**92,663**	**100.00**	**78**	**100.00**	**3,422**	**100.00**

OLDER ADULTS

We analyzed older adults (60 and older) in terms of the following subgroups: those in poverty, those with 6 or more hospitalizations within a 12-month period, and those involved with ACT or AB 2034 programs.

Ethnic Disparities

- In 2003 of the 1,437,681 older adults living in the County, 490,537 were (34.10%) were living in households with income at or below the 200% poverty level.
- Of the 144,878 older African Americans living in the County, 74,091 (51.10%) live in impoverished households. Of these, 5,000 (6.70%) are uninsured.
- Of the 4,062 older American Indians living in the County, 876 (25.10%) live in impoverished households. Of these, none are uninsured.
- Of the 210,189 older Asian Americans living in the County, 78,807 (37.40%) live in impoverished households. Of these, 9,000 are uninsured (11.40%).
- Of the 328,977 older Hispanic adults living in the County, 159,058 (48.30%) live in impoverished households. Of these, 22,000 are uninsured (13.80%).
- Of the 749,575 older White adults living in the County, 177,075 (23.70%) live in impoverished households. Of these, 12,000 are uninsured (6.7%).
- The insurance needs for older adults will be more severe than for other age groups and more intensive than the reported levels of insurance describe. Medicare, for example, counts as health insurance, but the coverage for mental illness or related conditions may be completely inadequate or absent.

Lack of Understanding and Commitment to the Older Adult Population

This is a significant area of concern to the stakeholders because county experience, in the judgment of stakeholders, shows that the lack of community services and support causes significant disruption among the older adults affected. However, none of the quantitative data sources available to the stakeholders for the current year contain data that could be used to present or analyze the details for the various ethnic groups and geographic areas of interest. DMH and the stakeholders will augment this finding with qualitative and quantitative data and analysis in future years.

Information systems available to DMH and other county agencies contain vehicles for collecting data about engagement and service levels for older adults. However, the stakeholders elected to identify the group and call for detailed analysis later, considering the levels and quality of the available data.

Significantly Different Age-related Needs for Subgroups of Older Adults

This is a significant area of concern to the stakeholders because county experience, in the judgment of stakeholders, shows that the lack of community services and support causes significant disruption among the older adults affected. However, none of the quantitative data sources available to the stakeholders for the current year contain data that could be used to present or analyze the details for the various ethnic groups and geographic areas of interest. DMH and the stakeholders will augment this finding with quantitative data and analysis in future years.

Information systems available to DMH and DHS contain vehicles for collecting data about conditions within subgroups of the population served. However, the stakeholders elected to identify the group and call for detailed analysis later, considering the levels and quality of the available data.

Lack of Basic Resources and Infrastructure

This is a significant area of concern to the stakeholders because county experience, in the judgment of stakeholders, shows that the lack of community services and support causes significant disruption among the older adults affected. However, none of the quantitative data sources available to the stakeholders for the current year contain data that could be used to present or analyze the details for the various ethnic groups and geographic areas of interest. DMH and the stakeholders will augment this finding with quantitative data and analysis in future years.

Information systems available to DMH and other public agencies contain some data that would be useful for analyzing the issue. For example, referral of discharged inmates to community based resources may occur regularly, but follow-up can be an issue or difficult. However, the stakeholders elected to identify the group and call for detailed analysis later, considering the levels and quality of the available data.

Risk indicators may be relevant to analysis of this need. For example, we reviewed the incidence of households with income at or less than 100% of the Federal poverty level as a surrogate for risk of homelessness. In the case of older adults,

- Among older adults in Los Angeles, 153,200 or 31.20% live in households or other settings with income less than 100% of the poverty level.
- The distribution of this population across ethnic groups is approximately consistent with its distribution over the total population. Within service areas, the distribution reflects the demographics of the service area.

Lack of Documentation of the Needs of Older Adults

This is a significant area of concern to the stakeholders because county experience, in the judgment of stakeholders, shows that the lack of community services and support causes significant disruption among the older adults affected. However, none of the quantitative data sources available to the stakeholders for the current year contain data that could be used to present or analyze the details for the various ethnic groups and geographic areas of interest. DMH and the stakeholders will augment this finding with quantitative data and analysis in future years.

Information systems available to DMH and other public agencies contain describing conditions within subgroups of the population served. For the younger older adult population, the stakeholders elected to identify the group and call for detailed analysis later, considering the levels and quality of the available data. For older older adults, many may be invisible to the public service system. Therefore, it may be necessary to seek information and data from external sources, including surveys, to quantify this population.

Lack of Culturally Aware and Competent Services and Supports

Section V of this document contains a detailed exposition of the cultural competence of DMH and its providers.

However, the data available to DMH and the stakeholders for analysis of cultural competence is not age-specific. This is a significant area of concern to the stakeholders because county experience, in the judgment of stakeholders, shows that the lack of community services and support causes significant disruption among the older adults affected. However, none of the quantitative data sources available to the stakeholders for the current year contain data that could be used to present or analyze the details for the various ethnic groups and geographic areas of interest. DMH and the stakeholders will augment this finding with quantitative data and analysis in future years.

Summary of Table Sources

The following pages contain detailed data tables that further explicate the analysis and conclusions for older adults stated in this section above.

Older Adult (Ages 60 and Over)
Older Adult Sources:

[a]*Hedderson, J. & Bixler, J., Walter R. McDonald & Associates, Inc. Sacramento, CA.* Countywide poverty population estimates published during the MHSA stakeholder process do not vary; however, when the estimates are broken into small categories, such as SPA and ethnicity or into even smaller sub-categories such as ethnicity within SPA, the sub-total (category totals) typically vary. This variance is not statistically significant.

[b]*LAC-DMH Planning Files, FY 2002 – 2003.* Mode 05 / SFC 10 - 20. These hospitalizations exclude State Hospitals.

[c] *LAC-DMH Planning Files, FY 2002 – 2003.* Clients enrolled in an ACT or AB 2034 program with LAC-DMH during FY 2002 – 2003.

Older Adults Ages 60+ years	Older Adults Living in Poverty *(At or Below 200% Poverty Level)*[a]		Older Adults with 6 or more hospitalizations within a 12-month period [b]		Older Adults Enrolled in ACT or AB2034 Programs [c]	
Service Planning Area (SPA)	*N*	*%*	*N*	*%*	*N*	*%*
Antelope Valley (1)						
African American	1,972	16.96	0	0.00	0	0.00
American Indian	58	0.50	0	0.00	0	0.00
Asian/Pacific Islander	382	3.29	0	0.00	0	0.00
Hispanic	2,604	22.40	0	0.00	0	0.00
Other	0	0.00	0	0.00	0	0.00
Unknown	0	0.00	0	0.00	0	0.00
White	6,611	56.86	0	0.00	0	0.00
Total	**11,627**	**100.00**	**0**	**100.00**	**0**	**100.0**
San Fernando (2)						
African American	2,227	2.36	0	0.00	5	20.83
American Indian	156	0.17	0	0.00	0	0.00
Asian/Pacific Islander	8,940	9.47	0	0.00	0	0.00
Hispanic	23,395	24.79	0	0.00	3	12.50
Other	0	0.00	0	0.00	0	0.00
Unknown	0	0.00	0	0.00	0	0.00
White	59,652	63.21	0	0.00	16	66.67
Total	**94,370**	**94,370**	**0**	**100.00**	**24**	**100.00**

Older Adults Ages 60+ years	Older Adults Living in Poverty *(At or Below 200% Poverty Level)*[a]		Older Adults with 6 or more hospitalizations within a 12-month period[b]		Older Adults Enrolled in ACT or AB2034 Programs[c]	
SPA	*N*	*%*	*N*	*%*	*N*	*%*
San Gabriel (3)						
African American	5,357	6.19	1	25.00	1	6.25
American Indian	186	0.21	0	0.00	0	0.00
Asian/Pacific Islander	26,542	30.67	0	0.00	1	6.25
Hispanic	28,282	32.68	1	25.00	3	18.75
Other	0	0.00	0	0.00	0	0.00
Unknown	0	0.00	1	25.00	1	6.25
White	26,169	30.24	1	25.00	10	62.50
Total	**86,536**	**100.00**	**4**	**100.00**	**16**	**100.00**
Metro (4)						
African American	5,692	6.88	0	0.00	10	32.26
American Indian	84	0.10	0	0.00	0	0.00
Asian/Pacific Islander	22,794	27.55	0	0.00	1	3.23
Hispanic	31,055	37.53	1	50.00	4	12.90
Other	0	0.00	0	0.00	0	0.00
Unknown	0	0.00	0	0.00	0	0.00
White	23,118	27.94	1	50.00	16	51.61
Total	**82,743**	**100.00**	**2**	**100.00**	**31**	**100.00**

Older Adults Ages 60+ years	Older Adults Living in Poverty *(At or Below 200% Poverty Level)*[a]		Older Adults with 6 or more hospitalizations within a 12-month period [b]		Older Adults Enrolled in ACT or AB2034 Programs [c]	
SPA	*N*	*%*	*N*	*%*	*N*	*%*
West (5)						
African American	1,875	6.11	0	0.00	1	25.00
American Indian	31	0.10	0	0.00	0	0.00
Asian/Pacific Islander	2,749	8.96	0	0.00	0	0.00
Hispanic	4,457	14.52	0	0.00	1	25.00
Other	0	0.00	0	0.00	0	0.00
Unknown	0	0.00	0	0.00	0	0.00
White	21,580	70.31	0	0.00	2	50.00
Total	**30,692**	**100.00**	**0**	**100.00**	**4**	**100.00**
South (6)						
African American	42,007	68.05	2	66.67	15	51.72
American Indian	40	0.06	0	0.00	0	0.00
Asian/Pacific Islander	1,140	1.85	0	0.00	0	0.00
Hispanic	17,361	28.12	1	33.33	5	17.24
Other	0	0.00	0	0.00	0	0.00
Unknown	0	0.00	0	0.00	0	0.00
White	1,181	1.91	0	0.00	9	31.03
Total	**61,729**	**100.00**	**3**	**100.00**	**29**	**100.00**

Older Adults Ages 60+ years	Older Adults Living in Poverty *(At or Below 200% Poverty Level)*[a]		Older Adults with 6 or more hospitalizations within a 12-month period[b]		Older Adults Enrolled in ACT or AB2034 Programs[c]	
SPA	*N*	%	*N*	%	*N*	%
East (7)						
African American	1,173	2.08	0	0.00	6	28.57
American Indian	155	0.28	1	20.00	0	0.00
Asian/Pacific Islander	5,587	9.92	0	0.00	0	0.00
Hispanic	34,687	61.59	0	0.00	2	9.52
Other	0	0.00	0	0.00	0	0.00
Unknown	0	0.00	0	0.00	2	9.52
White	14,716	26.13	4	80.00	11	52.39
Total	**56,318**	**100.00**	**5**	**100.00**	**21**	**100.00**
South Bay/Harbor (8)						
African American	13,788	20.73	2	40.00	18	24.66
American Indian	166	0.25	0	0.00	0	0.00
Asian/Pacific Islander	10,673	16.04	0	0.00	0	0.00
Hispanic	17,217	25.88	1	20.00	10	13.70
Other	0	0.00	0	0.00	0	0.00
Unknown	0	0.00	0	0.00	0	0.00
0White	24,678	37.10	2	40.00	45	61.64
Total	**66,522**	**100.00**	**5**	**100.00**	**73**	**100.00**

4) If you selected any community issues that are not identified in the "Direction" section above, please describe why these issues are more significant for your county/community and how the issues are consistent with the purpose and intent of the MHSA.

Not applicable (N/A)

Part 2, Section II: Analyzing Mental Health Needs in the Community

1) Using the information from population data for the county and any available estimates of unserved populations, provide a narrative analysis of the unserved populations in your county by age group. Specific attention should be paid to racial and ethnic disparities.

Geography and Scale

Los Angeles County spans over 4,018 square miles and has a resident population of 9.9 million. It contains major geographical barriers to transportation such as distance and mountain ranges. The County government uses eight service planning areas (SPA) for all agencies so that the needs of different subpopulations and regions can be assessed and programs designed on a decentralized basis.

The geographic profile complicates the enormous scale of needs in the County because of the distribution of actual need and various discrepancies across the eight Service Planning Areas (SPA), each of which has a different programmatic and cultural needs profile. For the current plan and the first year, data for each subgroup in each geographic area are inadequate for a full and complete understanding of the requirements.

Based on a combination of qualitative and quantitative analysis, the stakeholders elected to use a "focal population" construct to describe their consensus understanding of the populations with the most critical needs. Fully developed quantitative analysis of these issues and populations with constraints outside of age, poverty, and SED/SMI is impractical. This point will become clear with an understanding of focal populations within each age group. For example, the stakeholders give high priority to individuals who are homeless or at risk of homelessness in all populations. Nevertheless, quantitative documentation of the homeless population by ethnicity within SPA is not available at the time of this report. Similarly, sub-regional homelessness has not been successfully tracked within the LACDMH data system. In addition, when warranted, the categories of other and unknown ethnicities to have been suppressed in much of the analysis.

Base Year for Analysis

For purposes of demographics, we used the 2000 Census and population projections and estimates supplied by a demographer[1] for calendar year-2003. We used Countywide poverty population estimates for ethnic or age groups as a basis for percentage estimates across all groups. When the estimates are broken into small categories, such as SPA and ethnicity or age within SPA, the subtotal (category totals) may vary. When this obcurs, the variance is not statistically significant.

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[a] *Hedderson, J. & Bixler, J., Walter R. McDonald & Associates, Inc. Sacramento, CA.*

Poverty

In 2003, three and a half million (3,516,838 / 35.27% of the total population of 9.9 million) people in Los Angeles County (County) lived in poverty. In our analysis, people with household income at or lower than 200% of the poverty income level as defined in the 2000 U. S. Census are defined as populations living in poverty. People living with income at or below 100% of the poverty income level are considered to be at risk of homelessness.

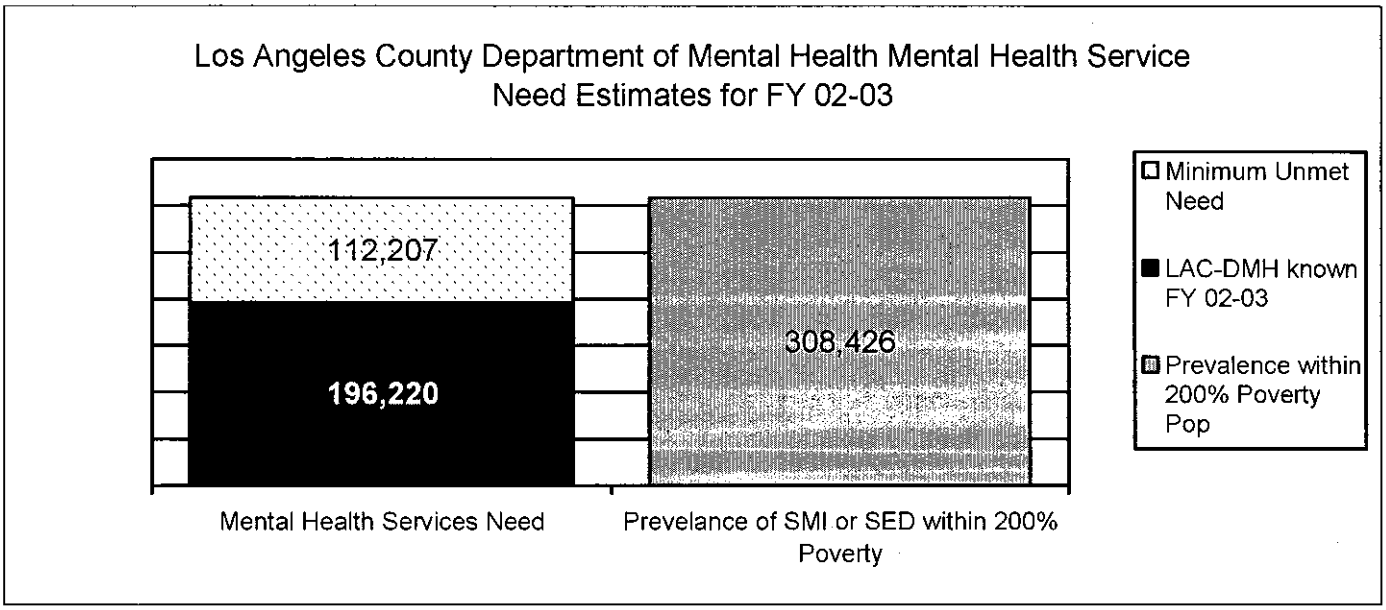
Prevalence

According to the California State Department of Mental Health (State) the combined prevalence rate of Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI), across all age groups, for those living in poverty in the County, is 8.77%. This implies that 308,426 economically disadvantaged people within Los Angeles County were in need of Mental Health services in 2003.

Unserved

During the base year (fiscal year 2002-2003) 196,220 people were known to (received at least one service contact) the Los Angeles County Department of Mental Health (DMH). Therefore, based on prevalence, our stakeholders found a minimum unmet need of mental health service for 112,207 people.

Graph 1: Los Angeles County Department of Mental Health Service Need Estimates for FY 02-03



Penetration Rates

	County Poverty Population (200% and below)		County Population		Penetration Rate of DMH Clients (served FY 02-03 excluding other and unknown ethnicities) into County Poverty Population 200% and below	
	Number	%	Number	%	Number	Rate
Total	3,516,838	100.00%	9,972,202	100.00%	145,711	4.14%
African American	447,482	15.10%	966,835	10.08%	44,803	***10.01%***
Asian Pacific Islander	401,518	16.07%	1,329,210	14.62%	7,183	***1.79%***
Latino	2,052,916	32.43%	4,609,970	22.88%	52,438	2.55%
Native American	13,321	0.18%	30,720	0.28%	830	6.23%
White	601,601	36.23%	3,035,467	52.14%	40,457	6.72%

A simple application of the overall prevalence rates of SED/SMI for all age groups living in poverty—8.77%—would imply that within the poverty population DMH would serve each ethnic subgroup at a rate of 8.77%.

Using this perhaps over-simplified approach, data from the table above suggest that the African American subgroup is overrepresented in DMH service population (10.01%) while all other groups are under-represented. The Asian Pacific Islander subgroup is the most severely underrepresented at a rate of 1.79%.

Such a simple calculation, however, does not reveal the full dimensions of need in the County. Far more complex calculations, including quality and types of services, would need to be analyzed to develop a more comprehensive view of the numbers of unserved people in the County.

2) Using the format provided in Chart A, indicate the estimated total number of persons needing MHSA mental health services who are already receiving services, including those currently fully served and those underserved/ inappropriately served, by age group, race ethnicity, and gender. Also provide the total county and poverty population by age group and race ethnicity.

Programs guided by the principles of full service partnership were limited within Los Angeles County during the baseline year. Therefore, defining clients as "fully served" in order to count clients during that year would paint a misleading picture of the need. As a result our stakeholders decided to substitute in Chart A the concept of "adequately served". We defined the adequately served population as clients who received one thousand dollars or more of services during the fiscal year excluding inpatient, jail and other institutional services. We defined underserved and inappropriately served as clients who received less than one thousand dollars in services.

Chart A: Service Utilization by Race/Ethnicity

Children & Youth	Adequately Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
Total	19,631	11,519	6,207	3,775	41,132	100.00%	678,182	100.00%	2,485,090	100.00%
African American	5,342	3,134	1,669	1,015	11,160	27.13%	89,101	13.14%	244,771	9.85%
Asian Pacific Islander	539	316	164	100	1,119	2.72%	42,430	6.26%	249,409	10.04%
Latino	8,689	5,098	2,825	1,718	18,330	44.56%	499,320	73.63%	1,509,338	60.74%
Native American	101	59	24	14	198	0.48%	3,189	0.47%	6,932	0.28%
White	3,046	1,787	789	480	6,102	14.84%	44,142	6.51%	474,640	19.10%
Other	1,915	1,124	736	448	4,223	10.27%				

Transition Age Youth	Adequately Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
Total	9,312	7,174	5,800	4,625	26,911	100.00%	612,288	100.00%	1,466,904	100.00%
African American	2,396	1,846	1,441	1,149	6,832	25.39%	69,501	11.35%	139,670	9.52%
Asian Pacific Islander	417	321	196	156	1,090	4.05%	72,276	11.80%	197,345	13.45%
Latino	3,560	2,743	2,124	1,694	10,121	37.61%	388,826	63.50%	797,987	54.40%
Native American	52	40	30	24	146	0.54%	1,792	0.29%	4,245	0.29%
White	1,915	1,475	1,135	905	5,430	20.18%	79,893	13.05%	327,657	22.34%
Other	972	749	874	697	3,292	12.23%				

Adult	Adequately Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
Total	19,556	24,824	15,779	18,125	78,284	100.00%	1,735,831	100.00%	4,582,527	100.00%
African American	4,908	6,231	4,693	5,390	21,222	27.11%	214,789	12.37%	437,516	9.55%
Asian Pacific Islander	1,577	2,002	558	640	4,778	6.10%	208,005	11.98%	672,267	14.67%
Latino	4,823	6,123	3,960	4,548	19,454	24.85%	1,005,712	57.94%	1,973,668	43.07%
Native American	132	167	94	107	500	0.64%	7,464	0.43%	15,481	0.34%
White	6,480	8,226	4,839	5,558	25,103	32.07%	299,861	17.27%	1,483,595	32.38%
Other	1,635	2,076	1,637	1,880	7,228	9.23%				

Older Adult	Adequately Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
Total	1,649	3,364	1,792	3,122	9,927	100.00%	490,537	100.00%	1,437,681	100.00%
African American	281	572	392	682	1,927	19.41%	74,091	15.10%	144,878	10.08%
Asian Pacific Islander	188	384	100	174	846	8.52%	78,807	16.07%	210,189	14.62%
Latino	360	736	387	673	2,156	21.72%	159,058	32.43%	328,977	22.88%
Native American	5	11	6	11	33	0.33%	876	0.18%	4,062	0.28%
White	667	1,361	693	1,206	3,927	39.56%	177,705	36.23%	749,575	52.14%
Other	147	301	215	375	1,038	10.46%				

3) Provide a narrative discussion of the ethnic disparities in the fully served, underserved and inappropriately served populations in your county by age group as identified in Chart A. Include any available information about their age and situational characteristics as well as race ethnicity, gender, primary language, sexual orientation, and special needs.

Using the data from the table below, there are no substantial ethnic disparities between the adequately served and the inappropriately served and underserved populations across ethnic populations. That is, all ethnic groups for which we have data show similar percentages of adequately served and inappropriately or under served. Such a statement is not intended to mask or ignore the significant disparities in access to services documented in prior and future sections. It is only intended to reflect the limited reality captured in the table below: namely, that when comparing the percentages of adequately served and inappropriately or underserved within a given ethnic group, the percentages are comparable between ethnic groups.

	Adequately Served		Inappropriately/ Under Served		
	#	%	#	%	Total
Total	97,029	62%	59,225	38%	156,254
African American	24,710	60%	16,431	40%	41,141
Asian Pacific Islander	5,745	73%	2,088	27%	7,833
Latino	32,132	64%	17,929	36%	50,061
Native American	567	65%	310	35%	877
White	24,957	62%	15,605	38%	40,562
Other	8,919	57%	6,862	43%	15,781

4) Identify objectives related to the need for, and the provision of, culturally and linguistically competent services based on the population assessment, the county's threshold languages and the disparities or discrepancies in access and service delivery that will be addressed in this Plan.

Significant disparities in access to services exist among multiple ethnic and cultural communities in Los Angeles County. Hispanic and multiple Asian and Pacific Islander communities are significantly under-represented in the mental health system, as are many other communities hidden in the current data. For example, census and other data report members of the Armenian, Russian, and Persian communities within the *White* designation, preventing effective quantitative analysis of need. Moreover, even in the African American community, where current data suggests slight over-representation, stakeholders have sufficient experience to suggest that African-Americans are nevertheless inappropriately served.

Given the analysis of the poverty demographics and the demographics related to those focal populations for which we could establish data, we will develop targets for Full Service Partnerships and other services that will help us build culturally and linguistically competent services, and begin to address the disparities in access to services.

Part 2, Section III: Identifying Initial Populations for Full Service Partnerships

1) From your analysis of community issues and mental heath needs in the community, identify which initial populations will be fully served in the first three years. Please describe each population in terms of age and the situational characteristics described above (e.g., youth in the juvenile justice system, transition-age youth exiting foster care, homeless adults, older adults at risk of institutionalization, etc.). If all age groups are not included in the Full Service Partnerships during the three-year plan period, please provide an explanation specifying why this was not feasible and describe the county's plan to address those age groups in the subsequent plans.

Given the large numbers of people who are unserved in Los Angeles County, it is not possible for us to fully serve any population through the CSS Plan. A more accurate description of the impact of these funds in Los Angeles County is that: for individual members of the focal populations we have chosen, and in some cases their families, we will be able to fully serve their needs through the CSS Plan.

Children 0-15

In the August 1, 2005 guidelines, the State Department of Mental Health recommended several groups of children aged 0-18 as candidates for target populations. These groups included children and youth between the ages of 0 and 18, [2] or Special Education students through the end of the school year in which they turn 22 and their families, who have serious emotional disorders, and who are not currently being served. This population generally consists of:

- Youth and their families who are uninsured, under-insured and/or youth who are not eligible for Medi-Cal because they are detained in the juvenile justice system;
- Homeless youth, youth in foster care placed out-of-county and youth with multiple (more than two) foster care placements; and
- Children and youth who are so underserved that they are at risk of homelessness or out-of-home placement. [3]

Stakeholder delegates embraced the State's recommended focal populations, though many of the sub-groups specified by the State for children actually fall within the focal

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[2] The first draft of the CSS guidelines issued by the State set the age range for children at 0-15. In subsequent versions of the guidelines, including the final guidelines, the State established the age range for children at 0-18, creating an overlap with Transition Age Youth. We have opted to keep the age range for children at 0-15, and to create ad hoc structures for the Children and Transition Age Youth workgroups to work together when they are addressing issues that cross between the two populations.

[3] Mental Health Services Act Community Services and Supports: Three Year Program and Expenditure Plan Requirements, August 1, 2005, p.21.

populations identified by the Transition Age Youth (TAY) workgroup (see the TAY discussion in the next section). The delegates further defined the recommended focal populations as follows.

> The focal populations would include children (0 to 15) with severe emotional disorders [SED] and their families, with a priority placed on individuals with co-occurring disorders, recent hospitalizations, psychotic disorders, or showing symptoms of trauma experiences. In particular, we will focus on:
>
> - Pre-natal to 5 year olds who are at high risk of being expelled from pre-school, involved with or at high risk of being detained by the Department of Children and Family Services (DCFS); or children of parents or caregivers who have SED or severe and persistent mental illness, or have a co-occurring substance abuse disorder;
>
> - Children who have been removed from their homes or who are at high risk of being removed from their home by DCFS, and who are in transition to less restrictive placements;
>
> - Children who are experiencing the following at school:
>   - Expulsion or suspension, or high risk of either;
>   - Violent behaviors;
>   - Drug possession or use;
>   - Suicidal and/or homicidal ideation; and/or
>   - Truancy;
>
> - Youth involved with the Probation Department who are being treated with psychotropic medications and who are transitioning back into less structured home and community settings.

Transition Age Youth (16-25)

On August 1, 2005, State Department of Mental Health guidelines recommended several groups of Transition Age Youth as candidates for target populations. These groups included transition age youth between the ages of 16 and 25, who are currently unserved or underserved who have serious emotional disorders and who are:

- Homeless or at imminent risk of being homeless;
- Youth who are aging out of the child and youth mental health, child welfare and/or juvenile justice systems;
- Youth involved in the criminal justice system or at risk of involuntary hospitalization or institutionalization; and
- Transition age youth who have experienced a first episode of major mental illness.[4]

[4] Ibid., p. 21.

The delegates have embraced the State's recommended focal populations, and further refined them as follows. The delegates intend to make a long-term commitment to all transition age youth 16-25 who have severe emotional disturbances (SED) or Severe Mental Illnesses (SMI) that result in significant functional impairment, or who demonstrate significant social, emotional, educational and/or occupational impairments who could meet the criteria for an SED and/or SMI diagnosis, including those youth with dual diagnoses or co-occurring disorders, including substance abuse disorders and others.

During the first three years of the CSS Plan, however, we will focus on those youth who are unserved, underserved or inappropriately served, including those who are homeless, or at risk of homelessness, and/or youth aging out of the children's mental health, child welfare, and juvenile justice systems.

In particular, we will give priority to youth who:

- Have been in or are leaving long term institutional settings—e.g., level 14 group homes—including those youth who, though diagnostically qualified for level 14 group homes, were living in other settings;

- Have been in hospitals, Institutes for Mental Disease (IMDs), Community Treatment Facilities, jails, and/or probation camps; and

- Youth who have experienced their first psychotic break.

Adults 26-59

The State Department of Mental Health August 1, 2005 guidelines recommended several groups of adults with serious mental illness as potential focal populations, including adults with a co-occurring substance abuse disorder and/or health condition who are either not currently served and meet one or more of the following criteria:

- Homeless;
- At risk of homelessness, such as youth aging out of foster care or persons coming out of jail;
- Involved in the criminal justice system including adults with child protection issues; or
- Frequent users of hospital and emergency room services;

Or who are so underserved that they are at risk of:

- Homelessness, such as persons living in institutions or nursing homes;
- Criminal justice involvement;
- Institutionalization; or

- Transition age older adults (often between the ages of 55 and 59) who are aging out of the adult mental health system and at risk of any of the above conditions or situational characteristics.[5]

The delegates embraced the State's recommended focal populations, and further refined them as follows. We will focus our initial CSS Full Service Partnerships for adults with serious mental illness, including people who have co-occurring disorders and/or have suffered severe trauma, who are so unserved or underserved as to be:

- Homeless;
- In jail;
- Frequent users of hospitals or emergency rooms;
- In other institutional settings (including State Hospitals, IMDs, Urgent Care Centers, various residential treatment and other facilities; or
- With family members or in other settings and, because of their mental illness, are at imminent risk of homelessness, jail, and/or institutionalization.

Older Adults 60+

The August 1, 2005 guidelines issued by the State Department of Mental Health recommended several groups of Older Adults 60 and older as candidates for target populations. These groups include older adults 60 years and older with serious mental illness, including older adults with co-occurring substance abuse disorders and/or other health conditions, who are not currently being served and:

- Have a reduction in personal or community functioning;
- Are homeless; and/or
- At risk of homelessness, institutionalization, nursing home care, hospitalization and emergency room services; or
- Older adults who are so underserved that they are at risk of any of the above are also included.

Transition age older adults may be included under the older adult population when appropriate.[6]

The delegates embraced the State's recommended focal populations, and further refined them as follows. We will focus our initial CSS Full Service Partnerships for older adults 60 years and older with serious mental illness, including:

- Individuals with co-occurring disorders that include substance abuse disorders, developmental disorders, medical disorders and cognitive disorders with a primary diagnosis of mental illness;
- Those at imminent risk for placement in Skilled Nursing Facility (SNF) or released from SNF, possibly conserved;

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5 Ibid., p. 21.

6 Ibid., p. 21-22.

- Adult Protective Service-referred clients with a history of self-neglect or abuse and who are typically isolated;
- Clients at high risk of going to jail or released from jails;
- Intensive service recipients (clients with 6 or more hospitalizations in the past 12 months);
- Clients currently in the system who are aging up in the system, e.g., consumers who have suffered from severe mental disorders in earlier years who are now becoming senior citizens, perhaps currently in adult "ACT-like programs;" and
- Clients at high risk for suicide.

2) Please describe what factors were considered or criteria established that led to the selection of the initial populations for the first three years. (Distinguish between criteria used for each age group if applicable.)

In selecting these priority populations, workgroups focused on a number of strategic and heart-felt considerations, including:

- The CSS Guidelines focus on those adults and older adults with the most severe and persistent mental illness, and those children and youth who struggle with the most severe emotional disturbances;

- Opportunities to use the MHSA funds to help leverage change that goes well beyond the immediate impact of the new dollars;

- The relative flexibility of the MHSA funds compared to other resources available for mental health services and thus the opportunity to use MHSA funds to address some of the community's most intractable issues and most vulnerable populations;

- The desire to create early successes to build momentum for larger-scale change; and

- The desire to finally address—in concrete ways—issues of disparities in access to services and disparities in outcomes.

3) Please discuss how your selections of initial populations in each age group will reduce specific ethnic disparities in your county.

Conservative estimates (see analysis above) calculate the unmet need in Los Angeles County at over 112,000 people; when fully staffed and operational, the Full Service Partnerships will support 4,333 people and their families. The relative impact these initial Full Service Partnerships will have, therefore, is small. Our intention, however, is to use these investments to help us learn how to more effectively and efficiently create the broad range of supports that individuals need to accelerate their recovery. Moreover, we are committed to use these new funds to learn how to set and meet

targets for different populations so that we can pursue a more ambitious agenda of addressing disparities in access to services in coming years.

We have begun to act on this commitment as follows. We first identified several criteria to help us set preliminary targets for Full Service Partnerships to different ethnic groups by age and by service planning area. These critieria included: poverty by age by ethnicity by service area (see tables above); numbers of uninsured by age by ethnicity by service area; and numbers of households where English is not the the primary language by age by ethnicity by service area.

We quickly discovered that reliable data by age by ethnicity by service planning area only exists for the poverty criterion; the other two criteria can only be analyzed Countywide or by service planning area, but not by age by ethnicity by service area.

The delegates decided to start with the poverty data and do a first calculation of countywide slots by ethnicity. We will then analyze the demographic data for the various focal populations by service area and begin to develop coherent designs for Full Service Partnerships that will stay within the recommended allocations. We will then monitor these targets on a quarterly basis, reporting back to the delegates our progress and identifying where we may need to strengthen our outreach and engagement efforts. Additionally, we will create some specialized slots for dispersed ethnic and special populations —e.g., American Indians—to insure we are creating services for those populations and learning how to improve the larger service system's efforts on their behalf.

One last calculation we have done relative to the allocation of Full Service Partnerships is to set targets for the uninsured in Los Angeles County. We have set ambitious targets for reaching the uninsured in each age group in order to insure that these funds provide support and hope for the most vulnerable citizens with mental health needs in our community.

Part 2, Section IV: Identifying Program Strategies

1) If your county has selected one or more strategies to implement with MHSA funds that are not listed in this section, please describe those strategies in detail in each applicable program work plan including how they are transformational and how they will promote wellness/recovery/resiliency and are consistent with the intent and purpose of the MHSA. No separate response is necessary in this section.

All strategies chosen by Los Angeles County are listed in this section.

Part 2, Section V: Assessing Capacity

1) Provide an analysis of the organization and service provider strengths and limitations in terms of capacity to meet the needs of the racially and ethnically diverse populations in the county. This analysis must address the bilingual staff proficiency for threshold languages.

2) Compare and include an assessment of the percentages of culturally, ethnically, and linguistically diverse direct service providers as compared to the same characteristics of the total population who may need services in the county and the total population currently served in the county.

For the purpose of answering these two questions, we are relying on data collected in FY 2002-03 describing the staff of the Los Angeles Department of Mental Health and the organizations that provide services under contract with the Department. The data has several limitations including: timeliness; gaps in reporting by some contracting agencies; lack of data by sub-populations, particularly within the Asian and Pacific Islander community, and others.

In particular, we mostly have data related to the languages identified as threshold languages by Los Angeles County: Armenian Cambodian, Cantonese, English, Farsi, Korean, Tagalog, Mandarin, Russian, Spanish, and Vietnamese. Many more languages are spoken in Los Angeles County than these threshold languages, however; thus the data that we have may systematically understate many of the needs for underserved communities. Still, we are using the data we have to begin to document what is an obvious and ever increasing need in Los Angeles County for language proficient and culturally sensitive and aware staff and services.

a) General Analysis

Table 1 reflects the overall ethnic composition of the Department's workforce.

Table 1

2003 Countywide Workforce Assessment by Function and Ethnicity

	Administrative		Direct Services		Support		Grand Total	
ETHNICITY	#	%	#	%	#	%	#	%
African American	252	20.59%	1524	16.55%	991	27.05%	2767	19.63%
American Native	3	0.25%	51	0.55%	19	0.52%	73	0.52%
Asian Pacific Islander	177	14.46%	1045	11.35%	420	11.46%	1642	11.65%
Hispanic	255	20.83%	1536	16.68%	955	26.06%	2746	19.48%
Other		0.00%	2	0.02%	1	0.03%	3	0.02%
Unknown/Not Reported	70	5.72%	581	6.31%	224	6.11%	875	6.21%
White	467	38.15%	4469	48.53%	1054	28.77%	5990	42.49%
Grand Total	**1224**		**9208**		**3664**		**14096**	

Source: LAC-DMH Planning Files, July 2002 – June 2003 LAC-DMH Planning Files, July 1997 – June 1998

The percentage of the Caucasian staff decreased from 48.3% in 1998 to 42.5% in 2003. The percentage of African American staff almost doubled from 10.7% to 19.6% over the same time period. The percentage of Asian Pacific Islanders staff increased from 8.3% to 11.7% during the same period. While the percentage of the Hispanic staff associated with the provision of direct/clinical services has increased from 15.4% to 16.7%, the overall percentage of the Hispanic staff decreased from 25.8% to 19.5% during the same period.

Table 2 compares the ethnic and cultural composition of the County's total population to the ethnic and cultural composition of the Department's workforce.

Table 2

2003 Countywide Comparison - Total Population and the Workforce by Ethnicity

ETHNICITY	Population	Percent	Staff	Percent	% of gap b/w staff & pop
African American	901,472	9.5%	2767	19.63%	+10.13%
American Native	25,609	0.3%	73	0.52%	+0.22%
Asian Pacific Islander	1,147,834	12%	1642	11.65%	-0.35%
Hispanic	4,242,213	44.6%	2746	19.48%	-25.12%
Other	19,935	0.2%	3	0.02%	-0.18%
White	2,959,614	31.1%	5990	42.49%	+11.39%
2 or more races Unknown/Not Reported	222,661	2.3%	875	6.21%	+3.91%
Grand Total	**9,519,338**	**100.00%**	**14096**	**100.00%**	

Source: LAC-DMH Planning Files, July 2002 – June 2003 and Demographic estimates for July 2003 prepared on4/2003 for County of Los Angeles, CAO

Table 2 reveals an over-representation of White/Caucasian and African-American staff members compared to the overall population, and a substantial need for more Hispanic staff. Note that we are not able presently to provide more specific analyses of sub-populations, particularly within the Asian and Pacific Islander population. More detailed analyses in subsequent years will help us determine where we may need to recruit staff for appropriate ethnic representation among sub-populations.

Table 3 compares the ethnic and cultural composition of the County's total population to the ethnic and cultural composition of the Department's direct services workforce.

Table 3

2003 Countywide Comparison - Total Population and Direct Services Staff by Ethnicity

ETHNICITY	Population	Percent	Staff	Percent	% of gap b/w staff & pop
African American	901,472	9.5%	1524	16.55%	+7.05%
American Native	25,609	0.3%	51	0.55%	+0.25%
Asian Pacific Islander	1,147,834	12%	1045	11.35%	-0.65%
Hispanic	4,242,213	44.6%	1536	16.68%	-27.92%
Other	19,935	0.2%	2	0.02%	-0.18%
White	2,959,614	31.1%	4469	48.53%	+17.43%
2 or more races Unknown/Not Reported	222,661	2.3%	581	6.31%	+4.01%
Grand Total	**9,519,338**	**100.00%**	**9208**	**100.00%**	

Source: LAC-DMH Planning Files, July 2002 – June 2003 and Demographic estimates for July 2003 prepared in 4/2003 for County of Los Angeles, CAO

Table 3 reveals a similar pattern as in Table 2: an over-representation of White/Caucasian and African-American direct services staff compared to the overall population, and a substantial need for more Hispanic staff. Again, we are not able, at the present time, to provide more specific analyses of sub-populations, particularly within the Asian and Pacific Islander population. More detailed analyses in subsequent years will help us determine where we may need to recruit staff for more appropriate ethnic representation among sub-populations.

Table 4 compares threshold languages spoken within the overall County population and those spoken within the Department's total workforce.

Table 4

2003 Countywide Comparison - Total Population and the Workforce Threshold Language

LANGUAGE	Population	Percent	Staff	Percent	% of gap b/w staff & pop
Armenian	138,015	1.6%	73	0.52%	-1.08%
Cambodian	29,117	0.3%	41	0.29%	-0.01%
Cantonese/Mandarin/Other	287,724	3.3%	103	0.73%	-2.57
English	4,032,614	45.9%	9186	65.17%	+19.27%
Farsi	68,192	0.8%	4	0.03%	-0.77%
Korean	165,158	1.9%	156	1.11%	-0.79%
Other/Unknown	1,442.604	15%	901	6.39%	-8.61%
Russian	44,048	0.5%	89	0.63%	+0.13%
Spanish	3,330,935	37.9%	2988	21.20%	-16.7%
Tagalog	195,671	2.2%	279	1.98%	-0.22%
Vietnamese	71,664	0.8%	118	0.84%	+0.04%
Grand Total	**9,805,742***	**110.2%***	**14096**	**100.00%**	

Source: LAC-DMH Planning Files, July 2002 – June 2003 and Census 2000, SF3, Table PCT 10.
** Note: Individuals in the general population are counted in each language reported spoken. Since one person can speak more than one language, numbers will be higher and the percentage of the overall population will be greater than 100%.*

This table reflects an overall need for bilingual staff in many threshold languages, particularly Spanish, Cantonese/Mandarin/Other, Armenian, Farsi, and Korean. The large numbers of people who are reflected as Other/Unknown (15%) pose a different challenge for the Department. We need to develop far more sophisticated technologies to assess the language needs of this large segment of the County's population.

Table 5 compares threshold languages spoken within the overall County population and those spoken within the Department's direct services workforce.

Table 5

2003 Countywide Comparison - Total Population and Direct Services Staff by Threshold Language

LANGUAGE	Population	Percent	Staff	Percent	% of gap b/w staff & pop
Armenian	138,015	1.6%	42	0.46%	-1.14%
Cambodian	29,117	0.3%	33	0.36%	+0.06%
Cantonese/Mandarin/Other Chinese	287,724	3.3%	69	0.75%	-2.55%
English	4,032,614	45.9%	6,147	66.76%	+20.86%
Farsi	68,192	0.8%	4	0.04%	-0.76%
Korean	165,158	1.9%	128	1.39%	-0.51%
Other/Unknown	1,442.604	15%	629	6.83%	-8.17%
Russian	44,048	0.5%	67	0.73%	+0.23%
Spanish	3,330,935	37.9%	1,815	19.71%	-18.19%
Tagalog	195,671	2.2%	110	1.19%	-1.01%
Vietnamese	71,664	0.8%	73	0.79%	-0.01%
Grand Total	**9,805.742***	***110.2%**	**9,208**	**100.00%**	

*Individuals are counted in each language reportedly spoken
Source: LAC-DMH Planning Files, July 2002 – June 2003 and Census 2000, SF3, Table PCT 10

This table reflects an overall need for bilingual direct service staff fluent in many threshold languages, particularly Spanish, Cantonese/Mandarin/Other Chinese, Armenian, Farsi, and Tagalog. Again, the large numbers of people who are reflected as Other/Unknown (15%) pose a different challenge for the Department. We need to develop far more sophisticated technologies to assess the language needs of this large segment of the County's population.

Some limitations of this data and general analysis are worth noting here as cautions for stakeholders and others as we move to develop strategies for addressing the clear need for more culturally diverse and competent staff.

For example, using general ratios of providers to population could suggest that all ethnic communities and all geographic communities have equal need for and equal access to mental health services, though of course experience tells us that needs and access can vary dramatically between and within ethnic and geographic communities. Multiple issues affect real-world access to mental health services, including cultural attitudes toward mental health issues, socio-economic status, fear of reprisals for accessing services, and many other factors.

Moreover, that a staff member speaks a particular language does not itself assure that that staff member in fact provides services in that language to a community that speaks that language. Ratios of staff to population may therefore overstate the availability of language appropriate services.

A further nuance of this data is that we have used household language as the basis for comparison of the provider to population ration. One possible shortcoming of this data is that many households, though using a language other than English at home, are bicultural, and some or all members of these households could be proficient in English. Generally, the more recent a family has immigrated to this country, the less likely that family is to be bicultural.

As noted in the introduction of this section, Table 5 and most of the tables in this section only reflect data related to the threshold languages. We know there are many smaller, underserved communities that have equally critical language needs in accessing mental health services. One small illustration: there is no Hmong-speaking provider for the Hmong community in Los Angeles. According to Census 2000, there are 3,569 Laotians in Los Angeles County; 2,764 (77.4%) are foreign-born. Of those Laotians who are 5 years old and over, more than half (2,003 or 52.7%) speak English less than very well. Yet there are only 3 bilingual Laotian staff (2 direct service providers and 1 support services staff) for this entire community. This is a typical challenge that repeats itself for multiple smaller ethnic communities across the County.

We share these reflections here as caution about how much more work there is to be done for us to have a comprehensive analysis of the language and cultural competence needs for the County's workforce.

Table 6 compares the ratio of Mental Health Providers to the general population in California to the **ratio** of Mental Health Providers to the general population in **Los Angeles County.** The ratio is higher for the County than it is for the State.

Table 6

Statewide Comparison

STATE OF CALIFORNIA	
Total General Population	Licensed MH Providers
33,871,648	**62,723**
State Ratio to General Population	
1:540	

LOS ANGELES COUNTY	
Total General Population	Licensed MH Providers
9,519,338	**14,917**
County Ratio to General Population	
1:638	

Sources: The Mental Health Workforce: Who's Meeting California's Needs – Tina McRee et.al. (2003)
Census Bureau 2000

b) Strengths

1. The demographic composition of the Los Angeles County Department of Mental Health and its contract providers presented in tables 1, 2, 3, 4, and 5 reflects a growing ethnic, cultural, and language diversity within the County's workforce. The percentage of the Caucasian staff has decreased from 48.3% in 1998 to 42.5% in 2003. The percentage of the African American staff has almost doubled from 10.7% to 19.6%, and the percentage of the Asian Pacific Islanders staff has increased from 8.3% to 11.7% during the same period.

2. Among all staff, 35% speak at least one language other than English. Additionally, about 30% speak two or more languages other than English. The total bi-lingual capability of all staff includes 36 other than English. We do not have data yet on those staff who are fluent in American Sign Language.

3. During the past five years, DMH and its contract providers have been successful in increasing both the ethnic diversity and the language capability of the workforce delivering direct services. Countywide, more than 20 different ethnicities are represented in the direct service provider staff, including: African Americans 16.6%; Asian Pacific Islanders 11.4%; Caucasians 48.5%; Hispanics 16.7%; and American Natives 0.6%.

4. 27.3% of the organization's direct service providers speak one or more threshold language, not including American Sign Language; 33.7% speak one of 34 languages, not including American Sign Language, an increase from 20 languages spoken in 1998.

c) Limitations & challenges

Countywide, the system's ethnic diversity and language abilities are improving, and substantial challenges clearly remain.

1. Compared to the County's overall population, Caucasian and African American staff are over-represented. Hispanic staff are substantially underrepresented, as are Asian and Pacific Islander staff. Beyond the data reflected in tables 1-5 above, Table 7 reflects this disparity in a different way, comparing staff to population ratios by ethnicity.

Table - 7

Ethnicity	County Population 2000 Census		Direct Service Staff (DSS)		Ratio DSS to Gen. Pop.
	#	%	#	%	
African American	901,472	9.5	1,524	16.55%	1:592
American Indian	25,609	0.3	51	0.55%	1:502
Asian Pacific	1,147,834	12.1	1,045	11.35%	1:1098
Hispanic	4,242,213	44.6	1,536	16.68%	1:2762
White	2,959,614	31.1	4,469	48.53%	1:662
Other/Unknown	242,596	0.3	583	6.33%	1:416
TOTAL	**9,519,338**	**100**	**9,208**	**100**	**1:672**

Sources: The Mental Health Workforce: Who's Meeting California's Needs – Tina McRee et.al. (2003) Census Bureau 2000 DMH Cultural Competency Plan (2004)

While ratios for all populations are extremely high, ratios for Hispanic and Asian Pacific Islanders staff are substantially higher still.

2. Another dimension of the challenges facing the Los Angeles County system is captured in Table 8, comparing the ratios of different licensed professions for the State's and County's general populations.

Table - 8

	Total Population	Licensed Providers	Ratio	LCSW	Ratio	MFT	Ratio
LA	**9,519,338**	14,917	1:638	3,624	1:2629	6,050	1:1573
CA	**33,871,648**	62,723	1:540	13,717	1:2469	23,259	1:1456

	Psychologists	Ratio	LPT	Ratio	RNMH	Ratio	Psychiatrist	Ratio
LA	3,229	1:2948	1,119	1:8507	116	1:82063	779	1:1220
CA	11,279	1:3003	9,179	1:3690	419	1:80839	4,870	1:6955

Sources: The Mental Health Workforce: Who's Meeting California's Needs – Tina McRee et.al. (2003) Census Bureau 2000 DMH Cultural Competency Plan (2004)

In all professional disciplines except for psychologists and psychiatrists, Los Angeles County lags behind the state ratio of clinician to general population, suggesting a prominent need for licensed clinical social workers, marriage and family therapists, licensed psychiatric technicians, and mental health registered nurses. Such reflections, of course, are only a crude beginning to what ultimately must be a much more sophisticated analysis. For example, that we have more psychologists and psychiatrists than the State average does not reveal very much about need, particularly for such professionals who are fluent in languages other than English and who provide services to communities who speak those languages.

3. Table 5 above documents the need for hiring and retaining bilingual direct service staff, particularly staff members who speak Spanish, Armenian, Farsi, Korean, Tagalog, Cantonese, Mandarin, and other Chinese languages.

4. Table 5 also documents the system's current data limitations. Being unable to document the primary language of 15% of the County's population creates a significant barrier to the Department's ability for developing effective staff recruitment goals.

In addition to the organizational and service provider challenges identified above, there are several Statewide and local trends that further impact the system's capacity to meet the needs of racially, ethnically, and linguistically diverse populations in the Los Angeles County.

1. The California Mental Health Planning Council has identified many challenges facing ethnic minorities seeking to obtain appropriate credentials to work in the mental health field. Personal challenges include the lack of self-confidence, cultural barriers, and tuition/financial barriers among others. Academic challenges include the length of time and the funds needed to complete the program, negative experiences with college recruiters, lack of knowledge about the program's requirements, and curriculum that may be or may appear to be culturally insensitive. Larger cultural challenges may include the stigma of mental illness, school expectations, distrust of higher education, gender discrimination (woman should not attain a higher degree), and others.

2. The diversity of the Los Angeles County population creates a strong competition for bilingual and bicultural professionals in general and mental health practitioners in particular, often making it difficult to hire new staff at prevailing wage rates within the Department and within contract providers.

3. Los Angeles County has identified 12 threshold languages, but non-threshold language needs have been increasing as more monolingual groups have been immigrating to Los Angeles County, including large groups of refugees from Arabic-speaking countries, Bosnia, Kosovo, Ethiopia, Somalia, Senegal, and many others.

4. The most current data reflecting individuals who have completed high school in California show that only 52.4% of Hispanic students and 56.8% of Black/non-Hispanic students graduate, creating much smaller pools of students who could be eligible to pursue higher education or professional degrees, including degrees for work in the mental health profession.

3) Provide an analysis and include a discussion of the possible barriers your system will encounter in implementing the programs for which funding is requested in this Plan and how you will address and overcome these barriers and challenges. Challenges may include such things as difficulty in hiring staff due to human resource shortages, lack of ethnically diverse staff, lack of staff in rural areas and/or on Native American reservations and rancherias, difficulties in hiring clients and family members, need for training of staff in recovery/wellness/ resilience and cultural competency principles and approaches, need to increase collaborative efforts with other agencies and organizations, etc.

1. The challenges highlighted in the responses to the first 2 questions of this section—shortages of Hispanic, API, and other ethnic staff, and shortages of staff fluent in multiple threshold and other non-English languages—represent substantial barriers faced by Los Angeles County as we move to implement our CSS Plan. We have devoted substantial resources within our projected one-time funds to accelerate the identification and training of bi-lingual staff, and to facilitate students and other community members becoming licensed clinical social workers, marriage and family therapists, licensed psychiatric technicians, and other community based mental health workers.

2. County regulations governing the hiring of staff and entering into of contracts with County providers may present substantial barriers to our timely implementation of the CSS Plan. We have created an ad hoc task force including senior Department officials and representatives from the CAO, County Counsel's office, County HR, and other relevant departments to anticipate and develop appropriate responses to these potential challenges.

3. Ensuring that staff at all levels of the service delivery system are grounded in and committed to the fundamental principles of recovery is an on-going challenge within the system. We will devote substantial one-time funds to providing training in recovery and wellness to staff throughout Los Angeles County.

4. Ensuring that staff at all levels of the service delivery system are grounded in and committed to the fundamental principles of cultural awareness and competency is also an on-going challenges. We will devote substantial one-time funds to providing training in principles and practices of cultural competency to staff throughout Los Angeles County.

5. One of the substantial barriers to housing projects that support people with mental health needs is opposition from local communities where the projects will be sited.

We will use some of our one-time funds to develop a strategic plan for systematically responding to and overcoming the "Not in My Backyard (NIMBY)" phenomenon.

6. Creating trusting relationships with people within some of the focal populations for our Full Service Partnerships—e.g., transition age youth, people with severe and persistent mental illnesses who are at home and not within any current system—will pose a substantial challenge in the early months of our Full Service Partnership work. All of the Full Service Partnership investments presume that substantial dollars will be invested early on to outreach and engagement. We have also devoted substantial one-time dollars to outreach and engagement efforts.

7. Designing and implementing an effective information and technology system that will allow us to effectively track outcomes and other critical performance measures will present another substantial challenge to implementing the CSS Plan. The Department has devoted substantial financial and staff resources to addressing this issue over the past year and a half. More effort and resources are still required.

8. Transportation to needed services represents a significant barrier for many people and families who struggle with mental health issues. Providers of Full Service Partnerships, and the providers for many of the other services within the Los Angeles County CSS Plan, will need to develop effective mechanisms for addressing transportation needs within their service delivery plans.

Community Services and Support Plan

Section 2

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Part 2, Section VI: Developing Work Plans with Timeframes and Budgets/Staffing Projections

Part 2, Section VI: Developing Work Plans With Timeframes And Budgets/ Staffing Projections

I. Summary Information on Programs to be Developed or Expanded

1) Please complete Exhibits 1, 2, and 3, providing summary information related to the detailed work plans contained in the Program and Expenditure Plan.

Exhibits 1, 2 and 3 have been completed and are attached.

(Exhibit 1 is the signature sheet for the Director and will be completed prior to submitting the plan to the state.)

2) The majority of a county's total three-year CSS funding must be for Full Service Partnerships. If individuals proposed for Full Service Partnerships also receive funds under System Development or Outreach and Engagement Funding, please estimate the portion of those funds that apply toward the requirement for the majority of funds during the three-year period. (Small counties are exempt from this requirement until Year 3 of the three-year plan.) Please provide information demonstrating that this requirement has been met.

Attachment 2 contains a summary budget for our requests. We estimate that 65% of funds in FY 2005-06 will go to Full Service Partnerships; 63% in FY 2006-07; and 59% in FY 2007-08. We further estimate that at least 53% of our one-time fund requests will benefit people in Full Service Partnerships.

3) Please provide the estimated number of individuals expected to receive services through System Development Funds for each of the three fiscal years and how many of those individuals are expected to have Full Service Partnerships each year.

In FY 2005-06, we project that 1,083 people will receive Full Service Partnerships, and 17,752 people will receive services through our Systems Development investments. Please see Exhibit 6 for the detailed calculations supporting this projection.

We further project that the following percentages of Systems Development dollars will benefit people receiving Full Service Partnerships and their families:

- 92% of Children's Systems Development dollars;
- 38% of Transition Age Youth Systems Development dollars;
- 29% of Adult System Development dollars;
- 7% of Older Adult Systems Development dollars; and
- 12% of Alternative Crisis Services Systems Development dollars, spread across all four age groups.

Please see the budget in Exhibit 2 for the detailed calculations supporting these projections.

In FY 2006-07, we project that 4,333 people will receive Full Service Partnerships, and 51,678 people will receive services through our Systems Development investments. Please see Exhibit 6 for the detailed calculations supporting this projection.

We further project that the following percentages of Systems Development dollars will benefit people receiving Full Service Partnerships and their families:

- 92% of Children's Systems Development dollars;
- 38% of Transition Age Youth Systems Development dollars;
- 29% of Adult System Development dollars;
- 7% of Older Adult Systems Development dollars; and
- 11% of Alternative Crisis Services Systems Development dollars, spread across all four age groups.

Please see the budget in Exhibit 2 for the detailed calculations supporting these projections.

In FY 2007-08, we project that 4,333 people will receive Full Service Partnerships, and 54,438 people will receive services through our Systems Development investments. Please see Exhibit 6 for the detailed calculations supporting this projection.

We further project that the following percentages of Systems Development dollars will benefit people receiving Full Service Partnerships and their families:

- 92% of Children's Systems Development dollars;
- 38% of Transition Age Youth Systems Development dollars;
- 29% of Adult System Development dollars;
- 7% of Older Adult Systems Development dollars; and
- 9% of Alternative Crisis Services Systems Development dollars that are spread across all four age groups.

Please see the budget in Exhibit 2 for the detailed calculations supporting these projections.

4) Please provide the estimated unduplicated count of individuals expected to be reached through Outreach and Engagement strategies for each of the three fiscal years and how many of those individuals are expected to have Full Service Partnerships each year.

We have no clear method by which to make this estimate; however, we are able to provide the following statements at this time. Substantial portions of our early Full Service Partnership investments will be devoted to outreach and engagement. This commitment will be even stronger for providers who are focused on the focal populations for Transition Age Youth and Older Adults, where the infrastructures for Full Service Partnerships are far less developed than they are for Adults and Children.

Moreover, we are devoting substantial dollars each year—$3,317,000 in FY 2005-06

(including $317,500 in on-going funds and $3,000,000 in one-time funds), $1,000,000 in FY 2006-07, and $1,000,000 in FY 2007-08 to outreach and engagement efforts for unserved and underserved populations, particularly within ethnic and cultural communities and other special populations. We estimate that we will reach approximately 45,000 people through these efforts over the next two and a half years, and that some of these people will benefit from the services provided through our Systems Development investments, our Full Service Partnership investments, or both.

5) For children, youth and families, the MHSA requires all counties to implement Wraparound services, pursuant to W&I Code Section 18250, or provide substantial evidence that it is not feasible in the county, in which case, counties should explore collaborative projects with other counties and/or appropriate alternative strategies. Wraparound programs must be consistent with program requirements found in W&I Code Sections 18250-18252. If Wraparound services already exist in a county, it is not necessary to expand these services. If Wraparound services are under development, the county must complete the implementation within the three-year plan period.

Wraparound services already exist in Los Angeles County.

Part 2, Section VI: Developing Work Plans With Timeframes And Budgets/ Staffing Projections

II. Programs to be Developed or Expanded—the following information is required for <u>each</u> program. Since the review process may approve individual program work plans separately, it is critical that a complete description is provided for each program. If a particular question is not applicable for the proposed program, please so indicate.

FULL SERVICE PARTNERSHIPS FOR ALL AGE GROUPS

Programs proposed by the Los Angeles County Plan:

- **C-01: Children's Full Service Partnership**
- **T-01: Transition Age Youth's Full Service Partnership**
- **A-01: Adult's Full Service Partnership**
- **OA-01: Older Adult's Full Service Partnership**

1) Complete Exhibit 4 (as required under Section IV response). Using the format found in Exhibit 4, please provide the following summary:

The Exhibit 4 template has been completed for each Los Angeles County work plan recommended for CSS funding. Each work plan addresses Questions 1a - 1d. Questions 2 – 13 are answered for each program in the following narrative.

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

The August 1, 2005 guidelines issued by the State Department of Mental Health contain the following description of Full Service Partnerships:

> Each individual identified as part of the initial full service population must be offered a partnership with the county mental health program to develop an individualized services and supports plan. The services and supports plans must operationalize the five fundamental concepts identified at the beginning of this document. They must reflect community collaboration, they must be culturally competent, they must be client/family driven with a wellness/recovery/resiliency focus and they must provide an integrated service experience for the client/family. Under Full Service Partnerships:
>
> - The county agrees to work with the individual and his/her family, as appropriate, to provide all necessary and desired appropriate services and supports in order to assist that person/family in achieving the goals identified in their plan.

- Individuals will have an individualized service plan that is person/child-centered, and individuals and their families will be given sufficient information to allow them to make informed choices about the services in which they participate.
- All fully served individuals will have a single point of responsibility – Personal Service Coordinators (PSCs) for adults – case managers for children and youth – with a caseload that is low enough so that: (1) their availability to the individual and family is appropriate to their service needs, (2) they are able to provide intensive services and supports when needed, and (3) they can give the individual served and/or family member considerable personal attention. Services must include the ability of PSCs, children's case managers or team members known to the client or family member to respond to clients and family members 24 hours a day, 7 days a week. This 'best practice' service strategy is intended to provide immediate 'after-hours' interventions that will reduce negative outcomes for individuals including but not limited to unnecessary hospitalizations, incarcerations and evictions. For transition age youth, adults and older adults this service must include the ability to respond to landlords and or law enforcement. For children and youth it must include the ability to respond to persons in the community identified by a child's family.
- PSCs/case managers must be culturally competent, and know the community resources of the client's racial ethnic community.
- Services should also include linkage to, or provision of, all needed services or benefits as defined by the client and or family in consultation with the PSC/case manager. This includes the capability of increasing or decreasing service intensity as needed. Community Support Services, consistent with the individual service plan may only be funded by MHSA funds when funding under any other public or private payor source or entitlement program is inadequate or unavailable. Other entitlement programs include but are not limited to mental health services pursuant to Medi-Cal and Special Education Programs.[7]

Los Angeles County fully embraces this description of Full Service Partnerships as the overarching framework for the development of these initiatives for each of the four target age groups. What follows is a more specific analysis of Full Service Partnerships by each of the four target age groups.

Children 0-15

[7] Ibid., pp. 22-23.

1. Recommended Target Populations for Full Service Partnerships

In the August 1, 2005 guidelines the State Department of Mental Health recommends several groups of children aged 0-18 as candidates for target populations. These groups include children and youth between the ages of 0 and 18, [8] or Special Education students through the end of the school year in which they turn 22 and their families, who have serious emotional disorders and who are not currently being served. This population generally consists of:

- Youth and their families who are uninsured, under-insured and/or youth who are not eligible for Medi-Cal because they are detained in the juvenile justice system;
- Homeless youth, youth in foster care placed out-of-county and youth with multiple (more than two) foster care placements;
- Children and youth who are so underserved that they are at risk of homelessness or out-of-home placement. [9]

Stakeholder delegates embraced the State's recommended focal populations, though many of the sub-groups specified by the State actually fall within the focal populations identified by the Transition Age Youth (TAY) workgroup (see the TAY discussion in the next section). The delegates further defined the recommended focal populations to include children (0 to 15) with severe emotional disorders [SED] and their families, with a priority placed on children with co-occurring disorders, recent hospitalizations, psychotic disorders, or showing symptoms of trauma experiences. In particular we will focus on:

- Pre-natal to 5 year olds who are at high risk of being expelled from pre-school, involved with or at high risk of being detained by the Department of Children and Family Services (DCFS); or children of parents or caregivers who have SED or severe and persistent mental illness, or have a co-occurring substance abuse disorder;
- Children who have been removed from their homes or who are at high risk of being removed from their home by DCFS, and who are in transition to less restrictive placements;
- Children who are experiencing the following at school:

---

[8] The first draft of the CSS guidelines issued by the State set the age range for children at 0-15. In subsequent versions of the guidelines, including the final guidelines, the State established the age range for children at 0-18, creating an overlap with Transition Age Youth. We have opted to keep the age range for children at 0-15, and to create ad hoc structures for the Children and Transition Age Youth workgroups to work together when they are addressing issues that cross between the two populations.

[9] Mental Health Services Act Community Services and Supports: Three Year Program and Expenditure Plan Requirements, August 1, 2005, p.21.

- Expulsion or suspension, or high risk of either;
- Violent behaviors;
- Drug possession or use;
- Suicidal and/or homicidal ideation; and/or
- Truancy; and

- Youth involved with the Probation Department who are being treated with psychotropic medications and who are transitioning back into less structured home and community settings.

2. Recommended Outcomes

Delegates have embraced the outcomes for children and their families as specified by the State's August 1, 2005 guidelines, including:

- Meaningful use of time and capabilities, including employment, vocational training, education, and social and community activities;
- Safe and adequate housing, including safe living environments with family for children and youth; reduction in homelessness;
- A network of supportive relationships;
- Timely access to needed help, including during times of crisis;
- Reduction in incarceration in jails and juvenile halls; and
- Reduction in involuntary services, reduction in institutionalization, and reduction in out-of-home placements.

Delegates also embraced the additional outcome of maintaining or improving physical health, as it relates to the achievement of the other outcomes, for children and their families.

3. Recommendations for Full Service Partnership Programs for Children

Delegates embraced the definition of Full Service Partnerships as outlined above. Delegates also embraced a range of other criteria for Full Service Partnerships for this age group, including:

- Culturally competent services;
- Services provided in the home, school, and community;
- Strength based assessments;
- Services provided to family members when essential for the achievement of outcomes for the child;
- Benefit establishment services;
- Mental health treatment for parents of SED children who may not meet the target population definition in the adult system;

- Evidence based treatment practices; and
- Parent Advocacy

Transition Age Youth 16-25

1. Recommended Target Populations for Full Service Partnerships

On August 1, 2005, State Department of Mental Health guidelines recommended several groups of Transition Age Youth 16-25 as candidates for target populations. These groups include transition age youth between the ages of 16 and 25, who are currently unserved or underserved who have serious emotional disorders and who are:

- Homeless or at imminent risk of being homeless;
- Youth who are aging out of the child and youth mental health, child welfare and/or juvenile justice systems;
- Youth involved in the criminal justice system or at risk of involuntary hospitalization or institutionalization; and
- Transition age youth who have experienced a first episode of major mental illness.[12]

The delegates have embraced the State's recommended focal populations, and further refined them in the following manner. The delegates intend to make a long-term commitment to all transition age youth 16-25 who have severe emotional disturbances (SED) or Severe Mental Illnesses (SMI) that result in significant functional impairment, or who demonstrate significant social, emotional, educational and/or occupational impairments who could meet the criteria for an SED and/or SMI diagnosis, including those youth with dual diagnoses or co-occurring disorders, including substance abuse disorders and others.

However, during the first three years of the CSS Plan, focus will be on those youth who are unserved, underserved or inappropriately served, including those who are homeless, or at risk of homelessness, and/or youth aging out of the children's mental health, child welfare, and juvenile justice systems.

In particular, we will give priority to youth who:

- Have been in or are leaving long term institutional settings—e.g., level 14 group homes—including those youth who, though diagnostically qualified for level 14 group homes, were living in other settings;
- Have been in hospitals, Institutes for Mental Disease (IMDs), Community Treatment Facilities, jails, and/or probation camps; and
- Youth who have experienced their first psychotic break.

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12 Ibid., p. 21.

14

2. Recommended Outcomes

Delegates have embraced the State's outcomes for transition age youth, including:

- Meaningful use of time and capabilities, including employment, vocational training, education, and social and community activities;
- Safe and adequate housing, including safe living environments with family for children and youth; reduction in homelessness;
- A network of supportive relationships;
- Timely access to needed help, including during times of crisis;
- Reduction in incarceration in jails and juvenile halls; and
- Reduction in involuntary services, reduction in institutionalization, and reduction in out-of-home placements

Delegates also embraced three additional outcomes for transition age youth:

- Maintaining or improving physical health, as it relates to the achievement of the other outcomes;
- Reduction in early pregnancy; and
- Completion of high school diploma or a GED.[14]

A note about age appropriateness and transition age youth:

Delegates fully appreciate the unique developmental challenges faced by this group of young people, above and beyond whatever mental health challenges they face. Our use of different phrases throughout this report, youth, young people, young adults, is intended to suggest some of these age-related developmental challenges.

All of the recommendations in this report, both within Full Service Partnerships and system development investments, presume a commitment to ultimately helping transition age youth who are receiving services to achieve the highest level of self-sufficiency possible. What this means in practice will vary depending on many factors including age, culture, and ethnicity. For many youth 16-18 or even older, helping them establish or re-establish appropriate relationships with family members or other adult caregiver is crucial to helping them progress toward self-sufficiency. Many young people, however, even some in younger ages, have already begun to transition to independence, and establishing relationships with family members or other adults must reflect this reality. The complexity of these dynamics reflects the essential requirement to tailor services and supports to the particular needs of the individual.

We understand that, as a general rule, all of the recommendations made here reflect a commitment to providing services to young people that support the maximum level of self-sufficiency possible regarding their relationships with their families and

communities. We also understand that these services should be delivered wherever and whenever appropriate and possible.

3. Recommendations for Full Service Partnership Programs for TAY

Delegates embraced the definition of Full Service Partnerships for transition age youth as outlined above.

In addition, delegates agreed that one of the most essential elements for success of Full Service Partnerships is a strong commitment to meet the housing needs of enrolled youth and young adults. Delegates believe that such a commitment is crucial for ensuring that youth and young adults enrolled in Full Service Partnerships have a stable environment in which to work toward recovery and wellness.

Included within the initial cost estimates for Full Service Partnerships for transition age youth are the cost estimates for a range of housing options to be made available to youth and young adults enrolled in these programs including:

- Hotel vouchers for emergency housing;
- Rental subsidies and vouchers;
- Access to housing, and housing with supportive services, specifically designated and designed for transition age youth with SED or SMI; and
- Other appropriate housing assistance.

ADULTS 26-59

1. Recommended Target Populations for Full Service Partnerships for Adults

The State Department of Mental Health August 1 guidelines recommended several groups of adults with serious mental illness as potential focal populations, including adults with a co-occurring substance abuse disorder and/or health condition who are either not currently served and meet one or more of the following criteria:

- Homeless;
- At risk of homelessness, such as youth aging out of foster care or persons coming out of jail;
- Involved in the criminal justice system, including adults with child protection issues; or
- Frequent users of hospital and emergency room services;

Or who are so underserved that they are at risk of:

- Homelessness, such as persons living in institutions or nursing homes;
- Criminal justice involvement;
- Institutionalization; or

- Transition age older adults (often between the ages of 55 and 59) who are aging out of the adult mental health system and at risk of any of the above conditions or situational characteristics are also included.

The delegates embraced the State's recommended focal populations, and further refined them as follows. We will focus our initial CSS Full Service Partnerships for adults on those people with serious mental illness, including people who have co-occurring disorders and/or have suffered severe trauma, who are so unserved or underserved as to be:

- Homeless;
- In jail;
- Frequent users of hospitals or emergency rooms;
- In other institutional settings (including State Hospitals, IMDs, Urgent Care Centers, various residential treatment and other facilities); or
- With family members or in other settings and, because of their mental illness, are at imminent risk of homelessness, jail, and/or institutionalization.

2. Recommended Outcomes

Delegates have embraced the outcomes for adults as specified by the State, including:

- Meaningful use of time and capabilities, including employment, vocational training, education, and social and community activities
- Safe and adequate housing, including safe living environments with family for children and youth; reduction in homelessness
- A network of supportive relationships
- Timely access to needed help, including times of crisis
- Reduction in incarceration in jails and juvenile halls
- Reduction in involuntary services
- Reduction institutionalization
- Reduction in out-of-home placements

Delegates also embraced the additional outcome of maintaining or improving physical health as it relates to the achievement of the other outcomes for adults.

Older Adults 60+

1. Recommended Target Populations for Full Service Partnerships for Older Adults

The August 1, 2005 guidelines issued by the State Department of Mental Health recommended several groups of Older Adults 60 and older as candidates for target populations. These groups include older adults 60 years and older with serious mental

illness, including older adults with co-occurring substance abuse disorders and/or other health conditions, who are not currently being served and:

- Have a reduction in personal or community functioning;
- Are homeless;
- At risk of homelessness, institutionalization, nursing home care, hospitalization and emergency room services; or
- Older adults who are so underserved that they are at risk of any of the above

Transition age older adults may be included under the older adult population when appropriate.

The delegates embraced the State's recommended focal populations, and further refined them as follows. We will focus our initial CSS Full Service Partnerships for older adults 60 years and older with serious mental illness, including:

- Individuals with co-occurring disorders that include substance abuse disorders, developmental disorders, medical disorders and cognitive disorders with a primary diagnosis of mental illness;
- Those at imminent risk for placement in Skilled Nursing Facility (SNF) or released from SNF, possibly conserved;
- Adult Protective Service-referred clients with a history of self-neglect or abuse and who are typically isolated;
- Clients at high risk of going to jail or released from jails;
- Intensive service recipients (clients with 6 or more hospitalizations in the past 12 months);
- Clients currently in the system who are aging up in the system, e.g., consumers who have suffered from severe mental disorders in earlier years who are now becoming senior citizens, perhaps currently in adult "ACT-like programs;" and
- Clients at high risk for suicide

2. Recommended Outcomes

Delegates have embraced the outcomes for older adults as specified by the State, including:

- Meaningful use of time and capabilities, including employment, vocational training, education, and social and community activities;
- Safe and adequate housing, including safe living environments with family for children and youth; reduction in homelessness;
- A network of supportive relationships;
- Timely access to needed help, including times of crisis;
- Reduction in incarceration in jails and juvenile halls; and

- Reduction in involuntary services, reduction in institutionalization, and reduction in out-of-home placements.

Delegates modified the language of these outcomes to more appropriately apply to older adults to include:

- An affordable, safe and nurturing environment that is, as least restrictive as possible, supporting optimal functioning in a safe living arrangement;
- A meaningful way to use one's time, including a sense of community connectedness, and feelings of value and esteem within the community;
- Meaningful and supportive relationships with others ;
- A full array of culturally sensitive, age appropriate mental health and supportive services, available in all geographic areas;
- Maintaining optimal functional ability and physical, cognitive and mental health; and
- Ability to exercise self-determination.

3) Describe any housing or employment services to be provided through the Full Service Partnerships for all age groups/

We anticipate providing housing and employment services through Full Service Partnerships for all age groups under the "whatever it takes" commitment that defines these services.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

We examined data from existing AB 2034, ACT, Wraparound and other similar programs to develop preliminary cost estimates for each age group. We anticipate significant housing costs associated with Transition Age Youth and have increased the cost per participant accordingly.

Our average cost estimates for each Full Service Partnership participant are as follows:

- Children: $16,500: MHSA Full Service Partnership (FSP) funds; Early Periodic Screening Diagnosis and Treatment (EPSDT) funds
- TAY: $18,268: MHSA FSP; EPSDT; Medi-Cal
- Adults: $15,000: MHSA FSP; Medi-Cal
- Older Adults: $15,000: MHSA FSP; Medi-Cal

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

Full Service Partnerships are by design grounded in a commitment to recovery. Full Service Partnerships are voluntary, and begin with a plan that is co-created with the person who is receiving services and his or her family where appropriate. Training in the principles of recovery, wellness, and resiliency will be regularly provided to providers of Full Service Partnerships and related community-based organizations.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

Not applicable

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

We expect people who receive services and family members to be part of staffs of organizations who deliver Full Service Partnerships.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

We expect providers of Full Service Partnerships to develop effective collaborations with myriad community-based organizations who serve the various focal populations for Full Service Partnerships. This will be one of several essential criteria in assessing the strength of a potential provider's application to deliver Full Service Partnership services.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

We expect providers of Full Service Partnerships to demonstrate a history of delivering culturally appropriate and culturally competent services, including having staff that speak the language(s) of the focal populations and other measures of cultural competence. This will be one of several essential criteria in assessing the strength of a potential provider's application to deliver Full Service Partnership services.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

We expect providers of Full Service Partnerships to demonstrate a history of delivering services that are sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls. This will be one of

several essential criteria in assessing the strength of a potential provider's application to deliver Full Service Partnership services.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

Not applicable

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

Not applicable

13) Please provide a timeline for this work plan, including all critical implementation dates.

2005	
September	Develop consensus among delegates on initial provider selection and program design criteria for Full Service Partnerships
October	Work with County Counsel, CAO, and others to develop streamlined RFI process
November–December	Execute RFI process; Identify initial providers
December	Initiate Provider Selection Process

2006	
January	Develop Board letter for first round of contracts
February	Select Providers
March	Negotiate Contracts
	Develop Policies and Procedures
April	Submit CDAD Service Request
I	Submit Budget Transfer Request
February	Prepare Board Letter Draft
April	Develop Training Plan
May-June	Program Fully Operational
Ongoing	Continue interdisciplinary team meetings
	Continue collaboration with primary care
	Continue enrollment of clients

2007	
June 2007	Evaluate effectiveness of field sites
July 2007	Conduct evaluation of enrollment/disenrollment procedures and modify as needed

2008

January – December	Expand enrollment of clients
March	Evaluate effectiveness of field sits
April	Evaluate need for additional providers
May	Initiate provider selection process as needed
July	Select provider as needed
	Prepare Board Letter Draft
August	Prepare Budget Documents (as needed)
	Submit CDAD Service Request (as needed)
	Submit Budget Transfer Request (as needed)
	Submit PFAR (as needed)
October	Begin site Medi-Cal certification procedure
	Secure Medi-Cal Certification

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

Budget worksheets have been completed on each of the four Full Service Partnerships and are included in Exhibit 5.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served.

Exhibit 6 contains estimates for the number of individuals expected to receive services through this and all other programs for which Los Angeles County is requesting funding.

CHILDREN SYSTEMS DEVELOPMENT INVESTMENTS

C-02: Family Support Services

1) Complete Exhibit 4 (as required under Section IV response)

The Exhibit 4 template has been completed for each Los Angeles County work plan recommended for CSS funding. Each work plan addresses Questions 1) a) - d). Questions 2) – 13) are answered for each program in the following narrative.

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

The Family Support Services program is designed to provide parents/caregivers of a child with SED access to mental health services for themselves. The program is based on the belief that providing treatment to parents and/or caregivers with mental health needs is critical to the successful achievement of outcomes for children.

In many instances, parents/caregivers have mental health needs that do not rise to the level of the adult system. However, their symptoms often interfere with their ability to care for their SED child. The Family Support Services program will offer individual therapy, couples therapy, parenting education, peer support groups, substance abuse and domestic violence counseling. The program targets those without other funding sources, those who are not covered under the adult system of care and those for whom collateral services are insufficient.

MHSA funds are being requested to provide treatment to parents/caregivers in order to address their mental health needs. Treatment will be strength-based and solution-focused. Interventions will focus on symptom reduction and improving coping strategies to deal with internal and external stressors.

MHSA funds are the only funding source for this program because it is intended for parents/caregivers who do not have access to other funding sources.

The Family Support Services program advances the goals of MHSA in several areas. Services to parents/caregivers will be culturally competent including providing treatment in the primary language of the family. Cultural strengths of the family will also be utilized in the service delivery.

The treatment will be client-driven. As with the adult system, parents/caregivers will identify their needs and preferences, which will lead to the services and supports that will be most effective for them. Services will also be integrated. Parent/caregiver treatment will be integrated with the treatment of their child and family. Joint planning

will be utilized to address the needs of the family as well as the individuals being served. Treatment will also incorporate services for substance abuse and domestic violence.

3) Describe any housing or employment services to be provided.

N/A

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

N/A

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

The Family Support Services program will have a wellness focus. Parent/caregiver treatment will focus on symptom reduction or the elimination of symptoms. The goal is to empower parents/caregivers to live, work, learn and participate fully in their families and communities.

Treatment will also incorporate the concepts of resilience. Strength-based approaches will be utilized and will focus on enhancing problem-solving skills. Developing and/or improving close relationships within the family and connecting to community supports will also be a focus of treatment.

The values of recovery and resiliency will be promoted and reinforced in several ways. Initially, it will be necessary to provide training to clinical and administrative staff about the recovery model. Training can include workshops as well as on-the-job mentoring. Tracking outcomes within a resilience and recovery framework will also be important to promote and reinforce these principles. Examples of outcomes would be symptom reduction and improvement in self-efficacy.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

The Family Support Services program is a new program.

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

The Family Support Services program will have a peer support component. The purpose of peer support is to enhance the socialization skills, parenting skills, and communication skills of the parents/caregivers. This is accomplished through the development of parent self-esteem, the development of community networking skills and respect for cultural heritage and identity.

The peer support component will allow parents/caregivers to share experiences, coping mechanisms and discuss problems with people who share similar experiences. The goal of the peer support component is to reduce isolation and develop community supports. Parents will be participating in the peer support component as part of the service program.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

The Family Support Services program will collaborate with other stakeholders to ensure that parents and their families are receiving comprehensive care. This will include outreach to community partners such as faith-based organizations, cultural organizations including tribal governments, churches, employment services, housing organizations, domestic violence agencies, food banks, and other supportive services.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

The Family Support Services program will be culturally competent by utilizing culturally and linguistically sensitive approaches that are strength-based and family-focused. Workforce development is also an important component of being culturally competent. Mental health providers will be encouraged to hire qualified bilingual/bicultural professionals, paraprofessionals and consumers who live in and/or reflect the demographics of individual communities.

The Los Angeles County Department of Mental Health will assist with the identification of the unserved, underserved and inappropriately served ethnic populations by service area. This will ensure that local communities are able to identify the language, cultural needs and demographics of their area.

Once needs are identified by service area, efforts will be made within the Family Support Services program to engage parents, families, and community members in culturally effective ways at all levels, including developing treatment options, planning, advocacy, accountability, employment and education.

Community outreach and engagement is another way to address the ethnic disparities identified in the plan. Qualified bilingual/bicultural professionals, paraprofessionals, advocates, consumers and family members who live in and/or reflect the demographics of individual communities will participate in outreach and engagement. These individual will help to link the underrepresented ethnic populations to mental health services.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

In order to ensure that services are provided in a manner that is sensitive to sexual orientation and reflects differing gender psychologies, it will be important to provide training for clinical and administrative staff in clinical approaches that are sensitive to sexual orientation issues. On-going case consultation and clinical supervision will also be necessary to ensure that these issues are consistently being considered and addressed.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

Los Angeles County continues to work with the California Institute of Mental Health (CIMH) and the Zellerbach Foundation to conduct a study of how to improve access to mental health services between counties throughout the State. Upon completion of the study, recommendations will be submitted to the California Mental Health Director's Association (CMHDA) for consideration of implementation.

Although not specifically referenced in the Children's Work Group report and recommendations for MHSA, access to mental health services for those children and families residing outside of Los Angeles is a critical component. Specialist System Navigators with training, knowledge and experience in inter-county relations will provide the valuable linkage to services outside of Los Angeles, contingent upon the other 57 counties having similar components in place to accommodate the needs of this population.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

N/A

13) Please provide a timeline for this work plan, including all critical implementation dates.

2005	
November	Design Program, including staffing

	Develop Criteria for Provider Selection
December	Initiate Provider Selection Process
2006	
February	Select Providers
	Prepare Board Letter Draft
March	Negotiate Contracts
	Develop Policies and Procedures
April	Submit CDAD Service Request
	Submit Budget Transfer Request
	Develop Training Plan
May-June	Program Fully Operational
Ongoing	Continue interdisciplinary team meetings
	Continue enrollment of clients
2007	
June	Evaluate effectiveness of field sites
July	Evaluate enrollment/disenrollment procedures, modifying as needed
2008	
Jan-Dec	Expand enrollment of clients
March	Evaluate effectiveness of field sites
April	Evaluate need for additional providers
May	Initiate Provider Selection Process (as needed)
July	Select Provider (as needed)
July	Prepare Board Letter Draft
August	Prepare Budget Documents (as needed)
	Submit CDAD Service Request (as needed)
	Submit Budget Transfer Request as needed
	Submit PFAR as needed
October	Begin Medi-Cal Site Certification Procedure
October	Secure Medi-Cal Certification

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

Exhibit 5 contains Budget and Staffing Detail Worksheets for each program for which Los Angeles County is requesting funding.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served.

Exhibit 6 contains estimates for the number of individuals expected to receive services through this and all other programs for which Los Angeles County is requesting funding.

C-03: INTEGRATED MENTAL HEALTH/CO-OCCURRING DISORDERS SERVICES

1) Complete Exhibit 4 (as required under Section IV response)

The Exhibit 4 template has been completed for each Los Angeles County work plan recommended for CSS funding. Each work plan addresses Questions 1) a) - d). Questions 2) – 13) are answered for each program in the following narrative.

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

The Children & Youth Co-Occurring Disorders Program proposes to develop and implement a developmentally appropriate coordinated/integrated approach to service delivery for children and adolescents with co-occurring disorders (COD) that will offer a full continuum of services to meet treatment needs and establish other service linkages to help maintain and sustain the child's/youth's recovery.

The priority sub-populations to be served in the first three years of the Community Services and Supports (CSS Plan) are (in order of priority): (1) youth with COD in the foster care and juvenile justice systems, homeless youth, trauma survivors and victims, and indigent youth who experience frequent or long-term health crises; (2) children and adolescents with serious emotional disturbance and a substance abuse disorder, and pregnant women and parents with COD; (3) underserved ethnic minority populations (emphasis should be placed on providing culturally and linguistically appropriate outreach and services to address their needs).

For each of the following strategies, the target age group will be children and youth:

Strategy 1: *Identification, replication, and expansion of existing effective, coordinated and integrated COD prevention and treatment program models.*

Strategy 2: *Intensive training for mental health and substance abuse treatment personnel on best practices in preventing and treating persons with COD using coordinated/integrated program models (includes practicum experiences and supervision by expert consultants).*

Strategy 3: *Incorporating Alcohol and Other Drug (AOD) assessment and referral staff that are well trained in COD in selected facilities, including Urgent Care Centers (UCCs).*

Strategy 4: *Capacity expansion for placement of UCC/Psychiatric Emergency Services (PES) COD referrals in existing, as well as expanded, community-based programs which meet the criteria for implementation of best practice COD service models.*

The Children & Youth Co-Occurring Disorders Program is strategically essential to support the effective implementation of Full Service Partnerships (FSP) and includes

developing fully-integrated COD models and modules that address both children and caregivers with COD's, as well as children without COD's that have a caregiver with a COD. Also, when appropriate and necessary, this program will allow the treatment of children with COD's using treatment goals that do not tie directly to their mental health diagnosis. Furthermore, it will allow for the hiring of COD/substance abuse specialists and managers.

The Children & Youth Co-Occurring Disorders Program will advance the goals of the MHSA, since it addresses the following proposed outcomes of the MHSA. The program will enable the child/youth to:

- Engage in meaningful use of time and capabilities, such as education, social and community activities;
- Enjoy a safe living environment with family and a reduction in homelessness through the expansion of residential treatment programs (including residential detoxification);
- Enjoy a network of supportive relationships through the expansion of prevention services targeting risk and resiliency factors for COD, as well as through the co-location of mental health and substance abuse services in the same facility with a multidisciplinary team approach, community involvement, and self-help groups;
- Experience timely access to needed help, including times of crisis, through the expansion of psychiatric emergency services that address the needs of children and youth with COD;
- Experience a reduction in incarceration in jails and juvenile halls though the proposed prevention and early intervention services specifically targeting risk and resiliency factors for COD;
- Experience a reduction in involuntary services, reduction in institutionalization, and reduction in out-of-home placements by providing a coordinated/integrated comprehensive continuum of care and services for children and youth with COD, including prevention, early intervention, treatment, and aftercare.

3) Describe any housing or employment services to be provided.

N/A

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

N/A

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

The components of the Children & Youth Co-Occurring Disorders Program will advance the goals of resiliency for children and youth in that it will provide for a coordinated/integrated comprehensive continuum of care and services at a consistently high quality level for all services for children and youth with COD. Comprehensiveness is a system of care principle that calls for addressing all of the important life domains of developing children and youth: their physical, emotional, social and educational needs. Furthermore, it will be holistic, individualized, community-based, and culturally competent; will include early intervention and full family participation; will involve integrated service coordination, interagency coordination, and support for transitions, all of which are principles of recovery and resiliency.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

Presently, the mental health and AOD systems of care have limited effectiveness in preventing and treating COD among children and adolescents in Los Angeles County. The two systems generally operate independently of one another. The current program will change under this proposal by becoming a coordinated/integrated approach, which the research literature demonstrates would greatly strengthen services for this focal population (children and youth with COD). Furthermore, the following services are currently inadequate or very limited, and will be expanded:

- Family-focused treatment services for youth with COD.
- Treatment services for youth with COD that do not meet diagnostic criteria to qualify for DMH services, yet which may impair functioning if left untreated.
- Residential treatment services (including residential detoxification).
- Psychiatric emergency services that address the needs of persons with COD in crisis.
- Prevention services specifically targeting risk and resiliency factors for COD.

Other changes that will take place under this proposal are the following:

- Ongoing/enhanced training for clinical supervisors and psychiatrists (including incentives for them to treat CODs), as well as appropriate executives/managers from selected programs.
- Cross hiring: mental health agencies will hire substance abuse counselors and substance abuse programs will hire mental health professionals, with equal authority and appropriate compensation.
- Locating mental health and substance abuse services in the same facility with a multidisciplinary team approach, community involvement, and self-help groups.
- Utilizing university-based research groups to conduct thorough analyses of mental health and substance abuse service capacity across multiple systems, particularly unmet gender-specific needs among transition-age and high-risk youth, (e.g., GLBT high school students, homeless and runaway youth).
- Offering a full continuum of services at a consistently high quality level for all services.

- Codifying workforce qualifications and standards as well as program standards.
- Programs and providers will incorporate "best practices" that have emerged from the youth development literature.
- Effective interventions targeting youth will address the growth-related tasks that young people must complete.
- Providers will demonstrate knowledge and skill competencies in adolescent-specific care, and will demonstrate relationships with other agencies and institutions in the community to ensure that children and youth with COD have access to comprehensive services that address their unique needs.

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

The Children & Youth COD Program plans to increase the use of consumers (clients and/or families) as staff members in service delivery. They will provide and also benefit from the following services and supports that will be offered to children and youth with COD:

- Develop a coordinated/integrated comprehensive continuum of care and services for persons with COD (research findings and a consensus of practitioners emphasize the use of integrated mental health and substance abuse treatment services as the only effective clinical practice for successfully assisting persons with COD), including prevention, early intervention, treatment and aftercare. This continuum would involve both County-operated and community-based programs (including DMH, DHS-ADPA, DCFS, Probation, schools) as integral service delivery components.
- Build the capacity of community-based providers under the mental health and substance abuse systems to serve the needs of persons with COD at multiple points of entry.
- Interpret the definitions of substance abuse and mental disorders as broadly as possible to include all uninsured persons who may be classified among the identified focal populations with the highest illness burden; the system should address both mental health and substance abuse disorders as primary diagnoses.
- Provide outreach and, where appropriate, early identification and screening through a variety of systems (mental health, schools, health care settings, juvenile justice, community-based agencies, faith-based organizations).
- Use programs and services that describe a developmental trajectory for children and adolescents; prevention of COD in youth will be one of the major components.
- Identify system, program and workforce competencies, qualifications, development and training needs
- Identify current legal, regulatory, and financial barriers to coordinated/integrated services and approaches to overcome them (include a multi-year time frame).

Children and youth with COD, and their family members, will be a part of the planning process that will implement each of the aforementioned services and supports for children and youth with COD.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

The COD Committee was 1 of 45 committees established by DMH to obtain recommendations from stakeholders on how Los Angeles County should implement programs and services funded by the Mental Health Services Act/Proposition 63 (MHSA) that was approved by California voters in November 2004. Conveners of the committee were Dr. Roderick Shaner, DMH Medical Director; Dr. Vivian Brown, Chief Executive Officer for Prototypes; Patrick Ogawa, Director of the Alcohol and Drug Program Administration, Department of Health Services (ADPA); and Fernando Escarcega, DMH District Chief. COD Committee members consisted of representatives from various DMH programs, members of the Mental Health Commission and the Narcotics and Dangerous Drugs Commission, consumers of DMH and ADPA programs, representatives of the Department of Health Services, and other interested persons from community-based programs, including persons from programs serving consumers from various ethnic groups (such as Latino, African-American, Native American, and Asian-American groups).

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

The AOD system of services features population-specific programs and services for all major cultural and non-English speaking groups. It also features training and technical assistance for service providers addressing population-specific programs and services for all major cultural groups. Training is a critically needed component for building a culturally and linguistically competent coordinated/integrated system of services as a priority outcome. Furthermore, expanding and enhancing PES and existing treatment services increases access for children and youth with COD to culturally and linguistically appropriate services.

The Children & Youth Co-Occurring Disorders Program will work closely with the Los Angeles County Planning Division to gather information from population data for LA County and any available estimates of underserved and unserved ethnic minority populations. Furthermore, a countywide needs assessment will be conducted in LA County that will target various ethnic minority populations such as Native American, Asian-American, Latino, African-American, and other ethnic groups, to assess the needs of children and youth with COD from those ethnic groups. Once the needs of the

various ethnic groups are identified, leaders from each of these communities will be identified (by each of these communities themselves) and will be approached to assist in the planning and implementation of culturally-specific, culturally relevant, and culturally proficient services for children and youth with COD within these various communities of underserved and unserved ethnic minority groups.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

The AOD system of services features gender-specific and other population-specific programs (women, gay/lesbian/transgender/transsexual persons). The AOD system of services features training and technical assistance resources on gender-specific competency. Training is an essential program component for building a gender competent coordinated/integrated system of services as a priority outcome. Expanding and enhancing PES and existing treatment services increases access for children and youth with COD to gender-appropriate services.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

N/A

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

N/A

13) Please provide a timeline for this work plan, including all critical implementation dates.

2005	
November	Design Program, including staffing
	Develop Criteria for Provider/Consultant Selection
December	Initiate Provider/Consultant Selection Process

2006	
February	Select Providers/Consultants
	Prepare Board Letter Draft
March	Negotiate Contracts
	Develop Policies and Procedures
April	Submit CDAD Service Request
	Submit Budget Transfer Request
	Develop Training Plan

April - ongoing	Staff Training
May-June	Program Fully Operational
Ongoing	Continue interdisciplinary team meetings
	Continue enrollment of clients

2007

June 2007	Evaluate effectiveness of field sites
July 2007	Evaluate enrollment/disenrollment procedures modifying as needed

2008

January - December	Expand enrollment of clients
March	Evaluate effectiveness of field sites
April	Evaluate need for additional providers
May	Initiate Provider/Consultant Selection Process as needed
July	Select Providers/Consultants as needed
	Prepare Board Letter Draft
August	Prepare Budget Documents as needed
	Submit CDAD Service Request as needed
	Submit Budget Transfer Request as needed
	Submit PFAR as needed
October	Begin Medi-Cal Site Certification Procedure
	Secure Medi-Cal Certification

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

Exhibit 5 contains Budget and Staffing Detail Worksheets for each program for which Los Angeles County is requesting funding.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served.

Exhibit 6 contains estimates for the number of individuals expected to receive services through this and all other programs for which Los Angeles County is requesting funding.

C-04: FAMILY CRISIS SERVICES: RESPITE CARE

1) Complete Exhibit 4 (as required under Section IV response)

The Exhibit 4 template has been completed for each Los Angeles County work plan recommended for CSS funding. Each work plan addresses Questions 1) a) - d). Questions 2) – 13) are answered for each program in the following narrative.

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

Respite Care is a support service for families providing constant care for a person with a disability or serious illness. Respite care programs are designed to help relieve families from the stress and family strain that results from caring for a disabled child or adult. Available as a service to families in the developmental disabilities system for over 20 years, respite care has proven itself to be the most cost-effective family support system. Families in the same circumstances in the mental health system have done without, suffering in silence. Countless tragedies, where families with a seriously mentally ill family member have been torn apart due to the immense stress of caregiving, could have been prevented had respite care been available.

In the year 2000, the California State Legislature included language in the State Budget to establish Mental Health Respite Care Pilot Project to be administered by county mental health departments. Chapter 93, Part 3.5 language stated that "*respite care provided to families caring for a seriously emotionally disturbed child or seriously mentally ill adult is critical to assist them in keeping their family member in the home and maintaining the stability of the family.*"

Currently available only to families in the developmental disabilities system, it is important to make respite care available to family members of children and youth, ages 0-15, who meet the eligibility criteria of Full Service Partnerships.

Eligibility will be based on the former language in the State Welfare and Institutions Code Section 5833:

> *"Parents and other family who provide care in their home for a serious emotionally disturbed child... shall be eligible for respite care ... when ... both the following conditions are met: (1) the caregiver is under significant stress as a result of the responsibility of providing care; and (2) continued care taking without respite care may result in out-of-home placement or a breakdown in the family stability."*

Respite care will be made available to families enrolled in Full Service Partnerships that are providing in-home care for their mentally ill child when both of the above conditions are met. Each family will then be responsible for identifying a respite care worker to care for their mentally ill relative. Families can receive up to 16 hours of respite care per month, with additional hours (that must be pre-authorized) provided under exceptional circumstances. Respite care workers will be paid $10 per hour and will bill the agencies directly.

The respite care program converges with all children's programs and services through supporting caregivers and advances the MHSA goal of reducing institutionalization and out-of-home placement. Further, the respite care program under the developmental disabilities system has proven to be the most cost-effective family support service. It enables families to care for their disabled family member at home, preserving the family unit and avoiding the cost of expensive out-of-home care. The Mental Health Respite Care Pilot Project found that the 83 families participating in the 6-month pilot had zero out-of-home placements, which illustrated a potential cost-savings of $361,800 for every month no children required placement (see Pacific Clinics' "News Flash," May 2001). Families reported outcomes that resulted in safer living environments for the mentally ill relative as well as an increase in supportive relationships. *"Families reported that they were in a better mental state and more able to patiently meet the needs of their ill relative." "The mentally ill individual's behavior often improved as result of the caregiver's more relaxed state." "Family members were able to attend church and other social engagements."*

3) Describe any housing or employment services to be provided.

N/A

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

N/A

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

The respite care program will advance the goals of resilience in children and youth. The respite care program facilitates caregivers' ability to maintain close relationships with the mentally ill family member due to the stress relief and improved mood of the caregiver. The program also enables the caregiver to build social support systems and extend the family network. Each of these characteristics are identified as components of resilience as described by Luthar, Cicchetti, & Becker (2000). Finally, toward the goal of recovery, the Mental Health Respite Care Pilot Project found that the mentally ill individual's behavior often improved as a result of respite care. Improved behavior would facilitate the mentally ill family member's ability to live, learn, work, and participate in the community.

The values of resilience and recovery will be continually reinforced in that eligible families will be able use the service continually, as needed, for up to 16 hours per month.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

There is no existing Respite Care Program for the mentally ill.

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

Families will be partners in that they themselves will select their respite care worker. In addition, families often elect to use a family member as their respite care worker, thus building on their family support system.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

N/A

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

Families will elect their own respite care worker to ensure that the services provided are consistent with the culture and language of their family.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

Families will elect their own respite care worker to ensure that the services provided are sensitive to sexual orientation, are gender-sensitive, and reflect the psychologies of men, women, boys and girls.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

N/A

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

N/A

13) Please provide a timeline for this work plan, including all critical implementation dates.

2005	
November	Design Program
	Develop Eligibility Criteria for Respite Care Services
December 2005	FSP Provider Selection Process

2006	
February	Select FSP Providers
	Prepare Board Letter Draft for FSP
March	Negotiate FSP Contracts
	Develop Respite Care Policies and Procedures
April	Submit CDAD Service Request for FSP
	Submit Budget Transfer Request for FSP
May-June	FSP Program Fully Operational/Respite Care Available
Ongoing	Continue enrollment of clients and families in FSP

2007	
June	Evaluate effectiveness of FSP field sites and Respite Care Services
July	Evaluate enrollment/disenrollment procedures modifying as needed

2008	
January - December	Expand enrollment of clients and families
March	Evaluate effectiveness of field sites
April	Evaluate need for additional FSP providers
May	Initiate FSP Provider Selection Process (as needed)
July	Select FSP Provider (as needed)
	Prepare Board Letter Draft for FSP Provider
August	Prepare Budget Documents (as needed)
	Submit CDAD Service Request (as needed)
	Submit Budget Transfer Request (as needed)
	Submit PFAR (as needed)
October	Begin Medi-Cal Site Certification Procedure
October	Secure Medi-Cal Certification

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

Exhibit 5 contains Budget and Staffing Detail Worksheets for each program for which Los Angeles County is requesting funding.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served.

Exhibit 6 contains estimates for the number of individuals expected to receive services through this and all other programs for which Los Angeles County is requesting funding.

TRANSITION AGE YOUTH SYSTEMS DEVELOPMENT INVESTMENTS

T-02: DROP-IN CENTERS

1) Complete Exhibit 4 (as required under Section IV response). Using the format found in Exhibit 4, please provide the following summary:

The Exhibit 4 template has been completed for each Los Angeles County work plan recommended for CSS funding. Each work plan addresses Questions 1) a) - d). Questions 2) – 13) are answered for each program in the following narrative.

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

Transition Age Youth who are SED or SMI have challenges that are unique and separate from the challenges faced in the general children and adult populations. These challenges often interfere with their ability and willingness to connect with the therapeutic and transitional living assistance that they need to avoid homelessness or lifelong institutionalization in correctional facilities and other involuntary settings. The vast majority of these youth are either former foster youth or youth emancipating from the probation system. In both cases they are usually disconnected from their families.

Drop-in centers are intended as entry points to the mental health system for youth who are living on the street or in unstable living situations. The target sub-population for drop-in centers is often "service-resistant." Most of these youth suffer attachment disorders, and have been betrayed by most of the adults in their lives - significantly complicating efforts to connect them with services. Drop-in centers provide "low demand, high tolerance" environments in which youth can find temporary safety and begin to build trusting relationships with staff people who can, as the youth is ready and willing, connect them to the services and supports they need.

Drop-in centers are currently operated during normal business hours. An investment of MHSA dollars will allow for expanded hours of operation, during nights and weekends when access to such an environment is even more critical.

In some cases, drop-in centers will be co-located with Transitional Resource Centers (TRCs). TRCs are a joint effort of the Los Angeles County Departments of Children and Family Services and Probation in collaboration with multiple community agencies, to create one-stop centers where youth emancipating from Probation and DCFS can be provided with the support and linkages they need to establish themselves positively in the community.

Transitional Resource Centers currently exist in eight communities where there are disproportionately high numbers of youth at risk of homelessness. Independent Living Program (ILP) Coordinators from both Probation and DCFS currently staff these

centers. In addition, staff from non-profit and other government agencies bring added services to these sites. The Department of Public Social Services, for example, has agreed to place eligibility workers in the TRCs to assist youth with applications to GR, CalWorks and Food Stamps. All TRCs strive to offer a full continuum of activities that are of interest to youth and services that they need through in house programming and extensive partnerships with community stakeholders,

This continuum of services includes employment, educational and housing opportunities, youth activities and community events, as well as desperately needed health and human services, including substance abuse treatment. Mental health services are not currently available in the TRCs, nor are there clinical staff available to conduct appropriate mental health assessments.

On site assessment is a critical capacity to develop within the TRC structure. The target youth sub-population these centers are designed to serve need immediate connection to services when they are open to receiving them. They are often unable and/or unwilling to return on another day, or visit a secondary location for the assessment necessary to connect them with services.

MHSA funds will allow us to increase the assessment and linkage aspects of a traditional mental health services infrastructure for this high need population by placing "TAY Specialists" in a trusting, welcoming, youth-friendly environment where there are both activities and relationships that are attractive to young people. TAY specialists are mental health clinicians who serve as age-specific "systems navigators" who are capable of conducting in depth assessment as needed.

Additional "TAY Specialists" will be assigned to work collaboratively with staff in the probation camps and halls as well as in high end group home settings and other locations where high risk youth are found, to help youth connect with services and supports *before* they emancipate and/or transition back into the community.

TAY specialists are charged with assessing youth's needs, and connecting them with appropriate resources including Full Service Partnership Programs for those youth who are eligible. Additionally these TAY specialists will advocate for youth in connecting them to public benefits, and providing an additional point of "low demand re-entry" for youth who for one or another reason fall out of contact with their FSPPs or other services.

3) Describe any housing or employment services to be provided.

N/A

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

N/A

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

The one-stop center approach described above will complement and facilitate therapeutic goals, recovery and a youth's achievement of her or his full potential as a vital member of the community, by connecting them with resources that not only address their needs, but also allow them to pursue their recreational, educational and career interests.

By understanding and tapping into the points of voluntary contact that these youth tend to seek, this approach maximizes the opportunities for meaningful engagement with them in ways most consistent with the goals of resiliency and recovery. Since the onset of profound mental illness is often experienced during the late teenage years, this investment becomes an invaluable opportunity to engage these at risk youth early and connect them to a full array of services, supports and opportunities that will greatly increase their resilience and likelihood of recovery.

If consistent with their goals for recovery, all efforts will be made to help reconnect youth with family and other supportive adults in their lives.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

Investments will expand the operational hours at drop-in centers, including hours at the TRCs. Expansion of hours by approximately 32 hours per week in each of two locations during year one will allow for contact with 8 unduplicated youth per week over 52 weeks, or 416 youth per site, for a total of 1,248 youth/year and 3,744 youth over 3 years.

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

As with all positions of outreach and engagement/case-management, people with relevant life experience have a unique ability to understand and connect with the experience of these high-risk youth. TRCs always strive to include youth counselors in their staffing patterns.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

This program plan has been developed through a collaborative effort with approximately 90 public and private partners that serve or have contact with TAY as well as parents, TAY consumer advocates and TAY consumers. The proposed expansion will broaden the collaboration between DMH, the County Departments of Children and Family Services and Probation, and multiple community agencies.

In some cases, drop-in centers will be co-located with Transitional Resource Centers (TRCs), a joint effort of the Los Angeles County Departments of Children and Family Services and Probation in collaboration with multiple community agencies, to create one-stop centers where youth emancipating from Probation and DCFS can be provided with the support and linkages they need to establish themselves positively in the community.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

Drop-in Centers and TRC's are community based. They reflect the particular characteristics of the communities in which they are located. Staffing takes into account the need for language and cultural competency, and the collaboration of community agencies in these centers draws upon the strengths and resources already present in the community, many of which are grounded in local cultural contexts.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

All program and expenditure plans funded under the CSS plan will be sensitive to and address issues of sexual orientation and the differing psychologies of males and females. It will address issues related to gender and sexual orientation by relying on evidence-based assessment, intervention and support strategies. Some examples include:

- Development of referral sources for appropriate housing options that provide for the array of sexual orientations and preferences; and
- Service Area and System Navigators that have knowledge of and access to services that are sensitive to the needs of clients who are gay, lesbian, bi-sexual, transgender or questioning.

One such example is the TRC in South Central Los Angeles which hosts the "Girls Collaborative" whose primary goal is the recognition of the diverse needs of young women who have experienced sexual abuse, discrimination, or who have unmet mental health needs putting them at risk of homelessness or incarceration.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

No out of county services anticipated.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

N/A

13) Please provide a timeline for this work plan, including all critical implementation dates.

The timeline for the Drop-in Centers /TRCs are based on a projected program implementation date of early 2006. This will be dependent on the funding allocation coming into the County during the month of January. This work plan calls for an October 2005 start date, for the action steps needed to implement the program in February. The tasks to be accomplished are as follows:

Drop-in Centers *(expansion of existing services by contract providers)*

2005	
October	Develop criteria for Provider Selection
November	Submit Contracts Division Service Request
November	Initiate Provider Selection Process
December	Select Providers

2006	
January	Negotiate Contracts
	Complete contracting process with Board approval
February	Providers recruit and hire staff
March	Program Fully Operational

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

Exhibit 5 contains Budget and Staffing Detail Worksheets for each program for which Los Angeles County is requesting funding.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

Exhibit 6 contains estimates for the number of individuals expected to receive services through this and all other programs for which Los Angeles County is requesting funding.

T-03: TAY HOUSING

1) Complete Exhibit 4 (as required under Section IV response). Using the format found in Exhibit 4, please provide the following summary:

The Exhibit 4 template has been completed for each Los Angeles County work plan recommended for CSS funding. Each work plan addresses Questions 1) a) - d). Questions 2) – 13) are answered for each program in the following narrative.

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

There are three housing related systems development investments within the TAY budget and these investments apply primarily to youth ages 18-25.

- Motel vouchers for TAY who are homeless, living on the streets and in dire need of immediate shelter;
- Project-based residential sites for TAY who have been in long term institutional settings, e.g., level 14 group homes (including those TAY who could qualify for level 14 group homes, but were living elsewhere), hospitals, Institutes of Mental Disease, Community Treatment Facilities, jails and Probations camps; TAY who require structured settings and TAY who are experiencing their first psychotic break.
- A team of Housing Specialists, at least one for each Service Area, to develop local resources and help TAY find and move into affordable housing.

Housing provides a fundamental level of stability in which to help these young people achieve their goals of wellness and recovery. The lack of affordable housing options, including short-term, long-term, and permanent options, is a profound barrier for transition age youth who need support and services for recovery. Moreover, most of these individuals do not meet the federal government's definition of "chronic homelessness," and cannot qualify for many of the government subsidized programs that are now catering to this population.

The workgroup recommends the following investments:

1) **Motel/hotel vouchers for emergency housing**. In order to get young people off the street, it is recommended to employ motel vouchers as a form of emergency housing. One important principle in the use of these vouchers is that youth are provided with safe emergency options away from the environments in which they originally got into trouble. Once housed, youth may be assessed for mental health dysfunction and can elect to access mental health services and more permanent housing options. Each voucher has been valued at $70/night. Youth may be eligible to stay up to 20 nights if a mental health assessment process has been initiated. Vouchers can be dispersed from locally based Transitional Resource Centers and other appropriate sites.

2) **Operational subsidies linked to housing units.** This program will address the long-term housing needs of transition age youth within full service partnerships, some of who had previously been in structured, often institutional settings and now face homelessness. Other candidates will be emancipating from transitional housing programs or directly from foster care or group homes. Still others will be experiencing their first episode of a serious mental illness.

   Permanent and long-term investments in operational subsidies linked to specific residential sites are critical to meet and maintain permanent long-term housing for these high-risk youth who, with sufficient support, could live in the community. These are long-term investments that will be leveraged with other public and private funds to develop the permanent housing sites. A hard commitment of ongoing operational funds is required whenever a developer applies for State and federal government assistance to build or renovate new housing units. In fact, there are several projects in Los Angeles County that are on hold because of the lack of ongoing operational and service funds. The infusion of these MHSA funds will allow for the expedited development of new permanent housing stock to serve this population.

   The advantage of these long-term investments is that when a unit is vacated by a youth, the unit *remains available* for occupancy by other TAY with similar mental health needs. The operational subsidy stays with the unit, not with the individual, and thereby insures a permanent supply of housing for this hard-to-place population. Moreover, the rents remain stable over decades since the apartments are not in the competitive real estate market.

   The programs developed through this model will remain relatively small to provide for more active engagement with staff and will offer diverse, specialized and flexible services. Housing and services costs for these highest-risk youth are anticipated to be significantly higher than the average cost of $15,000 per FSPP participant, so the additional housing investment is leveraged from within the Systems Development allocation. One project will be focused on the highest risk youth that have spent significant time in an institutional setting or Level 14 group home. Three other programs will be initiated to house moderately high-risk youth in either master-leased apartments or a subsidized development. Each of the project-based programs be leveraged with FSPP dollars to cover the costs of services and non-housing supports that these youth require.

3) **Housing Specialists**: In December 2003, DMH commissioned a study of the federal rental subsidy programs administered by their Homeless and Housing Division in conjunction with the Housing Authority of the City of Los Angeles (HACLA) and the Housing Authority of the County of Los Angeles (HACoLA). The study revealed that far fewer than half of the consumers approved to receive a rental subsidy actually leased an apartment. This was largely because mental health staff lacked the time and resources needed to assist the consumers who faced multiple barriers to securing private market housing with their housing

search. Accordingly, it was recommended that the Department "needs to secure dedicated staff at least at the service planning area level to help successful voucher holders secure housing."

The Department's highly successful SHIA (Supportive Housing Initiative Act) program utilized housing specialists very effectively in the delivery of housing-related services to homeless clients in three areas in Los Angeles County: Long Beach, West Los Angeles/Santa Monica and the Metropolitan Area including downtown. Housing Specialists assist the clients to complete applications for rental subsidies, housing programs or private rental agreements. They prepare the members for the interview with a prospective property owner or housing manager as well as accompanying the member during their housing search. One of the major functions of a Housing Specialist is to act as an advocate and negotiator for members with poor credit and poor housing histories (i.e. evictions or lack of a housing tenancy whatsoever) while establishing a professional relationship with property owners and managers. For transitional age youth, it is particularly problematic to secure an apartment because they have little or no history of living independently.

A total of 9 new positions are proposed for Housing Specialists to be engaged with transition aged youth which would include eight Housing Specialists, one in each Service Planning Area, and a Housing Supervisor. These positions would coordinate their services with the TAY Specialists who will be located within Transitional Resource Centers (TRCs), youth drop-in centers or working within the probation and foster systems to assist youth with transition planning around their emancipation.

3) Describe any housing or employment services to be provided.

Described above.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

N/A

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

One of the most essential elements for the success of mental health services is a strong commitment to meet the permanent housing needs of young adults with mental illness. It is difficult, if not near impossible, to work toward recovery and wellness without living in a stable, affordable environment. But housing is not enough. It is difficult, if not near

impossible, to maintain living in a stable, affordable environment without supportive services. Both are needed in tandem with each other.

The program recommendations for housing contained in this proposal are aimed at providing the permanent and stable housing, along with supported services that are needed by transitional age youth to advance towards recovery, independence and self-sufficiency. Without these programs in place to break the cycle of recovery and relapse, these youth will remain in and out of homeless and continue to suffer with their mental illness.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

N/A

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

Peer advocates, who are recovering transitional age youth, are an intrinsic part of the program at all levels. They will be employed wherever possible to provide outreach, engagement and support to young adults both in the emergency voucher program as well as in project based housing strategy.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

Housing strategies for transitional age youth have been developed in collaboration with the stakeholders from the Adult and Older Adult Systems of Care. There is full consensus on the funding and organizational approaches that will be proposed by DMH for each of these populations. The project-based housing will require collaboration between housing developers, FSPP providers, lenders and other sources of capital financing, as well as service providers in the community surrounding the developments.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

Since all program and expenditure plans recommended for funding under the CSS plan must demonstrate compliance with strategies for addressing the needs of culturally and linguistically diverse communities the Department will:

- Develop and implement programs that increase the system's capacity to recruit, hire, train and retain qualified bilingual-bicultural professionals, para-professionals, consumers and families for each aspect of the CSS plan. Every attempt will be made to ensure that the ethnicity and language capability of staff that is hired is reflective of the population that the program serves.
- Implement current culturally and linguistically appropriate strategies, policies and procedures to ensure access to culturally appropriate services for unserved, underserved and inappropriately served ethnic populations, with continuous improvement integrated.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

Permanent housing requires a high degree of sensitivity in identifying an appropriate residential site. Staff will be thoroughly trained and supervised to work with a full range of diverse clientele. All program and expenditure plans funded under the CSS plan will be sensitive to and address issues of sexual orientation and the differing psychologies of males and females. It will address issues related to gender and sexual orientation by relying on evidence-based assessment, intervention and support strategies. Some examples include:

- Development of referral sources for appropriate housing options that provide for the array of sexual orientations and preferences; and
- Service Area and System Navigators that have knowledge of and access to services that are sensitive to the needs of clients who are gay, lesbian, bi-sexual, transgender or questioning.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

The resources of these programs will be available to out-of-county individuals whou are residents of the County of Los Angeles and planning their return to the County.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

N/A

13) Please provide a timeline for this work plan, including all critical implementation dates.

The separate timelines for the three components of TAY Housing are based on a projected program implementation date between March and June 2006. This will be

dependent on the funding allocation coming into the County during the month of January. This work plan calls for an October 2005 start date. The tasks to be accomplished are as follows:

HOUSING: Motel vouchers *(DMH operated)*

2005	
October	Begin Program Design, including identifying additional staffing needs
	Project Manager Selection
November	Develop policies and procedures

2006	
January	Recruit and hire staff (if directly operated program)
March	Program Fully Operational

HOUSING: Project-based Subsidies *(Contracted Process)*

2005	
October	Select task force members to write RFP for rental subsidies: DMH, CDC, Shelter Partnership
	Select housing review team
	Task force to write protocols/RFP/develop criteria for Provider Selection
November	Advertise / issue RFP
	Submit Contracts Division Service Request

2006	
January	Initiate Provider Selection Process
February	Select Providers
	Negotiate Contracts
	Develop Board Letter for contract approval
	Complete contracting process with Board approval
March	Program Fully Operational

HOUSING: Housing Specialists (if DMH-operated)

2005	
November	Begin Program Design/Planning Process, including staffing
	Develop job duty statements for Housing Specialists
	Initiate discussions with Housing Agencies and Resources
December	Develop policies and procedures
	Explore locations for staffing

2006	
February 2006	Select Program Supervisor

January 2006	Order S&S
March 2006	Recruit and hire staff (if directly-operated)
May 2006	Staff training
June 2006	Program Fully Operational

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

Exhibit 5 contains Budget and Staffing Detail Worksheets for each program for which Los Angeles County is requesting funding.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

Exhibit 6 contains estimates for the number of individuals expected to receive services through this and all other programs for which Los Angeles County.

T-04: TAY Probation Services

1) Complete Exhibit 4 (as required under Section IV response). Using the format found in Exhibit 4, please provide the following summary:

The Exhibit 4 template has been completed for each Los Angeles County work plan recommended for CSS funding. Each work plan addresses Questions 1) a) - d). Questions 2) – 13) are answered for each program in the following narrative.

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

Services in the Probation Camps are critical in assisting this portion of the TAY population with mental health needs to reach their maximum potential rather than continue their involvement in the criminal justice system as adults. Due to a scarcity of funding and resources, the Probation Camps have not been adequately staffed with mental health workers to continue to care for those youth that have already been identified as requiring services. Additionally, some youth do not experience obvious difficulties until they are sentenced to the Camps. At that time, many of them require either emergency crisis services and/or other ongoing mental health supports.

DMH proposes to create multi-disciplinary teams inclusive of parent/peer (must be at least 18 years of age) advocates, clinicians, and Probation staff to provide a variety of treatment and support services. These services will include assessments for mental illness, co-occurring substance abuse issues, and medications; ongoing treatment services (individual, group, medication maintenance, substance abuse interventions and case management); peer support, parent support/education, behavior management, discharge planning including benefits establishment and transition planning with linkages back to the community and/or family – by linking youth who qualify to FSPPs which specialize in working with the Probation/gang involved population.

Background and Need

In Los Angeles County, mental health services are provided to youth that are in the custody of the Probation Department. These services are provided in three Juvenile Halls with an average overall daily population of 1,800 youth, and in 18 camps (plus the Dorothy Kirby Center) with an average overall daily population of 1,900 youth.

Youth are usually in the Halls due to involvement in criminal activity or awaiting suitable placements. Youth are sentenced to the Camps following charges being filed and upheld in Juvenile Court proceedings. The serious need for these services in Halls and Camps was revealed some time ago. However, resources to address these needs were siphoned off of the then existing budget for the Child and Family Bureau.

The population in the Halls ranges from 12-18 years old. Every effort is being made to divert youth 14 and under away from placements in the camps. As a result the population in the camps is 15-18 years old.

All of the youth that enter the Juvenile Halls are screened for specific risk factors that might signal the need for mental health services. Of the approximately 13,000 youth screened annually, almost 30% are in need of ongoing mental health services. These screenings also reveal that 70-80% of the youth are substance involved.

Due to critical incidents in the Juvenile Halls in the past, the U.S. Department of Justice (DOJ) has been monitoring those programs for approximately four years. There is currently a settlement agreement between Los Angeles County and DOJ that establishes the ground rules for the provision of specific services to these youth by Health Services (DHS), Mental Health (DMH), Probation, and LA County Office of Education (LACOE). Failure to comply could result in a Consent Decree. DOJ monitors and reviews these programs every six months, including interviews of youth and reviews of records.

Proposal for New Camp Services

Currently, efforts are needed to ensure that there is sufficient service capability in the Camps to address the needs of the youth there. The SED/SMI youth that are identified in the Halls require ongoing services in the Camps. CSS funding will provide a funding mechanism to develop a new program that will serve the needs of the youth that are sentenced to Camps in a comprehensive manner.

With mental health staff in the camps funded by MHSA dollars, more specialized program planning can be done for the youth that are housed there. In a joint planning effort with the Probation Department, services can be tailored to better meet the needs of the minors in the Campsites. This funding will enable us to hire parents and peer advocates to work with the youth prior to release.

Services will be provided by teams in a variety of the Probation campsites, and may be provided by contractors or directly operated employees or a combination of the two.

The array of services, aimed at transitioning youth out of the Probation settings, will be primarily clinical and strength-based in nature with a combination of assessment, ongoing treatment (group, individual, and family), and other collaborative services. Additionally, family and peer advocates will provide a range of educational and support services to the youth in the Camps and their families. Discharge planning and community linkage services will be critical components of the program. The bulk of this funding will be spent on personnel costs.

The staff identified in the budget spreadsheet will comprise three assessment and treatment teams. The Psychiatrist, the Psychologist, and the Mental Health Counselor, RN will be floaters that will be utilized by all three teams, based on the specific needs of the identified youth. The social workers and the advocates will form the basic core of the teams and will provide most of the case finding services. Their findings will be shared with the floater staff and comprehensive treatment plans will be developed. The Peer advocates will assist the social workers with monitoring the ongoing status of the youth on a day-to-day basis and alert them to any behavioral difficulties with tolerating the Camp routines. They will explore the feasibility of developing some self-help

groups, in an attempt to begin to teach self-reliance prior to release. The family advocates will establish contacts with the families, especially for those youth that will reside at home upon release. The teams will also ensure that there is coverage (on visiting days) to provide information to families and other caregivers and to answer questions about the Camp routines.

It is anticipated that the team approach will afford the staff an opportunity to adequately carry more cases at a time. The needs and levels of involvement will vary from minor to minor. These resources will allow for a comprehensive approach and management of the mental health care of youth in the Camps.

During the 2004-05 fiscal year, there were 1,604 unduplicated minors (of the 5,000 admitted) in the Camps with mental health issues/concerns. Approximately 480 (30%) had more serious concerns that required treatment/attention. It was impossible to provide treatment services to this population due to the scarcity of resources. With the determinant sentences (3, 6. 9 months) that the minors receive in the Camps, there is conceivably some movement approximately every three-six months. As a result, these treatment teams could easily carry caseloads of 60-70 minors each with additional youth/families served for less intensive needs that are very time limited.

There will be a need to quickly assess, with the Probation Department, space availability and suitability in the Camps for these additional employees. There may be a need to explore the feasibility of mobile units to house some of the personnel, if existing space is not available.

3) Describe any housing or employment services to be provided.

N/A. See TAY FSPP for linkage information.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

N/A

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

All services and activities are based on a recovery model/approach, which views mental illness as a condition from which an individual can recover and live a healthy and productive life. Interventions, from beginning to end, are framed in the context of youth participation, individual preferences/aptitudes, and joint goal setting activities with the staff/team assigned to them.

The proposed service components will use a strengths-based approach that quickly assesses and builds on individual values, mores, beliefs, and cultures. This approach to recovery from mental illness encourages and teaches youth how to actively participate in developing resiliency and coping skills that assist them with more comfortably tolerating rather than passively adjusting to situations that are often beyond their control. Services will emphasize self-care and wellness rather than illness, and encourage TAY to develop hope and realistic optimism about their futures, as adults.
Using the recovery model embraced by DMH, considerable emphasis will be placed on services that help youth in the Camps develop skills to more successfully cope with difficult situations and life crises. Practical skills and life planning activities such as arranging for a safe living situation after release from the Camp, determining and making plans to pursue career/vocational goals, and improving interpersonal skills are examples of potential service activities. Using peer and family advocates, the program will develop activities that enable these youth to develop the ability to identify and use community resources when they are released. Staff will provide assistance in benefits establishment for those who may qualify as one element of transition planning for return to the community. Through alcohol and drug education, discussion groups, and individual contacts, the program will attempt to reduce the abuse of substances.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

N/A

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

The Delegates and other local planning groups recognize the importance of involving both peers and parents to establish a true recovery model. This program will use multi-disciplinary teams that include parent/peer (must be at least 18 years of age) advocates. Their involvement in these teams helps to ensure that the services are client-centered, use a strengths-based approach, and take optimal advantage of peer support and influence.

In conjunction with Probation staff and mental health clinicians, clients and family members will be integrated into a variety of treatment and support services. Examples may include peer support groups and activities, parent support/education, and active involvement in discharge planning such as providing assistance with benefits establishment and transition planning with linkages back to the community and/or family. It is anticipated that each multi-disciplinary team will develop unique treatment activities that are tailored to the specific needs of the TAY population they serve, so specific services and/or support activities may vary from team to team.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population,

including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

This program plan has been developed through a collaborative effort with approximately 90 public and private partners that serve or have contact with TAY as well as parents, TAY consumer advocates and actual TAY consumers. The Juvenile Hall Probation Program has been a long-term collaboration between the County's Probation Department and DMH. This proposed program will broaden the collaboration to include the Department of Children and Family Services, Department of Health Services, and their Alcohol and Drug Program Administration to enable staff to develop more comprehensive programming as well as in-depth transition planning and linkages, when TAY return to the community. Additionally, the Public Defenders Office seeks to coordinate with DMH staff in the camps to obtain early release for SED youth who have been inappropriately placed.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

Approximately 85% of all youth in Probation Camps are non-white. Thus, it is imperative that services be culturally competent and linguistically appropriate. Specific strategies include the following:

- Department will develop and implement programs that increase the system's capacity to recruit, hire, train and retain qualified bilingual-bicultural professionals, paraprofessionals, consumers and families for each aspect of the CSS plan. Every attempt will be made to ensure that the ethnicity and language capability of staff that is hired is reflective of the population that the program serves.
- Department will implement current culturally and linguistically appropriate strategies, policies and procedures to ensure access to culturally appropriate services for unserved, underserved and inappropriately served ethnic populations, with continuous improvement integrated.

All program and expenditure plans recommended for funding under the CSS plan must demonstrate compliance with the above strategies for addressing the needs of culturally and linguistically diverse communities, including TAY in Probation Camps.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

All program and expenditure plans funded under the CSS plan will be sensitive to and address issues of sexual orientation and the differing psychologies of males and females. It will address issues related to gender and sexual orientation by relying on evidence-based assessment, intervention and support strategies. Some examples include:

- Development of referral sources for appropriate housing options that provide for the array of sexual orientations and preferences
- Service Area and System Navigators that have knowledge of and access to services that are sensitive to the needs of clients who are gay, lesbian, bi-sexual, transgender or questioning.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

No out of county services anticipated, as all Probation camps are located within county.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

N/A

13) Please provide a timeline for this work plan, including all critical implementation dates.

The timeline for the Probation Camp services is based on a projected program implementation date as of March 1, 2006. This will be dependent on the funding allocation coming into the County during the month of January. This work plan calls for a October 1, 2005 start date, for the action steps needed to implement the program in March. The tasks to be accomplished are as follows:

2005	
November 2005	Begin Program Design/Planning Process
October 2005	Project Manager Selection
October 2005	Initiate discussions with Probation, DHS, and ADPA re: support services
November 2005	Develop policies and procedures
November 2005	Finalize staffing patterns
November 2005	Confirm space availability for additional staff in Camps
October 2005	Develop criteria for Provider Selection
November 2005	Submit Contracts Division Service Request
November 2005	Initiate Provider Selection Process
December 2005	Select Providers
January 2006	Negotiate Contracts

January 2006	Complete contracting process with Board approval
Jan/Feb 2006	Recruit and hire staff (if directly operated program)
February 2006	Develop staff training plan and schedule training (Mental Health and Probation)
March 2006	Program Fully Operational

It is anticipated that this program design and planning process will take approximately 16 weeks to complete. With the holiday season, there will obviously be a slowdown and key personnel may not be continuously available. Despite the very aggressive schedule for completion of necessary tasks, it is hoped that implementation can occur as scheduled. The Project Manager will closely monitor the processes to ensure that the needed actions and tasks are proceeding accordingly. The contracting process will probably take the longest period of time to accomplish.

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

Exhibit 5 contains Budget and Staffing Detail Worksheets for each program for which Los Angeles County is requesting funding.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

Exhibit 6 contains estimates for the number of individuals expected to receive services through this and all other programs for which Los Angeles.

ADULT SYSTEMS DEVELOPMENT INVESTMENTS

A-02: WELLNESS/CLIENT RUN SUPPORT CENTERS

1) Complete Exhibit 4.

The Exhibit 4 template has been completed for each Los Angeles County work plan recommended for CSS funding. Each work plan addresses Questions 1) a) - d). Questions 2) – 13) are answered for each program in the following narrative.

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

Wellness/Client Run Support Centers are designed to offer options to clients who no longer need the intensive services offered by the FSP programs, who may be receiving services from less intensive outpatient programs, and who are ready to take increasing responsibility for their own wellness and recovery.

Ideally the Wellness/Client Run Support Centers will be located in their own buildings that are centrally located to many other community organizations, rather than as part of an outpatient clinic or FSP program site. Activities at the Centers will include scheduled appointments with the Nurse Practitioner or Psychiatrist for medication or physical health issues (Wellness Centers); participation in small self-help meetings and workshops; research or use of a small computer/resource library; and meetings/ interactions with other staff who work there. In addition, the Centers will need a "welcome area," where anyone entering can find peer support staff available for questions, concerns, or help with scheduling services. The environment is intentionally friendly, welcoming, and "non-institutional" in appearance. Larger workshops, self-help meetings, and planned social events are held at larger venues outside the Wellness/Client Run Support Centers.

The Wellness Centers address both mental and physical health, based on research showing that people with mental health issues also have a high incidence of serious physical health problems, including diabetes, hypertension and obesity, which can be side effects of medications. Wellness Centers offer a variety of support and strategies to its participants, addressing their physical and mental health needs. With the Wellness Recovery Action Plan (WRAP) at the core, there is an enormous emphasis on pro-active behavior, preventative strategies, and self-responsibility. The Wellness Center integrates this with mental and physical health education, self-help meetings, peer support, and medical and psychiatric support, in order to help program participants continue in their recovery and pursue their goals for a healthy life.

In the spirit of developing a community of inclusion, the Wellness/Client Run Support Centers welcome anyone in the community to participate in the variety of self-help, educational, and social/recreational activities they offer. These Centers are committed

to increasing the capacity of the community to include all citizens. Community development will be a critical component of the Centers' efforts because of the many benefits created by becoming active in the life of a community. Community development provides opportunities for individuals to develop non-institutional support mechanisms, reduce stigma, and decrease reliance on mental health and other related systems, all critical elements of success as individuals strengthen their self-reliance. Persons participating in these Centers need not be enrolled in a program and groups will be available to members of the public who would like to participate.

The Wellness/Client Run Support Centers will use Systems Development funds and Medi-Cal, Medicare and other available third party revenue, where appropriate.

3) Describe any housing or employment services to be provided.

This program will not directly provide housing or employment services but will refer and support clients in accessing programs that address housing and employment.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

N/A

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

This program embodies the CSS plan's overarching theme of a commitment to recovery and wellness. The Wellness Centers focus is on teaching, modeling and providing activities that promote recovery and wellness basics, provided by peers, paraprofessionals, and professionals. Wellness/Client Run Support Center members will participate in all aspects of planning, program delivery and outcome evaluation.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

This Systems Development investment is based on an existing strategy. DMH currently has two Wellness Centers under development and a variety of self-help groups, provided by such groups as the National Mental Health Association of Los Angeles' Project Return: The Next Step, SHARE, the Westside Center for Independent Living and other client-run organizations. Funding of Wellness Centers/Client Run Support Centers under the MHSA CSS will enable the development of additional Centers in strategic locations throughout the County, and Centers that focus on unserved/underserved populations, including ethnic minorities. This program is supported by the MHSA CSS: Three Year Program and Expenditure Plan requirement

(p. 3) that system improvements increase client participation and client-operated services.

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

Clients will manage and staff the Client Run Support Centers. Although the Wellness Centers will include professionals, clients will run these Centers as well. These collaborative efforts between clients and professionals can demonstrate that self-help and professional services can be complimentary by creating a culture that honors each individual's gifts, talents, and skills.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

Wellness/Client Run Support Centers are open to members of the community at large, a strategy that will promote community involvement with the activities and members of the Centers and normalization of persons with mental illness. Stakeholder groups and Service Area Advisory Committees (SAAC) have supported this model because it is client-driven and provides vital supports for clients, including those who do not require intensive or traditional mental health services. Center staff and volunteers will work closely with the Service Area and Service Area Navigators, Residential and Bridging Services, Jail Transition and Linkage Services, FSPs, clinics, and other programs to develop coordination and flow within the system.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

Wellness/Client Run Support Centers will serve all persons and groups within the community. Clients develop groups, which they run, thus the group reflects the unique cultural and linguistic character of their community and the differing psychologies and needs of men and women, including their sexual orientations. Attention will be given to developing Centers in areas with unserved/underserved ethnic minority populations that have been underrepresented by client run centers and services.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

Wellness/Client Run Support Centers will serve all persons and groups within the community. Clients develop client-run groups in each community reflecting the unique cultural and linguistic character of the community and the differing psychologies and needs of men and women, including their sexual orientations. Attention will be given to developing Centers in areas with unserved/underserved ethnic minority populations that have been underrepresented by client run centers and services.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

Although these Centers will not be established out-of-county, they will be open to clients residing out-of-county.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

N/A

13) Please provide a timeline for this work plan, including all critical implementation dates.

2005	
September	Designate DMH lead manager
October 15	Determine approximate number of Centers to be opened, areas in which to locate the Centers
November 15	Develop provider selection process
December 2005	Select Community Based Organization (CBO) and DMH providers, subject to allocation of funding

2006	
	CBO providers:
February	Complete contracting process
March	Begin implementation
	DMH providers:
January	Obtain equipment & supplies
February	Obtain temporary space
March	Complete hiring and training process
	Begin implementation
	CBO & DMH providers:
April	Obtain Medi-Cal certification for Wellness Centers
June	Full implementation
December	Assessment of program and implementation of program refinements

2007	
December	Ongoing implementation, program assessment and program refinement

2008	
December	Ongoing implementation, program assessment and program refinement

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

Exhibit 5 contains Budget and Staffing Detail Worksheets for each program for which Los Angeles County is requesting funding.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served.

Exhibit 6 contains estimates for the number of individuals expected to receive services through this and all other programs for which Los Angeles County is requesting funding.

A-03: IMD STEP-DOWN FACILITIES

1) Complete Exhibit 4.

The Exhibit 4 template has been completed for each Los Angeles County work plan recommended for CSS funding. Each work plan addresses Questions 1) a) - d). Questions 2) – 13) are answered for each program in the following narrative.

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

The IMD Step-down Facilities program provides supportive on-site mental health services and limited operational costs, when necessary, at selected licensed Adult Residential Facilities (ARF), and in some instances, assisted living, congregate housing or other independent living situations affiliated with the ARFs. The program will serve 50 to 100 individuals at any given time, 18 years of age and above, the majority of who are persons ready for discharge from Institutions for Mental Disease (IMD). The program will also accommodate persons being discharged from acute psychiatric inpatient units or intensive residential facilities, or at risk of being placed in these higher levels of care, who are appropriate for this service. The program will target those individuals in higher levels of care who require supportive mental health and supportive services to transition to stable community placement and prepare for more independent community living. Strategies and features of this Systems Development investment are:

- The anticipated length of stay will be two to six months for the ARFs and unlimited for clients in assisted living, congregate housing or other independent living situations.
- The program will have 24/7 capacities for emergencies and specialized programming.
- Staffing for these supportive residential programs will include licensed mental health professionals, mental health workers, certified drug and alcohol counselors, and family and peer support advocates.
- Available services will include individual and group treatment, medication support, crisis intervention, case management, vocational rehabilitation services, and, if necessary, operational costs for enhanced non-Medi-Cal-reimbursable staffing.
- Peer support and family involvement will be a primary focus of the program promoting community re-integration before discharge from the program. For example, there will be Project Return, a client-run self-help group with peer bridgers, and DMH peer support advocates and bridgers.
- The MHSA, Medi-Cal, Medicare, or other available third party revenue will support the program.
- Outcomes will be consistent with those outlined in the CSS plan.

Implementation of the program will assist clients from acute inpatient, institutional and intensive residential settings to safely reside in the community with mental health and supportive services.

3) Describe any housing or employment services to be provided.

This program will provide housing and the opportunity for residents to participate in outside employment programs. Prior to discharge from ARFs, residents will be linked to FSPs or other mental health providers that will address housing and employment on an ongoing basis.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

N/A

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

This program supports the CSS plan's commitment to recovery and wellness. The program will provide initial and on-going training on recovery and wellness for its program participants, their families, peer advocates, and paraprofessional/professional staff. Staff's commitment to recovery and wellness, as well as knowledge of practical tools for putting this commitment into practice, will be regularly addressed during supervision and staff meetings. The program will utilize community self-help and peer advocacy resources as well as County peer advocates identified in the Residential and Bridging Services component to assist individuals with transitions to permanent housing and mental health services.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

N/A

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

Peer advocates will serve as members of the Countywide Resource Management's multi-disciplinary team that monitors and promotes quality of care. In addition, peer advocates will:

- Provide self-help support groups within the ARFs prior to discharge to support individuals' transition to more independent community living.

- Facilitate client participation in developing service plans and goals.
- Provide members of the team with information regarding clients' progress in achieving their goals.
- Assist clients in developing community living skills and utilizing community resources.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

This program will collaborate with a variety of other stakeholders to ensure that individuals receive services that are specific to their needs. The program will collaborate with Countywide Resource Management, Service Area and System Navigators, institutional providers, FSPs, community peer support programs, mental health clinics, and others to ensure coordination of services that support wellness and recovery. The program also intends to collaborate with other stakeholders such as Alcohol and Drug Program providers and the County's Asian-Pacific Alliance to meet specific needs of program participants.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

Stakeholders have acted to ensure that every aspect of services included in the CSS plan will be culturally competent and will meet the needs of culturally and linguistically diverse communities. Strategies to be used include the following:

- Planning in each community for the IMD Step-down programs will include the involvement of consumers that are reflective of each community's underserved ethnic groups.
- Partnerships with providers that have ties to ethnic communities will be developed.
- Culturally and linguistically appropriate policies and procedures will be developed to ensure culturally appropriate services for unserved, underserved and inappropriately served ethnic populations.
- Departmental benchmarks will be established and utilized to ensure that the IMD Step-down programs achieve the requisite level of service to underserved minority populations.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

The IMD Step-down program will be sensitive to and address issues of sexual orientation and the differing psychologies of men and women by relying on evidence-based assessment, intervention and support strategies. For example, the program will also seek to develop appropriate housing options that provide for a variety of sexual orientations and preferences.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

The program will provide services for clients who meet admission criteria from State Hospitals outside of Los Angeles County. The Department intends to explore the possibility of developing an ASL program at one of these facilities for hearing-impaired individuals currently in an out-of-county IMD. The program will also be available to out-of-county forensic clients currently in State Hospitals after their legal status has changed to LPS conservatorship and after stabilization in County IMDs.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

N/A

13) Please provide a timeline for this work plan, including all critical implementation dates.

2005	
September	Designate DMH lead manager
October 15	Determine approximate number and location of facilities
November 15	Develop provider selection process
December 2005	Select providers, subject to allocation of funding

2006	
February	Complete contracting process
March	Begin implementation
March	Obtain Medi-Cal certification
April	Initiation of client-run groups at the facilities
May	Program quality of care review, identification problems and development of corrective action plan
June	Full implementation
	Assessment of program and implementation of program

December	refinements
2007	
December	Ongoing implementation, program assessment, and program refinement
December	Development of American Sign Language (ASL) program at a selected facility
2008	
December	Development of capacity to serve former forensic clients at a selected facility(ies)
December	Ongoing implementation, program assessment, and program refinement

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

Exhibit 5 contains Budget and Staffing Detail Worksheets for each program for which Los Angeles County is requesting funding.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served.

Exhibit 6 contains estimates for the number of individuals expected to receive services through this and all other programs for which Los Angeles County is requesting funding.

A-04: ADULT HOUSING SERVICES

1) Complete Exhibit 4.

The Exhibit 4 template has been completed for each Los Angeles County work plan recommended for CSS funding. Each work plan addresses Questions 1) a) - d). Questions 2) – 13) are answered for each program in the following narrative.

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

The Housing Systems Development initiative is designed to fund housing specialists throughout the County, and the service and operational costs of two new residential programs, Safe Havens, for homeless persons who have mental illness with co-occurring substance abuse disorders.

Housing Specialists: The Department's successful Integrated Services for the Homeless Mentally Ill program, AB 2034, has utilized housing specialists effectively in the delivery of housing services to its homeless members. The AB 2034 program has substantiated that housing specialists are extremely effective in securing and retaining private market rate housing for homeless individuals with mental illness. Accordingly, the housing specialists funded through the MHSA will adopt the model of service delivery employed by the AB 2034 Program. The housing specialists' functions will include, but not be limited to:

- Assisting individuals complete applications for rental subsidies and move-in assistance, housing programs or private rental agreements
- Assisting individuals to prepare for interviews with prospective property owners or housing managers
- Accompanying and assisting individuals with housing searches
- Acting as an advocate and negotiator for individuals with poor credit and poor housing histories (i.e. evictions or lack of a housing tenancy) while establishing a professional relationship with property owners and managers
- Averting possible evictions by maintaining a professional relationship and promptly addressing the concerns of the property owners and managers that may arise
- Working closely with individuals' PSCs or outpatient clinicians to assist with housing retention efforts and facilitate communication among the involved parties

In keeping with the Department's system transformation efforts, Housing Specialists will provide housing placement services not only for homeless individuals and families, but also those living in institutional settings, ARFs, Sober Living Homes and other community placements that seek to live in a more independent living situation. Assistance will also be given to those who are living in temporary, often overcrowded, situations with family or friends.

It is the goal of this program to have two Housing Specialists in each of the Department's eight Service Areas (SA). Currently, there are two existing Housing Specialists, one in SA 5 and one in SA 8. Accordingly, MHSA funding will be used for 14 new Housing Specialist positions for adults and older adults. Recognizing that each SA has unique characteristics and needs, the SA has the discretion to utilize a staffing pattern that is consistent with the needs of its particular area, including the recruitment of clients and/or family members.

Development of Residential Programs for the Homeless Mentally Ill/ Safe Havens: Safe Havens provide a safe and non-threatening environment for chronically homeless individuals with mental illness and possible co-occurring substance abuse disorder to seek refuge. Each program will provide a 24-hour staffed facility offering up to 25 semi-private accommodations for men and women for an indefinite period. The programs are intentionally kept small, to provide for more intimacy and opportunity to engage with residents, and embrace a high-tolerance, low-demand service philosophy. Due to the high levels of disability among the targeted population, the programs offer diverse, specialized services that are flexible to address the non-linear progression of mental illness and substance addiction. Accordingly, staffing for these programs will include individuals with similar backgrounds and experiences as those individuals being outreached. Specifically, staffing will include clients and family members who have experienced homelessness and/or substance abuse. The capacity and configuration of the Safe Havens will depend heavily on the site, as some programs also provide supportive services on a drop-in basis to eligible persons who are not residents. From a housing perspective, these programs are focused on preparing and moving clients into more appropriate forms of support, such as Shelter Plus Care, where they can benefit from permanent supportive housing. Safe Haven residents can stay indefinitely, although many move on within six months.

3) Describe any housing or employment services to be provided.

These programs will directly provide housing and referral to employment services.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

N/A

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

These programs embody the recovery and wellness values by recommending the recruitment of qualified clients, formerly homeless individuals, and family members for outreaching and engagement activities, and assisting individual and families secure and retain permanent housing. In addition, the programs empower individuals by offering

necessary systemic supports for community re-integration, allowing placement in the least restrictive community setting of their choice and assisting with approaching landlords, moving into housing, and learning skills necessary to maintain housing.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

This program is basically a new initiative. The initiative will fund service and operational costs for two new Safe Havens, modeled after the two currently in operation in Los Angeles County. In addition, the Housing Program will provide 14 new Housing Specialists, thus initiating services in six of the Department's eight SAs, and supplementing services in the other two SAs. In relation to the Housing Specialist component, implementation of this program will promote system change and a transformation of the current service delivery system regarding securing permanent housing. In December 2003, DMH commissioned a study of the federal rental subsidy programs administered by its Homeless and Housing Division in conjunction with the Housing Authority of the City of Los Angeles (HACLA) and the Housing Authority of the County of Los Angeles (HACoLA). The study revealed that less than half of the clients approved to receive a rental subsidy actually leased an apartment. This was largely because mental health staff lacked the time and resources needed to assist clients who faced multiple barriers to securing private market housing with their housing searches. Accordingly, it was recommended that the DMH "secure dedicated staff at least at the service planning area level to help successful voucher holders secure housing." [20]

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

This program advocates for the employment of clients and family members in each component. It is recommended that clients and/or family members function as part of SA Housing Teams as employed Specialists or as volunteers to assist in identifying property owners and managers willing to rent to individuals with mental illness. In addition, the Safe Haven model employs former homeless individuals and individuals in recovery to function as community outreach workers or as part of the case management staff of the facility.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

The Housing Specialists will be expected to develop professional relationships with professional housing associations and community groups. The Safe Havens will be expected to collaborate with many community agencies/groups such as law

enforcement, business associations, and residential and drug and alcohol program providers.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

The Housing Specialists will be encouraged through training and supervision to be aware of the needs of culturally and linguistically diverse clients in their areas and to develop housing resources that meet those needs. They will be expected to collaborate with organizations that represent these diverse communities and solicit their expertise in meeting the needs of the communities they represent.

The providers of Safe Havens will also be expected to make training available to their staff and to develop policies and procedures that rely on evidence-based assessment, intervention and support strategies to accommodate culturally and linguistically diverse clients and persons with non-traditional sexual orientations and the differing psychologies and needs of women and men.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

An approach similar to that described in section 9 above will be taken to accommodate the needs of persons with non-traditional sexual orientations and the differing psychologies and needs of women and men.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

The resources of these programs will be available to out-of-county individuals who are residents of Los Angeles County and planning their return to the County.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

N/A

13) Please provide a timeline for this work plan, including all critical implementation dates.

Housing Specialists:

2005

September	Designate DMH lead manager
November 15	Develop provider selection process
December	Select providers, subject to allocation of funding

2006

If CBO provider(s):	
February	Complete contracting process
March	Begin implementation
If DMH:	
January	Obtain equipment & supplies
February	Obtain temporary space
March	Complete hiring and training process
	Begin implementation
	Participation on Service Area Administrative and/or Housing Team
June	Full implementation
December	Assessment of program and implementation of program refinements

2007

December	Ongoing implementation, program assessment and refinement

2008

December 2008	Ongoing implementation, program assessment, and program refinement

Safe Havens

2005

September	Designate DMH lead manager
December	Develop provider selection process

2006

February	Select providers
April	Complete contracting process, Begin implementation of contract to provide service and operational costs Contingent upon completion of development of the facilities

2007

December	Ongoing implementation, program assessment, and program refinement

2008

December	Ongoing implementation, program assessment, and program refinement

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

Exhibit 5 contains Budget and Staffing Detail Worksheets for each program for which Los Angeles County is requesting funding.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served.

Exhibit 6 contains estimates for the number of individuals expected to receive services through this and all other programs for which Los Angeles County is requesting funding.

A-05: JAIL TRANSITION AND LINKAGE SERVICES

1) Complete Exhibit 4.

The Exhibit 4 template has been completed for each Los Angeles County work plan recommended for CSS funding. Each work plan addresses Questions 1) a) - d). Questions 2) – 13) are answered for each program in the following narrative.

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

Jail Transition and Linkage Services are designed to outreach and engage/enroll incarcerated individuals receiving services from Jail Mental Health Service or others with mental illness referred by Mental Health Court Workers, Attorneys, and family members, into appropriate levels of mental health services and supports, including housing and employment services, prior to their release from jail. The goal of these services is to prevent release to the streets, thus alleviating the revolving door of incarceration and unnecessary emergency/acute psychiatric inpatient services. A Linkage and Engagement Team will identify those individuals who meet the criteria for FSP programs and coordinate the referral and linkage with FSP programs. For those individuals requiring assistance but not meeting the criteria for FSP, the team will link the individuals with a Service Area Navigator and/or appropriate program(s). Individuals interested in seeking employment, including those being referred to FSP programs and those linked with a Service Area Navigator will be referred to one of four designated partner WorkSource Centers administered by the City of Los Angeles Community Development Department.

The Linkage Team will interview and assess referred clients to determine level and type of need, develop a release plan, coordinate with Service Area and Service Area Navigators or FSP programs for appropriate placement, and refer to one of the designated WorkSource Centers, when indicated. All Linkage services will take place while the client is incarcerated, thus ensuring a seamless transition from jail mental health services to community based services upon release.

The Jail Linkage and Engagement Team will also be responsible for following clients who are referred to and placed in a DMH Specialized Shelter Program upon their release from jail. The team will work towards transitioning these individuals from the Specialized Shelter to enrollment in a FSP program.

We estimate that, currently, approximately 77 inmates being released from the jail each week need linkage to MHSA community-based services. In order to serve this volume of inmates, the Jail Linkage and Engagement Team will consist of a multi-disciplinary team of professional, paraprofessional, and support staff that will report directly to the County Resource Management District Chief. The professional and paraprofessional

staff will be assigned to each SA and will work in collaboration with the Jail Mental Health Staff assigned to the same SA.

The Rehabilitation Counselors on the Jail Linkage and Engagement Team will be assigned to two SAs each and will work in collaboration with the Jail Mental Health Staff assigned to the corresponding SA. In addition, the Rehabilitation Counselors will be co-located regularly at the four designated partner WorkSource Centers in order to coordinate the transition from jail to the community.

The Rehabilitation Counselors will provide the employment component of the Jail Transition and Linkage Services. They will provide the follow tasks:

- Co-locate at a designated WorkSource Center 3 to 4 days a week providing a full complement of services (clinical, employment and case management)
- Meet with DMH clients initially engaged in the jail and those referred from FSP programs at the WorkSource center.
- Participate in co-case management of DMH clients with WorkSource center staff.
- Participate in WorkSource Center Orientation, presenting on mental health services available to WorkSource customers
- Provide referrals for WorkSource customers to appropriate mental health or substance dependence services.
- Provide training to WorkSource Center staff and partner staff on identified topics relating to mental health such as conflict resolution, stress management.
- Include WorkSource Center staff and interested partners in any appropriate training opportunities provided by the County Department of Mental Health or its partner agencies

3) Describe any housing or employment services to be provided.

This program will refer to outpatient programs, such as FSPs, that will provide housing and employment services. Linkage Team members will also, in some instances arrange temporary, short-term housing such as hotel vouchers potentially provided by the Department of Public Social Services, or DMH Specialized Shelter Beds. As previously noted, those individuals who express a desire to seek employment will be referred to one of four designated WorkSource Centers. The Rehabilitation Counselor assigned to the Jail Linkage and Engagement Team will interview individuals while in jail and personally direct them through the enrollment process at the WorkSource Center.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

N/A

5) Describe how the proposed program will advance the goals of recovery for

adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

The purpose of the Jail Linkage and Engagement Team is to prevent clients being discharged to the streets of Los Angeles. By receiving linkage services, clients will be able to take advantage of recovery focused community services, including FSP programs and employment services. The service delivery system for the employment component of the Jail Linkage and Engagement is consistent with the characteristics of the evidenced-based practices of Supportive Employment such as:

- Consumer choice,
- Competitive employment,
- Employment is integrated with treatment,
- Job search is immediate,
- Retention services are continuous and
- Consumer preferences are valued.

Los Angeles County is well positioned to operationalize a commitment to recovery, with an Office of Consumer and Family Affairs within the Department, as well as a solid, experienced base of self-help organizations.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

N/A

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

Models for increased levels of participation and involvement of clients and families have been developed, such as Project Return and peer-run discharge preparation groups in Institutions for Mental Disease and Adult Residential Facilities. This program will explore the possibility of having peer advocates/bridgers participate in release preparation groups provided by Jail Mental Health staff and/or the Jail Transition Team.

The Department promotes the recruitment and employment of consumers and family members as part of FSP teams or specialized employment teams that focus on job placement and retention.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

The Jail Linkage and Engagement Team will collaborate with the Los Angeles County Sheriffs Department, Probation, Mental Health Court Workers Program, client attorneys and families. In addition, the Department will collaborate with the City of Los Angeles Community Development Department to co-locate DMH staff at the four designated partner WorkSource Centers. These collaborative relationships will offer the courts alternatives to jail/prison sentences, provide needed mental health services, reduce recidivism and increase clients' ability to further their recovery.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

The Jail Linkage and Engagement Team will include individuals who are qualified bilingual-bicultural professionals and paraprofessionals. Culturally and linguistically appropriate strategies, policies and procedures will be developed to ensure access to culturally appropriate services for unserved, underserved and inappropriately served ethnic populations.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

The Jail Linkage and Engagement Team will be sensitive to and address issues of sexual orientation and the differing psychologies of men and women. Linkage Team staff will be expected to develop and utilize policy and procedures based on evidence-based assessment, intervention and support strategies. Some examples include:

- Team members that have knowledge of and access to services that are sensitive to the needs of clients who are gay or transgender
- Referral to programs and services that provide for an array of sexual orientations and preferences

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

N/A

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

N/A

13) Please provide a timeline for this work plan, including all critical implementation dates.

2005	
September	Designate DMH lead manager
November 15	Develop provider selection process
December	Select providers, subject to allocation of funding
	If CBO provider(s):
2006	
February	Complete contracting process
	If DMH:
January	Obtain equipment & supplies
February	Obtain temporary space
March	Complete hiring and training process
	If CBO provider(s) or DMH:
	Begin implementation, including case management services for clients referred to a Specialized Shelter program
April	Establish Partnership with WorkSource Centers and initiate services at the Centers
April	Develop hotel voucher program for indigent inmates upon their release from jail, if feasible
June	Full implementation
December	Assessment of program and implementation of refinements
2007-2008	
	Ongoing implementation, program assessment, and refinement

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

Exhibit 5 contains Budget and Staffing Detail Worksheets for each program for which Los Angeles County is requesting funding.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served.

Exhibit 6 contains estimates for the number of individuals expected to receive services through this and all other programs for which Los Angeles County is requesting funding.

OLDER ADULT SYSTEMS DEVELOPMENT INVESTMENTS

OA-02: Transformation Design Team

1) Complete Exhibit 4 (as required under Section IV response).

The Exhibit 4 template has been completed for each Los Angeles County work plan recommended for CSS funding. Each work plan addresses Questions 1) a) - d). Questions 2) – 13) are answered for each program in the following narrative.

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

The Transformation Design team intends to utilize Community Services and Supports funding to transform the Older Adult (OA) System of Care in Los Angeles County. "Transformation Design" dollars will be used to identify, disseminate and evaluate values-driven, evidence-based and promising clinical services for older adults. The ability to promulgate and evaluate emerging practices is particularly critical in Los Angeles County, which is known for the rich cultural, ethnic and linguistic diversity of our population. It is an area where promising culturally relevant practices may evolve based on the wisdom and experience of clinicians, peers, family members and alternative/indigenous caregivers. The Transformation Design component of the CSS plan will create an opportunity to identify and develop promising practices, supporting those who may have knowledge based on experience – but who may lack the ability to objectively evaluate the success of their approaches.

The CSS Transformation Design program will focus on practices that are transformative and consistent with priorities identified in the State's CSS plan. Some examples include:

- Recovery-oriented approaches specific to older adults, including employment, volunteerism, and continuing education programs
- Evidence-based integrated treatment of co-occurring disorders in older adults – including new programs that will be developed due to changing patterns of substance abuse and mental illness stemming from the aging of the "baby boomers"
- Culturally sensitive evidence-based or promising practices for assessing and treating older adults, including assessment strategies that integrate primary healthcare providers in the treatment team
- Use of community based, culturally sensitive older adult family and peer support in the delivery of services which includes the following: peer advocates, peer counselors, family members, and alternative / indigenous caregivers
- Best practices for transition age adults including training and consultation services for adult providers working with transition age adults who will "age in place" within the adult system of care, as well as development of integrated

transition programs that will assist adults as they move from ASOC into OASOC programs.

The opportunity to transform the Older Adult System of Care in Los Angeles County comes at a crucial moment. Currently, the continuum of care is comprised of one countywide assessment team and five specialized contract providers serving older adults. Specialized treatment services for this age group are located in only three of the County's eight Service Areas with general services located in another two Service Areas. While the Department has focused on developing core staff competencies in assessment and treatment of older adults, recent professional and social changes are dramatically impacting the field. More specifically, the rapid expansion of evidence-based practices and the significant changes in the cohort of individuals entering the older adult age group (due to the baby boomer generation who are now reaching the age of 60) necessitate changes in program development and outcome monitoring as a basis for Community Services and Supports. The Transformation Design strategies proposed are intended to benefit two subgroups identified within the older adult group: individuals 60-64 years of age, and those who are 65 and older. In addition, proposed services will focus on the highly specialized needs of individuals over the age of 75 – a group that is growing dramatically.

In order to accomplish these goals, individuals with expertise in design, development and evaluation of programs for older adults will be recruited. Additional dollars will be used to retain the services of consultants with specialized expertise such as suicide among the elderly, psychopharmacology and aging, and integrated treatment of co-occurring disorders in older adults. Staff will develop baseline information about existing services and needs, identify evidence-based or promising practices, and evaluate the success of strategies that are implemented. Additional input will be garnered from peer and family advocates.

The proposed Transformation Design investment is expected to reach well beyond programs implemented through the Mental Health Services Act. The work of the Transformation Design program will impact older adult services with existing funding sources – thereby significantly leveraging resources available through the Mental Health Services Act.

3) Describe any housing or employment services to be provided.

For older adults with mental illness, the current array of housing options and supports for remaining in preferred housing is extremely limited. Older Adult Transformation Design dollars will be used to identify, disseminate and support emerging promising practices with the goal of expanding the array of appropriate housing options for this age group. In addition, strategies for supporting older adults in the least restrictive setting will be enhanced (e.g., new approaches to hoarding behavior).

Development of employment services has traditionally been the province of the adult system of care. With the expansion of numbers of transition age adults and older adults

with mental illness who have returned to work, there will be an increasing need for development of alternatives for aging clients who wish to continue some form of employment past the age of 65. In addition, embracing a recovery approach will require the development of new models for the meaningful use of time for older adults – within the world of work, volunteerism and older adult education. These approaches will be identified and developed by the OA Transformation design component of the MHSA plan for Los Angeles County.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

N/A

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

Transformation Design efforts will ensure that all programs funded through the CSS portion of the Mental Health Services Act embody a wellness and recovery philosophy. Ensuring the recovery philosophy is at the core of all programming will be done through a variety of strategies including staffing (see the "Service Extenders" line item), Training (see the "Training" line item) and Program Development. As indicated above, new models will be developed and disseminated regarding the meaningful use of time for older adults, including work, volunteerism and older adult education. Integration with physical healthcare providers will also focus on a recovery and wellness orientation.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

As described above, there is much work to be done in developing a true continuum of services for older adults in Los Angeles County. The OA Transformation Design component of the CSS plan will ensure the ability to generate and analyze essential basic data regarding older adults with mental illness as well as develop and evaluate the field-capable clinical programs to be developed for this population with CSS dollars. This capacity does not currently exist.

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

Clients and family members will be included in the OA Transformation Design planning and oversight efforts. They will be recruited from the Office of Consumer Affairs, Office of the Family Advocate, and other community based client groups.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

This program will build on collaborations that have been or are in the process of being established. For example, partnerships are underway with the City and County Department of Aging, local universities, senior peer counseling programs, Multi Service Senior Programs, Senior Centers, County Adult Protective Services and other entities.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

Stakeholders have acted to ensure that every aspect of services included in the Community Supports and Services plan will be culturally competent and will meet the needs of culturally and linguistically diverse communities. Strategies to be used for all older adult programs include the following:

- Dedicated funding will be allocated to ethnic populations who are uninsured and uninsurable, consistent with the language and cultural needs of each community. Benchmarks are being established and will be monitored to ensure that programs funded through MHSA CSS dollars achieve the requisite level of service to underserved ethnic minority populations.
- The number of community-based organizations that have ties to ethnic communities will be expanded and partnerships with providers that have such community ties will be strengthened.
- Planning in each community will include the involvement of consumers that are reflective of each community's underserved ethnic groups
- The Department will develop and implement programs that increase the system's capacity to recruit, hire, train and retain qualified bilingual-bicultural professionals, paraprofessionals, consumers and families for each aspect of the Older Adult CSS plan.
- Culturally and linguistically appropriate strategies, policies and procedures will be developed to ensure access to culturally appropriate services for unserved, underserved and inappropriately served ethnic populations.

All program and expenditure plans recommended for funding under the Older Adult CSS plan must demonstrate compliance with the above strategies for addressing the needs of culturally and linguistically diverse communities.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

All program and expenditure plans funded under the Older Adult CSS plan will be sensitive to and address issues of sexual orientation and the differing psychologies of men and women. Programs will be expected to address issues related to gender and sexual orientation by relying on evidence-based assessment, intervention and support strategies. Some examples include:

- The development of appropriate housing options that provide for the array of sexual orientations and preferences.
- Older adult service providers who are cognizant of the differing rates of suicide among men and women – and who are competent to assess and intervene with men and women at risk of suicide.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

N/A

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

The proposed Older Adult Transformation Design program supports the establishment of values-driven, evidence-based and promising clinical services that support client-selected goals as recommended in the State CSS plan. Transformation design dollars will enable Los Angeles County to identify, promulgate and evaluate promising approaches that are most culturally appropriate for our diverse population.

13) Please provide a timeline for this work plan, including all critical implementation dates.

Older Adult CSS Plan: Transformation Design – Year 1
2005

October	Design Program, including staffing
November	Develop Job Announcement
	Develop Duty Statements
	Obtain HR Employment Placement Lists
December	Conduct Interviews
	Develop Policies and Procedures

2006	
January	Submit PAFs
	Order Equipment, Furniture, Office Supplies
	Order Telephones, Computers, Network Access
	Order Cell Phones, Pagers, Calling Cards
	Install Office Equipment and Computers
February	Fully Staffed
March	Program Fully Operational

Older Adult CSS Plan: Transformation Design - Year 2

2007	
Ongoing	Continue identification of evidence-based practices
Ongoing	Collect interim data and make adjustments to models and best practices
June	Produce first annual report of program results

Older Adult CSS Plan: Transformation Design – Year 3

2008	
Ongoing	Continue identification of evidence-based practices
Ongoing	Collect interim data for making adjustments to models and best practices
June	Produce second annual report of program results

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

Exhibit 5 contains Budget and Staffing Detail Worksheets for each program for which Los Angeles County is requesting funding.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

Exhibit 6 contains estimates for the number of individuals expected to receive services through this and all other programs for which Los Angeles County is requesting funding.

OA-03: Field-capable clinical services

1) Complete Exhibit 4(as required under Section IV response).

The Exhibit 4 template has been completed for each Los Angeles County work plan recommended for CSS funding. Each work plan addresses Questions 1) a) - d). Questions 2) – 13) are answered for each program in the following narrative.

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

Development of field capable clinical services throughout Los Angeles County is a priority for the Older Adult System of Care. As noted above, specialized treatment services for older adults and their families currently exist in only three of eight Service Areas, with general services provided in another two service areas. Field capable services, delivered by interdisciplinary teams of professionals trained to work with older adults, will be offered in community locations preferred by the client including homes, senior/public housing complexes, senior centers, mental health clinics and primary care physicians' offices. Specific services include:

- Outreach and engagement
- Bio-psychosocial assessment
- Individual and family treatment
- Medication support
- Linkage and case management support
- Specialized treatment for Co-occurring disorders
- Peer counseling, family education and support

Field capable clinical service teams will also include consultation by gero-psychiatrists, geriatricians, gero-pharmacists, and neuro-psychologists. Field capable clinical service teams will coordinate care with available older adult appropriate psychiatric emergency services and conservatorship support (both LPS and probate).

Field-capable clinical services will address the needs of older adults who are between the ages of 60 and 64, and those who are 65 years and older. As the program develops, specialized services for those who are over the age of 75 will also become a focus. Stakeholders recommend the funding of field capable clinical services as they are currently unavailable in many areas within Los Angeles County. In addition, expansion of services to older adults will prioritize the needs of those who have traditionally been unserved or underserved. This includes those clients who need much engagement to access and maintain services (e.g. paranoid individuals who are fearful of "the system") individuals who are severely mentally ill and/or isolated, self neglecting or abused, and older adults who are homeless. Finally, field capable clinical services staff will focus on individuals who are uninsured, undocumented immigrants and/or monolingual in a language other than English. Additional sources of funding for this program will include MediCal and Medicare.

In contrast to many existing programs that are primarily clinic-based, field capable clinical services funded through the MHSA, will be dedicated to ensuring that services are provided in locations preferred by clients. This will include, for example, the option of co-locating services with physical healthcare providers – or delivering services in collaboration with primary medical providers.

3) Describe any housing or employment services to be provided.

Housing services for clients enrolled in field capable clinical services programs will offered in two ways. Permanent housing options, developed under the Adult System of Care Housing plan may be accessed by teams working with older adults. In addition, the Older Adult System of Care field-capable services program will provide support for individuals in their preferred independent and semi-independent housing situations, assisting clients who wish to remain as independent as possible. This will be accomplished by offering assessment and treatment interventions in home settings, facilitating delivery of meals and other supports, assisting with remediation of hoarding problems and providing linkages to in-home health care when appropriate.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

N/A

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

Field based clinical teams will embrace a recovery approach for older adults. Teams will include service extenders (e.g., peer counselors and family advocates); all team members will be trained in the recovery model. As noted in the Transformation Design Team section above, field capable clinical teams will be expected to assist clients in meeting their recovery goals, including those related to the development of a meaningful use of time. Opportunities for employment, volunteerism, and older adult continuing education will be identified. Assistance with co-occurring substance abuse and physical health problems will be provided to ensure maximum wellness and healthy aging.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

Currently countywide field capable services are limited to assessments and do not include clinical services. As mentioned above, field-capable clinical services are offered in limited areas of Los Angeles County. Under this proposal, the full range of clinical

services in collaboration with physical health providers will become available in all service areas.

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

An essential component of the CSS plan for older adults is the involvement of "service extenders" on clinical teams. Through the "service extenders" program, family members and clients serve as peer counselors, peer bridgers, and support group leaders for families, caregivers and clients. These services will be provided through the multidisciplinary team (see service extenders section).

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

The planning and implementation of the program will involve expansion of the existing collaboration with older adults service providers (e.g. mental health agencies, multi-service senior programs, social services organizations, and medical providers), first responders, law, safety and code enforcement, public guardian, adult protective services, faith-based organizations, consumers, family members, caregivers, allied professionals, universities, professional organizations, training institutions, other county departments, in addition to the Department of Mental Health central and geographic operations.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

Field capable clinical services will be provided by culturally sensitive and linguistically competent staff. Dedicated efforts will be made to recruit staff from the communities they will serve. Service extenders – peers and family members – will also be drawn from the local community in order to maximize the availability of bilingual/bicultural staff.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

All field-capable clinical services will be sensitive to and address issues of sexual orientation and the differing psychologies of men and women. Programs will be expected to address issues related to gender and sexual orientation by relying on

evidence-based assessment, intervention and support strategies. Some examples include:

- Recognition of the need to access appropriate housing options that provide for the array of sexual orientations and preferences.
- Staff who are knowledgeable about the differing rates of suicide among men and women – and who are competent to assess and intervene by providing interventions that are sensitive to the differences between genders.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

N/A

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

N/A

13) Please provide a timeline for this work plan, including all critical implementation dates.

Older Adult CSS Plan: Field Capable Clinical Services – Year 1

2005	
October	Design Program, including staffing
	Develop Criteria for Provider Selection
November	Initiate Provider Selection Process
December	Select Providers

2006	
January	Negotiate Contracts
February	Complete contracting process with Board approval
	Develop Training Plan
	Providers recruit and hire staff
March	Begin Site Medi-Cal Certification Procedure
	Secure Medi-Cal Certification
April	Program Fully Operational

Older Adult CSS Plan: Field Capable Clinical Services – Year 2
2006

Ongoing	Continue interdisciplinary team meetings
Ongoing	Continue collaboration with primary care
Ongoing	Continue enrollment of clients
June	Evaluate effectiveness of field sites

Older Adult CSS Plan: Field Capable Clinical Services – Year 3
2007

Ongoing	Continue interdisciplinary team meetings
Ongoing	Continue collaboration with primary care
Ongoing	Continue enrollment of clients
June	Evaluate effectiveness of field sites

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

Exhibit 5 contains Budget and Staffing Detail Worksheets for each program for which Los Angeles County is requesting funding.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

Exhibit 6 contains estimates for the number of individuals expected to receive services through this and all other programs for which Los Angeles County is requesting funding.

OA-04: Service Extenders

1) Complete Exhibit 4(as required under Section IV response).

The Exhibit 4 template has been completed for each Los Angeles County work plan recommended for CSS funding. Each work plan addresses Questions 1) a) - d). Questions 2) – 13) are answered for each program in the following narrative.

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

Reaching older adults in a manner that is sensitive to their needs and culture includes providing services in homes, residential facilities and other community locations. Each Service Extenders program will recruit paid and/or volunteer peer counselors and family members who will address concerns for older adults and their families including:

- Isolation of the home-bound elderly
- Loss of support system due to the death and disability of family and peers
- Disorientation and cognitive decline that occur when older adults must navigate the movement between levels of care and institutions (as when an older adult is hospitalized or must enter a skilled nursing facility or assisted living center)
- Difficulties for family members who require mental health information and emotional support to cope with the changing circumstances of their loved one(s)

Assistance for family members will help reduce their stress level, and will also help ensure that they stay connected and in relationship with the client.

Service extenders are included within the Older Adult Community Services and Supports plan. The following components of the Service Extender Program are designed to address the needs outlined above:

- Peer Counselors/peer bridgers who are part of field-based clinical teams, will be hired to visit older adults in their residences. They will provide support and counseling, helping to reduce isolation. Peer counselors will also be trained to identify and intervene with older adults who are at risk of abuse, neglect or disability, thereby increasing the safety net for those who are most vulnerable. Peer counselors/peer bridgers will also support and assist older adults who are transitioning to and from hospitals and other residential facilities (e.g., returning home from hospital). As members of field-based clinical teams, they will provide continuous support, helping the older adult adjust to new settings and establish or reestablish linkages with individuals and services.
- Volunteer peer counselor programs may be developed by specialized older adult agencies. Staff will be hired to train, monitor and supervise volunteer peer counselors for these specialized programs.
- Family members who have life experience supporting older adults with mental illness will be trained to provide education and support groups for others.

All components of the Service Extenders program will address the needs of distinct groups of older adult mental health consumers and their families:

- those who are 60 through 64 years of age;
- those who are between 65 and 84 years of age; and
- those who are above the age of 85.

3) Describe any housing or employment services to be provided.

Service extenders will provide support for older adults who are in independent living. They will identify conditions such as hoarding, abuse and neglect that could jeopardize the living arrangement of older adult mental health consumers. Service extenders will bring these issues to the attention of the mental health multi-disciplinary team for resolution.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

N/A

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

Programs funded through the Community Services and Supports portion of the Mental Health Services Act will embody a wellness and recovery philosophy. Service extenders will exemplify a recovery approach since, by definition, they will be clients in recovery. They are expected to convey a sense of hopefulness and to serve as models for clients whose journey to wellness is just beginning.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

While there is only one general older adult peer counseling program in Los Angeles County, no specialized mental health peer counseling/peer bridging or family self-help/education programs currently exist that address specific cultural and mental health needs of older adults.

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

The Service Extender Program is intended to retain paid and volunteer consumers and family members to serve as peer counselors/peer bridgers/family support counselors. They will participate as members of interdisciplinary teams.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

Older Adult Service Extenders will collaborate with the full array of social and health programs for the elderly.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

Service Extenders will be recruited from the community in which they will serve. They will be representative of the ethnic and linguistic characteristics of their local community. Specialized strategies that have been demonstrated effective with ethnic populations – such as the Promotoras model – may be utilized in developing this program.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

Training for Older Adult Service Extenders will include issues related to sexual orientation and the differing psychologies of men and women. As they will reflect the older adult population, Service Extenders will likely have personal experience regarding changing self-concepts for older adults, including challenges to sexual role mastery and relationships that occur as individuals age. Since Service Extenders will meet clients in their homes, hospitals and other community settings, they will receive close supervision and engage in active discussions regarding the differing needs and resources of men and women as they age.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

N/A

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

N/A

13) Please provide a timeline for this work plan, including all critical implementation dates.

Older Adult CSS Plan: Service Extenders – Year 1

2005	
October	Design Program, including staffing
	Develop Criteria for Provider Selection
November	Initiate Provider Selection Process
December	Select Provider
	Develop Policies and Procedures

2006	
January	Negotiate Contracts
February	Complete contracting process
	Providers recruit and hire staff
March	Train staff
April	Program Fully Operational

Older Adult CSS Plan: Service Extenders – Year 2

2007	
April, 2007	Develop plan for training new group of volunteer peer counselors
May, 2007	Recruit peer counselors
June, 2007	Conduct training program
June, 2007	Expand peer counseling programs

Older Adult CSS Plan: Service Extenders – Year 3

2008	
April	Develop training plan for new volunteer peer counselors
May	Recruit peer counselors
June	Conduct training program
	Expand peer counseling programs

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

Exhibit 5 contains Budget and Staffing Detail Worksheets for each program for which Los Angeles County is requesting funding.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

Exhibit 6 contains estimates for the number of individuals expected to receive services through this and all other programs for which Los Angeles County is requesting funding.

OA-05: Training

1) Complete Exhibit 4 (as required under Section IV response).

The Exhibit 4 template has been completed for each Los Angeles County work plan recommended for CSS funding. Each work plan addresses Questions 1) a) - d). Questions 2) – 13) are answered for each program in the following narrative.

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

The CSS Training Program for older adult service providers will be dedicated to developing a transformative system by changing attitudes and knowledge regarding recovery, peer support and emerging best practices for culturally diverse older adults. In collaboration with the Transformation Design Team program described above, the CSS Training Program will provide education to professionals, peers, family members and community partners (e.g., primary healthcare providers, first responders, staff of senior centers) regarding values-driven and promising clinical services that support client-selected goals.

In order to accomplish the objective of developing integrated treatment models for older adults, the training program will involve direct training and cross-training of a variety of individuals including (but not limited to):

- Clients who will serve as peer counselor/peer bridgers
- Family members who will lead support and educational groups for other family members in the community
- Primary caregivers and other allied health professionals
- First responders
- Staff of community-based organizations such as senior centers, in-home support services and faith-based organizations
- Multidisciplinary mental health staff

The training topics and curriculum will be designed to address the multi-system characteristics of mental health services to older adults, with a bio-psycho-behavioral approach. Components include the following which are included in the CSS guidelines:

- Transformative training focused on changing attitudes in support of peer counseling/peer bridging programs (see section on Service Extenders)
- Education for primary care providers and other health providers to increase coordination and integration of mental health, primary care and other health services

Additional topics that support the values and priorities of the Mental Health Services Act include:

- Effective interventions; evidence-based and promising practices for culturally diverse populations
- Recovery models for older adults
- Integrated treatment of co-occurring disorders among older adult populations
- Challenges for transition age adults
- Employment and volunteerism for older adults
- Housing options for older adults
- Understanding of benefits; benefits establishment
- Stigma, ageism: influences on providers, clients and family
- Developmental/life cycle issues in aging
- Cultural Competence and Older Adult Mental Health Services
- Assessment methods/screening tools for ethnically and linguistically diverse groups

In addition to presentations on the above topics, it is recognized that there will be a need for ongoing consultation with the multidisciplinary teams developed as part of the Full Service Partnership and Field Capable Clinical Service Programs (see above). It is recommended that consultant hours be purchased to retain organizations and individuals with older adult expertise to provide clinical and system consultation to older adults system of care providers.

3) Describe any housing or employment services to be provided.

As noted above, specific training in the array of housing services available for older adults will be provided. Training on interventions designed to assist older adults to remain in preferred housing options will also be offered. Similarly, training in employment, volunteer and continuing education options for this population will be offered.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

N/A

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

It is essential that services to older adults under the Mental Health Services Act be consistent with the philosophy of wellness and recovery. This is a difficult concept for many, given the stigma that currently exists regarding both aging and mental illness. Therefore, identification of attitudes about older adults with mental illness will be a core component of all training offered. Provider staff will also be required to attend training

on the application of recovery concepts and strategies for older adults, including older adults with co-occurring substance abuse disorders.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

N/A

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

Clients and family members of clients will be employed and will serve a variety of functions including working as service extenders in providing peer and family support, and as training group organizers to prepare the next generation of counselors and support givers.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

Training will involve collaboration with experts in the field of mental illness and substance abuse. Many community partners will be included in the training efforts including older adult service providers, primary care providers, first responders, law, safety and code enforcement, public guardian, adult protective services, consumers, family members, caregivers, allied professionals, universities, professional organizations, training institutions, other county departments and the Department of Mental Health central and geographic operations.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

Stakeholders have acted to ensure that every aspect of services included in the Community Supports and Services plan will be culturally competent and will meet the needs of culturally and linguistically diverse communities. All training topics presented as part of this series will include material related to cultural diversity and aging.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

Training funded by the CSS plan will be sensitive to and address issues of sexual orientation and the differing psychologies of men and women. All training topics presented as part of this series will include material related to gender and aging.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

N/A

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

Special training in recovery and wellness models for older adults is included in the CSS plan for older adults because it is critical to ensuring that services delivered are in line with the intent of the Mental Health Services Act. As noted above, understanding, accepting and implementing a recovery philosophy for older adults with mental illness is profoundly challenging for many individuals – including professionals currently working in this field. More specifically, for example, individuals who are entering the older adult system of care are expected to dramatically differ from earlier cohorts with regard to co-occurring substance abuse and other issues. It is essential that we dedicate training and consultation dollars to ensure that we are not just expanding traditional services delivered in traditional ways. Rather, training must help ensure that staff is capable of delivering excellent evidence-based services – embracing wellness and recovery as the platform for these efforts.

13) Please provide a timeline for this work plan, including all critical implementation dates.

2005	
November	Develop training plan
	Identify providers to conduct training
December	Prepare training agreements

2006	
February	Program fully operational
Ongoing	Train staff
June	Conduct training program
	Expand peer counseling programs

2007	
July	Develop training plan, evaluate and modify based on training needs
August	Identify emerging evidence-based and best practices collaborative with
	Systems development
Ongoing	Conduct training

2008	
July	Develop training plan, evaluate and modify based on training needs
August/Ongoing	Identify emerging evidence-based and best practices collaborative with
	Systems development
Ongoing	Conduct training

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

Exhibit 5 contains Budget and Staffing Detail Worksheets for each program for which Los Angeles County is requesting funding.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

Exhibit 6 contains estimates for the number of individuals expected to receive services through this and all other programs for which Los Angeles County is requesting funding.

CROSS-CUTTING SYSTEMS DEVELOPMENT INVESTMENTS

SN-01: Service Area Navigator Teams

1) Complete Exhibit 4.

The Exhibit 4 template has been completed for each Los Angeles County work plan recommended for CSS funding. Each work plan addresses Questions 1) a) - d). Questions 2) – 13) are answered for each program in the following narrative.

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

One of the foundational premises of the Los Angeles County CSS plan is a belief that professionally delivered, public funded human services, by themselves, cannot deliver the outcomes we seek for people who struggle with mental health needs.

Funds from the MHSA will ultimately represent only 15-20% of the total LA DMH budget; the CSS plan represents less than 10% of the Department's budget. As promising as these new funds are, if we are committed to achieving the outcomes of the MHSA for all people in Los Angeles County who struggle with mental health issues, we must build structures that help people more quickly identify both the professional and community-based services and supports they need to advance their recovery and strengthen their capacity for wellness.

Service Area Navigator Teams will be a crucial structure to help people find the formal and informal supports they need. We will begin by establishing one Service Area Navigation team in each of the eight Service Areas. Team members and those who support them will:

- Engage with people who need services and their families to help them quickly identify currently available services, including supports and services tailored to the particular cultural, ethnic, age, and gender identity of those seeking them;
- Recruit community-based organizations and professional service providers to become part of an active and ever growing locally-based support network for people in the Service Area, including those most challenged by mental health issues;
- Follow-up with people with whom they have engaged to ensure that they have connected with support structures and received the help they need;
- Use information technology and other means to map and keep up to date about the current availability of services and supports in the Service Area;
- Engage in joint planning efforts with community partners, including community-based organizations, other County Departments, intradepartmental staff, schools, and health service programs, with the goal of increasing access to mental health

services and strengthening the network of human services available to clients of the mental health system;

- Collaborate with the Countywide Resource Management, Residential and Bridging Services, and Jail Transition and Linkage Services initiatives to further facilitate the return to the community of those individuals that have primarily been involved with psychiatric emergency/acute inpatient and institutional care; and
- Promote awareness of mental health issues, and the commitment to recovery, wellness, and self-help that lies at the heart of the Mental Health Services Act.

Members of Service Area Navigator Teams will regularly visit community organizations, emerging and well-established health and mental health programs, Law enforcement agencies, schools, courts, , residential facilities, NAMI chapters, self-help groups, client advocacy groups, and others. This model provides the beginning infrastructure to implement a system of care that is responsive to the local needs of communities, clients and families.

The Navigator teams in each SA will consist of a balance of community workers, people who have received services, family advocates, family members, and mental health professionals. While the precise design of these teams will vary by Service Area, reflecting each Area's particular local character and needs, each team will recruit members who together have substantial familiarity and expertise with all age groups, including the particular challenges facing those age groups and the distinct characteristics of the support networks for each.

3) Describe any housing or employment services to be provided.

The program will develop and maintain information on employment and housing services in the geographic area, and will actively recruit employers and housing providers to become an active part of the support network in the Service Area

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

N/A

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

This program supports the CSS plan's overarching theme of a commitment to recovery and wellness. Beyond helping people find the supports and services they need to achieve and sustain wellness and recovery, the program will provide and/or make accessible regular training on recovery and wellness for the Navigator staff and community partners. Staff's commitment to these principles, as well as knowledge of

practical tools for putting this commitment into practice, will be regularly addressed during supervision, team meetings and performance evaluations. Of critical importance will be the increased use of self-help groups both for training staff and for the provision of recovery-focused support services. As previously noted, peer and family advocates will participate as members of the Navigation teams and in doing so will bring the richness of their experiences to the program.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

N/A

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

Clients and family members will participate as members of the Navigator teams in each SA and will be responsible for ensuring that individuals and their families are informed of, have access to, and receive appropriate community based and client run services and supports, in addition to professional services. In addition, Navigation teams will have strong links with self-help groups and Wellness and Client Run Support Centers to enhance individuals' ability to live independently and to support recovery and resiliency.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

As detailed above, the Service Area Navigator teams will promote collaboration with community stakeholders in myriad ways, including: inviting stakeholders to participate on the Navigation teams; organizing and participating in various community planning, assessment, and engagement efforts; maintaining current information about available services and supports; and others. Key indicators of success will be the strength and flexibility of the provider network as evidenced by client retention in treatment and length of time between a request for service and the initiation of services.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

The implementation of Service Area Navigator Teams will assist each of the Service Area service networks build its capacity to meet the specific needs of individuals in the various age and ethnic groups within the Service Area. Through the outreach and collaboration described above, the Navigator teams will develop competency in

understanding the culturally and linguistically diverse needs of their communities and the current resources available to meet those needs. Promoting the development of additional resources for unserved and underserved populations will be a key role of the Navigator teams.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

Service Area Navigator Team members will reflect a diversity of experiences and skills with which to draw upon and ensure that services and supports identified to assist clients are sensitive to and responsive to their individual needs. This includes identifying services and supports that are sensitive to the differing needs based on gender and sexual orientation.

Also, as mentioned above, through the outreach and collaboration the Navigator teams will develop competency in understanding the diverse needs of their communities and the current resources available to meet those needs. Promoting the development of additional resources for unserved and underserved populations will also be a key role of the Navigator teams.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

Currently out-of-county individuals who are residents of Los Angeles County, as well as their family members, at times struggle with arranging resources for their appropriate return to Los Angeles County. Navigation teams will be available to assist with referral and linkage to both out-of-county resources for individuals residing out-of-county and local resources for those Los Angeles County residents who are planning their return to this County.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

N/A

13) Please provide a timeline for this work plan, including all critical implementation dates.

2005	
September	Designate DMH lead manager
October	Develop provider selection process
December	Select providers, subject to allocation of funding
2006	
January	Begin ongoing orientation efforts for DMH Countywide programs, SAACs, client and family groups and other stakeholder groups
	If CBO provider(s):
February	Complete contracting process
March	Begin implementation
	If DMH:
January	Obtain equipment & supplies
February	Obtain temporary space
March	Complete hiring and training process
	Begin implementation
March	Participation on SA Navigation Teams representing children, TAY and adults/older adults
March	Teams outreach to community agencies and other stakeholders within the Service Area
June	Full implementation
December	Assessment of program and implementation of program refinements
2007	
December	Ongoing implementation, program assessment, and program refinement
2008	
December	Ongoing implementation, program assessment, and program refinement

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

Exhibit 5 contains Budget and Staffing Detail Worksheets for each program for which Los Angeles County is requesting funding.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served.

Exhibit 6 contains estimates for the number of individuals expected to receive services through this and all other programs for which Los Angeles County is requesting funding.

ACS-01a: Urgent Care Centers

1) Complete Exhibit 4.

The Exhibit 4 template has been completed for each Los Angeles County work plan recommended for CSS funding. Each work plan addresses Questions 1) a) - d). Questions 2) – 13) are answered for each program in the following narrative.

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

The Urgent Care Centers (UCC) program is one of the four components of Alternative Crisis Services. This program, being developed at several sites in the County including Augustus F. Hawkins Mental Health Center and Olive View Medical Center, will provide intensive crisis services and integrated treatment for co-occurring disorders (COD) to individuals who would otherwise be brought to the Department of Health Services (DHS) County hospital Psychiatric Emergency Services (PES). These individuals are less likely to require psychiatric hospitalization or medical care, but are in need of medication management, stabilization and linkage to ongoing community-based services. Providing crisis intervention services to clients in a UCC with a focus on recovery and linkage to ongoing community-based mental health services will divert clients who would otherwise go to the PES and further aggravate overcrowded conditions in the PES. Clients evaluated in PES are most often placed on 72-hour detentions, often resulting in unnecessary and lengthy involuntary inpatient treatment. This alternative crisis service will promote the provision of mental health care and integrated treatment for COD in voluntary treatment settings that are recovery oriented.

Emphasis will be on highly specialized and intensive interventions, including rapid stabilization, outpatient detoxification, engagement with mental health and substance abuse specialists, and linkage to services within local communities. The length of patients' stay will be no more than 23 hours. Services include:

- Comprehensive psychiatric assessment, including substance abuse assessment
- Basic physical assessment, including assessment of symptoms related to substance abuse
- Referral to medical treatment when necessary
- Individualized mental health treatment and services
- Limited detoxification services
- Group interventions, e.g., AA meetings on the unit
- Engagement of clients with co-occurring substance abuse problems
- Crisis intervention, including family interventions when needed
- Medication management
- Housing assessment and referrals for emergency, transitional, permanent housing
- Referral to Full Service Partnership (FSP) programs
- Assessment of financial situations and initiation of benefits establishment process when indicated

- Referral to substance abuse programs, particularly those with capacity to admit persons with co-occurring mental illness
- Referral to employment, self-help, money management, and community resources for recreation and social interaction, etc.
- Referral and linkage to community mental health centers in clients' communities; linkage to clients' existing service providers
- Referral to Wellness Centers and Client Run Support programs

Surveys have shown that approximately 70 percent of clients in PES have substance abuse problems. The COD component of the UCC plan, through the DHS Alcohol and Drug Program Administration (ADPA), will provide much-needed on-site substance abuse assessment and referral capabilities and will begin to expand off-site capacity in community-based treatment and recovery programs for clients with COD who present in emergency settings. These services will include detoxification, stabilization/residential, intensive outpatient and transitional housing, along with other supportive services tailored to meet individual client needs. Clients will be provided with or assisted with accessing the following types of integrated treatment services:

Adolescents (ages 12 to 17) – A continuum of care, offering a full range of intensity and evidence-based approaches, needs to be expanded to address this population. Services should include the following:

- Licensed residential treatment services offering 24-hour stabilization, clinical case management, and therapeutic counseling; maximum treatment stay would be 60 days.
- Intensive certified integrated outpatient counseling services offering supportive placement, therapeutic individual, family and group counseling, and client supportive services tailored to meet individual client needs.
- Integrated outpatient services that are less intensive offering case management services and client supportive services tailored to meet individual client needs.
- Ongoing recovery support services that offer a broad array of programs supporting youth and their families, such as relapse prevention sessions, self-help and peer support group meetings and other strength-based activities promoting resiliency and achievement of recovery and wellness.

Adults (ages 18 and above, including transition age youth age 18 and over, adults, and older adults) – A full continuum of integrated treatment services will include detoxification, stabilization, intensive outpatient services with supportive housing, and ongoing recovery support. The following continuum of care, offering a full range of intensity and types of evidence-based integrated mental illness and substance abuse services is needed to comprehensively address this population's specific needs:

- Medically supported short-term residential detoxification services that provide stabilization and referral.
- Licensed residential services offering 24-hour clinical and integrated treatment services.

- Intensive certified outpatient counseling services offering clinical individual, family and group counseling services, case management and supportive housing assistance.
- Certified outpatient counseling services that are less intensive, offering client supportive services tailored to meet individual client needs.
- Ongoing recovery support services that offer a broad array of programs supporting persons in recovery and may follow completion of a structure treatment programs. Services may include relapse prevention sessions, self-help and peer support group meetings, and other activities promoting resiliency and achievement of recovery and wellness.

Expected outcomes of the UCC include the following:

- Reduced overcrowding in LA County PES as measured by reduced length of stay and reduced daily census
- Reduced number of adverse events in County hospital psychiatric emergency rooms
- Reduced hospitalization rates among identified intensive service recipients (high utilizers/ISRs) who are served by the UCC
- Reduced utilization of PES by identified high utilizers
- Increased community tenure (time spent living and working in the community) among people served by the UCC
- Change in substance abuse behaviors (uses less, attends meetings, classes, etc.)
- Enhancing and strengthening access, linkage and transition between crisis services and community based programs
- Planning, developing, and implementing programs that support the goal of increasing access to community-based mental health services, i.e. supportive residential and housing programs, and enrollment in FSP for persons exiting higher levels of care
- Identifying and addressing systemic barriers to providing coordinated mental health services with programs, providers, County, and State departments and agencies

3) Describe any housing or employment services to be provided.

Housing and employment services will not be provided directly, but through referral. Limited supportive housing for adult COD clients requiring services will be available as a component of an intensive outpatient integrated treatment program. Integrated case management and employment services will also be available to clients as an integral component of treatment services.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

N/A

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

The UCCs will ensure that program staff are selected for their commitment to a philosophy of recovery and, in addition, are trained in methodologies that will assist in crisis resolution and engaging individuals in ongoing services that will support them in recovery. The evaluation of staff understanding and implementation of these principles will be regularly addressed in supervision and team meetings. The program will ensure the involvement of clients and family members with recovery philosophies. In addition, this program advances the goals of recovery by improving the access from emergency services to on-site assessment, counseling and linkage to off-site integrated COD recovery-oriented services.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

This program is based upon the UCC strategy currently under development as part of the Mental Health Services Act Planning process in Los Angeles County. This program will address the lack in the present system of a bridge for assisting clients in emergency settings in their transition into integrated treatment and support services.

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

Staffing patterns will include peer advocates, including those who qualify as substance abuse counselors. Peer counselors play a critical role in emergency services-based assessment, counseling and linkage. Most substance abuse treatment programs host self-help and peer recovery support group meetings at the facilities and encourage their clients to participate as part of their continuing recovery efforts. Many programs also host self-help and peer support group meetings for family members of persons in recovery. These group meetings are run entirely by persons in recovery or family members. Participation in these continuing care activities serves as an integral component of clients' recovery and relapse prevention plans.

The possibility of family education by the National Alliance for the Mentally Ill (NAMI), or similar groups will be explored.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

This program will collaborate with a number of other stakeholders to ensure that individuals are referred to and linked to necessary services and supports at the appropriate levels including Service Area Navigators, Residential and Bridging Services, FSP programs, Wellness Centers, client run supportive services, psychiatric emergency services, inpatient services, shelters, temporary, transitional and permanent housing. It will also collaborate with County and Fee-For-Service Hospitals, jails, MET/SMART, various police and sheriff stations and directly operated and contract mental health service providers. Long-standing collaborative relationships already exist between the ADPA and its contracted system of substance abuse treatment services and the mental health services system (DMH – Co-Occurring Disorders Programs), the child welfare services system (Department of Children and Family Services – Family Preservation and Reunification Networks), the juvenile justice and criminal justice systems (Superior Court and Probation Department – Juvenile Drug Court, Drug Court, Proposition 36), and the social welfare system (Department of Public Social Services – CalWORKs Supportive Services and County General Relief Program Substance Abuse Services). The proposed program will expand the capacity to assist persons with co-occurring disorders who are also likely to be involved with several of the systems described above.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

This program will support the CSS plan strategies for cultural and linguistic competency including the following strategies:

- Services will be provided to ethnic populations who are uninsured and uninsurable, consistent with the language and cultural needs of each community.
- Providers and community-based organizations that have ties to ethnic communities will be partnered with to ensure that these communities have full access to services.
- Planning in each community will include the involvement of clients that are reflective of each community's underserved ethnic groups.
- The program will recruit, hire, train and retain qualified bilingual-bicultural professionals, paraprofessionals, clients and families for each aspect of the program.

The ADPA's contracted providers operate a wide array of treatment services including programs that serve specific populations, such as adolescents, women, persons from

specific cultural/language groups, and gay/lesbian/bisexual/transgender. New UCC site-based staff will be appropriately drawn from these resources. Participating programs will be selected because of their demonstrated expertise in providing culturally and linguistically appropriate services for these specific populations.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

This program addresses issues related to gender and sexual orientation by relying on evidence-based assessment, intervention and support strategies. See Section 9 above.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

N/A

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

N/A

13) Please provide a timeline for this work plan, including all critical implementation dates.

2005	
September	Designate DMH lead managers
November	Orient DMH Countywide programs, SAACs, client and family groups and other stakeholders
2006	
February	Complete contracting process
March	Program implementation if DMH
	If DMH:
January	Obtain equipment & supplies
February	Obtain temporary space
March	Complete hiring and training process
	Full implementation of first two UCCs
December	Full implementation of third UCC
2007	
December	Ongoing implementation, program assessment, and program refinement

2008	
December	Ongoing implementation, program assessment, and program refinement

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

Exhibit 5 contains Budget and Staffing Detail Worksheets for each program for which Los Angeles County is requesting funding.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served.

Exhibit 6 contains estimates for the number of individuals expected to receive services through this and all other programs for which Los Angeles County is requesting funding.

ACS-01b: Countywide Resource Management

1) Complete Exhibit 4

The Exhibit 4 template has been completed for each Los Angeles County work plan recommended for CSS funding. Each work plan addresses Questions 1) a) - d). Questions 2) – 13) are answered for each program in the following narrative.

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

The Countywide Resource Management Program is one of the four components of Alternative Crisis Services. The Countywide Resource Management Program, an administrative Department of Mental Health (DMH) program, will provide overall administrative, clinical, integrative, and fiscal management functions for the Department's acute inpatient (uninsured persons), and adult/older adult long-term institutional, crisis residential, intensive residential and supportive residential (IMD step-down) resources, with daily capacity for over 1200 persons. The Department's Interim Funding Program and the proposed Residential and Bridging Services, and Jail Transition and Linkage Services will also be under the direction of this program. By centralizing the management of these Countywide resources, this program will be vital to the success of the CSS plan, enhancing individuals' ability to avoid or reduce lengths of stay in involuntary treatment and institutional settings. Staffing for this initiative will consist of a Mental Health Clinical District Chief and a Mental Health Analyst. The Countywide Resource Management Program, with an annual budget of over 120 million dollars, will:

- Be responsible for overall administrative, clinical, integrative and fiscal aspects of all resources within the program
- Coordinate functions to maximize client flow between higher levels of care and community-based mental health services and supports
- Plan and implement programs on an ongoing basis that promote transition of individuals residing in institutional care to community-based programs that promote recovery and reduce rates of hospitalization, incarceration, and placement in Institutions for Mental Disease (IMD)
- Negotiate and manage Countywide, multi-million dollar contracts with hospitals, long-term care and community providers
- Direct and coordinate program reviews and evaluation of outcomes to ensure that services provided address the unique needs of clients served, including those with co-occurring behavioral disorders, and that they are in compliance with the terms of the contracts and County, State, and Federal mandated standards
- Interface with other County, State, and Federal departments/agencies, the Mental Health Commission, Service Area (SA) administrations and Advisory Committees, NAMI, and other stakeholders regarding program resources and

coordination in order to ensure appropriate utilization and coordination of resources
- Be supported by MHSA funding.

Current fragmentation of mental health service delivery contributes to over-reliance on costly crisis and inpatient resources, as well as unnecessary incarcerations. This program will provide enhanced coordination, linkage and integration of inpatient and residential services throughout the system thereby enhancing the goals of the MHSA by reducing re-hospitalization, incarceration and the need for long-term institutional care, while increasing the potential for community living and recovery.

3) Describe any housing or employment services to be provided.

N/A

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

N/A

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

This program will ensure that the program staff of all Countywide resources under its management are trained in recovery principles and that staff's understanding and implementation of these principles are regularly addressed in supervision and team meetings. Peer advocates/bridgers currently lead Project Return and bridging groups in the IMDs to help IMD residents prepare for discharge and establish connections in the communities in which they will be living. This program will ensure that the involvement of clients and family members will continue to be increased in similar approaches in all programs under its management.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

N/A

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

N/A

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

The program will collaborate through regular and "as needed" meetings with County and private hospitals, County departments/programs, community providers, State and Federal agencies, including the State Department of Mental Health, law enforcement, and family and consumer organizations to ensure better coordination of services. The program will improve system services and outcomes for individuals by:

- Enhancing and strengthening access, linkage and transition between involuntary and long-term settings and community based programs
- Planning, developing, and implementing programs that support the goal of increasing access to community-based mental health services, i.e. supportive residential and housing programs, and enrollment in FSPP for persons exiting higher levels of care
- Identifying and addressing systemic barriers to providing coordinated mental health services with programs, providers, County, and State departments/agencies

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

This administrative program will act to ensure that the programs under its management support the CSS plan strategies for cultural and linguistic competency including the following CSS strategies:

- Dedicated funding will be allocated to ethnic populations who are uninsured and uninsurable, consistent with the language and cultural needs of each community. Benchmarks are being established and will be monitored to ensure that programs funded through MHSA CSS dollars achieve the requisite level of service to underserved ethnic minority populations.
- The number of community-based organizations that have ties to ethnic communities will be expanded and partnerships with providers that have such community ties will be strengthened.
- Planning in each community will include the involvement of consumers that are reflective of each community's underserved ethnic groups.
- The Department will develop and implement programs that increase the system's capacity to recruit, hire, train and retain qualified bilingual-bicultural professionals, paraprofessionals, consumers and families for each aspect of the CSS plan.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

This administrative program will ensure that all programs under its management address issues related to gender and sexual orientation by relying on evidence-based assessment, intervention and support strategies.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

The program will monitor the treatment/progress of individuals residing in out-of-county placements such as State hospitals and IMDs. It will provide access to in-county placement, transition assistance and linkage to community-based programs at discharge.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

N/A

13) Please provide a timeline for this work plan, including all critical implementation dates.

2005	
October	Prepare request to County Department of Human Resources (DHR) for allocation of items
November	Develop policy and procedures
	Obtain DHR preliminary review of item allocation request and make suggested revisions
	Identify temporary space for program

2006	
January	Obtain DHR approval of requested items
	Order Equipment, Furniture, Office Supplies
	Order Telephones, Computers, Network Access
	Order Cell Phones, Pagers, Calling Cards
	Install Office Equipment and Computers
February	Hire/appoint and train staff
	Select permanent site location
	Full Implementation
March	Obtain permanent site, prepare space request, design space layout
May	Renovate space, move program
December	Develop and administer an evaluation tool for effectiveness of resource management

2007	
June	Make adjustments to program operations based on program evaluation
December	Ongoing implementation

2008	
December	Ongoing assessment of the mix and utilization of the various levels of residential care under this program's management; shifting of resources to support increase in supported independent living situations, as indicated

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

Exhibit 5 contains Budget and Staffing Detail Worksheets for each program for which Los Angeles County is requesting funding.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served.

Exhibit 6 contains estimates for the number of individuals expected to receive services through this and all other programs for which Los Angeles County is requesting funding.

ACS-01c: Residential and Bridging Services

1) Complete Exhibit 4.

The Exhibit 4 template has been completed for each Los Angeles County work plan recommended for CSS funding. Each work plan addresses Questions 1) a) - d). Questions 2) – 13) are answered for each program in the following narrative.

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

Residential and Bridging Services is one of the four components of Alternative Crisis Services. The Residential and Bridging Services will provide DMH program liaisons and peer advocates/bridgers to assist in the coordination of psychiatric services and supports for TAY, adults and older adults being discharged from County hospital psychiatric emergency services and inpatient units, County contracted private acute inpatient beds for uninsured individuals, UCCs, IMDs, crisis residential, intensive residential, and supportive residential (IMD step-down) facilities. The program will ensure linkage of these clients upon discharge, with appropriate levels and types of mental heath and supportive services, residential, substance abuse, and other specialized programs. The program will promote the expectation that clients must be successfully reintegrated into their communities upon discharge and that all care providers must participate in client transitions. The Countywide Resource Management Program will manage and coordinate the Residential and Bridging Services.

This program will utilize MHSA funding and the following strategies:

- In inpatient settings staff will identify those Intensive Service Recipients (ISR) enrolled in FSP/AB 2034/Assertive Community Treatment (ACT) programs or served by other outpatient service providers and link these providers to the hospital treatment teams for the purpose of coordinated treatment and discharge planning.
- The liaisons and peer advocates will collaborate with inpatient, emergency services, and residential treatment teams, to assist in developing after care plans for those clients identified with intensive and complicated service needs that are not already in FSP/AB 2034 or ACT programs.
- The program will coordinate discharge planning with Service Area Navigators to ensure that individuals have access to appropriate resources in their geographical areas.
- Liaisons and advocates will work collaboratively with community providers to facilitate linkage to community-based resources. This includes coordination with substance abuse programs, mental health clinics, residential providers, FSPs, self-help groups and bridging services. The program will ensure continuity of care and consumer support during the discharge process.

- Staff will assist in benefit establishment activities to ensure applications for benefits are initiated in a timely manner. This will include advocacy and identification of system barriers that prevent the establishment of benefits.
- The program will identify system barriers, including social and financial barriers, to successful re-integration of individuals into their communities and work with other departmental programs and community agencies to resolve these barriers.
- The program will employ a recovery approach toward treatment with a strength-based focus that empowers clients to develop their goals toward community re-integration, skills to become self-sufficient and the capacity to increase current levels of community functioning.
- Peer support and family involvement will be an important aspect of the program promoting community re-integration. For example, the program will employ peer advocates and there will be client-run self-help groups providing support and peer bridging.
- The program will support the outcomes identified in the CSS plan.

3) Describe any housing or employment services to be provided.

This program will not directly provide housing or employment services but, as described above, will provide coordination and linkage to programs that will address housing and employment.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

N/A

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

This program supports the CSS plan's commitment to recovery and wellness. The program will provide initial and ongoing training on recovery and wellness for acute inpatient, State hospital, IMD, and crisis, intensive and supportive residential staff. Education and training about recovery in these settings will promote recovery, not just as way of helping some individuals do better, but also as a means of engaging those who do not fit well in the current mental health system, i.e., individuals with co-occurring disorders, homelessness, forensic histories, and non-compliance. System transformation will not be successful without training in these settings as well as the community at large.

The program will utilize community self-help and peer advocacy resources as well as DMH peer advocates to transition individuals from the programs under its management to FSPs and other community-based services. This program will directly, and through collaboration with self-help groups, increase the levels of client/family participation in the mental health service delivery system, enhance discharge planning and linkage to community-based alternatives to institutionalization, and promote recovery and wellness.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

This program is based on an existing strategy utilized primarily in IMDs and the DHS PES and inpatient units whereby DMH staff assist those providers with discharge planning. The proposed program will build upon this experience by assisting with discharge planning and linkage to community-based resources for all services under the management of the Countywide Resource Management Service. It should be noted that the quantity and variety of these Countywide Resources have increased greatly over the past year and will continue to do so under the MHSA. For example, in recent months the Department has doubled its number of contracted private inpatient beds for uninsured clients of all ages. In addition a Psychiatric Diversion Program which funds up to 16 additional inpatient beds per day for the uninsured to divert them from the DHS system has been implemented, and new intensive and supportive residential facilities are included in this CSS plan. This initiative will provide a group of professional and peer advocate staff that will function within and across all Countywide Resources, greatly enhancing the Department's ability to support individuals' progress toward recovery and independent community living.

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

Peer advocates and family members will participate as part of this program with the following responsibilities:

- Provide self-help support groups (peers advocates and families) within facilities to support individuals transitioning to community living
- Facilitate client participation in developing service plans and goals
- Serve as members of a multidisciplinary team to provide education, support, advocacy, and information regarding clients' progress in achieving their goals (peer advocates)
- Assist clients in developing community living skills and utilizing community resources
- Provide education and advocacy about recovery and wellness to clients, families, and providers

8) *Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals*.

This program will collaborate with a number of other stakeholders to ensure that individuals receive services that are specific to their needs. The program will collaborate with County and private hospitals, Service Area Navigators, institutional providers, FSP programs, community peer support programs, mental health clinics, psychiatric emergency outreach teams, alcohol and drug programs, residential and other community providers to ensure coordination of services that support wellness and recovery.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

Strategies to be used for this program to promote cultural and linguistic competency include the following:

- Benchmarks will be established and monitored to ensure that this program achieves the requisite level of service to underserved ethnic minority populations
- Collaboration with community-based organizations that have ties to ethnic communities will be expanded and strengthened
- Culturally and linguistically appropriate strategies, policies and procedures will be developed to ensure access to culturally appropriate services for unserved, underserved and inappropriately served ethnic populations.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

This program will be sensitive to and address issues of sexual orientation and the differing psychologies of men and women by relying on evidence-based assessment, intervention and support strategies. Program staff will be trained in these strategies and provided ongoing supervision on their implementation.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

The program will provide discharge planning and linkage to County community mental health services and supports for individuals residing in out-of-county placement, such as State hospitals or IMDs.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

N/A

13) Please provide a timeline for this work plan, including all critical implementation dates.

2005	
October	Prepare request to County Department of Human Resources (DHR) for allocation of items
November	Develop policy and procedures
	Obtain DHR preliminary review of item allocation request and make suggested revisions
	Identify temporary space for program
2006	
January	Obtain DHR approval of permanent items
	Order Necessary Equipment, Furniture, Office Supplies
	Order Necessary Telephones, Computers, Network Access
	Install necessary Office Equipment and Computers
	Orient Countywide programs and other stakeholders to this program
	Hire/appoint and train staff
February	Select permanent site location to be co-located with Countywide Resource Management
	Full Implementation
March	Obtain permanent site, prepare space request, design space layout
May	Renovate space, move program
December	Develop and administer an evaluation tool for effectiveness of residential liaisons/bridgers
2007	
June	Make adjustments to program operations based on program evaluation
December	Ongoing implementation
2008	
December	Assist with ongoing assessment of the utilization of the various levels of residential care; shifting of resources to support increase in supported independent living situations, as indicated

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

Exhibit 5 contains Budget and Staffing Detail Worksheets for each program for which Los Angeles County is requesting funding.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served.

Exhibit 6 contains estimates for the number of individuals expected to receive services through this and all other programs for which Los Angeles County is requesting funding.

ACS-01d: Enriched Residential Services

1) Complete Exhibit 4.

The Exhibit 4 template has been completed for each Los Angeles County work plan recommended for CSS funding. Each work plan addresses Questions 1) a) - d). Questions 2) – 13) are answered for each program in the following narrative.

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

The Enriched Residential Program is one of the four components of Alternative Crisis Services. The Enriched Residential Program will be a secure 48-bed augmented, licensed Adult Residential Facility (ARF) that will serve DMH clients, 18 to 64 years of age, who are ready for discharge from acute psychiatric inpatient units, Crisis Residential facilities or Institutions for Mental Disease (IMD). This program, provided by a DMH contractor, will increase the Department's community-based intensive residential resources that are focused on breaking the cycle of costly emergency and inpatient care and promoting successful community re-integration.

The program will target those individuals in higher levels of care who require intensive mental health supportive services to transition to stable community placement and prepare for more independent community living.

- The anticipated length of stay will be two to six months.
- The program will have 24/7 capacity for emergencies and specialized programming.
- Staffing will include licensed mental health professionals, mental health workers, certified drug and alcohol counselors, and family and peer advocates.
- As clients progress, they will be able to transition into FSPs and independent living and participate in vocational activities in the community.
- The program will provide individual and group treatment, medication support, crisis intervention, case management, and vocational rehabilitation services.
- Peer support and family involvement will be a primary focus of the program promoting community re-integration before discharge from the program. For example, there will be Project Return, a client-run self-help group with peer bridgers, and DMH peer support advocates/bridgers.
- MHSA, Medi-Cal, Medicare, and any other available third party revenues will support the program/
- Outcomes will be consistent with those outlined in the CSS plan.

3) Describe any housing or employment services to be provided.

This program will provide housing and the opportunity for residents to participate in the provider's vocational training program. Prior to discharge, residents will be linked to FSPs or other mental health providers that will address housing and employment opportunities on an ongoing basis.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

N/A

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

This program supports the CSS plan's commitment to recovery and wellness as detailed in Section 2 of the plan. The program will provide initial and ongoing training on recovery and wellness for its program participants, their families, peer advocates, and paraprofessional/professional staff.

The program will utilize community self-help and peer advocacy resources as well as County peer advocates identified in the Residential and Bridging Services component to transition individuals in the program to FSPs or other mental health services and permanent housing. This program will directly, and through collaboration with self-help groups, increase the levels of client/family participation in the mental health service delivery system, increase the array of community-based alternatives to institutionalization, and promote recovery and wellness.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

This will be a new program in Fiscal Year (FY) 2006-2007 that will be based on experience gained from several pilots/models of augmented residential programs which the Department will be implementing in FY 2005-2006.

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

Peer advocates will serve as members of the Countywide Resource Management's multi-disciplinary team that monitors and promotes quality of care within its programs. Peer advocates will also:

- Provide self-help support groups within the facility prior to discharge to support individuals' transition to community living.
- Facilitate client participation in developing service plans and goals.
- Provide members of the team with information regarding clients' progress in achieving their goals.
- Assist clients in developing community living skills and utilizing community resources.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

This program will collaborate with a variety of stakeholders to ensure that individuals receive services that are specific to their needs, including Countywide Resource Management, Service Area Navigators, institutional providers, community peer support programs, mental health clinics, and others to ensure coordination of services that support wellness and recovery. There will also be extensive collaboration with other stakeholders such as, Alcohol and Drug Program providers and the County's Asian-Pacific Alliance to meet specific needs of individuals residing at the program, and with FSPs as individuals move towards recovery and transition to independent living.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

Mental health services will be provided within a relevant and meaningful cultural, gender-sensitive, and age appropriate context for the individuals being served.

Recovery and rehabilitation are most likely to occur when staff have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers, their families, and communities. Training will be provided to staff to promote cultural awareness and sensitivity, including treatment based on knowledge and skills derived from culturally competent interventions and models of care, i.e., cultural norms, values, and critical life experiences.

The program will have the capacity to provide services that are linguistically diverse through the inclusion of ethnically minority staff. The Department intends to explore the possibility of the possibility of developing an American Sign Language (ASL) program at the facility for hearing-impaired individuals hearing-impaired individuals currently in an out-of-county IMD.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

Mental health services will be provided within a relevant and meaningful gender-sensitive and age appropriate context for the individuals being served. Training will be provided to staff to promote awareness and sensitivity to genders, sexual orientation and the differing psychologies and needs of women and men.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

The program will provide services for clients who meet admission criteria from State Hospitals outside of Los Angeles County, as well as those currently residing in an out-of-county IMD with a special program for hearing impaired clients. The program will also be available to out-of-county forensic clients currently in State Hospitals after their legal status has changed to LPS conservatorship and after stabilization in County IMDs.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

N/A

13) Please provide a timeline for this work plan, including all critical implementation dates.

2006	
July	Amend contract
	Review and approve program guidelines, policy and procedures; ensure that all program elements are in place and in compliance with local and State requirements
	Ongoing implementation
	Initiation of client run groups at the facility
December	Program quality of care review, identification of any areas requiring correction and development of corrective action plan
	Program fully operational

2007	
June	Assessment of program (lengths of stay, linkages, client outcomes, participation of peers and families in service delivery, cultural competency) and implementation of program refinements
	Development of American Sign Language (ASL) program
December	Ongoing implementation, program assessment, and program refinement

2008	
December	Development of capacity to serve former forensic clients
	Ongoing implementation, program assessment, and program refinement

1

4) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

Exhibit 5 contains Budget and Staffing Detail Worksheets for each program for which Los Angeles County is requesting funding.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served.

Exhibit 6 contains estimates for the number of individuals expected to receive services through this and all other programs for which Los Angeles County is requesting funding.

ONE-TIME FUNDING INVESTMENTS

We have developed several proposals for the potential $44,896,400 in one-time funds that could be available to Los Angeles County in FY 2005-06. Most of these proposals are detailed in the budget narratives in Exhibit V. We highlight two here: a one-time funding proposal for housing and for workforce development and training.

OT-01: One-Time Funding Housing

NOTE: Although not required by the CSS guidelines, we used the format from Part II Section VI to detail our proposal for one-time funding housing proposal. The answers to the questions detailed in Part II Section VI will help clarify the importance we place on this one-time investment.

1) Complete Exhibit 4.

The Exhibit 4 template has been completed for each Los Angeles County work plan recommended for CSS funding. Each work plan addresses Questions 1) a) - d). Questions 2) – 13) are answered for each program in the following narrative.

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

We will use $11.5 million of one-time funds to help capitalize a Housing Trust Fund to support the development of new permanent supportive housing for individuals with psychiatric disabilities, particularly those individuals who are homeless or are living in Residential Care Facilities, Institutions for Mental Disease and other settings such as Sober or Collaborative Living facilities.

The MHSA funds dedicated to the Trust Fund account will be used to:

- Leverage other local, state, and federal financial resources for developing permanent affordable supportive housing for all age groups, including children, youth and families, transition age youth, adults, and older adults.
- Provide on-going rental subsidies and the on-site supportive services necessary for special needs housing developers to leverage millions of dollars in capital funds. Long-term commitments for project-based vouchers or other types of rental subsidies are necessary for special needs housing developers to obtain long-term financing for the capital costs of new projects. Historically, federally sponsored Section 8 vouchers have served this purpose. However, in recent years there has been a dramatic decrease in the availability of Section 8 tenant and project-based vouchers, a trend that is expected to continue. The Housing Trust Fund will fill a crucial gap in commitments for rental subsidies and supportive services required for the development of permanent, affordable and safe supportive housing.

- Provide emergency housing for emancipated homeless youth during the outreach and engagement process
- Fund consultants to assist in planning strategies to minimize any neighborhood opposition to special needs housing in their neighborhoods.

The Department, in conjunction with a Housing Trust Fund Advisory Board (HTFAB), will establish specific administrative and program guidelines outlining the purposes of the Housing Trust Fund, the targeted beneficiaries, basic eligibility requirements for receiving funds, the funding process, and the mechanism for overseeing the Trust Fund operations. The Housing Trust Fund Advisory Board will include representatives from County and local governments, and other appropriate stakeholders. The Board will include significant representation from clients and family members. Additionally, the Department will encourage a broad range of consumer input on the HTFAB. Special attention will be given to engage homeless and formerly homeless individuals at different points in their recovery and from different types of housing initiatives, age groups, and minority populations.

We will use $100,000 of one-time resources to fund a strategic planning initiative to develop an on-going approach for responding to local concerns and resistance to the siting of such permanent supportive housing. Called the NIMBY initiative, the purpose of this modest investment is to research and develop effective recommendations

3) Describe any housing or employment services to be provided.

It is important to note that in the past decade, Los Angeles County stakeholders have been working collaboratively to develop permanent, supportive, affordable housing for this population and strongly believe that it is an essential key for success with Full Service Partnerships. In Los Angeles County, there are approximately 4,500 such housing units available currently and more than 700 units that will come on-line within the next 18 months. However, the need far exceeds the supply. Establishment of this Trust Fund will serve to significantly increase the current stock of permanent, affordable, supportive housing.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

N/A

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

Supportive housing has been recognized as an evidenced-based practice in addressing the housing needs of mentally ill individuals and specifically those who are homeless.

The Trust Fund will promote the employment of peers to support and mentor the residents. This will be a crucial component of the support services offered within supportive housing projects for transitional aged youth, adults, transitional-aged adults and older adults. One of the essential components of supportive housing will be on site peer recovery groups such as Project Return the Next Step, Procovery Circles and other peer run support groups. Through these groups, residents in supported housing will be encouraged to develop self help skills such as WRAP (Wellness Recovery Action Plan) to empower them to take responsibility for their own treatment and recovery.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

N/A; new program.

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

The Housing Trust Fund Advisory Board will be comprised of consumers, family members, and representatives from other community stakeholders. Consumers and homeless individuals with a mental illness will be fully empowered board members. As such, the Department will ensure that the needs and concerns of consumers and homeless individuals with mental illness are fully addressed.

The Advisory Board will promote the employment of peers to support and mentor the residents. This will be a crucial component of the support services offered within supportive housing projects for transitional aged youth, adults, transitional-aged adults and older adults. As previously noted, one of the essential components of supportive housing will be on site peer recovery groups such as Project Return the Next Step, Procovery Circles and other peer run support groups.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

The Housing Trust Fund Advisory Board will be comprised of community stakeholders who are actively involved in policy making and the administration of local, state, and federal funding for the development of affordable permanent supportive housing for the mentally ill and homeless such as from Shelter Partnership, Inc., the Corporation for Supportive Housing and LAHSA. In addition, there will be collaboration with housing developers, lenders, governmental agencies and other housing professionals, There have also been preliminary discussions with local lenders of capital development funds to work with them to develop a streamlined funding proposal process in which housing developers would apply to all local funding (loans and Housing Trust Funds) at the same time.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

This area will be addressed through the composition of the Advisory Board and by Departmental managers.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

This area will be addressed through the composition of the Advisory Board and by Departmental managers.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

N/A

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

N/A

13) Please provide a timeline for this work plan, including all critical implementation dates.

2005	
September 2005	Designate DMH lead manager
October 2005	Prepare request to County Department of Human Resources (DHR) for allocation of items (DMH mgt staff)
November 15, 2005	Conduct preliminary negotiations with Los Angeles County Community Development Commission (CDC)
November 2005	Obtain DHR preliminary review of item allocation request and make suggested revisions
November 2005	Identify temporary space for DMH staff
2006	
January 2006	Obtain DHR approval of requested items
January 2006	Appoint Advisory Board
February 2006	Negotiate arrangement with CDC to establish the Trust Fund and obtain Board of Supervisors approval
March 2006	Full implementation

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

Exhibit 5 contains Budget and Staffing Detail Worksheets for each program for which Los Angeles County is requesting funding.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served.

Exhibit 6 contains estimates for the number of individuals expected to receive services through this and all other programs for which Los Angeles County is requesting funding.

OT-02: Workforce Training and Development

We have used a different format for this narrative, given the nature of the proposal.

Meeting the aggressive implementation timelines outlined in the Los Angeles County timeline will require a workforce committed to recovery, grounded in principles of cultural sensitivity and competency, and dedicated to achieving positive outcomes for those most severely affected by mental health issues. The purpose of this proposal is to jump start efforts in Los Angeles County to strengthen its mental health workforce in ways that will insure the success of the Mental Health Services Act.

I. **Summary of overarching interests**
   A. Commitment to recovery model across all initiatives
   B. Want to promote open entry as much as possible
   C. Want to promote a career ladder for people wherever and whenever they enter the workforce
   D. Want to encourage people to develop or strengthen their skills, including:
      1. People who receive services
      2. Family members
      3. LA DMH workers
      4. Staff of community providers
      5. Staff of partners—e.g., law enforcement, Health Services, Probation
   E. Want to ways to integrate recovery model for substance abuse disorders with mental health recovery model
   F. Want to insure that this money benefits people across the education and experience spectrum, from people who do not have a BA but have much life experience and commitment to Psychiatrists and everyone in between
   G. Want to insure as much as possible that people we invest in actually stay to provide mental health services
   H. Want to include language skills as part of this training
   I. Want to insure, over time, that we are training people to be able to effectively work in multiple communities. This requires both recruiting candidates from various ethnic and cultural communities and training all people to work in multiple communities.
   J. Want to use existing curricula where available.

II. **The three target groups for this proposal**
   A. People who are not yet working in the mental health system who are committed to getting a job working somewhere in the system
   B. People who are currently working in the mental health system or in partnering organizations, agencies, and departments
   C. People who are in degree-granting programs for whom there is a documented urgent need

III. Target group: People who are not yet working in the mental health system

A. The group refined
   1. Includes people without bachelor degrees as well as people with bachelors degrees
   2. Will include substantial numbers of people who receive services, family members, including caregivers of young children, and members from underserved populations, including ethnic and racial groups.

B. Outcomes sought for this group as a result of this proposal
   1. A job in the mental health system providing effective mental health services, including but not limited to jobs with:
      a. The Department of Mental Health
      b. Community-based organizations providing mental health services
      c. Contract providers
      d. Partner departments and organizations

   2. Increased understanding and commitment to the concepts of wellness, recovery, and resiliency as part of their work

C. The basic design for this population
   1. An intensive training and orientation program (or programs) that would include at least 4 basic components:
      a. Classes to introduce participants to the essential components of the mental health system, and the essential elements of mental health services grounded in a commitment to wellness, recovery, and resiliency.
      b. Experiential learning opportunities for participants to experience first-hand one or more aspects of the mental health system
      c. Peer and mentoring support to help participants make sense of and learn from their experiences
      d. Support for securing a job at the conclusion of the program

   2. The exact design of this approach will be determined over the next several months. We will research existing models and programs to insure that we can meet the time constraints associated with the one-time funds. Examples (See attachment 1 for more detail) of two models that we have already researched that could provide prototypes for this effort are:

      a. Mental Health Rehabilitation Specialist Training Program
         (1) This is a 15-week training program at a California State University campus that will prepare people with a Bachelor Degree to work in the field of mental health.
         (2) Enrollment goal: 100 students: 25% people who receive services, 25% family members, 50% minorities
         (3) Estimated budget: $1,220,000

b. **Mental Health Rehabilitation Worker Training Program**
   (1) A training program at three community colleges in Los Angeles to prepare people with a high school degree or some college work to work in the field of mental health.
   (2) Enrollment goal: 100 students: 50% people who receive services, 50% minorities
   (3) Estimated budget: $750,000

D. The estimated budget for this population: **$2.5 million**

IV. Target group: People who are currently working in the mental health system or in partnering organizations, agencies, and departments

A. The group refined
   1. Includes current staff for LA DMH
   2. Includes current staff for partnering organizations, agencies, and departments, including but not limited to:
      a. Law enforcement personnel
      b. Staff from other County departments, including Probation, Health Services, Department of Children and Family Services, Department of Public Social Services, and others
      c. Staff from community agencies, organizations, and contract providers
      d. Community based workers—e.g., existing Promotoras and others
   3. Includes people with no degrees and practitioners with advanced degrees
   4. Will include substantial numbers of people who receive services, family members, including caregivers of young children, and members from underserved populations, including ethnic and racial groups
   5. Will prioritize people who are essential in the first phases of implementation for the Community Services and Supports plan

B. Outcomes sought for this group as a result of this proposal
   1. Increased understanding and commitment to the concepts of wellness, recovery, and resiliency as part of their work, including their responsibilities implementing parts of the Community Services and Supports plan
   2. Recruit people from this group who are willing to sponsor experiential placements and jobs for people from the first target group

C. The basic design for this population
   1. A consortium of stakeholders, including people who receive services, family members, including caregivers of young children, ethnic and racial groups, DMH representatives, and representatives from partnering organizations, agencies, and departments, will oversee:
      a. The selection and recruitment of people to participate in the various programs and training modules.
      b. The identification and selection of programs and training modules to provide the training;

c. The monitoring of learning objectives.

2. A group of consultants will be hired to:
   a. Identify available programs and training modules;
   b. Match priority programs and training modules to the projected participants' needs and develop reasonable learning objectives for the different groups.

3. Various programs and training modules will be identified that can introduce a diverse array of participants to:
   a. The fundamental concepts of wellness, recovery, and resiliency;
   b. Different cultural conceptions of mental health;
   c. Other skills and orientations needed to help effectively implement the Community Services and Support plan.

4. Some examples of these programs could include:
   a. Village Immersion program;
   b. Consultations on recovery program models, including consultations and trainings by Mary Ellen Copeland focues on the Wellness Recovery Action Plan;
   c. Training in Procovery;
   d. Hands-on training focused on patients' rights issues; and
   e. Others.
   f. See Attachment 2 for more details.

D. **Estimated budget: $5 million,** including money to support the infrastructure to run this initiative.

V. **Target group: People who are in degree-granting programs for whom there is a documented urgent need**

A. The group refined
   1. People in the second year of Social Work school, Marriage and Family Therapy programs, Psychiatric Technician programs who are committed to working in the mental health system
   2. People in the first year of these programs who are committed to working in the mental health system
   3. People in BA programs who are committed to working in the mental health system
   4. People in psychology degree granting programs who are fluent in one of the 11 threshold languages (other than English) and who are committed to providing mental health services to people in communities who speak that threshold language

B. Outcomes sought for this group as a result of this proposal
   1. Increased understanding and commitment to the concepts of wellness, recovery, and resiliency as part of their work

2. Commitments from students who will graduate within the next year (ideal) or the next two years to provide high need services and supports in the mental health system in Los Angeles County

C. The basic design for this population
   1. Agreements will be developed between the Department and several schools to provide support to students in exchange for a commitment to work for one or more years in areas of critical need in the mental health system.

   2. Some examples of these programs include:

      a. **Social Work:** The social training proposal addresses the Department's immediate need to increase the number of bilingual and multi-cultural social workers throughout the mental health delivery system in order to address the needs of underrepresented groups. Students enrolled in graduate programs in Los Angeles with field placements at DMH directly operated and contract agencies would receive stipends. Funding for stipends to support trainees with MHSA one-time funds would be converted to ongoing funding through CALSWEC once that plan is finalized by the state. Estimated budget: $1.2 million

      b. **Marriage and Family:** The Marriage and Family Therapy proposal addresses the Department's immediate need to increase the number of bilingual and multicultural mental health providers with an emphasis in working with families. Students enrolled in graduate programs in area universities would be granted stipends for field placements in DMH directly operated or contract agencies. Estimated budget: $900,000

      c. **Psychiatric Technician:** To further address the Department's need for bilingual and multicultural mental health providers, DMH will develop partnerships with Mt. San Antonio and Hacienda La Puente Community Colleges to implement training opportunities for students enrolled in psychiatric technician training programs. Estimate budget: $168,000

      d. **Psychology**: Conversations will begin soon with programs to explore how to identify and provide support to psychologists who are fluent in one of the 11 threshold languages other than English and who are committed to providing mental health services to people in communities who speak that threshold language.

D. **Estimated budget: $2.5 million**

VI. **Total projected budget for all 3 initiatives: $10 million**

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

County: Los Angeles
Fiscal Year: FY 2005-06 (Assumes funds are available 1/1/2006)

		TOTAL FUNDS REQUESTED By Type				FUNDS REQUESTED By Age Group			
#	Program/Work Plan	FSP	SD	O&E	Total Request	Children, Youth & Families	Transition Age Youth	Adult	Older Adult
	CHILDREN								
C-01	Children's Full Service Partnership	2,707,702				2,707,702			
C-02	Family Support Services	1,750,000				1,750,000			
C-03	Integrated MH/COD Svcs	600,000	150,000			750,000			
C-04	Family Crisis svcs: Respite Care	200,000	50,000			250,000			
	Sub-total	5,257,702	200,000		5,457,702	5,457,702			
	TAY								
T-01	TAY Full-Service Partnerships	3,358,663					3,358,663		
T-02	Drop-in Centers	100,000	150,000				250,000		
T-03	TAY Housing services	393,750	393,750				787,500		
T-04	Probation Camp services	187,500	562,500				750,000		
	Sub-total	4,039,913	1,106,250		5,146,163		5,146,163		
	ADULTS								
A-01	Adult Full Service Partnerships	15,475,000						15,475,000	
A-02	Wellness/Client-Run Centers	90,000	810,000					900,000	
A-03	IMD step-down facilities	712,500	237,500					950,000	
A-04	Housing services	92,405	831,648					924,053	
A-05	Jail Transition & Linkage svcs	174,811	699,242					874,053	
	Sub-total	16,544,716	2,578,390		19,123,106			19,123,106	

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

County: Los Angeles
Fiscal Year: FY 2005-06 (Assumes funds are available 1/1/2006)

		TOTAL FUNDS REQUESTED By Type				FUNDS REQUESTED By Age Group			
#	Program Work Plan	FSP	SD	O&E	Total Request	Children, Youth & Families	Transition Age Youth	Adult	Older Adult
	OLDER ADULTS								
OA-01	Older Adult FSP	1,049,400							1,049,400
OA-02	System Transformation Team		165,000						165,000
OA-03	Field-capable clinical services	126,968	2,412,383						2,539,350
OA-04	Service Extenders	61,875	61,875						123,750
OA-05	Training	23,863	75,566						99,429
	Sub-total	1,262,105	2,714,824		3,976,929				3,976,929
	CROSS-CUTTING								
SN-01	Service Area Navigator Teams		2,450,000		2,450,000	1,050,000	1,000,000	400,000	
ACS-01	Alternative Crisis Services	750,000	5,425,000		6,175,000	308,750	1,420,250	3,766,750	679,250
POE-01	Planning, outreach, engagement			317,500	317,500				
ADM-01	Administration	1,125,000	1,125,000		2,250,000	405,000	382,500	1,215,000	247,500
	Total Request for FY 05-06	28,979,436	15,599,464	317,500	44,896,400	7,221,452	7,948,913	24,504,856	4,903,679

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

County: Los Angeles
Fiscal Year: FY 2006-07

#	Program Work Plan	TOTAL FUNDS REQUESTED By Type				FUNDS REQUESTED By Age Group			
		FSP	SD	O&E	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
	CHILDREN								
C-01	Children's Full Service Partnerships	5,415,404				5,415,404			
C-02	Family Support Services	3,500,000				3,500,000			
C-03	Integrated MH/COD Svcs		1,500,000			1,500,000			
C-04	Family Crisis Svcs: Respite Care	400,000	100,000			500,000			
	Sub-total	9,315,404	1,600,000		10,915,404	10,915,404			
	TAY								
T-01	TAY Full-Service Partnerships	6,717,326					6,717,326		
T-02	Drop-in Centers	200,000	300,000				500,000		
T-03	TAY Housing services	787,500	787,500				1,575,000		
T-04	Probation Camp services	375,000	1,125,000				1,500,000		
	Sub-total	8,079,826	2,212,500		10,292,326		10,292,326		
	ADULTS								
A-01	Adult Full Service Partnerships	30,950,000						30,950,000	
A-02	Wellness/Client-Run Centers	180,000	1,620,000					1,800,000	
A-03	IMD step-down facilities	1,425,000	475,000					1,900,000	
A-04	Adult Housing services	184,811	1,663,295					1,848,106	
A-05	Jail Transition & Linkage svcs	349,621	1,398,485					1,748,106	
	Sub-total	33,089,432	5,156,780		38,246,212			38,246,212	

Exhibit 2 COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

County: Los Angeles
Fiscal Year: FY 2006-07

		TOTAL FUNDS REQUESTED By Type				FUNDS REQUESTED By Age Group			
#	Program Work Plan	FSP	SD	O&E	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
	OLDER ADULTS								
OA-01	Older Adult FSP	2,098,800							2,098,800
OA-02	Systems Transformation Team		330,000						330,000
OA-03	Field-capable clinical services	253,935	4,824,765						5,078,700
OA-04	OA Service Extenders	123,750	123,750						247,500
OA-05	OA Training	47,726	151,132						198,858
	Sub-total	2,524,211	5,429,647		7,953,858				7,953,858
	CROSS-CUTTING								
SN-01	Service Area Navigator Teams		4,900,000		4,900,000	2,100,000	2,000,000	800,000	
ACS-01	Alternative Crisis Services	1,500,000	12,520,000		14,020,000	701,000	3,224,600	8,552,200	1,542,200
ADM-01	Administration	2,250,000	2,250,000		4,500,000	810,000	765,000	2,430,000	495,000
POE-01	Planning, outreach, engagement		3,500,000	1,000,000	4,500,000	810,000	765,000	2,430,000	495,000
	Rollover projected from FY05-06				-4,637,072				
	Total Request for FY 2006-07	56,758,873	37,568,927	1,000,000	90,690,728	15,336,404	17,046,926	52,458,412	10,486,058

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

County:	Los Angeles
Fiscal Year:	FY 2007-08

		TOTAL FUNDS REQUESTED By Type				FUNDS REQUESTED By Age Group			
#	Program Work Plan	FSP	SD	O&E	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
	CHILDREN								
C-01	Children's FSP	5,415,404				5,415,404			
C-02	Family Support Services	3,500,000				3,500,000			
C-03	Integrated MH/COD Svcs		1,500,000			1,500,000			
C-04	Family Crisis Svcs: Respite Care	400,000	100,000			500,000			
	Sub-total	9,315,404	1,600,000		10,915,404	10,915,404			
	TAY								
T-01	TAY Full-Service Partnerships	6,717,326					6,717,326		
T-02	Drop-in Centers	200,000	300,000				500,000		
T-03	TAY Housing services	787,500	787,500				1,575,000		
T-04	Probation Camp services	375,000	1,125,000				1,500,000		
	Sub-total	8,079,826	2,212,500		10,292,326		10,292,326		
	ADULTS								
A-01	Adult Full Service Partnerships	30,950,000						30,950,000	
A-02	Wellness/Client-Run Centers	180,000	1,620,000					1,800,000	
A-03	IMD step-down facilities	1,425,000	475,000					1,900,000	
A-04	Adult Housing services	184,811	1,663,295					1,848,106	
A-05	Jail Transition & Linkage svcs	349,621	1,398,485					1,748,106	
	Sub-total	33,089,432	5,156,780		38,246,212			38,246,212	

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

County: Los Angeles
Fiscal Year: FY 2007-08

#	Program Work Plan	TOTAL FUNDS REQUESTED By Type				FUNDS REQUESTED By Age Group			
		FSP	SD	O&E	Total Request	Children, Youth & Families	Transition Age Youth	Adult	Older Adult
	OLDER ADULTS								
OA-01	Older Adult Full Service Partnerships	2,098,800							2,098,800
OA-02	Systems Transformation Team		330,000						330,000
OA-03	Field-capable clinical services	253,935	4,824,765						5,078,700
OA-04	OA Service Extenders	123,750	123,750						247,500
OA-05	OA Training	47,726	151,132						198,858
	Sub-total	2,524,211	5,429,647		7,953,858				7,953,858
	CROSS-CUTTING								
SN-01	Service Area Navigator Teams		4,900,000		4,900,000	2,100,000	2,000,000	800,000	
ACS-01	Alternative Crisis Services	1,500,000	15,920,000		17,420,000	3,135,600	2,961,400	9,406,800	1,916,200
ADM-01	Administration	2,250,000	2,250,000		4,500,000	810,000	765,000	2,430,000	495,000
POE-01	Planning, outreach, engagement		3,500,000	1,000,000	4,500,000	810,000	765,000	2,430,000	495,000
	Rollover projected from FY 06-07				-2,649,504				
	Total Request for FY 07-08	56,758,873	40,968,927	1,000,000	96,078,296	17,771,004	16,783,726	53,313,012	10,860,058

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

County: Los Angeles
Fiscal Year: FY 2005-06 (Assumes funds are available on or before 1/1/2006)

#	Program Work Plan	TOTAL FUNDS REQUESTED By Type			
		FSP	SD	O&E	Total Request
	ONE-TIME				
OT-01	Housing Trust Fund	7,192,000	4,408,000		11,600,000
OT-02	Training & Workforce Development	6,000,000	4,000,000		10,000,000
OT-03	Outreach & Engagement	300,000		2,700,000	3,000,000
OT-04	Planning & Outcomes	1,500,000	1,500,000		3,000,000
OT-05	Infrastructure	4,372,500	3,877,500		8,250,000
OT-06	Prudent Reserve	4,523,200	4,523,200		9,046,400
	Total Request for FY 07-08	23,887,700	18,308,700	2,700,000	44,896,400

EXHIBIT 3: FULL SERVICE PARTNERSHIP POPULATION – OVERVIEW

Number of individuals to be fully served:

FY 2005-06: Children and Youth: 384 Transition Age Youth: 207 Adult: 441 Older Adult: 51 TOTAL: 1082
FY 2006-07: Children and Youth: 1534 Transition Age Youth: 828 Adult: 1766 Older Adult: 205 TOTAL: 4333
FY 2007-08: Children and Youth: 1534 Transition Age Youth: 828 Adult: 1766 Older Adult: 205 TOTAL: 4333

PERCENT OF INDIVIDUALS TO BE FULLY SERVED

	% Unserved				%Underserved				
	%Male		%Female		%Male		%Female		
Race/Ethnicity	%Total	%Non-English Speaking	%Total	%Non-English Speaking	% Total	%Non-English Speaking	%Total	%Non-English Speaking	%TOTAL
2005/06									
% African American	3.90	2.00	4.75	2.00	1.98	0.00	1.98	0.00	12.60
% Asian Pacific Islander	4.89	14.00	5.96	14.00	0.23	5.00	0.23	5.00	11.30
% Latino	17.21	14.00	21.00	14.00	9.95	10.00	9.95	10.00	58.10
% Native American	0.45	0.75	0.54	0.75	0.00	0.00	0.00	0.00	1.00
% White	5.37	2.80	6.56	2.80	2.53	0.00	2.53	0.00	17.00
Total Population	31.82	33.56	38.81	33.55	14.69	15.00	14.69	15.00	100.00
2006/07									
% African American	3.90	2.20	4.75	2.20	1.98	0.00	1.98	0.00	12.60
% Asian Pacific Islander	4.89	15.40	5.96	15.40	0.23	5.00	0.23	5.00	11.30
% Latino	17.21	15.40	21.00	15.40	9.95	10.00	9.95	10.00	58.10
% Native American	0.45	0.83	.054	0.83	0.00	0.00	0.00	0.00	1.00
% White	5.37	3.08	6.56	3.08	2.53	0.00	2.53	0.00	17.00
Total Population	31.82	36.91	38.81	36.91	14.69	15.00	14.69	15.00	100.00
2007/08									
% African American	3.90	2.42	4.75	2.42	1.98	0.00	1.98	0.00	12.60
% Asian Pacific Islander	4.89	16.94	5.96	16.94	0.23	5.00	0.23	5.00	11.30
% Latino	17.21	16.94	21.00	16.94	9.95	10.00	9.95	10.00	58.10
% Native American	0.45	0.91	0.54	0.91	0.00	0.00	0.00	0.00	1.00
% White	5.37	3.39	6.56	3.39	2.53	0.00	2.53	0.00	17.00
Total Population	31.82	40.60	38.81	40.60	14.69	15.00	14.69	15.00	100.00

Footnotes:

- Rounded up Native American Poverty Pop. To 1% by decreasing other population (not statistically significant)
- Underserved = DMH clients who received less than $1000 worth of service in FY 02/03
- Formula for Underserved = %of ethnic poverty pop. *% of ethnic underserved population *% gender pop
  Example:
  Latino = 58.10% Pov. Pop. X 34.24% Underserved Pop. X 50% Gender Male = 9.95%
- Formula for Unserved = subtracted underserved population% from %total *total gender pop.
  Example:
  Latino = Pov. Pop. 58.10% minus Underserved Population (male & fem.) 19.89% x Gender (fem.pov.pop.) 54.96% = 21.00%
- % Total = 200% Poverty Population by Ethnicity

Community Services And Support Plan

Exhibit 4
TABLE OF CONTENTS

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Los Angeles	Program Work Plan Name: **Children's Full Service Partnerships**
Program Work Plan #: C-01	Estimated Start Date: January 1, 2006
Description of Program *Describe how this program will help advance the goals of the MHSA*	Full service partnerships are the heart of the Community Service and Supports plan. Individuals and where appropriate their families enroll in a voluntary program with a single point of responsibility to insure that the person(s) receiving services receive the range of supports they need to accelerate their recovery and develop an on-going realization of wellness. Each enrolled individual participates in the development of a plan that is focused on recovery and wellness. Each enrolled individual has a single point of responsibility (Personal Service Coordinators for adults; case managers for youth and children). Each PSC or case manager has a low enough case load to insure 24/7 availability. Services include linkage to, or provision of, all needed services or benefits as defined by the client and/or family in consultation with the PSC for adults or case manager for children/youth Services are founded on a "whatever-it-takes" commitment and are judged effective by how well the individuals make progress on concrete outcomes of well-being.
Priority Population *Describe the situational characteristics of the priority population.*	**Children (0 to 15)** with severe emotional disturbances and their families **who:** ❖ Have been or are at risk of being removed from their homes by the County ❖ Are in families affected by substance abuse issues ❖ Are experiencing extreme behaviors at school ❖ Are involved with Probation.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Adult Full Service Partnerships	X			X			
❖ Any and all appropriate strategies under a "whatever it takes" commitment							

EXHIBIT E COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Los Angeles Program/ Work Plan #: CSS	Program/ Work Plan Name: Children: Family Support Services Estimated Start Date: January 1, 2006
Description of Program *Describe how this program will help advance the goals of the MHSA*	Support the successful achievement of outcomes by providing parents/caregivers of a child with SED access to mental health services for themselves. Treatments will be client-driven and integrated with the treatment of the child and family. Program will have a wellness focus to empower parents/caregivers to live, work, learn, and participate fully in their families and communities. Treatment will incorporate the concept of resiliency. Strength-based approaches and those focusing on enhancing problem-solving skills will be utilized. Developing and/or improving close relationships with family and connecting to community supports will be emphasized. Values of recovery and resiliency will be promoted and reinforced through training, workshops, on-the-job mentoring, and tracking outcomes.
Priority Population *Describe the situational characteristics of the priority population*	Parents and caregivers with mental health needs whose symptoms are interfering with their ability to care for their SED child but who are without other funding sources, are not covered under the adult system of care, and for whom collateral services are insufficient.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Children: Family Support Services	X	X		X			
▪ Individual therapy, couples therapy, parenting education, peer support groups, substance abuse and domestic violence counseling							
▪ Treatments will be strength-based and solution focused. Interventions will focus on symptom reduction and improving coping strategies to deal with internal and external stressors.							
▪ Outreach to community partners to ensure comprehensive care.							
▪ Services will be culturally competent including providing treatment in the primary language of the family. Cultural strengths of the family will be utilized in service delivery. Los Angeles County DMH will help identify un-served, underserved, and inappropriately served ethnic populations by service area to address ethnic disparities.							

Description of Program *Describe how this program will help advance the goals of the MHSA*	A full continuum of services that meet the treatment needs of children and adolescents with COD and establish other service linkages to help maintain and sustain the child's/youth's recovery to support the effective implementation of Full Service Partnerships. Program will help children/youth: engage in meaningful use of time; enjoy a safe living environment with family and reduce homelessness; enjoy a network of supportive relationships through prevention services targeting risk and resiliency factors for COD and co-location of services; experience timely access to needed help and reduction in incarceration through prevention and early intervention services; and experience reduction in involuntary services, institutionalization, and out-of-home placements through coordinated/integrated comprehensive continuum of care and services for children and youth with COD, including aftercare.
Priority Population *Describe the situational characteristics of the priority population*	In order of priority: (1) youth with COD in the foster care and juvenile justice systems, homeless youth, trauma survivors and victims, and indigent youth who experience frequent or long-term health crises; (2) children and adolescents with SED and a substance abuse disorder, and pregnant women and parents with COD; (3) underserved ethnic minority populations, with emphasis on culturally- and linguistically-appropriate outreach.

Describe strategies to be used. Funding Types requested (check all that apply). Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Children: Integrated Mental Health/COD Services		X		X			
▪ Replicate and expand effective coordinated/integrated COD prevention and treatment program models.							
▪ Train mental health and substance abuse treatment personnel on best practices in preventing and treating persons with COD using coordinated/integrated program models.							
▪ Co-locate and incorporate Alcohol and Other Drug Assessment and referral staff (who are well-trained in COD) in urgent care centers and other facilities with multidisciplinary team approaches, community involvement, and self-help groups.							
▪ Expand capacity for placement of UCC/PES COD referrals in community-based programs							
▪ Comprehensive approach that calls for addressing all of the important life domains of developing children and youth. Program will be holistic, individualized, community based, and culturally competent.							
▪ Family focused treatment services; residential treatment services; and,psychiatric emergency services that address the needs of persons with COD in crisis.							
▪ Training for clinical supervisors and psychiatrists, including incentives to treat COD							
▪ Cross hiring of mental health professionals and substance abuse counselors with equal authority and compensation.							

EXHIBIT E4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

Program Work Plan – 004	Program Work Plan Name: 004 Multi-Family Group Services – Respite Care Estimated Start Date: January 1, 2006
Description of Program *Describe how this program will help advance the goals of the MHSA*	Respite Care supports the achievement of Full Service Partnership outcomes by providing support to families enrolled in FSP when (1) the caregiver is under significant stress as a result of the responsibility of providing care and (2) continued care-taking without respite care may result in out-of-home placement or a breakdown in the family stability. The program advances the goals of reducing institutionalization and out-of-home placement. It also strengthens supportive relationships and promotes safer living environments. Additionally, the program advances the goals of resilience and recovery in children and youth by improving familial relationships and by facilitating the mentally ill family member's ability to live, learn, work, and participate in the community.
Priority Population *Describe the situational characteristics of the priority population*	Families enrolled in Full Service Partnerships when (1) the caregiver is under significant stress as a result of the responsibility of providing care and (2) continued care-taking without respite care may result in out-of-home placement or a breakdown in the family stability.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Children: Family Crisis Services—Respite Care	X	X		X			
▪ Eligible families will be able to use the service continually, as needed, for up to 16 hours per month.							
▪ Families will be partners in that they themselves will select their respite care worker. A family member may be elected as a respite care worker, thereby strengthening the family support system.							
▪ Cultural and linguistic competence is ensured by allowing family members to elect their own respite care worker.							

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Los Angeles	Program Work Plan Name: **Transition Age Youth Full Service Partnerships**
Program Work Plan #: T-01	Estimated Start Date: January 1, 2006
Description of Program *Describe how this program will help advance the goals of the MHSA*	Full service partnerships are the heart of the Community Service and Supports plan. Individuals and where appropriate their families enroll in a voluntary program with a single point of responsibility to insure that the person(s) receiving services receive the range of supports they need to accelerate their recovery and develop an on-going realization of wellness. Each enrolled individual participates in the development of a plan that is focused on recovery and wellness. Each enrolled individual has a single point of responsibility (Personal Service Coordinators for adults; case managers for youth and children). Each PSC or case manager has a low enough case load to insure 24/7 availability. Services include linkage to, or provision of, all needed services or benefits as defined by the client and/or family in consultation with the PSC for adults or case manager for children/youth Services are founded on a "whatever-it-takes commitment" and are judged effective by how well the individuals make progress on concrete outcomes of well-being.
Priority Population *Describe the situational characteristics of the priority population*	**Transition Age Youth (16-25)** suffering from severe mental health issues, **who are**: ❖ Struggling with substance abuse disorders ❖ Homeless or at-risk or becoming homeless ❖ Aging out of the children's mental health, child welfare or juvenile justice system ❖ Leaving long-term institutional care ❖ Experiencing their first psychotic break

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Transition Age Youth Full Service Partnerships	X				X		
❖ Any and all appropriate strategies under a "whatever it takes" commitment							

COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

Program Work Plan # 02	Program Work Plan Name: TAY: Drop-In Centers Estimated Start Date: June 1, 2006
Description of Program *Describe how this program will help advance the goals of the MHSA*	Drop-in centers are intended as entry points to the mental health system for youth living on the street or in unstable living situations. The target sub-population for drop-in centers is often "service-resistant." Most of these youth have been betrayed by most of the adults in their lives and suffer attachment disorders—significantly complicating efforts to connect them with services. Drop-in centers provide "low demand, high tolerance" environments in which youth can find temporary safety and begin to build trusting relationships with staff and others who can connect youth—to the extent the youth is ready and willing—to services and supports s/he needs.
Priority Population *Describe the situational characteristics of the priority population*	Transition Age Youth who are SED or SMI. The vast majority of the target sub-population youth are either former foster youth or youth emancipating from the probation system. Most are disconnected from their families. The unique and separate challenges they face compared to the children and adult populations often interfere with their ability and willingness to connect with the therapeutic and transitional living assistance they need in order to avoid homelessness or lifelong institutionalization in correctional facilities and other involuntary settings.

Describe strategies to be used. Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
TAY: Drop-In Centers		X			X		
▪ As entry points to the mental health system, drop-in centers provide "low-demand, high-tolerance" environments in which youth can find temporary safety and begin to build							
▪ In some cases, drop-in centers will be co-located with Transitional Resource Centers (TRCs), which function as "one-stop centers" where youth emancipating from Probation and DCFS can be provided with the support and linkages they need to establish themselves positively in the community.							
▪ Integrated "one-stop" centers wherein essential health, substance abuse, employment, and mental health services can be accessed.							

[illegible] AND SUPPORTS WORK PLAN SUMMARY

[illegible] Fiscal Years 2002-03	Program/Work Plan Name: TAY Housing Estimated Start Date: Dec. 1, 2000
Description of Program *Describe how this program will help advance the goals of the MHSA*	Housing provides a fundamental level of stability for young people to achieve their goals of wellness and recovery. The lack of affordable housing options, including short-term, long-term, and permanent options, is a profound barrier for transition age youth who need support and services for recovery. Three systems development investments are proposed focused on the following housing strategies: (1) motel vouchers for TAY who are homeless, living on the streets and in dire need of immediate shelter; (2) project-based residential sites for TAY who have been in long term institutional settings; and, (3) a team of Housing Specialists to develop local resources and help TAY move into affordable housing.
Priority Population *Describe the situational characteristics of the priority population*	These investments apply primarily to youth ages 18-25, particularly for TAY who are homeless, living on the streets and in dire need of immediate shelter; TAY who have been in long term institutional settings, e.g., level 14 group homes (including those TAY who could qualify for level 14 group homes, but were living elsewhere), hospitals, Institutes of Mental Disease, Community Treatment Facilities, jails and Probations camps; TAY who require structured settings; and, TAY who are experiencing their first psychotic break.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
TAY: Housing		X			X		
▪ Motel vouchers as a form of emergency housing for TAY who are homeless, living on the streets and in dire need of immediate shelter.							
▪ Permanent housing subsidies linked to housing units through project-based residential sites for TAY who have been in long term institutional settings							
▪ A team of housing specialists effectively delivering housing-related services to assist TAY move into affordable housing, which provides a fundamental level of stability to achieve wellness and recovery.							

COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: [illegible]	Program/Work Plan Name: TAY Probation
Program/Work Plan No.: [illegible]	Estimated Start Date: March 1, 2006
Description of Program *Describe how this program will help advance the goals of the MHSA*	Services in the Probation Camps are critical in assisting this portion of the TAY population with mental health needs to reach their maximum potential rather than continue their involvement in the criminal justice system as adults. The proposed multi-disciplinary, integrated teams will provide an array of services aimed at successfully transitioning youth out of the Probation settings. Using a **recovery approach**, which views mental illness as a condition from which an individual can recover and live a healthy and productive life, these teams will be inclusive of parent/peer advocates, clinicians, and Probation staff who will provide a variety of treatment and support services, including: assessments for mental illness, co-occurring substance abuse issues, and medications; ongoing treatment services; peer support; parent support/education; behavior management; discharge planning, including benefits establishment and transition planning with linkages to FSPs in the community and to family, if appropriate.
Priority Population *Describe the situational characteristics of the priority population*	Of the approximately 13,000 youth screened annually in the Probation Department's Juvenile Halls in Los Angeles, almost 30% are in need of ongoing mental health services. These screenings also reveal that 70-80% of the youth are substance involved. Mental health services are provided in 3 Juvenile Halls with an average overall daily population of 1,800 youth, and in 19 camps/centers with an average overall daily population of 1,900 youth.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
TAY: Probation		X			X		
• Multi-disciplinary, integrated teams will be inclusive of parent/peer advocates, clinicians, and Probation staff, who will provide a variety of treatment and support services.							
• Treatment and support services will be strength-based and primarily clinical in nature, with a combination of assessment, ongoing treatment (group, individual, and family), and other collaborative services.							
• Family and peer advocates will provide a range of educational and support services to the youth in the Camps and their families.							
• Discharge planning and community linkage services will be critical components of the program.							

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Los Angeles	Program Work Plan Name: **Adult Full Service Partnerships**
Program Work Plan #: A-01	Estimated Start Date: January 1, 2006
Description of Program *Describe how this program will help advance the goals of the MHSA*	Full service partnerships are the heart of the Community Service and Supports plan. Individuals and where appropriate their families enroll in a voluntary program with a single point of responsibility to insure that the person(s) receiving services receive the range of supports they need to accelerate their recovery and develop an on-going realization of wellness. Each enrolled individual participates in the development of a plan that is focused on recovery and wellness. Each enrolled individual has a single point of responsibility (Personal Service Coordinators for adults; case managers for youth and children). Each PSC or case manager has a low enough caseload to insure 24/7 availability. Services include linkage to, or provision of, all needed services or benefits as defined by the client and/or family in consultation with the PSC for adults or case manager for children/youth Services are founded on a "whatever-it-takes" commitment and are judged effective by how well the individuals make progress on concrete outcomes of well-being.
Priority Population *Describe the situational characteristics of the priority population.*	**Adults (26-59)** who have severe and persistent mental illness and **who are:** ❖ Suffering from substance abuse or other co-occurring disorders, and/or who have suffered trauma ❖ Are homeless ❖ Are in jail ❖ Are frequent users of hospitals and emergency rooms ❖ Are cycling through different institutional and involuntary settings ❖ Are being cared for by families outside of any institutional setting

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Adult Full Service Partnerships	X					X	
❖ Any and all appropriate strategies under a "whatever it takes" commitment							

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Los Angeles	Program Work Plan Name: Adult Wellness/Client-Run Centers
Program Work Plan #: A-02	Estimated Start Date: January 1, 2006
Description of Program *Describe how this program will help advance the goals of the MHSA*	This program promotes recovery and sustained wellness through an emphasis on pro-active behavior, preventative strategies, and self-responsibility. The Wellness Centers provide mental and physical health education, self-help meetings, peer support and medical and psychiatric support, in order to help program participants continue in their recovery and pursue their goals for a healthy life. The Client Run Centers are committed to increasing the capacity of the community to include all citizens and of clients to become involved in community life through offering a variety of self-help, educational and social/recreational activities
Priority Population *Describe the situational characteristics of the priority population*	These programs offer options to clients who no longer need the intensive services offered by the FSP programs, who may be receiving services from less intensive outpatient programs, and who are ready to take increasing responsibility for their own wellness and recovery. The Wellness Centers' priority populations will include ethnic populations who may be more responsive to services in health care settings, individuals with co-occurring chronic or life-threatening medical conditions, and individuals who are frequent users of hospital emergency rooms. Attention will be given to developing Centers in areas with unserved/underserved ethnic minority populations that have been underrepresented by client run centers and services.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Adult Wellness/Client-Run Centers		X				X	
• Wellness Centers: Client self-directed care plans							
• Wellness Centers: Integrated physical and mental health services co-located at the Centers to provide individualized, inter-disciplinary, coordinated services							
• Providing services to clients where they live: buildings are centrally located, near other community organizations, rather than part of an outpatient clinic or FSP program site							
• Culturally appropriate services to reach persons of racial ethnic cultures who may be better served and/or more responsive to services in specific culture-based settings							
• Ethnic-specific outreach strategies to racial ethnic populations to eliminate disparities in care. Clients and families from the targeted communities are engaged to design the strategies and messages.							
• Open to members of the community at large; promotes community involvement with activities and members of the Centers and normalization of persons with mental illness.							
• Classes and other instruction for clients regarding what clients need to know for good health and successful living in the community							

Description of Program *Describe how this program will help advance the goals of the MHSA*	Will provide supportive on-site mental health services and limited operational costs, when necessary, at selected licensed Adult Residential Facilities (ARF), and in some instances, assisted living, congregate housing or other independent living situations affiliated with the ARFs. Implementation of this program will assist clients from institutional and intensive residential settings to safely reside in the community following discharge from highly structured settings.
Priority Population *Describe the situational characteristics of the priority population.*	The program will serve individuals, 18 years of age and above, the majority of whom are ready for discharge from Institutions for Mental Disease. The program will target those individuals in higher levels of care who require supportive mental health and supportive services to transition from locked or highly structured settings to stable community placement and prepare for more independent community living. The program will also accommodate persons being discharged from acute psychiatric inpatient units or intensive residential facilities, or at risk of being placed in these higher levels of care, who are appropriate for this service.

Describe strategies to be used. Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Adult IMD Step-Down Facilities		X				X	
• Supportive residential mental health program provided by licensed mental health professionals, mental health workers, certified drug and alcohol counselors, and family and peer advocates							
• 24/7 capacity for emergencies and specialized programming							
• Operational cost supplement if necessary							
• A primary focus on peer support and family involvement, including client-run self-help groups and peer bridgers, promoting community re-integration from the time clients enter the program.							
• Collaboration with Alcohol and Drug Program providers and the County's Asian-Pacific Alliance to meet specific needs of program participants.							
• Linkage with vocational and employment services							
• Capacity for persons to move from the ARFs to permanent housing in assisted living, congregate or other independent living situations affiliated with the ARFs and maintain supportive mental health services, if needed							
• Linkage with Full Service Partnerships for clients requiring this level of care upon leaving the IMD Step-Down Facilities.							

EXHIBIT E4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

Program Work Plan # 4	Program Name: Adult Housing Services / Housing Specialists Estimated Start Date: January 1, 2006
Description of Program *Describe how this program will help advance the goals of the MHSA*	Promotes the recovery of individuals with a mental illness many of whom have co-occurring disorders of mental illness and substance abuse by helping them obtain and retain housing with a particular emphasis on independent living. The Housing Specialists will collaborate with landlords in the private market and non-profit housing developers, the local Housing Authorities, clients, family members and service providers to increase the housing options for clients. Promoting client choice in housing options. They will also be available 24/7 to respond to landlord concerns and client crises. The expected outcomes of this program include decreased number of days individuals are homeless, in shelters and in institutional care and increased number of days individuals are in permanent, safe and affordable housing.
Priority Population *Describe the situational characteristics of the priority population*	Adults between the ages of 26 and 59 many of whom are homeless or have a history of homelessness, incarcerated or have a history of incarceration, in locked psychiatric facilities or are at risk of hospitalizations, in Adult Residential Care Facilities and other settings which are often temporary, unsafe and unaffordable. Many of these individuals have been traditionally unserved, underserved and inappropriately served and have had multiple barriers to finding appropriate housing such as poor credit histories, criminal backgrounds, co-occurring substance abuse problems and who are in need of supportive services in order to retain housing.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Adult Housing Services: Housing Specialist		X				X	
▪ Supportive housing to enable housing stability, recovery, and resilience							
▪ Culturally appropriate services							
▪ 24/7 support services for housing to prevent crisis							

Description of Program *Describe how this program will help advance the goals of the MHSA*	Promotes the values of wellness and recovery for individuals that have a mental illness and meet the definition of chronically homeless, many of whom have co-occurring disorders of mental illness and substance abuse by helping them obtain and retain housing in a high tolerance, safe and non-threatening environment. Safe Havens provide an additional housing option for individuals for whom the traditional shelter systems have not worked. Due to the high levels of disability among the targeted population, the program offers diverse, specialized services that are flexible to address the non-linear progression of mental illness and substance addiction. Supportive services are on-site 24/7 to address the needs of the residents and should result in the following outcomes: decreased number of days individuals are homeless, in shelters and in institutional care and increased number of days individuals are in permanent, safe and affordable housing and increased days in which people are employed. The Safe Havens will be expected to collaborate with many community agencies/groups such as law enforcement, business associations, and residential and drug and alcohol program providers. Residents will be identified through outreach and engagement. Individuals who were formally homeless will be hired as outreach workers.
Priority Population *Describe the situational characteristics of the priority population*	Adults between the ages of 26 and 59 who are chronically homeless, many of whom are isolated, self-neglecting and have long histories of trauma. These individuals typically have a history of incarcerations, hospitalizations, poverty and multiple medical problems. For most of these individuals the traditional mental health system has not been effective. This population has multiple barriers to finding appropriate housing such as poor credit histories, lack of income, criminal backgrounds, and co-occurring substance abuse problems. It includes those who are in need of supportive services in order to retain housing.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Adult Housing Services: Safe Havens		X				X	
▪ Supportive housing to enable housing stability, recovery, and resiliency							
▪ Outreach and engagement to homeless including peer outreach							
▪ Community support involving multiple agencies and groups							
▪ Culturally appropriate, values-driven, services available 24/7 that are integrated with overall service planning and support housing, including substance addiction							

Description of Program *Describe how this program will help advance the goals of the MHSA*	Promotes the values of wellness and recovery for individuals that have a mental illness and have involvement in the criminal justice system. This program is designed to outreach and engage/enroll incarcerated individuals into appropriate levels of mental health services and supports, including housing and employment services, prior to their release from jail. Collaborations with Jail Mental Health Services, Mental Health Court Workers, Attorneys, family members, law enforcement, judges, and the workforce investment boards/Worksource Centers will be key to the success of this program. The goal of these services is to prevent release from the jails into homelessness and to assist individuals in finding jobs thus alleviating the revolving door of incarceration and unnecessary emergency/acute psychiatric inpatient services. Additional goals include linkage with Full Service Partnership programs and providing the supports needed to help people improve their quality of life.
Priority Population *Describe the situational characteristics of the priority population*	Adults between the ages of 26 and 59 who are incarcerated and at risk of repeated incarcerations who have not been linked to or appropriately served by existing community-based mental health programs. These individuals typically have a long history of incarcerations, hospitalizations, unemployment and poverty. For most of these individuals the traditional mental health system has not been effective. This population has multiple barriers to finding appropriate housing such as poor credit histories, lack of income, criminal backgrounds, and co-occurring substance abuse problems. It includes those who are in need of supportive services in order to retain housing and jobs.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Adult Jail Transition and Linkage Services		X				X	
▪ Client self-directed care plans							
▪ Integrated services involving collaboration with criminal justice system, family members, and workforce resource centers for the purpose of crisis prevention							
▪ Intensive community services and support teams							
▪ Culturally appropriate services							
▪ Linkages to appropriate services, including Full Partnership programs and housing and employment services							

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Los Angeles	Program Work Plan Name: **Older Adult Full Service Partnerships**
Program Work Plan #: OA-01	Estimated Start Date: January 1, 2006
Description of Program *Describe how this program will help advance the goals of the MHSA*	Full service partnerships are the heart of the Community Service and Supports plan. Individuals and where appropriate their families enroll in a voluntary program with a single point of responsibility to insure that the person(s) receiving services receive the range of supports they need to accelerate their recovery and develop an on-going realization of wellness. Each enrolled individual participates in the development of a plan that is focused on recovery and wellness. Each enrolled individual has a single point of responsibility (Personal Service Coordinators for adults; case managers for youth and children). Each PSC or case manager has a low enough case load to insure 24/7 availability. Services include linkage to, or provision of, all needed services or benefits as defined by the client and/or family in consultation with the PSC for adults or case manager for children/youth Services are founded on a "whatever-it-takes commitment" and are judged effective by how well the individuals make progress on concrete outcomes of well-being.
Priority Population *Describe the situational characteristics of the priority population.*	**Older Adults (60 years+)** who have severe and persistent mental illness and **who are**: ❖ Not currently being served and have reduced functioning ❖ Homeless or at risk of being homeless ❖ Are institutionalized, or at risk of being institutionalized ❖ Who are in nursing homes, or receiving hospital or emergency room services

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Older Adult Full Service Partnerships	X						X
❖ Any and all appropriate strategies under a "whatever it takes" commitment							

[redacted] AND SUPPORT WORK PLAN SUMMARY

[redacted] Work Plan Name:	[redacted] Older Adult Systems Transformation Teams
	Estimated Start Date: January 1, 2006
Description of Program *Describe how this program will help advance the goals of the MHSA*	Create a true continuum of services for older adults to ensure timely access to needed help: generate and analyze relevant data; collaboratively develop and evaluate new values-driven, evidence-based, culturally-relevant, field-capable, promising clinical programs that meet the special needs of older adults.
Priority Population *Describe the situational characteristics of the priority population*	Older adults between the ages of 60 and 64, and those who are 65 years and older; as programs develop, specialized services for those who are over 75 of age will become a focus. Older adults who have been traditionally unserved or underserved, including, clients who need much engagement to access and maintain services; individuals who are severely mentally ill and/or isolated, self neglecting, abused, and homeless; undocumented, immigrants and/or monolingual in a language other than English, uninsured, and underinsured.

Describe strategies to be used. Funding Types requested (check all that apply). Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Older Adult, Systems Transformation Teams		X					X
▪ Recovery-oriented approaches specific to older adults, including employment, volunteerism, and continuing education to foster meaningful use of time							
▪ Evidence-based, integrated treatment of co-occurring disorders in older adults							
▪ Culturally sensitive, evidence-based or promising practices for assessing and treating older adults, including assessment strategies that integrate primary healthcare providers in the treatment team to focus on wellness and recovery							
▪ Best practices for transition age adults and highly specialized needs of older adults 75+							
▪ Education in older adult services including suicide, psychopharmacology, and COD							
▪ Expand housing options and strategies, including support for least restrictive settings							
▪ Include clients and family members in planning and oversight efforts							
▪ Build on current collaborations including: City and County Department of Aging, senior peer counseling programs, Multi-Service Senior Centers, County Adult Protective Services, and others.							

Description of Program *Describe how this program will help advance the goals of the MHSA*	Create field-capable, specialized, clinical services for older adults delivered by interdisciplinary teams of professionals trained to work with older adults. These services will be provided in locations preferred by clients in collaboration with other service providers such as primary medical providers.
Priority Population *Describe the situational characteristics of the priority population*	Older adults between the ages of 60 and 64, and those who are 65 years and older; as programs develop, specialized services for those who are over 75 of age will become a focus. Older adults who have been traditionally unserved or underserved, including for example, clients who need much engagement to access and maintain services; individuals who are severely mentally ill and/or isolated, self neglecting, abused, and homeless; undocumented, immigrants and/or monolingual in a language other than English, uninsured, and underinsured.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Older Adult, Field-Capable Clinical Services		X					X
▪ Field-capable, interdisciplinary teams will be trained in recovery. They will coordinate care with available older adult appropriate psychiatric emergency services and conservatorship support to ensure timely access to needed help.							
▪ Outreach and engagement, bio-psychosocial assessment, individual and family treatment, medication support, linkage and case management support, peer counseling, family education and support							
▪ Specialized treatment for COD, substance abuse and physical health problems							
▪ Consultation by older adult specialists such as geriatricians and gero-pharmacists							
▪ Facilitate access to permanent housing and support, including services in home settings and linkages to in-home health care.							
▪ Service extenders to be essentially involved on interdisciplinary teams as peer counselors, peer bridgers, and support group leaders for families, caregivers, and clients							
▪ Planning and implementation in collaboration with wide range of older adult service providers							

Description of Program *Describe how this program will help advance the goals of the MHSA*	As part of field-capable, clinical teams, service extender programs enable peer counselors, peer bridgers, and family members to address the primary concerns of older adult clients and their families in a highly sensitive and culturally appropriate manner in settings that are most comfortable to clients such as homes, residential facilities and community locations.
Priority Population *Describe the situational characteristics of the priority population*	Older adults between the ages of 60 and 64, and those who are 65 years and older; as programs develop, specialized services for those who are over 75 of age will become a focus. Older adults who have been traditionally unserved or underserved, including for example, clients who need much engagement to access and maintain services; individuals who are severely mentally ill and/or isolated, self neglecting, abused, and homeless; undocumented, immigrants and/or monolingual in a language other than English, uninsured, and underinsured.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Older Adult, Service Extenders		X					X
▪ Peer support to vulnerable older adult clients to support wellness and recovery							
▪ Peer support for family members to strengthen network of relationships							
▪ Peer counseling to identify and intervene when older adults are at risk of abuse, neglect or disability to increase safety net for clients							
▪ On-going and continuous home visits to strengthen network of relationships and linkages to services							
▪ Peer support for independent living through timely notification of unsafe housing conditions such as hoarding, neglect, or abuse to multi-disciplinary teams							
▪ Service extenders as models for recovery and hopefulness especially for clients whose journey to wellness may be just beginning							
▪ Service extender recruitment from local communities to reflect the cultural sensitivities and linguistic needs of the clients'. Strategies with demonstrated effective like "Promotoras" will be considered in developing this program.							
▪ Close supervision and active discussions regarding differing needs of men and women who are aging to ensure gender-sensitive engagement							

Description of Program *Describe how this program will help advance the goals of the MHSA*	Providing transformative education to professionals, peers, family members and community partners to help change attitudes and increase knowledge regarding integrated treatment, recovery, peer support, and emerging best practices for values-driven and promising clinical services that support client-selected goals for culturally diverse older adults. Training will be provided to primary care providers and other health providers to increase coordination and integration of mental health, primary care, and other health services. Staff providers, clients, family members, and community partners.
Priority Population *Describe the situational characteristics of the priority population.*	Older adults between the ages of 60 and 64, and those who are 65 years and older; as programs develop, specialized services for those who are over 75 of age will become a focus. Older adults who have been traditionally unserved or underserved, including for example, clients who need much engagement to access and maintain services; individuals who are severely mentally ill and/or isolated, self neglecting, abused, and homeless; undocumented, immigrants and/or monolingual in a language other than English, uninsured, and underinsured.

Describe strategies to be used. Funding Types requested (check all that apply). Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Older Adult, Training		X					X
▪ Training that supports the values and priorities of MHSA including: effective interventions, evidence-based and promising practices for culturally diverse populations; recovery models for older adults; integrated treatment of co-occurring disorders among older adult populations; challenges for transition age adults; employment and volunteerism for older adults; housing options for older adults; understanding of benefits and benefits establishment; stigma and ageism and their influence on providers, clients, and family; developmental and life cycle issues in aging; assessment methods and screening tools for ethnically and linguistically diverse groups							
▪ Transformative training focused on changing attitudes in support of peer counseling and peer bridging programs.							
▪ Clients and family members employed as service extenders will be included in training programs to promote the recovery model.							
▪ Community partners to be included in training effort including first responders, law, safety and code enforcement, public guardian, adult protective services, consumers, family members, caregivers, allied professionals, universities, professional organizations, training institutions, and county departments.							

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Los Angeles	Program Work Plan Name: Service Area Navigator Teams
Program Work Plan #: SN-01	Estimated Start Date: January 1, 2006
Description of Program *Describe how this program will help advance the goals of the MHSA*	Service Area Navigator Teams will be a crucial structure to help people find the formal and informal supports they need. We will begin by establishing one team in each of the eight Service Area. Consumers and family members will be part of SNT and may serve as advocates when system barriers are encountered. Team members and those who support them will: ❖ Engage with people and families quickly identify currently available services, including supports and services tailored to the particular cultural, ethnic, age, and gender identity of those seeking them; ❖ Recruit community-based organizations and professional service providers to become part of an active locally-based support network for people in the Service Area, including those most challenged by mental health issues; ❖ Follow-up with people with whom they have engaged to ensure that they have received the help they need; ❖ Use information technology and other means to map and keep up to date about the current availability of services and supports in the Service Area; ❖ Engage in joint planning efforts with community partners, including community-based organizations, other County Departments, intradepartmental staff, schools, health service programs, faith based organizations, self-help and advocacy groups, with the goal of increasing access to mental health services and strengthening the network of services available to clients of the mental health system; ❖ Promote awareness of mental health issues, and the commitment to recovery, wellness, and self-help.
Priority Population *Describe the situational characteristics of the priority population.*	All people with mental health issues in a Service Area, with a beginning focus on the priority focal populations for the Full Service Partnerships for all four age groups, un-served and under-served ethnic communities, special populations, and others.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Service Area Navigator Teams	X	X		X	X	X	X
▪ Design of each team will reflect the needs of each local area with a balance of professional skills, community-based skills and lived experience; especially intimate familiarity with community-based supports and services.							
▪ Supports service integration through linkages to mental health and supportive services. Trouble shoots when system barriers are encountered.							
▪ Collaboration with the Full Service Partnership agencies in the Service Area to appropriately outreach, engage and refer appropriate individuals to these agencies							

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Los Angeles	Program Work Plan Name: Alternative Crisis Services: Urgent Care Centers
Program Work Plan #: ACS-01a	Estimated Start Date: January 1, 2006
Description of Program *Describe how this program will help advance the goals of the MHSA*	The Urgent Care Centers (UCC) will provide intensive crisis services to individuals who otherwise would be brought to the Department of Health Services Psychiatric Emergency Services, that are less likely to require psychiatric hospitalization or medical care, but are in need of stabilization and linkage to ongoing community-based services. Providing crisis intervention services, including integrated services for co-occurring substance abuse disorders, in a UCC with a focus on recovery and linkage to ongoing community-based services will impact unnecessary and lengthy involuntary inpatient treatment, as well as promote care in voluntary treatment settings that are recovery oriented.
Priority Population *Describe the situational characteristics of the priority population*	Situational characteristics of clients to be served include those who are repetitive and high utilizers of emergency and inpatient services, those with co-occurring substance abuse, those needing medication management, and those whose presenting problems can be met with short-term (under 23 hour) immediate care and linkage to community-based solutions. Often these clients will be ones struggling with a lack of housing.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Alternative Crisis Services: Urgent Care Centers	X	X			X	X	X
• Intensive crisis services for stabilization and linkage to ongoing community-based services							

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Los Angeles	Program Work Plan Name: Alternative Crisis Services: Countywide Resource Management
Program Work Plan #: ACS-01b	Estimated Start Date: January 1, 2006
Description of Program *Describe how this program will help advance the goals of the MHSA*	This program will provide overall administrative, clinical, integrative, and fiscal management functions for the Department's indigent acute inpatient, long-term institutional, and crisis, intensive, and supportive residential resources, with daily capacity for over 1200 persons. This coordination, linkage and integration of inpatient and residential services throughout the system will enhance the goals of the MHSA by reducing re-hospitalization, incarceration and the need for long-term institutional care, while increasing the potential for community living and recovery.
Priority Population *Describe the situational characteristics of the priority population*	The population served by this program is all TAY, adults and older adults who utilize any of the types of facilities and programs listed above. In most instances the population served will be in preparation for or transitioning to community living or less restrictive facilities. The population served will include persons from all ethnic groups and sexual orientations.

Describe strategies to be used. Funding Types requested (check all that apply). Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Countywide Resource Management	X	X			X	X	X
• Coordination of resources to maximize client flow between higher levels of care and community-based mental health services and supports.							
• On-going planning and implementation of programs that promote transition of individuals residing in institutional care to community-based programs that promote and sustain recovery							
• Management of the Residential and Bridging Services and the Jail Transition and Linkage Services to enhance coordination of resources							
• Collaboration with Service Area Navigators (adult and older adult programs) and System Navigators (children and TAY programs)							
• Extensive collaboration with Full Service Partnership providers and the Intensive Service Recipient project to ensure that persons requiring these levels of care are identified, linked and enrolled							
• Regular quality of care and outcomes review to ensure that services provided address the unique needs of clients served, including those with co-occurring behavioral disorders							
• Development of specialized programs within the residential facilities that are culturally relevant and meet specialized needs such as those of the hearing impaired and persons exiting the forensic mental health system.							

EXHIBIT #: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Los Angeles	Program Work Plan Name: Alternative Crisis Services: Residential & Bridging Services
Program Work Plan #: ACS-01c	Estimated Start Date: January 1, 2006
Description of Program *Describe how this program will help advance the goals of the MHSA*	The Residential and Bridging Services will provide DMH program liaisons and peer advocates/bridgers to assist in the coordination of psychiatric services and supports for individuals being discharged from County hospital psychiatric emergency services and inpatients units, County contracted private acute inpatient beds for uninsured individuals, UCCs, IMDs, crisis residential intensive residential, and supportive residential, substance abuse, and other specialized programs. The program will promote the expectation that clients must be successfully reintegrated in their communities upon discharge and that all care providers must participate in individual's transitions to the community. This coordination, linkage and integration of inpatient and residential services will enhance the goals of the MHSA by reducing re-hospitalization, incarceration, and the need for long-term institutional care and promote the potential for community living.
Priority Population *Describe the situational characteristics of the priority population*	The populations served by this program are children,TAY, adults, and older adults who utilize any of the types of facilities and programs listed above. The populations served will be for successfully transitioning to community living or less restrictive facilities. The population served will include persons from all ethnic groups and sexual orientations.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Alternative Crisis Services: Residential & Bridging Services	X	X			X	X	X
• Crisis services including supportive residential, integrated services, substance abuse, and other specialized program							
• On-site services through providers							

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Los Angeles	Program Work Plan Name: Alternative Crisis Services: Enriched Residential Services
Program Work Plan #: ACS-01d	Estimated Start Date: July 1, 2006
Description of Program *Describe how this program will help advance the goals of the MHSA*	The Enriched Services will provide a short-term, secure 48-bed augmented residential program for individuals who are ready for discharge from higher levels of care. The program is designed to provide community-based intensive residential services that are focused on breaking the cycle of costly emergency and inpatient care and promote successful community reintegration.
Priority Population *Describe the situational characteristics of the priority population*	The populations to be served by this program are adults and TAY, 18 to 64 years of age, from County hospitals and long-term institutional settings who still require structured, supported residential services and stabilization prior to transition to lower levels of community-based care and independent housing. The population served will include persons from all ethnic groups and sexual orientations.

Describe strategies to be used. Funding Types requested (check all that apply). Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Alternative Crisis Services: Enriched Residential Services	X	X			X	X	X
• Crisis services - community-based intensive residential services							

Community Services and Support Plan

Exhibit 5
TABLE OF CONTENTS

Budget, Narrative, Staffing

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: C-01
Program Work Plan Name: Children's Full Service Partnerships
Type of Funding: FSP; Medi-cal; State General Fund
Proposed Total Clients Capacity of Program/Services: 384
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 384

Fiscal Year: 2005-2006
Date 9/15/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: Elise Fierman
Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iv. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				
b. Translation and Interpreter Services				
c. Travel and Transportation				
d. General Office Expenditures				
e. Rent, Utilities, and Equipment				
f. Medication and Medical Supplies				
g. Other Operating Expenses (provide description in budget narrative)				
h. Total Operating Expenditures	$ -	$ -	$ -	
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 13,511,435
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 13,511,435
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
f. Grants - SAMHSA				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ 5,686,174
b. Medicare/Patient Fees/Patient Insurance				
c. State General Funds				$ 5,117,557
d. Other Revenue				
e. County Funds				
f. Total New Revenues	$ -	$ -	$ -	
3. Total Revenues	$ -	$ -	$ -	$ 10,803,731
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 2,707,704
E. Percentage of Total Funding Requirements for Full Service Partnerships				

CL:EF:am
H:\CSOC\E5-C-01-Children FSP budget

CHILDREN'S FULL SERVICE PARTNERSHIP

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known):
	$13,511,435 will cover the cost of 174.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: $13,511,435
B.2.a.	New Revenue – EPSDT (Medi-Cal) FFP: $5,686,174
B.2.c.	New Revenue – EPSDT (Medi-Cal) State General Funds: $5,117,557
B.3.	Total Revenues: $10,803,731
D.	Total Funding Requirements: $2,707,704
	Includes $568,618 for EPSDT local match requirement of 5%.

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9-15-05

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: C-01
Program Work Plan Name: Children's Full Service Partnerships
Type of Funding: FSP; Medi-cal; State General Fund
Proposed Total Clients Capacity of Program/Services: 384
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 384

Fiscal Year: 2005-2006
Date 9/15/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: Elise Fierman
Telephone Number: (213) 351-8904

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
Clinical Psychologist II			10.00		
Community Worker			20.00		
Intermediate Typist Clerk			40.00		
MH Clinical Program Head			1.00		
Medical Case Worker II			20.00		
Mental Health Analyst I			1.00		
Mental Health Counselor, RN			10.00		
Mental Health Services Coordinator II			20.00		
Psychiatric Social Worker II			20.00		
Secretary III			1.00		
Senior Community MH Psychologist			10.00		
Staff Assistant I			1.00		
Staff Assistant II			10.00		
Supvg Psychiatric Social Worker			10.00		
	Total New Additional Positions	0.00	174.00		$ -
C. Total Progam Positions		0.00	174.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

CL:EF:am
H\CSOC\E5-C-01-Children FSP potential staffing

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: C-01
Program Work Plan Name: Children's Full Service Partnerships
Type of Funding: FSP; Medi-cal; State General Fund
Proposed Total Clients Capacity of Program/Services: 1,534
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 1,534

Fiscal Year: 2006-2007
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Elise Fierman
Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iv. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				
b. Translation and Interpreter Services				
c. Travel and Transportation				
d. General Office Expenditures				
e. Rent, Utilities, and Equipment				
f. Medication and Medical Supplies				
g. Other Operating Expenses (provide description in budget narrative)				
h. Total Operating Expenditures	$ -	$ -	$ -	
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 27,022,869
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 27,022,869
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
f. Grants - SAMHSA				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ 11,372,348
b. Medicare/Patient Fees/Patient Insurance				
c. State General Funds				$ 10,235,114
d. Other Revenue				
e. County Funds				
f. Total New Revenues	$ -	$ -	$ -	
3. Total Revenues	$ -	$ -	$ -	$ 21,607,462
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 5,415,407
E. Percentage of Total Funding Requirements for Full Service Partnerships				

CL:EF:am
H:\CSOC\E5-C-01-Children FSP budget

CHILDREN'S FULL SERVICE PARTNERSHIP

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known):
	$27,022,869 will cover the cost of 345.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: $27,022,869
B.2.a.	New Revenue – EPSDT (Medi-Cal) FFP: $11,372,348
B.2.c.	New Revenue – EPSDT (Medi-Cal) State General Funds: $10,235,114
B.3.	Total Revenues: $21,607,462
D.	Total Funding Requirements – $5,415,407
	Includes $1,137,235 for EPSDT local match requirement of 5%.

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9-15-05

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: C-01
Program Work Plan Name: Children's Full Service Partnerships
Type of Funding: FSP; Medi-cal; State General Fund
Proposed Total Clients Capacity of Program/Services: 1,534
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 1,534

Fiscal Year: 2006-2007
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Elise Fierman
Telephone Number: (213) 351-8904

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
Clinical Psychologist II			20.00		
Community Worker			40.00		
Intermediate Typist Clerk			80.00		
MH Clinical Program Head			1.00		
Medical Case Worker II			40.00		
Mental Health Analyst I			2.00		
Mental Health Counselor, RN			20.00		
Mental Health Services Coordinator II			40.00		
Psychiatric Social Worker II			40.00		
Secretary III			1.00		
Sr Community MH Psychologist			20.00		
Staff Assistant I			1.00		
Staff Assistant II			20.00		
Supvg Psychiatric Social Worker			20.00		
	Total New Additional Positions	0.00	345.00		$ -
C. Total Progam Positions		0.00	345.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

CL:EF:am
H:\CSOC\E5-C-01-Children FSP potential staffing

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: C-01
Program Work Plan Name: Children's Full Service Partnerships
Type of Funding: FSP; Medi-cal; State General Fund
Proposed Total Clients Capacity of Program/Services: 1,534
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 1,534

Fiscal Year: 2007-2008
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Elise Fierman
Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iv. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				
b. Translation and Interpreter Services				
c. Travel and Transportation				
d. General Office Expenditures				
e. Rent, Utilities, and Equipment				
f. Medication and Medical Supplies				
g. Other Operating Expenses (provide description in budget narrative)				
h. Total Operating Expenditures	$ -	$ -	$ -	
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 27,022,869
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 27,022,869
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
f. Grants - SAMHSA				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ 11,372,348
b. Medicare/Patient Fees/Patient Insurance				
c. State General Funds				$ 10,235,114
d. Other Revenue				
e. County Funds				
f. Total New Revenues	$ -	$ -	$ -	
3. Total Revenues	$ -	$ -	$ -	$ 21,607,462
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 5,415,407

CL:EF:am
H:\CSOC\E5-C-01-Children FSP budget

CHILDREN'S FULL SERVICE PARTNERSHIP

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known):
	$27,022,869 will cover the cost of 345.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: $27,022,869
B.2.a.	New Revenue – EPSDT (Medi-Cal) FFP: $11,372,348
B.2.c.	New Revenue – EPSDT (Medi-Cal) State General Funds: $10,235,114
B.3.	Total Revenues: $21,607,462
D.	Total Funding Requirements: $5,415,407
	Includes $1,137,235 for EPSDT local match requirement of 5%.

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9-15-05

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: C-01
Program Work Plan Name: Children's Full Service Partnerships
Type of Funding: FSP; Medi-cal; State General Fund
Proposed Total Clients Capacity of Program/Services: 1,534
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 1,534

Fiscal Year: 2007-2008
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Elise Fierman
Telephone Number: (213) 351-8904

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [2/]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
Clinical Psychologist II			20.00		
Community Worker			40.00		
Intermediate Typist Clerk			80.00		
MH Clinical Program Head			1.00		
Medical Case Worker II			40.00		
Mental Health Analyst I			2.00		
Mental Health Counselor, RN			20.00		
Mental Health Services Coordinator II			40.00		
Psychiatric Social Worker II			40.00		
Secretary III			1.00		
Sr Community MH Psychologist			20.00		
Staff Assistant I			1.00		
Staff Assistant II			20.00		
Supvg Psychiatric Social Worker			20.00		
	Total New Additional Positions	0.00	345.00		$ -
C. Total Progam Positions		0.00	345.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

CL:EF:am
H:\CSOC\E5-C-01-Children FSP potential staffing

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: C-02
Program Work Plan Name: Family Support Services
Type of Funding: FSP
Proposed Total Clients Capacity of Program/Services: 625
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 625

Fiscal Year: 2005-2006
Date 9/15/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: Elise Fierman
Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iv. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				
e. Rent, Utilities, and Equipment				
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures		$ -	$ -	
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 1,750,000
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 1,750,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 1,750,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				100%

CL:am
H:\CSOC\E5-C-02-Family Support Services Budget

FAMILY SUPPORT SERVICES

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known):
	$1,750,000 will cover the cost of 24.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: $1,750,000
D.	Total Funding Requirements: $1,750,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: C-02
Program Work Plan Name: Family Support Services
Type of Funding: FSP
Proposed Total Clients Capacity of Program/Services: 625
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 625

Fiscal Year: 2005-2006
Date 9/15/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: Elise Fierman
Telephone Number: (213) 351-8904

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [2/]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
Community Worker			4.00		
Intermediate Typist Clerk			4.00		
Psychiatric Social Worker II			8.00		
Substance Abuse Counselor			4.00		
Supvg. Psychiatric Social Worker			4.00		
	Total New Additional Positions	0.00	24.00		$ -
C. Total Progam Positions		0.00	24.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

CL:am
H:\CSOC\E5-C-02-Family Support Services potential staffing

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: C-02
Program Work Plan Name: Family Support Services
Type of Funding: FSP
Proposed Total Clients Capacity of Program/Services: 1,250
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 1,250

Fiscal Year: 2006-2007
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Elise Fierman
Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iv. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				
e. Rent, Utilities, and Equipment				
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures		$ -	$ -	
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 3,500,000
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 3,500,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 3,500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				100%

FAMILY SUPPORT SERVICES

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known): $3,500,000 will cover the cost of 48.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: $3,500,000
D.	Total Funding Requirements: $3,500,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: C-02
Program Work Plan Name: Family Support Services
Type of Funding: FSP
Proposed Total Clients Capacity of Program/Services: 1,250
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 1,250

Fiscal Year: 2006-2007
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Elise Fierman
Telephone Number: (213) 351-8904

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
Community Worker			8.00		
Intermediate Typist Clerk			8.00		
Psychiatric Social Worker II			16.00		
Substance Abuse Counselor			8.00		
Supvg. Psychiatric Social Worker			8.00		
	Total New Additional Positions	0.00	48.00		
C. Total Progam Positions		0.00	48.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: C-02
Program Work Plan Name: Family Support Services
Type of Funding: FSP
Proposed Total Clients Capacity of Program/Services: 1,250
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 1,250

Fiscal Year: 2007-2008
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Elise Fierman
Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iv. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				
e. Rent, Utilities, and Equipment				
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				
h. Total Operating Expenditures		$ -	$ -	
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 3,500,000
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 3,500,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 3,500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				100%

FAMILY SUPPORT SERVICES

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known): $3,500,000 will cover the cost of 48.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: $3,500,000
D.	Total Funding Requirements: $3,500,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: C-02
Program Work Plan Name: Family Support Services
Type of Funding: FSP
Proposed Total Clients Capacity of Program/Services: 1,250
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 1,250

Fiscal Year: 2007-2008
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Elise Fierman
Telephone Number: (213) 351-8904

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
Community Worker			8.00		
Intermediate Typist Clerk			8.00		
Psychiatric Social Worker II			16.00		
Substance Abuse Counselor			8.00		
Supvg. Psychiatric Social Worker			8.00		
					$ -
					$ -
	Total New Additional Positions	0.00	48.00		$ -
C. Total Progam Positions		0.00	48.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: C-03
Program Work Plan Name: Integrated Mental Health/Co-Occurring Disorders Services
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: 225
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 225

Fiscal Year: 2005-2006
Date 9/15/2005
Page
Months of Operation 6
New Program/Services or Expansion New Program
Prepared by: Elise Fierman
Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iv. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 750,000
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 750,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 750,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				80%

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INTEGRATED MENTAL HEALTH/CO-OCCURRING DISORDERS SERVICES

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known):
	$750,000 will cover the cost of 9.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: $750,000
D.	Total Funding Requirements: $750,000

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9-15-05

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: C-03
Program Work Plan Name: Integrated Mental Health/Co-Occurring Disorders Services
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: 225
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 225

Fiscal Year: 2005-2006
Date 9/15/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: Elise Fierman
Telephone Number: (213) 351-8904

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
Mental Health Counselor, RN			0.50		
Substance Abuse Counselor			1.50		
Community Worker			1.00		
Psychiatric Social Worker II			2.00		
Clinical Psychologist II			0.50		
Medical Case Worker II			1.00		
Senior Community MH Psychologist			0.50		
Supervising Psychiatric Social Worker			0.50		
Intermediate Typist-Clerk			1.00		
Staff Assistant			0.50		
	Total New Additional Positions	0.00	9.00		$ -
C. Total Progam Positions		0.00	9.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: C-03
Program Work Plan Name: Integrated Mental Health/Co-Occurring Disorders Services
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: 724
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 724

Fiscal Year: 2006-2007
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Elise Fierman
Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iv. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 1,500,000
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 1,500,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues		$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 1,500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				80%

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INTEGRATED MENTAL HEALTH/CO-OCCURRING DISORDERS SERVICES

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known):
	$1,500,000 will cover the cost of 18.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: $1,500,000
D.	Total Funding Requirements: $1,500,000

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9-15-05

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: C-03
Program Work Plan Name: Integrated Mental Health/Co-Occurring Disorders Services
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: 724
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 724

Fiscal Year: 2006-2007
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Elise Fierman
Telephone Number: (213) 351-8904

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
Mental Health Counselor, RN			1.00		
Substance Abuse Counselor			3.00		
Community Worker			2.00		
Psychiatric Social Worker II			4.00		
Clinical Psychologist II			1.00		
Medical Case Worker II			2.00		
Senior Community MH Psychologist			1.00		
Supervising Psychiatric Social Worker			1.00		
Intermediate Typist-Clerk			2.00		
Staff Assistant			1.00		
	Total New Additional Positions	0.00	18.00		$ -
C. Total Progam Positions		0.00	18.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: C-03
Program Work Plan Name: Integrated Mental Health/Co-Occurring Disorders Services
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: 724
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 724

Fiscal Year: 2007-2008
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Elise Fierman
Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iv. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 1,500,000
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 1,500,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues		$ -	$ -	$ -
3. Total Revenues		$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 1,500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				80%

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INTEGRATED MENTAL HEALTH/CO-OCCURRING DISORDERS SERVICES

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known):
	$1,500,000 will cover the cost of 18.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: $1,500,000
D.	Total Funding Requirements: $1,500,000

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9-15-05

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: C-03
Program Work Plan Name: Integrated Mental Health/Co-Occurring Disorders Services
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: 724
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 724

Fiscal Year: 2007-2008
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Elise Fierman
Telephone Number: (213) 351-8904

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
Mental Health Counselor, RN			1.00		
Substance Abuse Counselor			3.00		
Community Worker			2.00		
Psychiatric Social Worker II			4.00		
Clinical Psychologist II			1.00		
Medical Case Worker II			2.00		
Senior Community MH Psychologist			1.00		
Supervising Psychiatric Social Worker			1.00		
Intermediate Typist-Clerk			2.00		
Staff Assistant			1.00		
	Total New Additional Positions	0.00	18.00		$ -
C. Total Progam Positions		0.00	18.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: C-04
Program Work Plan Name: Family Crisis Services: Respite Care
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 260
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 260

Fiscal Year: 2005-2006
Date 9/15/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: Elise Fierman
Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iv. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 250,000
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 250,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 250,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				80%

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FAMILY CRISIS SERVICES: RESPITE CARE

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known):
	$250,000 will cover the cost of respite care services for eligible families enrolled in Full Service Partnership Programs.
A.6.	Total Proposed Program Budget: $250,000
D.	Total Funding Requirements: $250,000

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9-15-05

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: C-04
Program Work Plan Name: Family Crisis Services: Respite Care
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 520
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 520

Fiscal Year: 2006-2007
Date: 9/15/2005
Page:
Months of Operation: 12
New Program/Services or Expansion: New
Prepared by: Elise Fierman
Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iv. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 500,000
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 500,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues		$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				80%

FAMILY CRISIS SERVICES: RESPITE CARE

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known): $500,000 will cover the cost of respite care services for eligible families enrolled in Full Service Partnership Programs.
A.6.	Total Proposed Program Budget: $500,000
D.	Total Funding Requirements: $500,000

CL:EF:am
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9-15-05

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: C-04
Program Work Plan Name: Family Crisis Services: Respite Care
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 520
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 520

Fiscal Year: 2007-2008
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Elise Fierman
Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iv. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 500,000
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 500,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues		$ -	$ -	$ -
3. Total Revenues		$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				80%

FAMILY CRISIS SERVICES: RESPITE CARE

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known):
	$500,000 will cover the cost of respite care services for eligible families enrolled in Full Service Partnership Programs.
A.6.	Total Proposed Program Budget: $500,000
D.	Total Funding Requirements: $500,000

CL:EF:am
H:\CSOC\Budget Narrative- Family Crisis
9-15-05

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: T-01
Program Work Plan Name: TAY Full-Service Partnerships
Type of Funding: FSP; Medi-cal (FFP)
Proposed Total Clients Capacity of Program/Services: 207
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 207

Fiscal Year: 2005-2006
Date 9/16/05
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: Cora Fullmore
Telephone Number: (213) 738-4851

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iv. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ 7,563,306			$ 7,563,306
6. Total Proposed Program Budget	$ 7,563,306	$ -	$ -	$ 7,563,306
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)	4,204,643			$ 4,204,643
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ 4,204,643	$ -	$ -	$ 4,204,643
3. Total Revenues	$ 4,204,643	$ -	$ -	$ 4,204,643
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 3,358,663	$ -	$ -	$ 3,358,663
E. Percentage of Total Funding Requirements for Full Service Partnerships				

FULL SERVICE PARTNERSHIPS (TAY)

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $7,563,306.
A. 6.	Total Program Budget – See Above
B.2.	New Revenue: a. Medi-Cal (FFP only) - $4,204,643. This number represents projected FFP revenue for 6 months.
D.	Total Funding Requirements – $3,358,663

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: T-01
Program Work Plan Name: TAY Full-Service Partnerships
Type of Funding: FSP; Medi-cal (FFP)
Proposed Total Clients Capacity of Program/Services: 207
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 207

Fiscal Year: 2005-2006
Date 9/16/05
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: Cora Fullmore
Telephone Number: (213) 738-4851

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
Mental Health Counselor, RN			8.0		$ -
Community Worker			16.0		$ -
Mental Health Psychiatrist			8.0		$ -
Mental Health Services Coordinator II			8.0		$ -
Psychiatric Social Worker II			16.0		$ -
Clinical Psychologist II			8.0		$ -
Medical Case Worker II			8.0		$ -
Supervising Psychiatric Social Worker			8.0		$ -
Intermediate Typist-Clerk			8.0		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	-	88		$ -
C. Total Progam Positions		-	88		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: T-01
Program Work Plan Name: TAY Full-Service Partnerships
Type of Funding: FSP; Medi-cal (FFP)
Proposed Total Clients Capacity of Program/Services: 828
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 828

Fiscal Year: 2006-2007
Date 9/16/05
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Cora Fullmore
Telephone Number: (213) 738-4851

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ 15,126,612			$ 15,126,612
6. Total Proposed Program Budget	$ 15,126,612	$ -	$ -	$ 15,126,612
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)	8,409,286			$ 8,409,286
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ 8,409,286	$ -	$ -	$ 8,409,286
3. Total Revenues	$ 8,409,286	$ -	$ -	$ 8,409,286
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 6,717,326	$ -	$ -	$ 6,717,326
E. Percentage of Total Funding Requirements for Full Service Partnerships				

FULL SERVICE PARTNERSHIPS (TAY)

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $15,126,612.
A. 6.	Total Program Budget – See Above
B.2.	New Revenue: a. Medi-Cal (FFP only) - $8,409,286. This number represents projected FFP revenue for 12 months.
D.	Total Funding Requirements – $6,717,326

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: T-01
Program Work Plan Name: TAY Full-Service Partnerships
Type of Funding: FSP; Medi-cal (FFP)
Proposed Total Clients Capacity of Program/Services: 828
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 828

Fiscal Year: 2006-2007
Date 9/16/05
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Cora Fullmore
Telephone Number: (213) 738-4851

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE b/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
Mental Health Counselor, RN			8.0		$ -
Community Worker			16.0		$ -
Mental Health Psychiatrist			8.0		$ -
Mental Health Services Coordinator II			8.0		$ -
Psychiatric Social Worker II			16.0		$ -
Clinical Psychologist II			8.0		$ -
Medical Case Worker II			8.0		$ -
Supervising Psychiatric Social Worker			8.0		$ -
Intermediate Typist-Clerk			8.0		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	-	88		$ -
C. Total Progam Positions		-	88		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: T-01
Program Work Plan Name: TAY Full-Service Partnerships
Type of Funding: FSP; Medi-cal (FFP)
Proposed Total Clients Capacity of Program/Services: 828
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 828

Fiscal Year: 2007-2008
Date 9/16/05
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Cora Fullmore
Telephone Number: (213) 738-4851

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ 15,126,612			$ 15,126,612
6. Total Proposed Program Budget	$ 15,126,612	$ -	$ -	$ 15,126,612
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)	8,409,286			$ 8,409,286
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ 8,409,286	$ -	$ -	$ 8,409,286
3. Total Revenues	$ 8,409,286	$ -	$ -	$ 8,409,286
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 6,717,326	$ -	$ -	$ 6,717,326
E. Percentage of Total Funding Requirements for Full Service Partnerships				

FULL SERVICE PARTNERSHIPS (TAY)

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $15,126,612.
A. 6.	Total Program Budget – See Above
B.2.	New Revenue: a. Medi-Cal (FFP only) - $8,409,286. This number represents projected FFP revenue for 12 months.
D.	Total Funding Requirements – $6,717,326

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: T-01
Program Work Plan Name: TAY Full-Service Partnerships
Type of Funding: FSP; Medi-cal (FFP)
Proposed Total Clients Capacity of Program/Services: 828
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 828

Fiscal Year: 2007-2008
Date 9/16/05
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Cora Fullmore
Telephone Number: (213) 738-4851

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
Mental Health Counselor, RN			8.0		$ -
Community Worker			16.0		$ -
Mental Health Psychiatrist			8.0		$ -
Mental Health Services Coordinator II			8.0		$ -
Psychiatric Social Worker II			16.0		$ -
Clinical Psychologist II			8.0		$ -
Medical Case Worker II			8.0		$ -
Supervising Psychiatric Social Worker			8.0		$ -
Intermediate Typist-Clerk			8.0		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	-	88		$ -
C. Total Progam Positions		-	88		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: T-02
Program Work Plan Name: Drop-in Centers
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 416
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 416

Fiscal Year: FY 2005-2006
Date: 9/15/2005
Page:
Months of Operation: 6
New Program/Services or Expansion: New
Prepared by: D. Whitehead
Telephone Number: (213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				$ -
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services (Consultation)				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -		$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 250,000
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 250,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 250,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				40%

TAY DROP-IN CENTERS

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $250,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – $250,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: T-02
Program Work Plan Name: Drop-in Centers
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 416
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 416

Fiscal Year: 2005-2006
Date 9/15/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: D. Whitehead
Telephone Number: (213) 738-2853

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
MH Services Coordinator I	Supervises staff during extended hours		1.50		$ -
Psychiatric Social Worker I	Provides support to TAY during extended hours	4	2.00		$ -
Security Guard	Security for extended hours of the Drop-in Center		1.00		$ -
Recreational Therapist I	Provides support to TAY during extended hours		1.00		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	4	5.50		$ -
C. Total Progam Positions		4	5.50		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: T-02
Program Work Plan Name: Drop-in Centers
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 832
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 832

Fiscal Year: FY 2006-2007
Date: 9/15/2005
Page:
Months of Operation: 12
New Program/Services or Expansion: New
Prepared by: D. Whitehead
Telephone Number: (213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				$ -
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services (Consultation)				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -		$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 500,000
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 500,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				40%

TAY DROP-IN CENTERS

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $500,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – $500,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: T-02
Program Work Plan Name: Drop-in Centers
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 832
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 832

Fiscal Year: FY 2006-2007
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: D. Whitehead
Telephone Number: (213) 738-2853

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
MH Services Coordinator I	Supervises staff during extended hours		1.50		$ -
Psychiatric Social Worker I	Provides support to TAY during extended hours	4	2.00		$ -
Security Guard	Security for extended hours of the Drop-in Center		1.00		$ -
Recreational Therapist I	Provides support to TAY during extended hours		1.00		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	4	5.50		$ -
C. Total Progam Positions		4	5.50		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: T-02
Program Work Plan Name: Drop-in Centers
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 832
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 832

Fiscal Year: FY 2007-2008
Date: 9/15/2005
Page:
Months of Operation: 12
New Program/Services or Expansion: New
Prepared by: D. Whitehead
Telephone Number: (213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				$ -
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services (Consultation)				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -		$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 500,000
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 500,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				40%

TAY DROP-IN CENTERS

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $500,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – $500,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: T-02
Program Work Plan Name: Drop-in Centers
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 832
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 832

Fiscal Year: FY 2007-2008
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: D. Whitehead
Telephone Number: (213) 738-2853

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [2/]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
MH Services Coordinator I	Supervises staff during extended hours		1.50		$ -
Psychiatric Social Worker I	Provides support to TAY during extended hours	4	2.00		$ -
Security Guard	Security for extended hours of the Drop-in Center		1.00		$ -
Recreational Therapist I	Provides support to TAY during extended hours		1.00		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	4	5.50		$ -
C. Total Progam Positions		4	5.50		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: T-03
Program Work Plan Name: TAY Housing Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 432
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 432

Fiscal Year: FY 2005-2006
Date 9/15/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: D. Whitehead
Telephone Number: (213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				$ -
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services (Consultation)				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -		$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 787,500
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 787,500
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 787,500
E. Percentage of Total Funding Requirements for Full Service Partnerships				50%

TAY HOUSING SERVICES

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $787,500.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – $787,500.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: T-03
Program Work Plan Name: TAY Housing Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 432
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 432

Fiscal Year: FY 2005-2006
Date 9/15/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: D. Whitehead
Telephone Number: (213) 738-2853

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [2/]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
1. Housing Specialist					
a. Medical Case Worker II	Housing Specialist	3.00	8.00		
b. MH Services Coordinator I	Housing Specialist		1.00		
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	3	9		$ -
C. Total Progam Positions		3	9		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: T-03
Program Work Plan Name: TAY Housing Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 864
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 864

Fiscal Year: 2006-2007
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: D. Whitehead
Telephone Number: (213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				$ -
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
IV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services (Consultation)				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -		$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 1,575,000
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 1,575,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 1,575,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				50%

TAY HOUSING SERVICES

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $1,575,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements –$1,575,000.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: T-03
Program Work Plan Name: TAY Housing Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 864
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 864

Fiscal Year: FY 2006-2007
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: D. Whitehead
Telephone Number: (213) 738-2853

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
1. Housing Specialist					
a. Medical Case Worker II	Housing Specialist	3.00	8.00		
b. MH Services Coordinator I	Housing Specialist		1.00		
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	3	9		$ -
C. Total Progam Positions		3	9		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: T-03
Program Work Plan Name: TAY Housing Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 864
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 864

Fiscal Year: 2007-2008
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: D. Whitehead
Telephone Number: (213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				$ -
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services (Consultation)				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -		$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 1,575,000
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 1,575,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 1,575,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				50%

TAY HOUSING SERVICES

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $1,575,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – $1,575,000.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: T-03
Program Work Plan Name: TAY Housing Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 864
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 864

Fiscal Year: 2007-2008
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: D. Whitehead
Telephone Number: (213) 738-2853

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [2/]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
1. Housing Specialist					
a. Medical Case Worker II	Housing Specialist	3.00	8.00		
b. MH Services Coordinator I	Housing Specialist		1.00		
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	3	9		$ -
C. Total Progam Positions		3	9		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: T-04
Program Work Plan Name: TAY Probation Programs
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 52
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 52

Fiscal Year: 2005-2006
Date 9/15/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: D. Whitehead
Telephone Number: (213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				$ -
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services (Consultation)				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -		$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 750,000
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 750,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 750,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				25%

TAY PROBATION PROGRAMS

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $750,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – $750,000.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: T-04
Program Work Plan Name: TAY Probation Programs
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 52
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 52

Fiscal Year: 2005-2006
Date 9/15/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: D. Whitehead
Telephone Number: (213) 738-2853

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
Probation					
Mental Health Psychiatrist			1.00		$ -
Community MH Psychologist			2.00		$ -
MH Counselor, RN			1.00		$ -
Psychiatric Social Worker II		1	3.00		$ -
Sr. Community Worker II		6	6.00		$ -
Intermediate Typist-Clerk			2.00		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	7	15		$ -
C. Total Progam Positions		7	15		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: T-04
Program Work Plan Name: TAY Probation Programs
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 208
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 208

Fiscal Year: 2006-2007
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: D. Whitehead
Telephone Number: (213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				$ -
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services (Consultation)				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -		$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 1,500,000
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 1,500,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 1,500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				25%

TAY PROBATION PROGRAMS

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $1,500,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements –$1,500,000.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: T-04
Program Work Plan Name: TAY Probation Programs
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 208
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 208

Fiscal Year: 2006-2007
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: D. Whitehead
Telephone Number: (213) 738-2853

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
Probation					
Mental Health Psychiatrist			1.00		$ -
Community MH Psychologist			2.00		$ -
MH Counselor, RN			1.00		$ -
Psychiatric Social Worker II			3.00		$ -
Sr. Community Worker II			6.00		$ -
Intermediate Typist-Clerk			2.00		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	-	15		$ -
C. Total Progam Positions		-	15		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: T-04
Program Work Plan Name: TAY Probation Programs
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 208
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 208

Fiscal Year: 2007-2008
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: D. Whitehead
Telephone Number: (213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				$ -
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services (Consultation)				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -		$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 1,500,000
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 1,500,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 1,500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				25%

TAY PROBATION PROGRAMS

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $1,500,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – $1,500,000.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: T-04
Program Work Plan Name: TAY Probation Programs
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 208
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 208

Fiscal Year: 2007-2008
Date: 9/15/2005
Page:
Months of Operation: 12
New Program/Services or Expansion: New
Prepared by: D. Whitehead
Telephone Number: (213) 738-2853

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
Probation					
Mental Health Psychiatrist			1.00		$ -
Community MH Psychologist			2.00		$ -
MH Counselor, RN			1.00		$ -
Psychiatric Social Worker II			3.00		$ -
Sr. Community Worker II			6.00		$ -
Intermediate Typist-Clerk			2.00		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	-	15		$ -
C. Total Progam Positions		-	15		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES COUNTY
Program Work Plan #: A-01
Program Work Plan Name: Adult Full-Service Partnerships
Type of Funding: FSP; Medi-cal (FFP)
Proposed Total Clients Capacity of Program/Services: 441
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 441

Fiscal Year: 2005-2006
Date 9/16/05
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: Maria Funk
Telephone Number: 213-738-4385

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ 19,459,500			$ 19,459,500
6. Total Proposed Program Budget	$ 19,459,500	$ -	$ -	$ 19,459,500
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)	3,984,500			$ 3,984,500
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ 3,984,500	$ -	$ -	$ 3,984,500
3. Total Revenues	$ 3,984,500	$ -	$ -	$ 3,984,500
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 15,475,000	$ -	$ -	$ 15,475,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

ADULT FULL SERVICE PARTNERSHIPS

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $19,459,500.
A.6.	Total Program Budget – See Above
B.2.	New Revenue: a. Medi-Cal (FFP only) - $3,984,500. This number represents projected FFP revenue for 6 months.
D.	Total Funding Requirements - $15,475,000.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES COUNTY
Program Work Plan #: A-01
Program Work Plan Name: Adult Full-Service Partnerships
Type of Funding: FSP; Medi-cal (FFP)
Proposed Total Clients Capacity of Program/Services: 441
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 441

Fiscal Year: 2005-2006
Date 9/16/05
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: Maria Funk
Telephone Number: 213-738-4385

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
Mental Health Counselor, RN			17.00		$ -
Mental Health Services Coordinator II			34.00		$ -
Community Worker		10	34.00		$ -
Mental Health Psychiatrist			17.00		$ -
Psychiatric Social Worker II			34.00		$ -
Clinical Psychologist II			17.00		$ -
Medical Case Worker II			34.00		$ -
Sennior Community MH Psychologist			17.00		$ -
Supervising Psychiatric Social Worker			17.00		$ -
Secretary I			17.00		$ -
Intermediate Typist-Clerk			17.00		$ -
Staff Assistant II			17.00		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	10	272.00		$ -
C. Total Progam Positions		10	272.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES COUNTY
Program Work Plan #: A-01
Program Work Plan Name: Adult Full-Service Partnerships
Type of Funding: FSP; Medi-cal (FFP)
Proposed Total Clients Capacity of Program/Services: 1766
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 1766

Fiscal Year: 2006-2007
Date 9/16/05
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Maria Funk
Telephone Number: 213-738-4385

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ 38,919,000			$ 38,919,000
6. Total Proposed Program Budget	$ 38,919,000	$ -	$ -	$ 38,919,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)	7,969,000			$ 7,969,000
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ 7,969,000	$ -	$ -	$ 7,969,000
3. Total Revenues	$ 7,969,000	$ -	$ -	$ 7,969,000
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 30,950,000	$ -	$ -	$ 30,950,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

ADULT FULL SERVICE PARTNERSHIPS

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $38,919,000
A.6.	Total Program Budget – See Above
B.2.	New Revenue: a. Medi-Cal (FFP only) - $7,969,000. This number represents projected FFP revenue for 12 months.
D.	Total Funding Requirements - $30,950,000.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES COUNTY
Program Work Plan #: A-01
Program Work Plan Name: Adult Full-Service Partnerships
Type of Funding: FSP; Medi-cal (FFP)
Proposed Total Clients Capacity of Program/Services: 1766
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 1766

Fiscal Year: 2006-2007
Date 9/16/05
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Maria Funk
Telephone Number: 213-738-4385

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
Mental Health Counselor, RN			17.00		$ -
Mental Health Services Coordinator II			34.00		$ -
Community Worker		10	34.00		$ -
Mental Health Psychiatrist			17.00		$ -
Psychiatric Social Worker II			34.00		$ -
Clinical Psychologist II			17.00		$ -
Medical Case Worker II			34.00		$ -
Sennior Community MH Psychologist			17.00		$ -
Supervising Psychiatric Social Worker			17.00		$ -
Secretary I			17.00		$ -
Intermediate Typist-Clerk			17.00		$ -
Staff Assistant II			17.00		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	10	272.00		$ -
C. Total Progam Positions		10	272.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES COUNTY
Program Work Plan #: A-01
Program Work Plan Name: Adult Full-Service Partnerships
Type of Funding: FSP; Medi-cal (FFP)
Proposed Total Clients Capacity of Program/Services: 1766
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 1766

Fiscal Year: 2007-2008
Date 9/16/05
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Maria Funk
Telephone Number: 213-738-4385

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ 38,919,000			$ 38,919,000
6. Total Proposed Program Budget	$ 38,919,000	$ -	$ -	$ 38,919,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)	7,969,000			$ 7,969,000
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ 7,969,000	$ -	$ -	$ 7,969,000
3. Total Revenues	$ 7,969,000	$ -	$ -	$ 7,969,000
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 30,950,000	$ -	$ -	$ 30,950,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

ADULT FULL SERVICE PARTNERSHIPS

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $38,919,000
A.6.	Total Program Budget – See Above
B.2.	New Revenue: a. Medi-Cal (FFP only) - $7,969,000. This number represents projected FFP revenue for 12 months.
D.	Total Funding Requirements - $30,950,000.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES COUNTY
Program Work Plan #: A-01
Program Work Plan Name: Adult Full-Service Partnerships
Type of Funding: FSP; Medi-cal (FFP)
Proposed Total Clients Capacity of Program/Services: 1766
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 1766

Fiscal Year: 2007-2008
Date 9/16/05
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Maria Funk
Telephone Number: 213-738-4385

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
Mental Health Counselor, RN			17.00		$ -
Mental Health Services Coordinator II			34.00		$ -
Community Worker		10	34.00		$ -
Mental Health Psychiatrist			17.00		$ -
Psychiatric Social Worker II			34.00		$ -
Clinical Psychologist II			17.00		$ -
Medical Case Worker II			34.00		$ -
Sennior Community MH Psychologist			17.00		$ -
Supervising Psychiatric Social Worker			17.00		$ -
Secretary I			17.00		$ -
Intermediate Typist-Clerk			17.00		$ -
Staff Assistant II			17.00		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	10	272.00		$ -
C. Total Progam Positions		10	272.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-02
Program Work Plan Name: Wellness/Client-Run Centers
Type of Funding: FSP; SD; Medi-Cal (FFP)
Proposed Total Clients Capacity of Program/Services: 700
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 700

Fiscal Year: 2005-2006
Date 9/8/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: Michele Webber
Telephone Number: (562) 435-3027

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iv. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ 1,125,000			$ 1,125,000
6. Total Proposed Program Budget	$ 1,125,000	$ -	$ -	$ 1,125,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)	112,500		112,500	$ 225,000
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues	$ 112,500	$ -	$ 112,500	$ 225,000
3. Total Revenues	$ 112,500	$ -	$ 112,500	$ 225,000
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 1,125,000	$ -	$ (112,500)	$ 900,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				10%

WELLNESS/CLIENT-RUN CENTERS

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $1,125,000.
A. 6.	Total Program Budget – See Above
B. 2.	New Revenue – Total Projected Medi-Cal (FFP) revenue for approximately 210 clients- $225,500
B.3.	Total Revenue - See Above
D.	Total Funding Requirements – $900,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-02
Program Work Plan Name: Wellness/Client-Run Centers
Type of Funding: FSP; SD; Medi-Cal (FFP)
Proposed Total Clients Capacity of Program/Services: 700
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 700

Fiscal Year: 2005-2006
Date 9/8/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: Michele Webber
Telephone Number: (562) 435-3027

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
1. Medical Case Worker II	Peer Support/Advocacy	24.00	24.00		$ -
2. Psychiatric Mental Health Nurse Practitioner			6.00		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	24.00	30.00		$ -
C. Total Progam Positions		24.00	30.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-02
Program Work Plan Name: Wellness/Client-Run Centers
Type of Funding: FSP; SD; Medi-Cal (FFP)
Proposed Total Clients Capacity of Program/Services: 2400
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 2400

Fiscal Year: 2006-2007
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Michele Webber
Telephone Number: (562) 435-3027

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iv. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ 2,250,000			$ 2,250,000
6. Total Proposed Program Budget	$ 2,250,000	$ -	$ -	$ 2,250,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)	225,000		225,000	$ 450,000
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues	$ 225,000	$ -	$ 225,000	$ 450,000
3. Total Revenues	$ 225,000	$ -	$ 225,000	$ 450,000
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 2,025,000	$ -	$ (225,000)	$ 1,800,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				10%

WELLNESS/CLIENT-RUN CENTERS

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $2,250,000.
A. 6.	Total Program Budget – See Above
B. 2.	New Revenue - Projected Medi-Cal (FFP) revenue for approximately 420 clients- $450,000
B.3.	Total Revenue - See Above
D.	Total Funding Requirements – $1,800,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-02
Program Work Plan Name: Wellness/Client-Run Centers
Type of Funding: FSP; SD; Medi-Cal (FFP)
Proposed Total Clients Capacity of Program/Services: 2400
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 2400

Fiscal Year: 2006-2007
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Michele Webber
Telephone Number: (562) 435-3027

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [2/]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
1. Medical Case Worker II	Peer Support/Advocacy	30.00	30.00		$ -
2. Mental Health Counselor, RN			6.00		$ -
3. Mental Health Psychiatrist (0.5 FTE)			3.00		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	30.00	39.00		$ -
C. Total Progam Positions		30.00	39.00		$ -

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-02
Program Work Plan Name: Wellness/Client-Run Centers
Type of Funding: FSP; SD; Medi-Cal (FFP)
Proposed Total Clients Capacity of Program/Services: 2400
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 2400

Fiscal Year: 2007-2008
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Michele Webber
Telephone Number: (562) 435-3027

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iv. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures		$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ 2,250,000			$ 2,250,000
6. Total Proposed Program Budget	$ 2,250,000	$ -	$ -	$ 2,250,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)	225,000		225,000	$ 450,000
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues	$ 225,000	$ -	$ 225,000	$ 450,000
3. Total Revenues	$ 225,000	$ -	$ 225,000	$ 450,000
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 2,025,000	$ -	$ (225,000)	$ 1,800,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				10%

WELLNESS/CLIENT-RUN CENTERS

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $2,250,000.
A. 6.	Total Program Budget – See Above
B. 2.	New Revenue - Projected Medi-Cal (FFP) revenue for approximately 420 clients- $450,000
B.3.	Total Revenue - See Above
D.	Total Funding Requirements – $1,800,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-02
Program Work Plan Name: Wellness/Client-Run Centers
Type of Funding: FSP; SD; Medi-Cal (FFP)
Proposed Total Clients Capacity of Program/Services: 2400
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 2400

Fiscal Year: 2007-2008
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Michele Webber
Telephone Number: (562) 435-3027

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [2/]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
1. Medical Case Worker II	Peer Support/Advocacy	30.00	30.00		$ -
2. Mental Health Counselor, RN			6.00		$ -
3. Mental Health Psychiatrist (0.5 FTE)			3.00		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	30.00	39.00		$ -
C. Total Progam Positions		30.00	39.00		$ -

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-03
Program Work Plan Name: IMD Step-Down Facilities
Type of Funding: FSP; SD; Medi-Cal (FFP)
Proposed Total Clients Capacity of Program/Services: 50
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 50

Fiscal Year: 2005-2006
Date 9/8/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: Mary Marx
Telephone Number: (323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ 1,187,500			$ 1,187,500
6. Total Proposed Program Budget	$ 1,187,500	$ -	$ -	$ 1,187,500
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)			237,500	$ 237,500
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues	$ -	$ -		$ 237,500
3. Total Revenues	$ -	$ -	$ 237,500	$ 237,500
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 1,187,500	$ -	$ (237,500)	$ 950,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				75%

IMD STEPDOWN FACILITIES

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $1,187,500.
A. 6.	Total Program Budget – See Above
B. 2.	New Revenue - Projected Medi-Cal (FFP) revenue for approximately 80 clients- $237,500
B.3.	Total Revenue - See Above
D.	Total Funding Requirements – $950,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-03
Program Work Plan Name: IMD Step-Down Facilities
Type of Funding: FSP; SD; Medi-Cal (FFP)
Proposed Total Clients Capacity of Program/Services: 50
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 50

Fiscal Year: 2005-2006
Date 9/8/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: Mary Marx
Telephone Number: (323) 226-4744

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [b/]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
1. Mental Health Counselor, RN			2.00		$ -
2. Medical Case Worker			14.00		$ -
3. Psychiatric Social Worker II			8.00		$ -
4. Residential Manager			3.00		$ -
5. Community Worker		3.00	6.00		$ -
6. MH Services Coordinator II			2.00		$ -
7. Mental Health Psychiatrist			1.00		$ -
8. Program Director			3.00		$ -
9. Secretary			3.00		$ -
10. Office Manager			3.00		$ -
	Total New Additional Positions	3.00	45.00		$ -
C. Total Progam Positions		3.00	45.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-03
Program Work Plan Name: IMD Step-Down Facilities
Type of Funding: FSP; SD; Medi-Cal (FFP)
Proposed Total Clients Capacity of Program/Services: 180
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 180

Fiscal Year: 2006-2007
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Mary Marx
Telephone Number: (323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
IV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ 2,375,000			$ 2,375,000
6. Total Proposed Program Budget	$ 2,375,000	$ -	$ -	$ 2,375,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)			475,000	$ 475,000
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues	$ -	$ -	$ 475,000	$ 475,000
3. Total Revenues	$ -	$ -	$ 475,000	$ 475,000
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 2,375,000	$ -	$ (475,000)	$ 1,900,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				75%

IMD STEPDOWN FACILITIES

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $2,375,000.
A. 6.	Total Program Budget – See Above
B. 2.	New Revenue - Projected Medi-Cal (FFP) revenue for approximately 160 clients- $475,000
B.3.	Total Revenue - See Above
D.	Total Funding Requirements – $1,900,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-03
Program Work Plan Name: IMD Step-Down Facilities
Type of Funding: FSP; SD; Medi-Cal (FFP)
Proposed Total Clients Capacity of Program/Services: 180
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 180

Fiscal Year: 2006-2007
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Mary Marx
Telephone Number: (323) 226-4744

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE b/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
1. Mental Health Counselor, RN			2.00		$ -
2. Medical Case Worker			14.00		$ -
3. Psychiatric Social Worker II			8.00		$ -
4. Residential Manager			3.00		$ -
5. Community Worker		3	6.00		$ -
6. MH Services Coordinator II			2.00		$ -
7. Mental Health Psychiatrist			1.00		$ -
8. Program Director			3.00		$ -
9. Secretary			3.00		$ -
10. Office Manager			3.00		$ -
	Total New Additional Positions	3.00	45.00		$ -
C. Total Progam Positions		3.00	45.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-03
Program Work Plan Name: IMD Step-Down Facilities
Type of Funding: FSP; SD; Medi-Cal (FFP)
Proposed Total Clients Capacity of Program/Services: 180
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 180

Fiscal Year: 2007-2008
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Mary Marx
Telephone Number: (323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ 2,375,000			$ 2,375,000
6. Total Proposed Program Budget	$ 2,375,000	$ -	$ -	$ 2,375,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)			475,000	$ 475,000
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues	$ -	$ -	$ 475,000	$ 475,000
3. Total Revenues	$ -	$ -	$ 475,000	$ 475,000
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 2,375,000	$ -	$ (475,000)	$ 1,900,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				75%

IMD STEPDOWN FACILITIES

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $2,375,000.
A. 6.	Total Program Budget – See Above
B. 2.	New Revenue - Projected Medi-Cal (FFP) revenue for approximately 160 clients- $475,000
B.3.	Total Revenue - See Above
D.	Total Funding Requirements – $1,900,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-03
Program Work Plan Name: IMD Step-Down Facilities
Type of Funding: FSP; SD; Medi-Cal (FFP)
Proposed Total Clients Capacity of Program/Services: 180
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 180

Fiscal Year: 2007-2008
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Mary Marx
Telephone Number: (323) 226-4744

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [b/]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
1. Mental Health Counselor, RN			2.00		$ -
2. Medical Case Worker			14.00		$ -
3. Psychiatric Social Worker II			8.00		$ -
4. Residential Manager			3.00		$ -
5. Community Worker		3	6.00		$ -
6. MH Services Coordinator II			2.00		$ -
7. Mental Health Psychiatrist			1.00		$ -
8. Program Director			3.00		$ -
9. Secretary			3.00		$ -
10. Office Manager			3.00		$ -
	Total New Additional Positions	3.00	45.00		$ -
C. Total Progam Positions		3.00	45.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-04
Program Work Plan Name: Adult Housing Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 1090
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 1090

Fiscal Year: 2005-2006
Date 9/8/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: Reina Turner
Telephone Number: 213-739-6267

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known [1]	$ 924,053			$ 924,053
6. Total Proposed Program Budget	$ 924,053	$ -	$ -	$ 924,053
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 924,053	$ -	$ -	$ 924,053
E. Percentage of Total Funding Requirements for Full Service Partnerships				10%

ADULT HOUSING SERVICES

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $924,053.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – $924,053

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-04
Program Work Plan Name: Adult Housing Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 2180
Existing Client Capacity of Program/Services: 260
Client Capacity of Program/Services Expanded through MHSA: 1920

Fiscal Year: 2005-2006
Date: 9/8/2005
Page:
Months of Operation: 6
New Program/Services or Expansion: New
Prepared by: Reina Turner
Telephone Number: 213-739-6267

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					
a. Medical Case Worker II	Housing Specialist	1.00	2.00	23,065	$ 46,130
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	1.00	2.00		$ 46,130
B. New Additional Positions					
1. Housing Specialists					
a. Medical Case Worker II	Housing Specialist	3.00	6.00		$ -
b. MH Services Coordinator I	Housing Specialist		8.00		$ -
	Total New Housing Specialist Positions	3.00	14.00		$ -
2. Safe Havens					
a. Program Manager	Program Manager		1.00		$ -
b. Licensed Clinical Social Worker	Licensed Clinical Social Worker		2.00		$ -
c. Outreach Specialists	Outreach Specialists		2.00		$ -
d. Registered Nurse	Registered Nurse		0.50		$ -
e. Peer Advocate	Peer Advocate	1.50	1.50		$ -
f. Psychiatrist	Psychiatrist		0.20		$ -
	Total New Safe Haven	1.50	7.20		$ -
	Total New Additional Positions	4.50	21.20		$ -
C. Total Progam Positions		5.50	23.20		$ 46,130

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-04
Program Work Plan Name: Adult Housing Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 4160
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 4160

Fiscal Year: 2006-2007
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Reina Turner
Telephone Number: 213-739-6267

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known [1]	$ 1,848,106			$ 1,848,106
6. Total Proposed Program Budget	$ 1,848,106	$ -	$ -	$ 1,848,106
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 1,848,106	$ -	$ -	$ 1,848,106
E. Percentage of Total Funding Requirements for Full Service Partnerships				10%

ADULT HOUSING SERVICES

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $1,848,106.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – $1,848,106.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-04
Program Work Plan Name: Adult Housing Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 4360
Existing Client Capacity of Program/Services: 520
Client Capacity of Program/Services Expanded through MHSA: 3640

Fiscal Year: 2006-2007
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Reina Turner
Telephone Number: 213-739-6267

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					
a. Medical Case Worker II	Housing Specialist	1.00	2.00	46,130	$ 92,260
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	1.00	2.00		$ 92,260
B. New Additional Positions					
1. Housing Specialist - County Operated					
a. Medical Case Worker II	Housing Specialist	3.00	6.00		$ -
b. MH Services Coordinator I	Housing Specialist		8.00		$ -
c. Total County Operated		3.00	14.00		$ -
2. Safe Havens - Other Government Agency					
a. Program Manager	Program Manager		1.00		$ -
b. Licensed Clinical Social Worke	Licensed Clinical Social Worker		2.00		$ -
c. Outreach Specialists	Outreach Specialists		2.00		$ -
d. Registered Nurse	Registered Nurse		0.50		$ -
e. Peer Advocate	Peer Advocate	1.50			$ -
f. Psychiatrist	Psychiatrist		0.20		$ -
g. Total Safe Havens - Other Government Agency		1.50	5.70		$ -
	Total New Additional Positions	4.50	19.70		$ -
C. Total Progam Positions		5.50	21.70		$ 92,260

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-04
Program Work Plan Name: Adult Housing Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 4160
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 4160

Fiscal Year: 2007-2008
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Reina Turner
Telephone Number: 213-739-6267

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known [1]	$ 1,848,106			$ 1,848,106
6. Total Proposed Program Budget	$ 1,848,106	$ -	$ -	$ 1,848,106
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 1,848,106	$ -	$ -	$ 1,848,106
E. Percentage of Total Funding Requirements for Full Service Partnerships				10%

ADULT HOUSING SERVICES

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $1,848,106.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – $1,848,106.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-04
Program Work Plan Name: Adult Housing Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 4360
Existing Client Capacity of Program/Services: 520
Client Capacity of Program/Services Expanded through MHSA: 3640

Fiscal Year: 2007-2008
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Reina Turner
Telephone Number: 213-739-6267

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					
a. Medical Case Worker II	Housing Specialist	1.00	2.00	46,130	$ 92,260
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	1.00	2.00		$ 92,260
B. New Additional Positions					
1. Housing Specialist - County Operated					
a. Medical Case Worker II	Housing Specialist	3.00	6.00		$ -
b. MH Services Coordinator I	Housing Specialist		8.00		$ -
c. Total County Operated		3.00	14.00		$ -
2. Safe Havens - Other Government Agency					
a. Program Manager	Program Manager		1.00		$ -
b. Licensed Clinical Social Worke	Licensed Clinical Social Worker		2.00		$ -
c. Outreach Specialists	Outreach Specialists		2.00		$ -
d. Registered Nurse	Registered Nurse		0.50		$ -
e. Peer Advocate	Peer Advocate	1.50	1.50		$ -
f. Psychiatrist	Psychiatrist		0.20		$ -
g. Total Safe Havens - Other Government Agency		1.50	7.20		$ -
	Total New Additional Positions	4.50	21.20		$ -
C. Total Progam Positions		5.50	23.20		$ 92,260

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-05
Program Work Plan Name: Jail Transition and Linkage Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 846
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 846

Fiscal Year: 2005-2006
Date 9/8/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: Jaime Nahman
Telephone Number: (213) 738-4142

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iv. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ 874,053			$ 874,053
6. Total Proposed Program Budget	$ 874,053	$ -	$ -	$ 874,053
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 874,053	$ -	$ -	$ 874,053
E. Percentage of Total Funding Requirements for Full Service Partnerships				20%

JAIL TRANSITION AND LINKAGE SERVICES

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $874,053.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – $874,053.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-05
Program Work Plan Name: Jail Transition and Linkage Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 846
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 846

Fiscal Year: 2005-2006
Date 9/8/2005
Page of
Months of Operation 6
New Program/Services or Expansion New
Prepared by: Jaime Nahman
Telephone Number: (213) 738-4142

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
1. Intermediate Typist Clerk			1.00		$ -
2. Staff Assistant II			1.00		$ -
3. Psychiatric Social Worker II			8.00		$ -
4. Supvg Psychaitric Social Worker			1.00		$ -
5. Mental Health Services Coordinator II			4.00		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	0.00	15.00		$ -
C. Total Progam Positions		0.00	15.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-05
Program Work Plan Name: Jail Transition and Linkage Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 3384
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 3384

Fiscal Year: 2006-2007
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Jaime Nahman
Telephone Number: (213) 738-4142

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iv. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ 1,748,106			$ 1,748,106
6. Total Proposed Program Budget	$ 1,748,106	$ -	$ -	$ 1,748,106
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 1,748,106	$ -	$ -	$ 1,748,106
E. Percentage of Total Funding Requirements for Full Service Partnerships				20%

JAIL TRANSITION AND LINKAGE SERVICES

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $1,748,106.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – $1,748,106

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-05
Program Work Plan Name: Jail Transition and Linkage Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 3384
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 3384

Fiscal Year: 2006-2007
Date 9/8/2005
Page of
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Jaime Nahman
Telephone Number: (213) 738-4142

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [2/]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
1. Intermediate Typist Clerk			1.00		$ -
2. Staff Assistant II			1.00		$ -
3. Psychiatric Social Worker II			8.00		$ -
4. Supvg Psychaitric Social Worker			1.00		$ -
5. Mental Health Services Coordinator II			4.00		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	0.00	15.00		$ -
C. Total Progam Positions		0.00	15.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-05
Program Work Plan Name: Jail Transition and Linkage Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 3384
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 3384

Fiscal Year: 2007-2008
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Jaime Nahman
Telephone Number: (213) 738-4142

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iv. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ 1,748,106			$ 1,748,106
6. Total Proposed Program Budget	$ 1,748,106	$ -	$ -	$ 1,748,106
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 1,748,106	$ -	$ -	$ 1,748,106
E. Percentage of Total Funding Requirements for Full Service Partnerships				20%

JAIL TRANSITION AND LINKAGE SERVICES

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $1,748,106.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – $1,748,106.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: A-05
Program Work Plan Name: Jail Transition and Linkage Services
Type of Funding: FSP; ; SD
Proposed Total Clients Capacity of Program/Services: 3384
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 3384

Fiscal Year: 2007-2008
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Jaime Nahman
Telephone Number: (213) 738-4142

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [2/]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
1. Intermediate Typist Clerk			1.00		$ -
2. Staff Assistant II			1.00		$ -
3. Psychiatric Social Worker II			8.00		$ -
4. Supvg Psychaitric Social Worker			1.00		$ -
5. Mental Health Services Coordinator II			4.00		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	0.00	15.00		$ -
C. Total Progam Positions		0.00	15.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-01
Program Work Plan Name: Older Adults - Full Service Partnerships
Type of Funding: FSP
Proposed Total Clients Capacity of Program/Services: 41
Existing Client Capacity of Program/Services: 0
Client Capacity of Program/Services Expanded through MHSA: 41

Fiscal Year: 2005-2006
Date: 9/15/05
Page:
Months of Operation: 6
New Program/Services or Expansion: New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services (Service Area Multi-System Clinical Consultations)				
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 1,520,558
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 1,520,558
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ 447,600
b. Medicare/Patient Fees/Patient Insurance				$ 23,558
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues	$ -	$ -	$ -	$ 471,158
3. Total Revenues	$ -	$ -	$ -	$ 471,158
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 1,049,400
E. Percentage of Total Funding Requirements for Full Service Partnerships				100%

Older Adult CSS Plan
Full Service Partnerships
Work Plan #OA-01
Budget Narrative – January 2006 – June 2006

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – includes proposed MHSA expenditure of $1,049,400 and MediCare/Medi-Cal FFP of $471,158
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	Projected Medicare/Medi-Cal (FFP) Revenue for 100 clients
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – N/A

Note: As we move into the development of new service delivery models for Older Adults, we recognize that estimates of revenue and cost per client may differ from our initial projections. The numbers of clients to be served and associated costs represent our best projections given current available information. Projections of numbers of individuals who will enroll in CSS programs and dollars that will be spent are also based on the assumption that programs will be fully operational early in the first six months of MHSA funding. To the extent that circumstances mitigate against a rapid implementation, projections may need to be reexamined early in the first year of funding.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-01
Program Work Plan Name: Older Adults - Full Service Partnerships
Type of Funding: FSP
Proposed Total Clients Capacity of Program/Services: 41
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 41

Fiscal Year: 2005-2006
Date 9/15/05
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

Classification	Function	Clients, FM & CG FTEs [1/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [2/]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					$ -
Mental Health Counselor, RN			2.00		
Community Worker			5.00		
Psychiatric Social Worker II			2.00		
Supv. Psychiatric Social Worker			2.00		
Clinical Psycologist II			2.00		
Medical Case Worker II			5.00		
Secretary I			1.00		
Intermediate Typist Clerk			1.00		
Mental Health Psychiatrist			1.00		
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	-	21		$ -
C. Total Progam Positions		-	21		$ -

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-01
Program Work Plan Name: Older Adults - Full Service Partnerships
Type of Funding: FSP
Proposed Total Clients Capacity of Program/Services: 205
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 205

Fiscal Year: 2006-2007
Date 9/15/05
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services (Service Area Multi-System Clinical Consultations)				
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 3,041,115
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 3,041,115
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ 895,199
b. Medicare/Patient Fees/Patient Insurance				$ 47,116
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues	$ -	$ -	$ -	$ 942,315
3. Total Revenues	$ -	$ -	$ -	$ 942,315
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 2,098,800
E. Percentage of Total Funding Requirements for Full Service Partnerships				100%

Older Adult CSS Plan
Full Service Partnerships
Work Plan #OA-01
Budget Narrative – Year 2
July 2006 – June 2007

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – includes proposed expenditure of $2,098,800 and MediCare/Medi-Cal FFP of $942,315
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	Projected Medicare/Medi-Cal (FFP) Revenue for 205 individuals
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – N/A

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-01
Program Work Plan Name: Older Adults - Full Service Partnerships
Type of Funding: FSP
Proposed Total Clients Capacity of Program/Services: 205
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 205

Fiscal Year: 2006-2007
Date 9/15/05
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

Classification	Function	Clients, FM & CG FTEs [1]	Total Number of FTEs	Salary, Wages and Overtime per FTE [2]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					$ -
Mental Health Counselor, RN			2.00		
Community Worker			5.00		
Psychiatric Social Worker II			2.00		
Supv. Psychiatric Social Worker			2.00		
Clinical Psycologist II			2.00		
Medical Case Worker II			5.00		
Secretary I			1.00		
Intermediate Typist Clerk			1.00		
Mental Health Psychiatrist			1.00		
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	-	21		$ -
C. Total Progam Positions		-	21		$ -

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-01
Program Work Plan Name: Older Adults - Full Service Partnerships
Type of Funding: FSP
Proposed Total Clients Capacity of Program/Services: 205
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 205

Fiscal Year: 2007-2008
Date 9/15/05
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
IV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services (Service Area Multi-System Clinical Consultations)				
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 3,041,115
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 3,041,115
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ 895,199
b. Medicare/Patient Fees/Patient Insurance				$ 47,116
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues	$ -	$ -	$ -	$ 942,315
3. Total Revenues	$ -	$ -	$ -	$ 942,315
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 2,098,800
E. Percentage of Total Funding Requirements for Full Service Partnerships				100%

Older Adult CSS Plan
Full Service Partnerships
Work Plan #OA-01
Budget Narrative – Year 3
July 2007 – June 2008

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – includes proposed expenditure of $2,098,800 and MediCare/Medi-Cal FFP of $942,315
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	Projected Medicare/Medi-Cal (FFP) Revenue for 205 clients
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – N/A

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-01
Program Work Plan Name: Older Adults - Full Service Partnerships
Type of Funding: FSP
Proposed Total Clients Capacity of Program/Services: 205
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 205

Fiscal Year: 2007-2008
Date 9/15/05
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [2/]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					$ -
Mental Health Counselor, RN			2.00		
Community Worker			5.00		
Psychiatric Social Worker II			2.00		
Supv. Psychiatric Social Worker			2.00		
Clinical Psycologist II			2.00		
Medical Case Worker II			5.00		
Secretary I			1.00		
Intermediate Typist Clerk			1.00		
Mental Health Psychiatrist			1.00		
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	-	21		$ -
C. Total Progam Positions		-	21		$ -

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-02
Program Work Plan Name: Systems Transformation Team
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: N/A
Existing Client Capacity of Program/Services: N/A
Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2005-2006
Date: 9/15/2005
Page:
Months of Operation: 6
New Program/Services or Expansion: New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)	84,526			$ 84,526
c. Employee Benefits	25,746			$ 25,746
d. Total Personnel Expenditures	$ 110,272	$ -	$ -	$ 110,272
3. Operating Expenditures				
a. Professional Services (Consultations)	22,978			$ 22,978
b. Translation and Interpreter Services				$ -
c. Travel and Transportation	2,200			$ 2,200
d. General Office Expenditures	200			$ 200
e. Rent, Utilities, and Equipment	4,600			$ 4,600
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)	24,750			$ 24,750
h. Total Operating Expenditures	$ 54,728	$ -	$ -	$ 54,728
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ -
6. Total Proposed Program Budget	$ 165,000	$ -	$ -	$ 165,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 165,000	$ -	$ -	$ 165,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				0%

Older Adult CSS Plan
Transformation Design Team
Work Plan OA-02

Budget Narrative – Year 1
January 2006 – June 2006

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures a. N/A b. Clinical Psychologists (2.0 FTE) identify evidence-based practices, develop programs, plan outcome evaluations and develop data for older adult system of care. c. Employee benefits at 30.459%
A.3.	Operating Expenditures a. Professional Services (Consultations) – Experts with specialized research and program development backgrounds will provide consultation regarding program development, data collection and analysis, and demographic data collection for older adult system of care. b. N/A c. Travel and Transportation – includes the cost of traveling to professional meetings and to programs within Los Angeles County. d. General office expenditures – includes paper, copying, desk supplies e. Includes computers and other technology needs
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not known, N/A
A.6.	Total Program Budget – includes MHSA funding only.
B.	Revenue – N/A
C.	One-Time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 24%

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-02
Program Work Plan Name: Systems Transformation Team
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: N/A
Existing Client Capacity of Program/Services: N/A
Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2005 -2006
Date: 9/15/2005
Page:
Months of Operation: 6
New Program/Services or Expansion: New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [2/]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
Clinical Psychologist II (bi-lingual)			1.00	42,563	$ 42,563
Clinical Psychologist II			1.00	41,963	$ 41,963
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	-	2		$ 84,526
C. Total Progam Positions		-	2		$ 84,526

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-02
Program Work Plan Name: Systems Transformation Team
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: N/A
Existing Client Capacity of Program/Services: N/A
Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2006-2007
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)	169,052			$ 169,052
c. Employee Benefits	51,491			$ 51,491
d. Total Personnel Expenditures	$ 220,543	$ -	$ -	$ 220,543
3. Operating Expenditures				
a. Professional Services (Consultations)	53,237			$ 53,237
b. Translation and Interpreter Services				$ -
c. Travel and Transportation	4,400			$ 4,400
d. General Office Expenditures	400			$ 400
e. Rent, Utilities, and Equipment	1,920			$ 1,920
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)	49,500			$ 49,500
h. Total Operating Expenditures	$ 109,457	$ -	$ -	$ 109,457
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ -
6. Total Proposed Program Budget	$ 330,000	$ -	$ -	$ 330,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 330,000	$ -	$ -	$ 330,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				0%

Older Adult CSS Plan
Transformation Design Team
Work Plan OA-02

Budget Narrative – Year 2
FY 06-07

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures a. N/A b. Clinical Psychologists (2.0 FTE) identify evidence-based practices, develop programs, plan outcome evaluations and develop data for older adult system of care. c. Employee benefits at 30.459%
A.3.	Operating Expenditures a. Professional Services (Consultations) – Experts with specialized research and program development backgrounds will provide consultation regarding program development, data collection and analysis, and demographic data collection for older adult system of care. b. N/A c. Travel and Transportation – includes the cost of traveling to professional meetings and to programs within Los Angeles County. d. General office expenditures – includes paper, copying, desk supplies e. Computers and other technology expenditures
A.4.	Program Management – N/A
A.5.	Est. Total Expenditures when service provider is not known – N/A
A.6.	Total Program Budget – includes MHSA funding only.
B.	Revenue – N/A
C.	One-Time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 24%

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-02
Program Work Plan Name: Systems Transformation Team
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: N/A
Existing Client Capacity of Program/Services: N/A
Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2006-2007
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [2/]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
Clinical Psychologist II (bi-lingual)			1.00	85,126	$ 85,126
Clinical Psychologist II			1.00	83,926	$ 83,926
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	-	2		$ 169,052
C. Total Progam Positions		-	2		$ 169,052

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-02
Program Work Plan Name: Systems Transformation Team
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: N/A
Existing Client Capacity of Program/Services: N/A
Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2007-2008
Date: 9/15/2005
Page:
Months of Operation: 12
New Program/Services or Expansion: New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)	169,052			$ 169,052
c. Employee Benefits	51,491			$ 51,491
d. Total Personnel Expenditures	$ 220,543	$ -	$ -	$ 220,543
3. Operating Expenditures				
a. Professional Services (Consultations)	53,237			$ 53,237
b. Translation and Interpreter Services				$ -
c. Travel and Transportation	4,400			$ 4,400
d. General Office Expenditures	400			$ 400
e. Rent, Utilities, and Equipment	1,920			$ 1,920
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)	49,500			$ 49,500
h. Total Operating Expenditures	$ 109,457	$ -	$ -	$ 109,457
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ -
6. Total Proposed Program Budget	$ 330,000	$ -	$ -	$ 330,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 330,000	$ -	$ -	$ 330,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				0%

Older Adult CSS Plan
Transformation Design Team
Work Plan OA-02

Budget Narrative – Year 3
FY 07-08

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures a. N/A b. Clinical Psychologists (2.0 FTE) identify evidence-based practices, develop programs, plan outcome evaluations and develop data for older adult system of care. c. Employee benefits at 30.459%
A.3.	Operating Expenditures a. Professional Services (Consultations) – Experts with specialized research and program development backgrounds will provide consultation regarding program development, data collection and analysis, and demographic data collection for older adult system of care. b. N/A c. Travel and Transportation – includes the cost of traveling to professional meetings and to programs within Los Angeles County. d. General office expenditures – includes paper, copying, desk supplies e. Computers and other technology expenditures
A.4.	Program Management – N/A
A.5.	Est. Total Expenditures when service provider is not known – N/A
A.6.	Total Program Budget – includes MHSA funding only.
B.	Revenue – N/A
C.	One-Time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 24%

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-02
Program Work Plan Name: Systems Transformation Team
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: N/A
Existing Client Capacity of Program/Services: N/A
Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2007-2008
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
Clinical Psychologist II (bi-lingual)			1.00	85,126	$ 85,126
Clinical Psychologist II			1.00	83,926	$ 83,926
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	-	2		$ 169,052
C. Total Progam Positions		-	2		$ 169,052

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-03
Program Work Plan Name: Older Adults - Field Capable Clinical Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 1,053
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 1,053

Fiscal Year: 2005-2006
Date 9/15/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services (Service Area Multi-System Clinical Consultatio				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 4,271,011
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 4,271,011
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ 1,645,077
b. Medicare/Patient Fees/Patient Insurance				$ 86,583
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues	$ -	$ -	$ -	$ 1,731,661
3. Total Revenues	$ -	$ -	$ -	$ 1,731,661
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 2,539,350
E. Percentage of Total Funding Requirements for Full Service Partnerships				5%

Older Adult CSS Plan
Field Capable Clinical Services
Work Plan #OA-03
Budget Narrative – January 2006 – June 2006

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – MHSA funds of $2,539,350 and MediCare/Medi-Cal FFP of $1,731,661
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	Projected Medicare/Medi-Cal (FFP) Revenue for 1053 clients
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 8%

Note: As we move into the development of new service delivery models for Older Adults, we recognize that estimates of revenue and cost per client may differ from our initial projections. The numbers of clients to be served and associated costs represent our best projections given current available information. Projections of numbers of individuals who will enroll in CSS programs and dollars that will be spent are also based on the assumption that programs will be fully operational early in the first six months of MHSA funding. To the extent that circumstances mitigate against a rapid implementation, projections may need to be reexamined early in the first year of funding.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-03
Program Work Plan Name: Older Adults - Field Capable Clinical Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 1,053
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 1,053

Fiscal Year: 2005-2006
Date 9/15/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					$ -
Psychiatric Social Worker II (PSWII)			10		$ -
Mental Health Counselor, RN			20		$ -
Clinical Psychologist II			6		$ -
Mental Health Psychiatrist			6		$ -
Medical Case Worker II			30		$ -
Intermediate Typist Clerk			8		$ -
Secretary I			8		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	-	88		$ -
C. Total Progam Positions		-	88		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-03
Program Work Plan Name: Older Adults - Field Capable Clinical Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 2,106
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 2,106

Fiscal Year: 2006-2007
Date: 9/15/2005
Page:
Months of Operation: 12
New Program/Services or Expansion: New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services (Service Area Multi-System Clinical Consultatio				
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 8,542,021
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 8,542,021
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ 3,290,155
b. Medicare/Patient Fees/Patient Insurance				$ 173,166
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues	$ -	$ -	$ -	$ 3,463,321
3. Total Revenues	$ -	$ -	$ -	$ 3,463,321
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 5,078,700
E. Percentage of Total Funding Requirements for Full Service Partnerships				5%

Older Adult CSS Plan
Field Capable Clinical Services
Work Plan #OA-03
Budget Narrative – Year 2
July 2006 – June 2007

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – includes proposed expenditure of $5,078,700 and MediCare/Medi-Cal FFP of $3,463,321
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	Projected Medicare/Medi-Cal (FFP) Revenue for 2106 clients
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 8%

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-03
Program Work Plan Name: Older Adults - Field Capable Clinical Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 2,106
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 2,106

Fiscal Year: 2006-2007
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					$ -
Psychiatric Social Worker II (PSWII)			10		$ -
Mental Health Counselor, RN			20		$ -
Clinical Psychologist II			6		$ -
Mental Health Psychiatrist			6		$ -
Medical Case Worker II			30		$ -
Intermediate Typist Clerk			8		$ -
Secretary I			8		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	-	88		$ -
C. Total Progam Positions		-	88		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-03
Program Work Plan Name: Older Adults - Field Capable Clinical Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 2,106
Existing Client Capacity of Program/Services: 0
Client Capacity of Program/Services Expanded through MHSA: 2,106

Fiscal Year: 2007-2008
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
IV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services (Service Area Multi-System Clinical Consultatio				
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 8,542,021
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 8,542,021
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ 3,290,155
b. Medicare/Patient Fees/Patient Insurance				$ 173,166
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues	$ -	$ -	$ -	$ 3,463,321
3. Total Revenues	$ -	$ -	$ -	$ 3,463,321
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 5,078,700
E. Percentage of Total Funding Requirements for Full Service Partnerships				5%

Older Adult CSS Plan
Field Capable Clinical Services
Work Plan #OA-03
Budget Narrative – Year 3
July 2007 – June 2008

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – includes proposed expenditure of $5,078,700 and MediCare/Medi-Cal FFP of $3,463,321
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	Projected Medicare/Medi-Cal (FFP) Revenue for 2106 clients
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 8%

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-03
Program Work Plan Name: Older Adults - Field Capable Clinical Services
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 2,106
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 2,106

Fiscal Year: 2007-2008
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					$ -
Psychiatric Social Worker II (PSWII)			10		$ -
Mental Health Counselor, RN			20		$ -
Clinical Psychologist II			6		$ -
Mental Health Psychiatrist			6		$ -
Medical Case Worker II			30		$ -
Intermediate Typist Clerk			8		$ -
Secretary I			8		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	-	88		$ -
C. Total Progam Positions		-	88		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-04
Program Work Plan Name: Older Adult Service Extenders
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 350
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 350

Fiscal Year: 2005-2006
Date 9/15/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 123,750
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 123,750
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 123,750
E. Percentage of Total Funding Requirements for Full Service Partnerships				50%

Older Adult CSS Plan
Service Extenders
Work Plan #OA-04
Budget Narrative January 2006-June 2006

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – $123,750
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	N/A
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – MHSA funds
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 50%

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-04
Program Work Plan Name: Older Adult Service Extenders
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 350
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 350

Fiscal Year: 2005-2006
Date 9/15/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [2/]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
Psychiatric Social Worker II			1.00		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	-	1		$ -
C. Total Progam Positions		-	1		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers. Note: Additional dollars will be dedicated to stipends for

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-04
Program Work Plan Name: Service Extenders
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 660
Existing Client Capacity of Program/Services: 0
Client Capacity of Program/Services Expanded through MHSA: 660

Fiscal Year: 2006-2007
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 247,500
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 247,500
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 247,500
E. Percentage of Total Funding Requirements for Full Service Partnerships				50%

Older Adult CSS Plan
Service Extenders
Work Plan #OA-04
Budget Narrative Year 2
FY 06-07

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – includes proposed expenditure of $247,500
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	N/A
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – MHSA funds
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 50%

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-04
Program Work Plan Name: Service Extenders
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 660
Existing Client Capacity of Program/Services: 0
Client Capacity of Program/Services Expanded through MHSA: 660

Fiscal Year: 2006-2007
Date: 9/15/2005
Page:
Months of Operation: 12
New Program/Services or Expansion: New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
Psychiatric Social Worker II			1.00		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	-	1		$ -
C. Total Progam Positions		-	1		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers. Note: Additional dollars will be dedicated to stipends for

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-04
Program Work Plan Name: Service Extenders
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 660
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 660

Fiscal Year: 2007-2008
Date: 9/15/2005
Page:
Months of Operation: 12
New Program/Services or Expansion: New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				$ -
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ 247,500
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 247,500
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 247,500
E. Percentage of Total Funding Requirements for Full Service Partnerships				50%

Older Adult CSS Plan
Service Extenders
Work Plan #OA-04
Budget Narrative Year 3
FY 07-08

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – includes proposed expenditure of $247,500
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	N/A
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – MHSA funds
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 50%

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-04
Program Work Plan Name: Service Extenders
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: 660
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 660

Fiscal Year: 2007-2008
Date 9/15/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
Psychiatric Social Worker II			1.00		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	-	1		$ -
C. Total Progam Positions		-	1		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers. Note: Additional dollars will be dedicated to clients who
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-05
Program Work Plan Name: Older Adults - Training
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: N/A
Existing Client Capacity of Program/Services: N/A
Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2005-2006
Date: 9/13/2005
Page:
Months of Operation: 6
New Program/Services or Expansion: New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures		$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ 99,429
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ 99,429
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			
6. Total Proposed Program Budget		$ -	$ -	$ 99,429
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements		$ -	$ -	$ 99,429
E. Percentage of Total Funding Requirements for Full Service Partnerships				0%

Older Adult CSS Plan
Training
Work Plan#OA-05
Budget Narrative – January 2006-June 2006

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – Includes purchased services of consultants with specialized expertise in Recovery-oriented programs for clients, family members and allied professionals at $99,429
A.4.	Program Management – N/A
A.5.	N/A
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	New Revenue – N/A
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – MHSA Funds
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 24%

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-05
Program Work Plan Name: Older Adults - Training
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: N/A
Existing Client Capacity of Program/Services: N/A
Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2005-2006
Date 9/13/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	-	-		$ -
C. Total Progam Positions		-	-		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-05
Program Work Plan Name: Older Adults - Training
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: N/A
Existing Client Capacity of Program/Services: N/A
Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2006-2007
Date 9/13/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ 198,858
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ 198,858
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 198,858
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 198,858
E. Percentage of Total Funding Requirements for Full Service Partnerships				24%

Older Adult CSS Plan
Training
Work Plan#OA-05
Budget Narrative – Year 2
July 2006-June 2007

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – Includes purchased services of consultants with specialized expertise in Recovery-oriented programs for clients, family members and allied professionals at $198,858
A.4.	Program Management – N/A
A.5.	N/A
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	New Revenue – N/A
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – MHSA Funds
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 24%

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-05
Program Work Plan Name: Older Adults - Training
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: N/A
Existing Client Capacity of Program/Services: N/A
Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2006-2007
Date: 9/13/2005
Page:
Months of Operation: 12
New Program/Services or Expansion: New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	-	-		$ -
C. Total Progam Positions		-	-		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-05
Program Work Plan Name: Older Adults - Training
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: N/A
Existing Client Capacity of Program/Services: N/A
Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2007-2008
Date: 9/13/2005
Page:
Months of Operation: 12
New Program/Services or Expansion: New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ 198,858
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ 198,858
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 198,858
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ -	$ 198,858
E. Percentage of Total Funding Requirements for Full Service Partnerships				24%

Older Adult CSS Plan
Training
Work Plan#OA-05
Budget Narrative – Year 3
July 2007-June 2008

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – Includes purchased services of consultants with specialized expertise in Recovery-oriented programs for clients, family members and allied professionals at $198,858
A.4.	Program Management – N/A
A.5.	N/A
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	New Revenue – N/A
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – MHSA Funds
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 24%

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
Program Work Plan #: OA-05
Program Work Plan Name: Older Adults - Training
Type of Funding: FSP; SD
Proposed Total Clients Capacity of Program/Services: N/A
Existing Client Capacity of Program/Services: N/A
Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2007-2008
Date: 9/13/2005
Page:
Months of Operation: 12
New Program/Services or Expansion: New
Prepared by: A. McConner
Telephone Number: (213) 351-5244

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	-	-		$ -
C. Total Progam Positions		-	-		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: SN-01
Program Work Plan Name: Service Area Navigator Teams
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: 2390
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 2390

Fiscal Year: 2005-2006
Date 9/8/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: D. Innes-Gomberg
Telephone Number: 562-435-2337

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ 2,450,000			$ 2,450,000
6. Total Proposed Program Budget	$ 2,450,000	$ -	$ -	$ 2,450,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 2,450,000	$ -	$ -	$ 2,450,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

SERVICE AREA NAVIGATOR TEAMS

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $2,450,000.
A.6.	Total Program Budget – See Above
D.	Total Funding Requirements - $2,450,000.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: SN-01
Program Work Plan Name: Service Area Navigator Teams
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: 2390
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 2390

Fiscal Year: 2005-2006
Date 9/8/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: D. Innes-Gomberg
Telephone Number: 562-435-2337

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
1. Community Worker	Children's Navigation	4.00	8.00		$ -
2. Mental Health Services Coord II	Children's Navigation, Adult/Older Adult Navigation	4.00	16.00		$ -
3. Psychiatric Social Worker II	Children's Navigation		8.00		$ -
3. Psychiatric Social Worker II	TAY Navigation	6.00	18.00		$ -
4. Intermediate Typist Clerk	Support for Children's Navigation		8.00		$ -
5. Supervising Psychiatric Social Worker	Oversee TAY Navigation		2.00		$ -
	Total New Additional Positions	14.00	60.00		$ -
C. Total Program Positions		14.00	60.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: SN-01
Program Work Plan Name: Service Area Navigator Teams
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: 8160
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 8160

Fiscal Year: 2006-2007
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: D. Innes-Gomberg
Telephone Number: 562-435-2337

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ 4,900,000			$ 4,900,000
6. Total Proposed Program Budget	$ 4,900,000	$ -	$ -	$ 4,900,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 4,900,000	$ -	$ -	$ 4,900,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

SERVICE AREA NAVIGATOR TEAMS

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $4,900,000
A.6.	Total Program Budget – See Above
D.	Total Funding Requirements - $4,900,000.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: SN-01
Program Work Plan Name: Service Area Navigator Teams
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: 8160
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 8160

Fiscal Year: 2006-2007
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: D. Innes-Gomberg
Telephone Number: 562-435-2337

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [2/]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
1. Community Worker	Children's Navigation	4.00	8.00		$ -
2. Mental Health Services Coord II	Children's Navigation, Adult/Older Adult	4.00	16.00		$ -
3. Psychiatric Social Worker II	Children's Navigation		8.00		
3. Psychiatric Social Worker II	TAY Navigation	6.00	18.00		
4. Intermediate Typist Clerk	Support for Children's Navigation		8.00		
5. Supervising Psychiatric Social Worker	Oversee TAY Navigation		2.00		
	Total New Additional Positions	14.00	60.00		$ -
C. Total Program Positions		14.00	60.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: SN-01
Program Work Plan Name: Service Area Navigator Teams
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: 8160
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 8160

Fiscal Year: 2007-2008
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: D. Innes-Gomberg
Telephone Number: 562-435-2337

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits	-			$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ 4,900,000			$ 4,900,000
6. Total Proposed Program Budget	$ 4,900,000	$ -	$ -	$ 4,900,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 4,900,000	$ -	$ -	$ 4,900,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

SERVICE AREA NAVIGATOR TEAMS

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $4,900,000
A.6.	Total Program Budget -- See Above
D.	Total Funding Requirements - $4,900,000.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: SN-01
Program Work Plan Name: Service Area Navigator Teams
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: 8160
Existing Client Capacity of Program/Services: 0
Client Capacity of Program/Services Expanded through MHSA: 8160

Fiscal Year: 2007-2008
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: D. Innes-Gomberg
Telephone Number: 562-435-2337

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
1. Community Worker	Children's Navigation	4.00	8.00		$ -
2. Mental Health Services Coord II	Children's Navigation, Adult/Older Adult	4.00	16.00		$ -
3. Psychiatric Social Worker II	Children's Navigation		8.00		$ -
3. Psychiatric Social Worker II	TAY Navigation	6.00	18.00		$ -
4. Intermediate Typist Clerk	Support for Children's Navigation		8.00		$ -
5. Supervising Psychiatric Social Worker	Oversee TAY Navigation		2.00		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	14.00	60.00		$ -
C. Total Program Positions		14.00	60.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: ACS-01a
Program Work Plan Name: Alternative Crisis Services - Urgent Care Centers
Type of Funding: FSP; SD; Medi-Cal (FFP)
Proposed Total Clients Capacity of Program/Services: 3780
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 3780

Fiscal Year: 2005-2006
Date 9/16/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: Kathleen Daly
Telephone Number: 213-738-3079

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				
b. Travel and Transportation				
c. Housing				
i. Master Leases				
ii. Subsidies				
iii. Vouchers				
iV. Other Housing				
d. Employment and Education Supports				
e. Other Support Expenditures (provide description in budget narrative)				
f. Total Support Expenditures				
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				
b. New Additional Personnel Expenditures (from Staffing Detail)				
c. Employee Benefits				
d. Total Personnel Expenditures				
3. Operating Expenditures				
a. Professional Services				
b. Translation and Interpreter Services				
c. Travel and Transportation				
d. General Office Expenditures				
e. Rent, Utilities, and Equipment				
f. Medication and Medical Supplies				
g. Other Operating Expenses (provide description in budget narrative)				
h. Total Operating Expenditures				
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known				$ 6,513,762
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 6,513,762
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)	863,380			$ 863,380
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues	$ 863,380	$ -	$ -	$ 863,380
3. Total Revenues	$ 863,380	$ -	$ -	$ 863,380
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ (863,380)	$ -	$ -	$ 5,650,382
E. Percentage of Total Funding Requirements for Full Service Partnerships				12%

ALTERNATIVE CRISIS SERVICES: URGENT CARE CENTERS

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $6,513,762.
A.6.	Total Program Budget – See Above
B.2.	New Revenue: a. Medi-Cal (FFP only) - $863,380. This number represents projected FFP revenue for 6 months.
D.	Total Funding Requirements - $5,650,382.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: ACS-01a
Program Work Plan Name: Alternative Crisis Services - Urgent Care Centers
Type of Funding: FSP; SD; Medi-Cal (FFP)
Proposed Total Clients Capacity of Program/Services: 3780
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 3780

Fiscal Year: 2005-2006
Date 9/16/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: Kathleen Daly
Telephone Number: 213-738-3079

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
Clinical Psychologist II			4.0		$ -
Community Worker			6.0		$ -
Intermediate Typist-Clerk			4.0		$ -
Medical Case Worker II			6.0		$ -
Medical Records Tech. II			2.0		$ -
Mental Health Clinical Program Head			2.0		$ -
Mental Health Counselor, RN			10.0		$ -
Training Coordinator, Mental Health			2.0		$ -
Mental Health Psychiatrist			4.0		$ -
Nurse Practitioner			2.0		$ -
Patient Financial Services Worker			2.0		$ -
Psychiatric Social Worker II			10.0		$ -
Secretary III			2.0		$ -
Senior Community MH Psychologist			2.0		$ -
Senior Community Worker II			4.0		$ -
Senior Mental Health Counselor, RN			10.0		$ -
Staff Assistant II			2.0		$ -
Substance Abuse Counselor			6.0		$ -
Supervising Mental Health Psychiatrist			2.0		$ -
Supervising Psychiatric Social Worker			2.0		$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	-	84		$ -
C. Total Program Positions		-	84		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: ACS-01a
Program Work Plan Name: Alternative Crisis Services - Urgent Care Centers
Type of Funding: FSP; SD; Medi-Cal (FFP)
Proposed Total Clients Capacity of Program/Services: 10800
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 10800

Fiscal Year: 2006-2007
Date 9/16/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Kathleen Daly
Telephone Number: 213-738-3079

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				$ -
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures				
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				
b. New Additional Personnel Expenditures (from Staffing Detail)				
c. Employee Benefits				
d. Total Personnel Expenditures				
3. Operating Expenditures				
a. Professional Services				
b. Translation and Interpreter Services				
c. Travel and Transportation				
d. General Office Expenditures				
e. Rent, Utilities, and Equipment				
f. Medication and Medical Supplies				
g. Other Operating Expenses (provide description in budget narrative)				
h. Total Operating Expenditures				
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known				$ 13,795,415
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 13,795,415
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)	1,894,650			$ 1,894,650
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues	$ 1,894,650	$ -	$ -	$ 1,894,650
3. Total Revenues	$ 1,894,650	$ -	$ -	$ 1,894,650
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ (1,894,650)	$ -	$ -	$ 11,900,765
E. Percentage of Total Funding Requirements for Full Service Partnerships				11%

ALTERNATIVE CRISIS SERVICES: URGENT CARE CENTERS

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $13,795,415.
A.6.	Total Program Budget – See Above
B.2.	New Revenue: a. Medi-Cal (FFP only) - $1,894,650. This number represents projected FFP revenue for 12 months.
D.	Total Funding Requirements - $11,900,765.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: ACS-01a
Program Work Plan Name: Alternative Crisis Services - Urgent Care Centers
Type of Funding: FSP; SD; Medi-Cal (FFP)
Proposed Total Clients Capacity of Program/Services: 10800
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 10800

Fiscal Year: 2006-2007
Date 9/16/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Kathleen Daly
Telephone Number: 213-738-3079

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
Clinical Psychologist II			5.0		$ -
Community Worker			7.5		$ -
Intermediate Typist-Clerk			5.0		$ -
Medical Case Worker II			7.5		$ -
Medical Records Tech. II			2.5		$ -
Mental Health Clinical Program Head			2.5		$ -
Mental Health Counselor, RN			12.5		$ -
Training Coordinator, Mental Health			2.5		$ -
Mental Health Psychiatrist			5.0		$ -
Nurse Practitioner			2.5		$ -
Patient Financial Services Worker			2.5		$ -
Psychiatric Social Worker II			12.5		$ -
Secretary III			2.5		$ -
Senior Community MH Psychologist			2.5		$ -
Senior Community Worker II			5.0		$ -
Senior Mental Health Counselor, RN			12.5		$ -
Staff Assistant II			2.5		$ -
Substance Abuse Counselor			7.5		$ -
Supervising Mental Health Psychiatrist			2.5		$ -
Supervising Psychiatric Social Worker			2.5		$ 1
					$ -
					$ -
					$ -
	Total New Additional Positions	-	105		$ 1
C. Total Program Positions		-	105		$ 1

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: ACS-01a
Program Work Plan Name: Alternative Crisis Services - Urgent Care Centers
Type of Funding: FSP; SD; Medi-Cal (FFP)
Proposed Total Clients Capacity of Program/Services: 12960
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 12960

Fiscal Year: 2007-2008
Date 9/16/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Kathleen Daly
Telephone Number: 213-738-3079

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				
b. Travel and Transportation				
c. Housing				
i. Master Leases				
ii. Subsidies				
iii. Vouchers				
iV. Other Housing				
d. Employment and Education Supports				
e. Other Support Expenditures (provide description in budget narrative)				
f. Total Support Expenditures				
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				
b. New Additional Personnel Expenditures (from Staffing Detail)				
c. Employee Benefits				
d. Total Personnel Expenditures				
3. Operating Expenditures				
a. Professional Services				
b. Translation and Interpreter Services				
c. Travel and Transportation				
d. General Office Expenditures				
e. Rent, Utilities, and Equipment				
f. Medication and Medical Supplies				
g. Other Operating Expenses (provide description in budget narrative)				
h. Total Operating Expenditures				
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known				$ 17,572,485
6. Total Proposed Program Budget	$ -	$ -	$ -	$ 17,572,485
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)	2,271,720			$ 2,271,720
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total New Revenues	$ 2,271,720	$ -	$ -	$ 2,271,720
3. Total Revenues	$ 2,271,720	$ -	$ -	$ 2,271,720
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ (2,271,720)	$ -	$ -	$ 15,300,765
E. Percentage of Total Funding Requirements for Full Service Partnerships				9%

ALTERNATIVE CRISIS SERVICES: URGENT CARE CENTERS

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of $17,572,485.
A.6.	Total Program Budget – See Above
B.2.	New Revenue: a. Medi-Cal (FFP only) - $2,271,720. This number represents projected FFP revenue for 12 months.
D.	Total Funding Requirements - $15,300,765.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: ACS-01a
Program Work Plan Name: Alternative Crisis Services - Urgent Care Centers
Type of Funding: FSP; SD; Medi-Cal (FFP)
Proposed Total Clients Capacity of Program/Services: 12960
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 12960

Fiscal Year: FY 2007-08
Date 9/16/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Kathleen Daly
Telephone Number: 213-738-3079

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE b/	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					$ -
					$ -
	Total Current Existing Positions	-	-		$ -
B. New Additional Positions					
Clinical Psychologist II			6.0		
Community Worker			9.0		
Intermediate Typist-Clerk			6.0		
Medical Case Worker II			9.0		
Medical Records Tech. II			3.0		
Mental Health Clinical Program Head			3.0		
Mental Health Counselor, RN			15.0		
Training Coordinator, Mental Health			3.0		
Mental Health Psychiatrist			6.0		
Nurse Practitioner			3.0		
Patient Financial Services Worker			3.0		
Psychiatric Social Worker II			15.0		
Secretary III			3.0		
Senior Community MH Psychologist			3.0		
Senior Community Worker II			6.0		
Senior Mental Health Counselor, RN			15.0		
Staff Assistant II			3.0		
Substance Abuse Counselor			9.0		
Supervising Mental Health Psychiatrist			3.0		
Supervising Psychiatric Social Worker			3.0		
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	-	126		$ -
C. Total Progam Positions		-	126		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: ACS-01b
Program Work Plan Name: Countywide Resource Management
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: 2147
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 2147

Fiscal Year: 2005-2006
Date 9/8/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: Mary Marx
Telephone Number: (323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)	95,524			$ 95,524
c. Employee Benefits	29,094			$ 29,094
d. Total Personnel Expenditures	$ 124,618	$ -	$ -	$ 124,618
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ -
6. Total Proposed Program Budget	$ 124,618	$ -	$ -	$ 124,618
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 124,618	$ -	$ -	$ 124,618
E. Percentage of Total Funding Requirements for Full Service Partnerships				

COUNTYWIDE RESOURCE MANAGEMENT

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.2.	Personnel Expenditures - Includes $95,524 in new personnel expenditures and $29,094 in employee benefits, for a total of $124,618. New Staff will consist of 1.0 FTE Mental Health Clinical District Chief and 1.0 FTE Mental Health Analyst II.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – $124,618.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: ACS-01b
Program Work Plan Name: Countywide Resource Management
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: 2,147
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 2,147

Fiscal Year: 2005-2006
Date 9/8/2005
Page
Months of Operation 6
New Program/Services or Expansion New
Prepared by: Mary Marx
Telephone Number: (323) 226-4744

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
1. Mental Health Clinical District Chief			1.00	58,971	$ 58,971
2. Mental Health Analyst II			1.00	36,554	$ 36,554
	Total New Additional Positions	0.00	2.00		$ 95,524
C. Total Program Positions		0.00	2.00		$ 95,524

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: ACS-01b
Program Work Plan Name: Countywide Resource Management
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: 5728
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 5728

Fiscal Year: 2006-2007
Date 9/8/2005
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Months of Operation 12
New Program/Services or Expansion New
Prepared by: Mary Marx
Telephone Number: (323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)	191,048			$ 191,048
c. Employee Benefits	58,187			$ 58,187
d. Total Personnel Expenditures	$ 249,235	$ -	$ -	$ 249,235
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ -
6. Total Proposed Program Budget	$ 249,235	$ -	$ -	$ 249,235
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 249,235	$ -	$ -	$ 249,235
E. Percentage of Total Funding Requirements for Full Service Partnerships				

COUNTYWIDE RESOURCE MANAGEMENT

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.2.	Personnel Expenditures - Includes $191,048 in new personnel expenditures and $58,187 in employee benefits, for a total of $249,235. New Staff will consist of 1.0 FTE Mental Health Clinical District Chief and 1.0 FTE Mental Health Analyst II.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – $249,235.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: ACS-01b
Program Work Plan Name: Countywide Resource Management
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: 5,728
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 5,728

Fiscal Year: 2006-2007
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Mary Marx
Telephone Number: (323) 226-4744

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [2/]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
1. Mental Health Clinical District Chief			1.00	117,941	$ 117,941
2. Mental Health Analyst II			1.00	73,107	$ 73,107
	Total New Additional Positions	0.00	2.00		$ 191,048
C. Total Program Positions		0.00	2.00		$ 191,048

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: ACS-01b
Program Work Plan Name: Countywide Resource Management
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: 5728
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 5728

Fiscal Year: 2007-2008
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Mary Marx
Telephone Number: (323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
IV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)	191,048			$ 191,048
c. Employee Benefits	58,187			$ 58,187
d. Total Personnel Expenditures	$ 249,235	$ -	$ -	$ 249,235
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ -
6. Total Proposed Program Budget	$ 249,235	$ -	$ -	$ 249,235
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 249,235	$ -	$ -	$ 249,235
E. Percentage of Total Funding Requirements for Full Service Partnerships				

COUNTYWIDE RESOURCE MANAGEMENT

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.2.	Personnel Expenditures - Includes $191,048 in new personnel expenditures and $58,187 in employee benefits, for a total of $249,235. New Staff will consist of 1.0 FTE Mental Health Clinical District Chief and 1.0 FTE Mental Health Analyst II.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – $249,235.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: ACS-01b
Program Work Plan Name: Countywide Resource Management
Type of Funding: SD
Proposed Total Clients Capacity of Program/Services: 5,728
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 5,728

Fiscal Year: 2007-2008
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Mary Marx
Telephone Number: (323) 226-4744

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE 2/	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
1. Mental Health Clinical District Chief			1.00	117,941	$ 117,941
2. Mental Health Analyst II			1.00	73,107	$ 73,107
	Total New Additional Positions	0.00	2.00		$ 191,048
C. Total Program Positions		0.00	2.00		$ 191,048

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: ACS-01c
Program Work Plan Name: Residential & Bridging Services
Type of Funding: SD; County Funds
Proposed Total Clients Capacity of Program/Services: 2880
Existing Client Capacity of Program/Services: 0
Client Capacity of Program/Services Expanded through MHSA: 2880

Fiscal Year: 2005-2006
Date 9/8/2005
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Months of Operation 6
New Program/Services or Expansion New
Prepared by: Mary Marx
Telephone Number: (323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)	412,480			$ 412,480
c. Employee Benefits	125,628			$ 125,628
d. Total Personnel Expenditures	$ 538,108	$ -	$ -	$ 538,108
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation	7,012			
d. General Office Expenditures	7,500			$ 7,500
e. Rent, Utilities, and Equipment	47,380			$ 47,380
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ 61,892	$ -	$ -	$ 61,892
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known				$ -
6. Total Proposed Program Budget	$ 600,000	$ -	$ -	$ 600,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds	200,000			$ 200,000
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ 200,000	$ -	$ -	$ 200,000
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ 200,000	$ -	$ -	$ 200,000
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 400,000	$ -	$ -	$ 400,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

RESIDENTIAL AND BRIDGING SERVICES

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A. 2.	Personnel Expenditures – Expenditure consist of: a. N/A b. New Additional Personnel Expenditures – $412,480. Will cover cost for 8.0 FTE Psychiatric Social Worker II, 2.0 FTE Supervising Psychiatric Social Worker, and 5.0 FTE Community Worker. c. Employee Benefits – Calculated for these staff at a total of $125,628. d. Total Personnel Expenditure - $538,108.
A. 3.	Operating Expenditures – Expenditure consist of: c. Travel and Transportation – $7,012. This amount includes mileage expenses incurred providing mobile outreach, community access, and community-based services as needed. d. General Office Expenditures – $7,500. Total includes stationary, paper, writing supplies, folders, binders, desk supplies, chart supplies and similar. e. Rent, Utilities, and Equipment – $47,380. This amount includes rent and utilities for office space and equipment necessary for office. h. Total Operating Expenditure - $61,892
A. 6.	Total Proposed Program Budget - $600,000
B. 1.	Existing Revenue - $200,000. This amount will be provided with County General Funds.
D.	Total Funding Requirements – $400,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: ACS-01c
Program Work Plan Name: Residential & Bridging Services
Type of Funding: SD; County Funds
Proposed Total Clients Capacity of Program/Services: 2880
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 2880

Fiscal Year: 2005-2006
Date 9/8/2005
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Months of Operation 6
New Program/Services or Expansion New
Prepared by: Mary Marx
Telephone Number: (323) 226-4744

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [2/]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
1. Psychiatric Social Worker II	Program Liaisons		8.00	31,764	$ 254,112
2. Supvg Psychiatric Social Worker	Program Liaison Supervisor		2.00	35,489	$ 70,978
2. Community Worker	Peer Bridgers	5.00	5.00	8,739	$ 87,390
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	5.00	15.00		$ 412,480
C. Total Program Positions		5.00	15.00		$ 412,480

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: ACS-01c
Program Work Plan Name: Residential & Bridging Services
Type of Funding: SD; County Funds
Proposed Total Clients Capacity of Program/Services: 7200
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 7200

Fiscal Year: 2006-2007
Date 9/8/2005
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Months of Operation 12
New Program/Services or Expansion New
Prepared by: Mary Marx
Telephone Number: (323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)	824,960			$ 824,960
c. Employee Benefits	251,256			$ 251,256
d. Total Personnel Expenditures	$ 1,076,216	$ -	$ -	$ 1,076,216
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation	14,024			
d. General Office Expenditures	15,000			$ 15,000
e. Rent, Utilities, and Equipment	94,760			$ 94,760
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ 123,784	$ -	$ -	$ 123,784
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known				$ -
6. Total Proposed Program Budget	$ 1,200,000	$ -	$ -	$ 1,200,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds	400,000			$ 400,000
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ 400,000	$ -	$ -	$ 400,000
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ 400,000	$ -	$ -	$ 400,000
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 800,000	$ -	$ -	$ 800,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

RESIDENTIAL AND BRIDGING SERVICES

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A. 2.	Personnel Expenditures – Expenditure consist of: a. N/A b. New Additional Personnel Expenditures – $824,960. This total will cover cost for 8.0 FTE Psychiatric Social Worker II, 2.0 FTE Supervising Psychiatric Social Worker, and 5.0 FTE Community Worker. c. Employee Benefits – Calculated for these staff at a total of $251,256. d. Total Personnel Expenditure - $1,076,216.
A. 3.	Operating Expenditures – Expenditure consist of: c. Travel and Transportation – $14,024. This amount includes mileage expenses incurred providing mobile outreach, community access, and community-based services as needed. d. General Office Expenditures – $15,000. Total includes stationary, paper, writing supplies, folders, binders, desk supplies, chart supplies and similar. e. Rent, Utilities, and Equipment – $94,760. This amount includes rent and utilities for office space and equipment necessary for office. h. Total Operating Expenditure - $123,784
A. 6.	Total Proposed Program Budget - $1,200,000
B. 1.	Existing Revenue - $400,000. This amount will be provided with County General Funds.
D.	Total Funding Requirements – $800,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: ACS-01c
Program Work Plan Name: Residential & Bridging Services
Type of Funding: SD; County Funds
Proposed Total Clients Capacity of Program/Services: 7200
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 7200

Fiscal Year: 2006-2007
Date 9/8/2005
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Months of Operation 12
New Program/Services or Expansion New
Prepared by: Mary Marx
Telephone Number: (323) 226-4744

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [2/]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
1. Psychiatric Social Worker II	Program Liaisons		8.00	63,528	$ 508,224
2. Supvg Psychiatric Social Worker	Program Liaison Supervisor		2.00	70,978	$ 141,956
2. Community Worker	Peer Bridgers	5.00	5.00	17,478	$ 174,780
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	5.00	15.00		$ 824,960
C. Total Program Positions		5.00	15.00		$ 824,960

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: ACS-01c
Program Work Plan Name: Residential & Bridging Services
Type of Funding: SD; County Funds
Proposed Total Clients Capacity of Program/Services: 7800
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 7800

Fiscal Year: 2007-2008
Date 9/8/2005
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Months of Operation 12
New Program/Services or Expansion New
Prepared by: Mary Marx
Telephone Number: (323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)	824,960			$ 824,960
c. Employee Benefits	251,256			$ 251,256
d. Total Personnel Expenditures	$ 1,076,216	$ -	$ -	$ 1,076,216
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation	14,024			
d. General Office Expenditures	15,000			$ 15,000
e. Rent, Utilities, and Equipment	94,760			$ 94,760
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ 123,784	$ -	$ -	$ 123,784
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known				$ -
6. Total Proposed Program Budget	$ 1,200,000	$ -	$ -	$ 1,200,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds	400,000			$ 400,000
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ 400,000	$ -	$ -	$ 400,000
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ 400,000	$ -	$ -	$ 400,000
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ 800,000	$ -	$ -	$ 800,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

RESIDENTIAL AND BRIDGING SERVICES

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A. 2.	Personnel Expenditures – Expenditure consist of: a. N/A b. New Additional Personnel Expenditures – $824,960. This total will cover cost for 8.0 FTE Psychiatric Social Worker II, 2.0 FTE Supervising Psychiatric Social Worker, and 5.0 FTE Community Worker. c. Employee Benefits – Calculated for these staff at a total of $251,256. d. Total Personnel Expenditure - $1,076,216.
A. 3.	Operating Expenditures – Expenditure consist of: c. Travel and Transportation – $14,024. This amount includes mileage expenses incurred providing mobile outreach, community access, and community-based services as needed. d. General Office Expenditures – $15,000. Total includes stationary, paper, writing supplies, folders, binders, desk supplies, chart supplies and similar. e. Rent, Utilities, and Equipment – $94,760. This amount includes rent and utilities for office space and equipment necessary for office. h. Total Operating Expenditure - $123,784
A. 6.	Total Proposed Program Budget - $1,200,000
B. 1.	Existing Revenue - $400,000. This amount will be provided with County General Funds.
D.	Total Funding Requirements – $800,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: ACS-01c
Program Work Plan Name: Residential & Bridging Services
Type of Funding: SD; County Funds
Proposed Total Clients Capacity of Program/Services: 7800
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 7800

Fiscal Year: 2007-2008
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Mary Marx
Telephone Number: (323) 226-4744

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [2/]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
1. Psychiatric Social Worker II	Program Liaisons		8.00	63,528	$ 508,224
2. Supvg Psychiatric Social Worker	Program Liaison Supervisor		2.00	70,978	$ 141,956
2. Community Worker (.5 FTEs)	Peer Bridgers	5.00	5.00	17,478	$ 174,780
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	5.00	15.00		$ 824,960
C. Total Program Positions		5.00	15.00		$ 824,960

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: ACS-01d
Program Work Plan Name: Enriched Residential Services
Type of Funding: FSP; SD; Medi-Cal (FFP)
Proposed Total Clients Capacity of Program/Services: 150
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 150

Fiscal Year: 2006-2007
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Mary Marx
Telephone Number: (323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)			825,024	$ 825,024
c. Employee Benefits			197,832	$ 197,832
d. Total Personnel Expenditures	$ -	$ -	$ 1,022,856	$ 1,022,856
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures			103,939	$ 103,939
e. Rent, Utilities, and Equipment			315,000	$ 315,000
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)			298,205	$ 298,205
h. Total Operating Expenditures	$ -	$ -	$ 717,144	$ 717,144
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ -
6. Total Proposed Program Budget	$ -	$ -	$ 1,740,000	$ 1,740,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -		$ -
2. New Revenue				
a. Medi-Cal (FFP only)			460,000	$ 460,000
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue			210,000	$ 210,000
e. Total New Revenues	$ -	$ -	$ 670,000	$ 670,000
3. Total Revenues	$ -	$ -	$ 670,000	$ 670,000
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ 1,070,000	$ 1,070,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

ENRICHED RESIDENTIAL SERVICES

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A. 2.	Personnel Expenditures – Total personnel expenditure is $1,022,856. This consists of $825,024 for salaries and $197,832 in employee benefits. Proposed staff and duties consist of: a. Licensed Vocational Nurse provides medication support services and medical monitoring for clients. b. Mental Health Workers provide mental health services including individual and group counseling and peer support and advocacy. c. Psychiatric social workers provide mental health assessment, crisis intervention, individual and group therapy. d. Residential manager provides property management and over site. e. Case managers provide discharge planning, case management activities, including benefits establishment, advocacy, and linkage to community services. f. Activity director plans and directs recreational activities for residents. g. Psychiatrist provides medication support and crisis intervention, and individual as appropriate. h. Director plans, directs and supervises the program staff, coordinates services, and ensures the program meets County, State, and Federal regulations. i. Secretary provides clerical support. j. Office Manager directs the clerical staff and maintains records, office and billing procedures.
A. 3.	Operating Expenditures – Total Operating expenditure is $717,144. This amount includes: d. General Office Expenditures – $103,939. This includes stationary, paper, writing supplies, folders, binders, desk supplies, client chart maintenance supplies, mileage, and training. e. Rent, Utilities, and Equipment – $315,000. Building rental, utilities, furniture, and equipment rental. g. Other Operating Expenses - supplement to facility operational costs associated with providing intensive ARF services - $298,205
A. 6.	Total Program Budget - $1,740,000
B.2	New Revenue – Total new revenue totals $670,000. This includes $460,000 in new Medi-Cal (FFP only) for 38 clients, and $210,000 in SSI revenue.
D.	Total Funding Requirements – $1,070,000.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: ACS-01d
Program Work Plan Name: Enriched Residential Services
Type of Funding: FSP; SD; Medi-Cal (FFP)
Proposed Total Clients Capacity of Program/Services: 150
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 150

Fiscal Year: 2006-2007
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Mary Marx
Telephone Number: (323) 226-4744

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [b/]	Total Salaries, Wages and Overtime [c/]
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
1. Licensed Vocational Nurse	Treatment Staff		2.00	39,492	$ 78,984
2. Mental Health Workers (1 FTE)			4.00	24,000	$ 96,000
3. Mental Health Workers (.5 FTE)	Four half-time positions	2 x 0.50 (1.0 FTE	2.00	24,000	$ 48,000
4. Mental Health Workers (.75 FTE)	Two three-fourth time positions		1.50	24,000	$ 36,000
5. Psychiatric Social Worker II			4.00	46,800	$ 187,200
6. Residential Manager			1.00	39,492	$ 39,492
7. Case Managers			4.00	29,100	$ 116,400
8. Activity Coordinator			1.00	24,936	$ 24,936
9. Psychiatrist			0.50	109,200	$ 54,600
10. Director			1.00	78,984	$ 78,984
11. Secretary			1.00	31,176	$ 31,176
12. Office Manager			1.00	33,252	$ 33,252
	Total New Additional Positions	1.00	23.00		$ 825,024
C. Total Program Positions		1.00	23.00		$ 825,024

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
Program Work Plan #: ACS-01d
Program Work Plan Name: Enriched Residential Services
Type of Funding: FSP; SD; Medi-Cal (FFP)
Proposed Total Clients Capacity of Program/Services: 150
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 150

Fiscal Year: 2007-2008
Date 9/8/2005
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Months of Operation 12
New Program/Services or Expansion New
Prepared by: Mary Marx
Telephone Number: (323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)			825,024	$ 825,024
c. Employee Benefits			197,832	$ 197,832
d. Total Personnel Expenditures	$ -	$ -	$ 1,022,856	$ 1,022,856
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures			103,939	$ 103,939
e. Rent, Utilities, and Equipment			315,000	$ 315,000
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)			298,205	$ 298,205
h. Total Operating Expenditures	$ -	$ -	$ 717,144	$ 717,144
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			$ -
6. Total Proposed Program Budget	$ -	$ -	$ 1,740,000	$ 1,740,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -		$ -
2. New Revenue				
a. Medi-Cal (FFP only)			460,000	$ 460,000
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue			210,000	$ 210,000
e. Total New Revenues	$ -	$ -	$ 670,000	$ 670,000
3. Total Revenues	$ -	$ -	$ 670,000	$ 670,000
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ -
D. Total Funding Requirements	$ -	$ -	$ 1,070,000	$ 1,070,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

ENRICHED RESIDENTIAL SERVICES
Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A. 2.	Personnel Expenditures – Total personnel expenditure is $1,022,856. This consists of $825,024 for salaries and $197,832 in employee benefits. Proposed staff and duties consist of: a. Licensed Vocational Nurse provides medication support services and medical monitoring for clients. b. Mental Health Workers provide mental health services including individual and group counseling and peer support and advocacy. c. Psychiatric social workers provide mental health assessment, crisis intervention, individual and group therapy. d. Residential manager provides property management and over site. e. Case managers provide discharge planning, case management activities, including benefits establishment, advocacy, and linkage to community services. f. Activity director plans and directs recreational activities for residents. g. Psychiatrist provides medication support and crisis intervention, and individual as appropriate. h. Director plans, directs and supervises the program staff, coordinates services, and ensures the program meets County, State, and Federal regulations. i. Secretary provides clerical support. j. Office Manager directs the clerical staff and maintains records, office and billing procedures.
A. 3.	Operating Expenditures – Total Operating expenditure is $717,144. This amount includes: d. General Office Expenditures – $103,939. This includes stationary, paper, writing supplies, folders, binders, desk supplies, client chart maintenance supplies, mileage, and training. e. Rent, Utilities, and Equipment – $315,000. Building rental, utilities, furniture, and equipment rental. g. Other Operating Expenses - supplement to facility operational costs associated with providing intensive ARF services - $298,205
A. 6.	Total Program Budget - $1,740,000
B.2	New Revenue – Total new revenue totals $670,000. This includes $460,000 in new Medi-Cal (FFP only) for 38 clients, and $210,000 in SSI revenue.
D.	Total Funding Requirements – $1,070,000.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: ACS-01d
Program Work Plan Name: Enriched Residential Services
Type of Funding: FSP; SD; Medi-Cal (FFP)
Proposed Total Clients Capacity of Program/Services: 150
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 150

Fiscal Year: 2007-2008
Date 9/8/2005
Page
Months of Operation 12
New Program/Services or Expansion New
Prepared by: Mary Marx
Telephone Number: (323) 226-4744

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [b/]	Total Salaries, Wages and Overtime [c/]
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
1. Licensed Vocational Nurse	Treatment Staff		2.00	39,492	$ 78,984
2. Mental Health Workers (1 FTE)			4.00	24,000	$ 96,000
3. Mental Health Workers (.5 FTE)	Four half-time positions	4 x 0.50 (2 FTE)	2.00	24,000	$ 48,000
4. Mental Health Workers (.75 FTE)	Two three-fourth time positions		1.50	24,000	$ 36,000
5. Psychiatric Social Worker II			4.00	46,800	$ 187,200
6. Residential Manager			1.00	39,492	$ 39,492
7. Case Managers			4.00	29,100	$ 116,400
8. Activity Coordinator			1.00	24,936	$ 24,936
9. Psychiatrist			0.50	109,200	$ 54,600
10. Director			1.00	78,984	$ 78,984
11. Secretary			1.00	31,176	$ 31,176
12. Office Manager			1.00	33,252	$ 33,252
	Total New Additional Positions	2.00	23.00		$ 825,024
C. Total Program Positions		2.00	23.00		$ 825,024

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c--Mental Health Services Act Community Services and Supports Planning, Outreach and Engagement Budget Worksheet

County(ies): Los Angeles

Fiscal Year: 2005-06

Date: 9/16/05

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)	0.00	0.00	$ -
b. MHSA Support Staff	0.00	0.00	
c. Other Personnel (list below)			
i. Service Area Planning, Outreach and Engagement Staff	0.00	0.00	
ii. Planning Division/Outcome Measures	0.00	0.00	
iii. Public Information Office	0.00	0.00	
iv. Information Technology	0.00	0.00	
v. Training Bureau	0.00	0.00	$ -
vi.			
vii.			
d. Total FTEs/Salaries	0.00	0.00	
e. Employee Benefits 30.4%			
f. Total Personnel Expenditures			
2. Operating Expenditures			
a. Professional Services			$ 317,500
b. Travel and Transportation			
c. General Office Expenditures			
d. Rent, Utilities and Equipment			
e. Other Operating Expenses (provide description in budget narrative)			
f. Total Operating Expenditures			
3. County Allocated Administration			
a. Countywide Administration			
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			
4. Total Proposed County Planning, Outreach and Engagement Budget			$ 317,500
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue			
2. Total Revenues			
C. Start-up and One-Time Implementation Expenditures			$6,000,000
D. Total County Planning, Outcomes, Engagement Funding Requirements			$6,317,500

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: _____

Signature DRAFT

Local Mental Health Director

Executed at _____, California

EXHIBIT 5c--Mental Health Services Act Community Services and Supports Planning, Outreach and Engagement Budget Worksheet

County(ies): Los Angeles

Fiscal Year: 2006-07

Date: 9/16/05

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)	0.00	0.00	$ -
b. MHSA Support Staff	0.00	3.00	$ 157,047
c. Other Personnel (list below)			
i. Service Area Planning, Outreach and Engagement	10.00	19.00	$ 912,531
ii. Outcomes management system	1.00	6.00	$ 307,812
iii. Public Information	0.00	2.00	$ 105,417
iv. Information Technology	0.00	2.00	$ 130,220
v. Training Support	0.00	1.00	$ 40,448
vi.			
vii.			
d. Total FTEs/Salaries	11.00	33.00	$ 1,653,474
e. Employee Benefits 30.4%			$ 502,656
f. Total Personnel Expenditures			$ 2,156,131
2. Operating Expenditures			
a. Professional Services			$ 589,434
b. Travel and Transportation			$ 15,000
c. General Office Expenditures			$ 65,000
d. Rent, Utilities and Equipment			$ 448,800
e. Other Operating Expenses (provide description in budget narrative)			$ 1,225,635
f. Total Operating Expenditures			$ 2,343,869
3. County Allocated Administration			
a. Countywide Administration			
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			
4. Total Proposed County Planning, Outreach and Engagement Budget			
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue			
2. Total Revenues			
C. Start-up and One-Time Implementation Expenditures			
D. Total County Administration Funding Requirements			$4,500,000

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: _____

Signature DRAFT

Local Mental Health Director

Executed at _____, California

n:mhsa budget/css admn budget worksheet 9-15-05

EXHIBIT 5c--Mental Health Services Act Community Services and Supports Planning, Outreach and Engagement
Budget Worksheet

County(ies): Los Angeles

Fiscal Year: 2007-08

Date: 9/16/05

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)	0.00	0.00	$ -
b. MHSA Support Staff	0.00	3.00	$ 157,047
c. Other Personnel (list below)			
i. Service Area Planning, Outreach and Engagement	10.00	19.00	$ 912,531
ii. Outcomes management system	1.00	6.00	$ 307,812
iii. Public Information	0.00	2.00	$ 105,417
iv. Information Technology	0.00	2.00	$ 130,220
v. Training Support	0.00	1.00	$ 40,448
vi.			
vii.			
d. Total FTEs/Salaries	11.00	33.00	$ 1,653,474
e. Employee Benefits 30.4%			$ 502,656
f. Total Personnel Expenditures			$ 2,156,131
2. Operating Expenditures			
a. Professional Services			$ 589,434
b. Travel and Transportation			$ 15,000
c. General Office Expenditures			$ 65,000
d. Rent, Utilities and Equipment			$ 448,800
e. Other Operating Expenses (provide description in budget narrative)			$ 1,225,635
f. Total Operating Expenditures			$ 2,343,869
3. County Allocated Administration			
a. Countywide Administration			
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			
4. Total Proposed County Planning, Outreach and Engagement Budget			
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue			
2. Total Revenues			
C. Start-up and One-Time Implementation Expenditures			
D. Total County Administration Funding Requirements			$4,500,000

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: _____

Signature DRAFT

Local Mental Health Director

Executed at _____, California

Mental Health Services Act
PLANNING, OUTREACH AND ENGAGEMENT NARRATIVE

COMMUNITY SERVICES AND SUPPORTS BUDGET WORKSHEET

The Los Angeles County Department of Mental Health (DMH) plans to allocate $4,500,000 for the special activities needed to reach underserved and unserved populations. The allocation will fund salaries and employee benefits for thirty eight (38) full time positions (FTE) to be added to the current level of staffing and operating expenditures associated with the function. Of the 38 positions, thirteen (13) are reserved for employment of clients, family members, or caregivers. DMH expects the annual amount to continue through fiscal years 2006-07 through 2007-08 in accordance with currently established Los Angeles County rates for the specific positions to be allocated to this function. The personnel budget assumes that salaries and employee benefits for the current year can be projected for future years without material loss of accuracy. The total amount (5.0 million) represents less than five percent (5%) of the proposed total budget for the Community Services and Supports Plan.

The new positions are necessary for continuing and enhancing planning, outreach and engagement activities that SDMH approved and DMH initiated during the Community Program Planning process. Once the positions are filled, the employees will be assigned full time to activities designed to reach

- community-based organizations including those that are ethnically/racially based or tribal, faith-based, health-care partnerships of all kinds;
- organizations that focus on homeless or incarcerated persons;
- clients and families who can reach out to reluctant potential consumers;
- children and youth who may have serious emotional disorders, particularly through primary care and school-based services, or
- screening services for children and youth.

1. PERSONNEL EXPENSES

Overall Management – 3.0 FTE **(Line Item A.1.b.: MHSA Support Staff)**

These positions were approved to provide administrative support for implementation of the Community Program Planning Plan. Continued funding of these positions is necessary for administrative support in the Mental Health Services Act Administrative Unit.

- 1.0 Mental Health Analyst II
- 1.0 Staff Assistant II
- 1.0 Intermediate Typist Clerk

***Service Area Advisory Council and Community Support Community Consumer/Family Outreach– 19.0 FTE* (Line Item A.1.c.i)**

DMH plans to allocate nineteen (19) of the proposed budgeted positions to ensure the participation of consumers, family members, advocates and members of underserved communities in MHSA planning and implementation. The positions will continue community support, community consumer and family outreach, and staff support for the Service Area Advisory Councils (SAACs), as approved in the Community Program Planning Plan:

- 8.0 Mental Health Services Coordinators II
- 8.0 Community Worker I
- 1.0 Mental Health Analyst I
- 2.0 Intermediate Typist Clerks

These employees will provide support to the Service Area Advisory Councils, and organize consumer/family member advisory meetings and focus groups. They will also link consumers, family members and advocates to support services such as transportation, stipend claim filing, childcare, and the like in order to maximize participation of all groups at local community levels.

***Outcome Measures - 6.0 FTE* (Line Item A.1.c.ii)**

DMH plans to allocate six (6) of the proposed budgeted positions to organizing outcome measures and guiding the development, monitoring and implementation system transformation tools. The funding includes continuation of five (5) FTE originally approved for the Community Program Planning Plan:

- 3.0 Research Analyst III
- 1.0 Research Analyst I
- 1.0 Mental Health Services Coordinator I
- 1.0 Sr. Typist Clerk

These employees will determine the objectives of performance outcomes measures, identify measures and analytical methods, provide for the collection, aggregation of measures as approved by SDMH, and conduct the analysis, reporting and development of system transformation plans based on the results.

Public Information - 2.0 FTE (Line Item A.1.c.iii)

DMH plans to allocate two (2) of the proposed budgeted positions to development and implementation of communications strategies designed to attract and involve consumers, family members and residents of underserved communities in the planning and implementation process of the Mental Health Services Act. Successful completion

of these activities requires continued funding of the positions that were originally approved for this purpose in the Community Program Planning Plan:

- 1.0 Public Information Officer
- 1.0 Secretary II

Information Technology - 2.0 FTE **(Line Item A.1.c.iv)**

DMH plans to allocate two (2) of the proposed budgeted positions to manage the increased demand for data extraction and analysis and to maintain a reliable data warehouse that will simplify MHSA reporting requirements: Successful completion and support of these activities requires continuation of the positions that were originally approved for this purpose in the Community Program Planning Plan continue to be needed

- 2.0 Information System Analyst II

Training - 1.0 FTE **(Line Item A.1.c.v)**

DMH plans to allocate one (1) of the proposed budgeted positions to ensure that the values of the MHSA are reflected in service delivery by supporting the availability of appropriate and adequate training.

- 1.0 Staff Assistant I

The planned DMH training program is extensive and will be fully staffed as it is developed. Both new and existing DMH staff will require significant training to successfully implement programs and transformative services funded through the MHSA. The individual employed as a staff assistant for the training and cultural competency function will help develop and coordinate the new training curricula.

2. OPERATING EXPENDITURES

a) *Professional Services - $589,434* (Line Item A.2.a)

- *Monthly Countywide Planning Meeting Support - $514,434* for the funding of contracts with various meeting facilitator consultants required to coordinate and organize large countywide meetings and planning activities. These consultants will also provide written follow up reports of the meetings they facilitate and assist in drafting the appropriate components of the various MHSA plans.

- *Operational System Transformation - $75,000*
  Funds will be used to establish service agreements with consultants hired to assist with the DMH Operations Transformation Plan that will be designed to

align the systems transformation agenda resulting from the MHSA planning process.

b) *Travel and Transportation - $15,000*
Funds will be used for travel and transportation expenses incurred by DMH staff traveling to Sacramento and other statewide MHSA related meetings and/or activities.

c) *General Office Expenditures - $65,000*
Funds will be used for MHSA meeting related expenses such as document copying and reproduction, binders, and postage.

d) *Rent, Utilities and equipment - $516,800*
Expenditures include rent, utilities/custodial services, photocopier lease, computers/printers, fax machines and phones.

e) *Other Operating Expenditures/Consumer and Family Member Support, and Ethnic Outreach and Engagement – $1,225,635*

i) *Stipends, Wages and Contracts - $100,000*
The guiding principles of the MHSA are built on consumer participation and therefore funding of stipends for those consumers, family member and advocates who attend and participate in MHSA planning activities is essential.

ii) *Oral and Written Translation Services - $250,635*
To ensure cultural competence, funds are necessary for the purchase of translation equipment, i.e., transmitters and headphones and the cost of providing oral translation services in 11 threshold languages at MHSA meetings/activities, including focus groups. These funds will also be used for the written translation of MHSA related planning documents into threshold languages.

iii) *Travel and Transportation - $25,000*
To defray personal expense and increase the likelihood of consumer, family member and advocate attendance and participation at MHSA planning meetings and activities, these funds will be used to purchase and distribute bus tokens and taxi vouchers. These funds will also be used for consumer, family member and advocate travel expenses such as meals, lodging and/or mileage claims incurred from their participation in out-of-town, statewide planning meetings and activities

iv) *Meeting and Community Forum room rental - $150,000*
Funds are to be used to pay for room and site rental for the meetings and/or forums held throughout the County for the Stakeholder delegate

meetings and other MHSA related functions. In order to accommodate the hundreds of stakeholders/community who participate in the MHSA activities, large venues must be secured.

v) *Food/Refreshments - $100,000*
These funds will be used for the provision of food/refreshments such as coffee, tea, snacks and/or a light meal as appropriate at MHSA planning meetings and activities.

vi) *Countywide/Service Area Ethnic and Underserved Population Outreach – $600,000*
Small grants will be provided to community-based organizations to aid DMH in coordinating, organizing and providing community outreach to ethnic and other underserved, hard-to-reach populations.

One-time Implementation Expenditures

DMH is requesting $6,000,000 in one-time funds for Planning & Outcomes (1,500,000) and Outreach & Engagement (4,500,000) to continue the activities begun during the Community Program Planning phase through FY 2005/06 and for additional Outreach and Engagement activities for ethnic, underserved and partner departments.

The funds requested for *Planning & Outcomes* will be dedicated to hiring and paying for the staff listed in the Personnel Expense section above. The ongoing funds for the staff have been included in the FY 2006/07, and 2007/08 Community Services and Supports Plan. The remainder of the funds will be dedicated to:

- Develop a user- friendly Department of Mental Health web site in the eleven threshold languages - $500,000
- Develop and execute a research study to establish an accurate baseline of inmates with mental illness in the jail system - $250,000
- Provide training to increase data quality throughout the mental health delivery system in the County (including collection of outcomes) - $566,617

• Staffing (outlined above)	$1,078,065
• Web site development	$ 500,000
• Research Project	$ 250,000
• Training	$ 566,617
	$2,394,682

The funds requested for Outreach and Engagement will support the efforts outlined above in e) *Other Operating Expenditures/Consumer and Family Member Support, and Ethnic Outreach and Engagement* for six months (ongoing funding for these activities is included in the 2006/07 and 2007/08 budget in the other operating expenses line item). The following activities will also be funded with one-time funds to lay the framework for sustaining the ongoing Outreach and Engagement activities:

- Conduct a feasibility study for the development, expansion, improvement of Mental Health Court Programs - $80,000
- Develop a plan/curriculum for "professionalizing" volunteer staff of family and consumer groups - $80,000
- Investigate and research data, resources, organizations that aid in creating a true picture of the number and characteristics of Los Angeles County's uninsured population - $100,000
- Expand outreach and engagement efforts of client based advocacy organizations - $50,000
- Develop and implement strategies for conducting outreach to the following populations with co-occurring disorders - $450,000:
    - Deaf and hearing impaired
    - Developmentally disabled

- Older adults with health problems

- Engage and build capacity in ethnic, underserved communities to aid the Department in outreaching to these communities, to develop partnerships and to insure inclusion of these communities in the various aspects of the service delivery system and the Mental Health Services Act activities - $2,500,000
- Provide training and education for housing providers on how to work with individuals with co-occurring disorders – 50,000

• Ongoing Community Engagement	$ 612,818
• One-time Community Outreach and Engagement	$3,310,000
	$3,922,818
TOTAL	$6,317,500

EXHIBIT 5c--Mental Health Services Act Community Services and Supports Administration Budget Worksheet

County(ies): LOS ANGELES (6 mos) Fiscal Year: 2005-06

Date: 9/16/05

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)	0.00	1.00	$59,708
b. MHSA Support Staff	7.00	25.00	$854,263
c. Other Personnel (list below)			
i. Finance	2.00	14.00	$391,794
ii. Administrative Support **(facilities, space, procurement)**	0.00	1.00	$34,970
iii. Contracts	1.00	7.00	$238,960
iv. Human Resources	1.00	12.00	$321,512
v.			
vi.			
vii.			
d. Total FTEs/Salaries	11.00	60.00	$1,901,205
e. Employee Benefits **(25%)**			$475,301
f. Total Personnel Expenditures			$2,376,506
Total Personnel Expenditures less 10% Salary Savings			$2,138,855
2. Operating Expenditures			
a. Professional Services			$0
b. Travel and Transportation			$3,000
c. General Office Expenditures			$53,733
d. Rent, Utilities and Equipment			$307,000
e. Other Operating Expenses (provide description in budget narrative)			$0
f. Total Operating Expenditures			$363,733
3. County Allocated Administration			
a. Countywide Administration (A-87)**(2.5%)**			$62,565
b. Other Administration (provide description in budget narrative)			$0
c. Total County Allocated Administration			$62,565
4. Total Proposed County Administration Budget			**$2,565,153**
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			$205,212
b. Other Revenue			$110,000
2. Total Revenues			**$315,212**
C. Start-up and One-Time Implementation Expenditures			**$8,250,000**
D. Total County Administration Funding Requirements			**$10,499,941**

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: _____ Signature DRAFT

Local Mental Health Director

Executed at _____, California

EXHIBIT 5c--Mental Health Services Act Community Services and Supports Administration Budget Worksheet

County(ies): LOS ANGELES

Fiscal Year: 2006-07

Date: 9/16/05

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)	0.00	1.00	$119,415
b. MHSA Support Staff	7.00	25.00	$1,708,525
c. Other Personnel (list below)			
i. Finance	2.00	14.00	$783,588
ii. Administrative Support **(facilities, space, procurement)**	0.00	1.00	$69,939
iii. Contracts	1.00	7.00	$477,919
iv. Human Resources	1.00	12.00	$643,023
v.			
vi.			
vii.			
d. Total FTEs/Salaries	11.00	60.00	$3,802,409
e. Employee Benefits **(25%)**			$950,602
f. Total Personnel Expenditures			$4,753,011
Total Personnel Expenditures less 10% Salary Savings			$4,277,710
2. Operating Expenditures			
a. Professional Services			$0
b. Travel and Transportation			$6,000
c. General Office Expenditures			$107,466
d. Rent, Utilities and Equipment			$614,000
e. Other Operating Expenses (provide description in budget narrative)			$0
f. Total Operating Expenditures			$727,466
3. County Allocated Administration			
a. Countywide Administration (A-87)**(2.5%)**			$125,129
b. Other Administration (provide description in budget narrative)			$0
c. Total County Allocated Administration			$125,129
4. Total Proposed County Administration Budget			**$5,130,306**
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			$410,424
b. Other Revenue			$220,000
2. Total Revenues			**$630,424**
C. Start-up and One-Time Implementation Expenditures			**$0**
D. Total County Administration Funding Requirements			**$4,499,881**

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: _____

Signature DRAFT

Local Mental Health Director

Executed at _____, California

EXHIBIT 5c--Mental Health Services Act Community Services and Supports Administration Budget Worksheet

County(ies): LOS ANGELES Fiscal Year: 2007-08

Date: 9/16/05

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)	0.00	1.00	$119,415
b. MHSA Support Staff	7.00	25.00	$1,708,525
c. Other Personnel (list below)			
i. Finance	2.00	14.00	$783,588
ii. Administrative Support **(facilities, space, procurement)**	0.00	1.00	$69,939
iii. Contracts	1.00	7.00	$477,919
iv. Human Resources	1.00	12.00	$643,023
v.			
vi.			
vii.			
d. Total FTEs/Salaries	11.00	60.00	$3,802,409
e. Employee Benefits **(25%)**			$950,602
f. Total Personnel Expenditures			$4,753,011
Total Personnel Expenditures less 10% Salary Savings			$4,277,710
2. Operating Expenditures			
a. Professional Services			$0
b. Travel and Transportation			$6,000
c. General Office Expenditures			$107,466
d. Rent, Utilities and Equipment			$614,000
e. Other Operating Expenses (provide description in budget narrative)			$0
f. Total Operating Expenditures			$727,466
3. County Allocated Administration			
a. Countywide Administration (A-87)**(2.5%)**			$125,129
b. Other Administration (provide description in budget narrative)			$0
c. Total County Allocated Administration			$125,129
4. Total Proposed County Administration Budget			**$5,130,306**
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			$410,424
b. Other Revenue			$220,000
2. Total Revenues			**$630,424**
C. Start-up and One-Time Implementation Expenditures			**$0**
D. Total County Administration Funding Requirements			**$4,499,881**

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: _____ Signature DRAFT

Local Mental Health Director

Executed at _____, California

DRAFT

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

MENTAL HEALTH SERVICES ACT COMMUNITY SERVICES AND SUPPORTS ADMINISTRATION BUDGET REQUEST NARRATIVE FISCAL YEARS 2005-06, 2006-07, and 2007-08

The Los Angeles County Department of Mental Health (DMH) is requesting $10,499,941 for Fiscal Year (FY) 2005-06 for 60 positions and related expenditures to facilitate program implementation of the Mental Health Services Act (MHSA) Community Services and Supports Plan for both the directly operated and contracted provider network. The salary expenditures include funding for a Student Worker which is a non-FTE count County position. The costs are based on current County Personnel Salaries and established County rates. The request also includes $4,499,881 in on-going costs for FYs 2006-07 and 2007-08.

Personnel Expenditures

The Department will make every effort to hire the targeted number of employees who are mental health clients, who have family members with a history of mental illness, or are caregivers to persons with mental illness.

MHSA Coordinator (1.0)

The DMH will establish a MHSA Project Management Team dedicated to the overall responsibility of managing and coordinating the programmatic implementation of the Community Service and Support Plan. This section will be managed by the following:

- 1.0 Mental Health Clinical District Chief – responsible for overall management

MHSA Support Staff (25.0)

These staff will support the MHSA Coordinator by providing supervision to the Service Area implementation and program coordination staff; developing policies and procedures; providing technical assistance, training, program review, and quality assurance; providing secretarial, administrative, and clerical support; supervising the staff in the Outcome Measures Unit to manage the outcome measure requirements of the MHSA; and organizing the Department's Office of Consumer Affairs, the Office of the Family Advocates, and the Office of the

Parent Partners to ensure full participation from the various communities in all aspects of the MHSA. The positions include the following:

- 2.0 Mental Health Clinical Program Head
- 1.0 Chief Research Analyst, Behavioral Sciences
- 1.0 Mental Health Analyst II
- 8.0 Mental Health Education Consultant
- 8.0 Mental Health Services Coordinator II
- 1.0 Senior Secretary III
- 2.0 Secretary III
- 2.0 Intermediate Typist Clerk

Other Personnel (34.0)

Finance (14.0)

The 14.0 positions requested for the Financial Services Bureau operations includes support staff to ensure financial accountability and reporting needs are performed; funding is required to support additional financial accounting, budgeting, reporting, and financial analysis of the MHSA for directly operated clinics, contract providers, and administration. Staff will also serve as liaisons to the MHSA project implementation team as needed. Funding will be allocated to budgeting, general accounting, claims processing, provider reimbursement, cost reporting, settlement, and technical support. The calculation of the number of necessary positions is based on a comparison of current workload to the anticipated increased workload. The positions include the following:

- 6.0 Accountant II
- 4.0 Health Care Financial Analyst
- 2.0 Mental Health Analyst I
- 1.0 Accounting Technician II
- 1.0 Information Systems Coordinator

Administrative Support (1.0)

The Administrative Support Bureau is responsible for the Departments facilities, procurement, security, space, and lease negotiations. With the implementation of MHSA and the expansion of programs, additional facilities will be required to adequately provide services. The one position, Administrative Services Manager I, will be responsible for the coordination of acquiring new facilities, lease negotiations, and building planning/build-out for these new space projects.

Contracts (7.0)

With the implementation of the MHSA phases, the contract staff will provide essential infrastructure support to the Department's program operations by

preparing and executing amendments to existing contracts that will be expanding and implementing innovative and/or pilot mental health services. The staff will also be responsible for the development of new contract formats in response to the implementation of these innovative services (including peer support and family education support services) and pilot programs; and execution of new unique agreements with a wide array of service providers, e.g., consultants, universities/educational institutions, housing services. The positions include the following:

- 1.0 Mental Health Analyst III
- 1.0 Mental Health Analyst II
- 4.0 Mental Health Analyst I
- 1.0 Administrative Assistant III

Human Resources (12.0)

It is anticipated that the Department's workforce will increase dramatically over the next two to three fiscal years with the implementation of MHSA. Additional staff will be required to address the recruitment and processing of new staff, handle payroll issues, and resolve employee/labor relations issues and work related injuries. The recommended positions include the following:

- 4.0 Senior Departmental Personnel Technician
- 1.0 Senior Departmental Personnel Assistant
- 2.0 Departmental Personnel Technician
- 1.0 Departmental Personnel Assistant
- 1.0 Information Systems Analyst Aid
- 2.0 Payroll Clerk II
- 1.0 Senior Typist Clerk
- 1 Student Worker

Operating Expenditures

The Department's projected expenditures include costs for the acquisition of new space and the operating costs associated with the 60.0 FTEs requested. The following details these expenditures:

	FY 05/06	**FYs 06/07 & 07/08**
Travel and Transportation	$ 3,000	$ 6,000

This request includes travel for the MHSA Coordinator and designated staff to attend meetings in Sacramento and other locations as required. In addition, this includes mileage for the support staff to attend meetings in the community and travel to the programs to conduct trainings and program reviews.

	FY 05/06	FYs 06/07 & 07/08
General Office Expenditures	$ 53,733	107,466
These expenditures include:		
• Office Supplies	$ 4,250	8,500
• Security Services	49,483	98,966
Rent, Utilities, and Equipment	$307,000	614,000
These expenditures include:		
• Rent	$ 235,000	470,000
• Utilities/Custodial Services	72,000	144,000

New Revenues

The Department anticipates generating Medi-Cal administrative cost reimbursements, as follows*:

FY 05/06	FYs 06/07 & 07/08
$ 205,212	410,424

*This is based on an assumption we will be able to recover at least 8% of these administrative costs.

The Department also expects additional Medi-Cal Administrative reimbursement for eligibility services as flows:

FY 05/06	FYs 06/07 & 07/08
$ 110,00	220,000

Start-up and One-time Implementation Expenditures

DMH is requesting $8,250,000 in one-time funds for infrastructure essential in supporting these programs in the areas of information technology, transportation, critical clinic refurbishments, the purchase of modular building, and flexible funding to supplement infrastructure as needed. The following details the expenditures:

	FY 05/06
Information Technology Systems	$ 3,177,000

1. Integrated Behavioral Health Information System (IBHIS): To effectively execute the intent of the MHSA, the Department must select and implement an IBHIS that will meet the needs of both contracted and directly operated providers.

2. Data Warehouse: It will be necessary to interface the IBHIS with other information systems to provide all of the data and functionality that DMH and its partners need to deliver services, manage operations, and complete required reports. This data would come together in a data warehouse so it can be managed and made available as appropriate.

3. Technology Infrastructure (Two Interface Engine Servers, Additional Networked Storage, and Providers' Required Upgrade for Computer Hardware): These components are critical to data storage capacity and computer hardware needs to better position service delivery staff to handle the MHSA implementation.

Vehicles $1,279,000

Vehicles will be needed to meet the transportation needs of clients enrolled in Full Service Partnership programs at both contracted and directly operated clinics. The funding will purchase 73 vehicles and serve the needs of over 4,000 clients.

Building and Refurbishments $3,500,000

Critical refurbishments will be made to clinics, both contract and directly operated programs, in order to provide better service and an improved environment to clients. In addition, to house our Olive View Alternative Crisis Services, a modular building will be purchased.

Flexible Supplemental Funding $294,000

To be allocated based on need, between additional computer hardware upgrades, vehicles, and critical clinic refurbishments using a formula based on Full Service Partnership Clients.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: OT-01
Program Work Plan Name: One-time Funding Housing
Type of Funding: MHSA - One -Time Only
Proposed Total Clients Capacity of Program/Services: 3870
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 3870

Fiscal Year: 2005-2006
Date 9/9/2005
Page
Months of Operation
New Program/Services or Expansion New
Prepared by: Reina Turner
Telephone Number: (213) 739-6267

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures	$ -	$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				$ -
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	$ -
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known				$ -
6. Total Proposed Program Budget	$ -	$ -	$ -	$ -
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ 11,600,000
D. Total Funding Requirements	$ -	$ -	$ -	$ 11,600,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

OT-01: One-Time Funding Housing

NOTE: Although not required by the CSS guidelines, we used the format from Part II Section VI to detail our proposal for one-time funding housing proposal. The answers to the questions detailed in Part II Section VI will help clarify the importance we place on this one-time investment.

1) Complete Exhibit 4.

The Exhibit 4 template has been completed for each Los Angeles County work plan recommended for CSS funding. Each work plan addresses Questions 1) a) - d). Questions 2) – 13) are answered for each program in the following narrative.

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

We will use $11.5 million of one-time funds to help capitalize a Housing Trust Fund to support the development of new permanent supportive housing for individuals with psychiatric disabilities, particularly those individuals who are homeless or are living in Residential Care Facilities, Institutions for Mental Disease and other settings such as Sober or Collaborative Living facilities.

The MHSA funds dedicated to the Trust Fund account will be used to:

- leverage other local, state, and federal financial resources for developing permanent affordable supportive housing for all age groups, including children, youth and families, transition age youth, adults, and older adults.
- primarily provide on-going rental subsidies and the on-site supportive services necessary for special needs housing developers to leverage millions of dollars in capital funds. Long-term commitments for project-based vouchers or other types of rental subsidies are necessary for special needs housing developers to obtain long-term financing for the capital costs of new projects. Historically, federally sponsored Section 8 vouchers have served this purpose. However, in recent years there has been a dramatic decrease in the availability of Section 8 tenant and project-based vouchers, a trend that is expected to continue. The Housing Trust Fund will fill a crucial gap in commitments for rental subsidies and supportive services required for the development of permanent, affordable and safe supportive housing.
- provide emergency housing for emancipated homeless youth during the outreach and engagement process
- fund consultants to assist in planning strategies to minimize any neighborhood opposition to special needs housing in their neighborhoods.

The Department, in conjunction with a Housing Trust Fund Advisory Board (HTFAB), will establish specific administrative and program guidelines outlining the purposes of

the Housing Trust Fund, the targeted beneficiaries, basic eligibility requirements for receiving funds, the funding process, and the mechanism for overseeing the Trust Fund operations. The Housing Trust Fund Advisory Board will include representatives from County and local governments, and other appropriate stakeholders. The Board will include significant representation from clients and family members. Additionally, the Department will encourage a broad range of consumer input on the HTFAB. Special attention will be given to engage homeless and formerly homeless individuals at different points in their recovery and from different types of housing initiatives, age groups, and minority populations.

We will use $100,000 of one-time resources to fund a strategic planning initiative to develop an on-going approach for responding to local concerns and resistance to the siting of such permanent supportive housing. Called the NIMBY initiative, the purpose of this modest investment is to research and develop effective recommendations

3) Describe any housing or employment services to be provided.

It is important to note that in the past decade, Los Angeles County stakeholders have been working collaboratively to develop permanent, supportive, affordable housing for this population and strongly believe that it is an essential key for success with Full Service Partnerships. In Los Angeles County, there are approximately 4,500 such housing units available currently and more than 700 units that will come on-line within the next 18 months. However, the need far exceeds the supply. Establishment of this Trust Fund will serve to significantly increase the current stock of permanent, affordable, supportive housing.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

N/A

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

Supportive housing has been recognized as an evidenced-based practice in addressing the housing needs of mentally ill individuals and specifically those who are homeless. The Trust Fund will promote the employment of peers to support and mentor the residents. This will be a crucial component of the support services offered within supportive housing projects for transitional aged youth, adults, transitional-aged adults and older adults. One of the essential components of supportive housing will be on site peer recovery groups such as Project Return the Next Step, Procovery Circles and other peer run support groups. Through these groups, residents in supported housing

will be encouraged to develop self help skills such as WRAP (Wellness Recovery Action Plan) to empower them to take responsibility for their own treatment and recovery.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

N/A; new program.

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

The Housing Trust Fund Advisory Board will be comprised of consumers, family members, and representatives from other community stakeholders. Consumers and homeless individuals with a mental illness will be fully empowered board members. As such, the Department will ensure that the needs and concerns of consumers and homeless individuals with mental illness are fully addressed.

The Advisory Board will promote the employment of peers to support and mentor the residents. This will be a crucial component of the support services offered within supportive housing projects for transitional aged youth, adults, transitional-aged adults and older adults. As previously noted, one of the essential components of supportive housing will be on site peer recovery groups such as Project Return the Next Step, Procovery Circles and other peer run support groups.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

The Housing Trust Fund Advisory Board will be comprised of community stakeholders who are actively involved in policy making and the administration of local, state, and federal funding for the development of affordable permanent supportive housing for the mentally ill and homeless such as from Shelter Partnership, Inc., the Corporation for Supportive Housing and LAHSA. In addition, there will be collaboration with housing developers, lenders, governmental agencies and other housing professionals, There have also been preliminary discussions with local lenders of capital development funds to work with them to develop a streamlined funding proposal process in which housing developers would apply to all local funding (loans and Housing Trust Funds) at the same time.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

This area will be addressed through the composition of the Advisory Board and by Departmental managers.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

This area will be addressed through the composition of the Advisory Board and by Departmental managers.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

N/A

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

N/A

13) Please provide a timeline for this work plan, including all critical implementation dates.

September 2005	Designate DMH lead manager
October 2005	Prepare request to County Department of Human Resources (DHR) for allocation of items (DMH management staff)
November 15, 2005	Conduct preliminary negotiations with Los Angeles County Community Development Commission (CDC)
November 2005	Obtain DHR preliminary review of item allocation request and make suggested revisions
November 2005	Identify temporary space for DMH staff
January 2006	Obtain DHR approval of requested items
January 2006	Appoint Advisory Board
February 2006	Negotiate arrangement with CDC to establish the Trust Fund and obtain Board of Supervisors approval
March 2006	Full implementation

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative

associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

Exhibit 5 contains Budget and Staffing Detail Worksheets for each program for which Los Angeles County is requesting funding.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served.

Exhibit 6 contains estimates for the number of individuals expected to receive services through this and all other programs for which Los Angeles County is requesting funding.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
Program Work Plan #: OT-01
Program Work Plan Name: One-time Funding Housing
Type of Funding: MENTAL HEALTH SERVICES ACT
Proposed Total Clients Capacity of Program/Services: 3870
Existing Client Capacity of Program/Services:
Client Capacity of Program/Services Expanded through MHSA: 3870

Fiscal Year: 2005-2006
Date 9/8/2005
Page
Months of Operation
New Program/Services or Expansion New
Prepared by: REINA TURNER
Telephone Number: 213-739-6267

Classification	Function	Clients, FM & CG FTEs [a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE [2/]	Total Salaries, Wages and Overtime
A. Current Existing Positions					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total Current Existing Positions	-	0.00		$ -
B. New Additional Positions					
A. Division Chief, Program Development			1.00		$ -
B. Administrative Assistant III			1.00		$ -
C. Secretary III			1.00		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	Total New Additional Positions	0.00	3.00		$ -
C. Total Progam Positions		0.00	3.00		$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
Program Work Plan #: OT-02
Program Work Plan Name: One-time Training & Workforce Development
Type of Funding: One-time
Proposed Total Clients Capacity of Program/Services: N/A
Existing Client Capacity of Program/Services: N/A
Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2005-2006
Date 9/13/2005
Page
Months of Operation 7
New Program/Services or Expansion New
Prepared by: S. Kerr
Telephone Number: (213) 738-4108

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$ -
b. Travel and Transportation				$ -
c. Housing				
i. Master Leases				$ -
ii. Subsidies				$ -
iii. Vouchers				$ -
iV. Other Housing				$ -
d. Employment and Education Supports				$ -
e. Other Support Expenditures (provide description in budget narrative)				$ -
f. Total Support Expenditures	$ -	$ -	$ -	$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				$ -
c. Employee Benefits				$ -
d. Total Personnel Expenditures		$ -	$ -	$ -
3. Operating Expenditures				
a. Professional Services				
b. Translation and Interpreter Services				$ -
c. Travel and Transportation				
d. General Office Expenditures				$ -
e. Rent, Utilities, and Equipment				$ -
f. Medication and Medical Supplies				$ -
g. Other Operating Expenses (provide description in budget narrative)				$ -
h. Total Operating Expenditures	$ -	$ -	$ -	
4. Program Management				
a. Existing Program Management				$ -
b. New Program Management				$ -
d. Total Program Management		$ -	$ -	$ -
5. Estimated Total Expenditures when service provider is not known	$ -			
6. Total Proposed Program Budget		$ -	$ -	
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. Realignment				$ -
d. State General Funds				$ -
e. County Funds				$ -
f. Grants				$ -
g. Other Revenue				$ -
h. Total Existing Revenues	$ -	$ -	$ -	$ -
2. New Revenue				
a. Medi-Cal (FFP only)				$ -
b. Medicare/Patient Fees/Patient Insurance				$ -
c. State General Funds				$ -
d. Other Revenue				$ -
e. Total Existing Revenues	$ -	$ -	$ -	$ -
3. Total Revenues	$ -	$ -	$ -	$ -
C. One-Time CSS Funding Expenditures	$ -	$ -	$ -	$ 10,000,000
D. Total Funding Requirements		$ -	$ -	$ 10,000,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				50%

Community Services and Support Plan

Exhibit 6
TABLE OF CONTENTS

Quarterly Progress Goals and Reports: Estimates/Actual Population Served

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County:	Los Angeles County
Program Work Plan #'s:	C-01, C-02, C-03, C-04
Program Work Plan Name:	Children FSP's, Family Support Svcs, Integrated MH/COD svcs, Family Crisis Svcs, Respite Care
Fiscal Year: *(please complete one per fiscal year)*	FY 2005-06

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth FSP total: 384	**Children (0 to 15)** with SED and their families, who are: ❖ 0 to 5 year olds at high risk; ❖ Removed or at high risk of being removed from their home by DCFS; ❖ Experiencing extreme behaviors at schools; and ❖ Youth involved with Probation.					0		384		384	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total #'s to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
SD total: 1110	C-02: Family Support Svcs C-03: Integrated MH/COD C-04: Family Crisis Svcs: Respite Care					312 50 130		625 175 130		625 225 260	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County:	Los Angeles County
Program Work Plan #'s:	T-01, T-02, T-03, T-04
Program Work Plan Name:	TAY FSP's, Drop-in Centers, TAY Housing Services, Probation Services
Fiscal Year: *(please complete one per fiscal year)*	FY 2005-06

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
TAY FSP total: 207	Transition Age Youth (16-25), w/SED or SMI, including substance abuse disorders, are/have been: ❖ Homeless or at-risk ❖ Aging out of the children's mental health, child welfare or juvenile justice system ❖ Leaving long-term institutional care ❖ Experiencing their first psychotic break					0		207		207	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total #'s to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
SD total: 1456	T:02: Drop-in Centers					208		208		416	
	T-03: TAY Housing:										
	Motel Vouchers					216		216		432	
	Housing Specialists					0		520		520	
	Perm. Housing Subsid.					18		18		36	
	T-04: Probation Svcs					0		52		52	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County:	Los Angeles County
Program Work Plan #'s:	A-01, A-02, A-03, A-04, A-05
Program Work Plan Name:	Adult FSP, Wellness/Client-run ctrs, IMD Step-down facilities, Adult Housing Svcs, Jail transition/linkage
Fiscal Year *(please complete one per fiscal year)*	FY 2005-06

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Adults FSP total: 441	Adults (26- 59) who have SMI, including people suffering from a co-occurring disorder and/or who have suffered severe trauma, and are: ❖ Homeless, In jail ❖ Frequent users of hospitals and emergency rooms ❖ In other institutional settings ❖ W/families, outside of any system					0		441		441	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total #'s to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
SD total: 2686	A-02: Wellness/Client-run ctrs					0		700		700	
	A-03: IMD Step-down facilities					0		50		50	
	A-04: Adult Housing Svcs:										
	Housing Specialists					0		1040		1040	
	Safe Havens					0		50		50	
	A-05:Jail Transition/Linkage					0		846		846	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County:	Los Angeles County
Program Work Plan #'s:	OA-01, OA-02, OA-03, OA-04, OA-05
Program Work Plan Name:	OA: FSP's, Systems Transformation Team, Field Capable Clinical Svcs, Service Extenders, Training
Fiscal Year: *(please complete one per fiscal year)*	FY 2005-06

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Older Adults FSP total: 51	Older Adults (60 years+) with SMI who are: ❖ Not currently being served and have reduced functioning ❖ Homeless ❖ At risk of being homeless, institutionalized, nursing home care, hospitalization or emergency room services ❖ Underserved older adults at risk of any of the above							51		51	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total #'s to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
SD total: 1303	OA-02: Systems Transform tm OA-03: Field Capable Clinical OA-04: Service Extenders OA-05: Training					400 100		1053 250		1053 250	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County	Los Angeles County
Program Work Plan #'s	SN-01, ACS-01, POE-01
Program Work Plan Name	Cross Cutting Age Groups, Systems Navigators, Alternative Crisis Services, Planning, Outreach, & Engagement
Fiscal Year *(please complete one per fiscal year)*	FY 2005-06

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total #'s to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
SD total: 11,197	SN-01: Systems Navigators					350		2040		2390	
	ACS-01: Alternative Crisis Sv										
	ACS-01a: Urgent Care Ctrs					1620		2160		3780	
	ACS-01b: Countywd Res Mngt					715		1432		2147	
	ACS-01c: Res & Bridging Svcs					1440		1440		2880	
	ACS-01d: Enriched Res Svcs					0		0		0	

Outreach & Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total #'s to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
O&E total: 9000	POE-01: Planning, Outreach, & Engagement					3000		6000		9000	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County:	Los Angeles County
Program Work Plan #'s:	C-01, C-02, C-03, C-04
Program Work Plan Name:	Children FSP's, Family Support Svcs, Integrated MH/COD Svcs, Family Crisis Svcs, Respite Care
Fiscal Year *(please complete one per fiscal year)*	FY 2006-07

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth FSP total:1534	**Children (0 to 15)** with SED and their families, who are: ❖ 0 to 5 year olds at high risk; ❖ Removed or at high risk of being removed from their home by DCFS; ❖ Experiencing extreme behaviors at schools; and ❖ Youth involved with Probation.	768		1534		1534		1534		1534	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total #'s to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
SD total: 2494	C-02: Family Support Svcs	313		313		313		313		1250	
	C-03: Integrated MH/COD	181		181		181		181		724	
	C-04: Family Crisis Svcs: Respite Care	130		130		130		130		520	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County:	Los Angeles County
Program Work Plan #'s	T-01, T-02, T-03, T-04
Program Work Plan Name	TAY, FSP's, Drop-in Centers, TAY Housing Services, Probation Services
Fiscal Year *(please complete one per fiscal year)*	FY 2006-07

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
TAY FSP total: 828	Transition Age Youth (16-25), who have SED or SMI, including those with substance abuse disorders, who are/have been: ❖ Homeless or at-risk ❖ Aging out of the children's mental health, child welfare or juvenile justice system ❖ Leaving long-term institutional care ❖ Experiencing their first psychotic break	414		621		828		828		828	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total #'s to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
SD total: 4056	T-02: Drop-in Ctrs	208		208		208		208		832	
	T-03: TAY Housing:										
	Motel Vouchers	216		216		216		216		864	
	Housing Specialists	520		520		520		520		2080	
	Perm. Housing Subsid.	18		18		18		18		72	
	T-04: Probation Svcs	52		52		52		52		208	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County:	Los Angeles County
Program Work Plan #'s:	A-01, A-02, A-03, A-04, A-05
Program Work Plan Name:	Adult FSP; Wellness/Client-run Ctrs; IMD Step-down facilities; Adult Housing Svcs; Jail transition/linkage
Fiscal Year: *(please complete one per fiscal year)*	FY 2006-07

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Adults FSP total: 1766	Adults (26- 59) who have SMI, including people suffering from a co-occurring disorder and/or who have suffered severe trauma, and are: ❖ Homeless, In jail ❖ Frequent users of hospitals and emergency rooms ❖ In other institutional settings ❖ W/families, outside of any system	882		1323		1766		1766		1766	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total #'s to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
SD total: 10,324	A-02: Wellness/Client-run ctrs	600		600		600		600		2400	
	A-03: IMD Step-down facilities	81		81		81		82		180*	
	A-04: Adult Housing Svcs:										
	Housing Specialists	1040		1040		1040		1040		4160	
	Safe Havens	100		150		200		200		200	
	A-05: Jail Transition/Linkage	846		846		846		846		3384	

*Reflects unduplicated clients served over one year.

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County	Los Angeles County
Program Work Plan #'s	OA-01, OA-02, OA-03, OA-04, OA-05
Program Work Plan Name	OA, FSPs, Systems Transformation Team, Field Capable Clinical Svcs, Service Extenders, Training
Fiscal Year *(please complete one per fiscal year)*	FY 2006-07

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Older Adults FSP total: 205	Older Adults (60 years+) with SMI who are: ❖ Not currently being served and have re-duced functioning ❖ Homeless ❖ At risk of being homeless, institu-tionalized, nursing home care, hospit-alization or emer-gency room services ❖ Underserved older adults at risk of any of the above	102		205		205		205		205	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total #'s to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
SD total: 2766	OA-02: Systems Transformtn Tm OA-03: Field Capable Clinical Sv OA-04: Service Extenders OA-05: Training	1653 450		2106 660		2106 660		2106 660		2106 660	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County:	Los Angeles County
Program Work Plan #'s:	SN-01, ACS-01, POE-01
Program Work Plan Name:	Cross Cutting Age Groups: Systems Navigators, Alternative Crisis Services; Planning, Outreach, & Engagement
Fiscal Year: *(please complete one per fiscal year)*	FY 2006-07

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total #'s to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
SD total: 32,038	SN-01: Systems Navigators	2040		2040		2040		2040		8160	
	ACS-01: Alternative Crisis Svc										
	ACS-01a: Urgent Care Ctrs	2700		2700		2700		2700		10800	
	ACS-01b: Countywd Res Mngt	1432		1432		1432		1432		5728	
	ACS-01d: Res & Bridging Svcs	1800		1800		1800		1800		7200	
	ACS-01d: Enriched Res Svcs	48		33		33		36		150	
Outreach & Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total #'s to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
O&E total: 18,000	POE-01: Planning, Outreach, & Engagement	3000		6000		3000		6000		18000	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County:	Los Angeles County
Program Work Plan #'s:	C-01, C-02, C-03, C-04
Program Work Plan Name:	Children FSP's, Family Support Svcs, Integrated MH/COD svcs, Family Crisis Svcs, Respite Care
Fiscal Year: *(please complete one per fiscal year)*	FY 2007-08

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth FSP total: 1534	**Children (0 to 15)** with SED and their families, who are: ❖ 0 to 5 year olds at high risk; ❖ Removed or at high risk of being removed from their home by DCFS; ❖ Experiencing extreme behaviors at schools; and ❖ Youth involved with Probation.	1534		1534		1534		1534		1534	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total #'s to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
SD total: 2494	C-02: Family Support Svcs	313		313		313		313		1250	
	C-03: Integrated MH/COD	181		181		181		181		724	
	C-04: Family Crisis Svcs: Respite Care	130		130		130		130		520	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County:	Los Angeles County
Program Work Plan #s:	T-01, T-02, T-03, T-04
Program Work Plan Name:	TAY, FSP's, Drop-In Centers, TAY Housing Services, Probation Services
Fiscal Year: *(please complete one per fiscal year)*	FY 2007-08

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
TAY FSP total: 828	Transition Age Youth (16-25), who have SED or SMI, including those with substance abuse disorders, who are/have been: ❖ Homeless or at-risk ❖ Aging out of the children's mental health, child welfare or juvenile justice system ❖ Leaving long-term institutional care ❖ Experiencing their first psychotic break	828		828		828		828		828	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total #'s to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
SD total: 4056	T-02: Drop-in Centers	208		208		208		208		832	
	T-03: TAY Housing:										
	Motel Vouchers	216		216		216		216		864	
	Housing Specialists	520		520		520		520		2080	
	Perm. Housing Subsid.	18		18		18		18		72	
	T-04: Probation Services	52		52		52		52		208	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County:	Los Angeles County
Program Work Plan #'s:	A-01, A-02, A-03, A-04, A-05
Program Work Plan Name:	Adult FSP; Wellness/Client-run Ctrs; IMD Step-down facilities; Adult Housing Svcs; Jail transition/linkage
Fiscal Year: *(please complete one per fiscal year)*	FY 2007-08

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Adults FSP total: 1766	Adults (26- 59) who have SMI, including people suffering from a co-occurring disorder and/or who have suffered severe trauma, and are: ❖ Homeless, In jail ❖ Frequent users of hospitals and emergency rooms ❖ In other institutional settings ❖ W/families, outside of any system	1766		1766		1766		1766		1766	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total #'s to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
SD total: 10,324	A-02: Wellness/Client-run ctrs	600		600		600		600		2400	
	A-03: IMD Step-down facilities	82		81		81		81		180*	
	A-04: Adult Housing Svcs:										
	Housing Specialists	1040		1040		1040		1040		4160	
	Safe Havens	200		200		200		200		200	
	A-05: Jail Transition/Linkage	846		846		846		846		3384	

*Reflects unduplicated clients served over one year.

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County:	Los Angeles County
Program Work Plan #'s:	OA-01, OA-02, OA-03, OA-04, OA-05
Program Work Plan Name:	OA: FSP's, Systems Transformation Team, Field Capable Clinical Svcs, Service Extenders, Training
Fiscal Year: *(please complete one per fiscal year)*	FY 2007-08

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Older Adults FSP total: 205	Older Adults (60 yrs+) w/ SMI: ❖ Not being served, reduced functioning ❖ Homeless ❖ At risk of homelessness, institutionalized, nursing home care, hospit-alization or emer-gency room services ❖ Underserved older adults at risk of any of the above	205		205		205		205		205	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total #'s to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
SD total: 2766	OA-02: Systems Transform Tm OA-03: Field Capable Clinical Sv OA-04: Service Extenders OA-05: Training	2106 660		2106 660		2106 660		2106 660		2106 660	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County:	Los Angeles County
Program Work Plan #'s:	SN-01, ACS-01, POE-01
Program Work Plan Name:	Cross Cutting/Age Groups: Systems Navigators, Alternative Crisis Services, Planning, Outreach, & Engagement
Fiscal Year: *(please complete one per fiscal year)*	FY 2007-08

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total #'s to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
SD total: 34,798	SN-01: Systems Navigators	2040		2040		2040		2040		8160	
	ACS-01:Alternative Crisis Svcs										
	ACS-01a: Urgent Care Ctrs	3240		3240		3240		3240		12960	
	ACS-01b: Countywd Res Mngt	1432		1432		1432		1432		5728	
	ACS-01d: Res & Bridging Svcs	1950		1950		1950		1950		7800	
	ACS-01d: Enriched Res Svcs	37		38		37		38		150	
Outreach & Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total #'s to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
O&E total: 18,000	POE-01: Planning, Outreach, & Engagement	3000		6000		3000		6000		18000	