

# **MENTAL HEALTH SERVICES ACT**

## **ANNUAL UPDATE**

**FISCAL YEAR 2010-2011**



**County of Los Angeles Department of Mental Health**

**Dr. Marvin J. Southard**

**March 9, 2010**

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH  
MHPA ANNUAL UPDATE FY 2010-2011  
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COUNTY SUMMARY SHEET

This document is intended to be used by the County to provide a summary of the components included within this annual update or update. Additionally, it serves to provide the County with a listing of the exhibits pertaining to each component.

<b>County:</b>		<b>Los Angeles</b>																			
		<i>Exhibits</i>																			
		<b>A</b>	<b>B</b>	<b>C</b>	<b>C1</b>	<b>D</b>	<b>D1*</b>	<b>E</b>	<b>E1</b>	<b>E2</b>	<b>E3</b>	<b>E4</b>	<b>E5</b>	<b>F**</b>	<b>F1**</b>	<b>F2**</b>	<b>F3**</b>	<b>F4**</b>	<b>F5**</b>	<b>G***</b>	<b>H****</b>
For each annual update/update:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>													
<b>Component</b>	<b>Previously Approved</b>	<b>New</b>																			
<input checked="" type="checkbox"/> CSS		\$ 222,154,900			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> WET	\$	\$ 37,868,778			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
<input type="checkbox"/> CF	\$	\$					<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>					
<input checked="" type="checkbox"/> TN	\$	\$ 11,081,547					<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> PEI	\$	\$ 24,845,187			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>			<input type="checkbox"/>				<input type="checkbox"/>			
<input checked="" type="checkbox"/> INN	\$	\$ 49,480,276				<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		
<b>Total</b>	\$	\$ 345,430,688																			
<b>Dates of 30-day public review comment period:</b>		March 9, 2010 - April 7, 2010																			
<b>Date of Public Hearing****:</b>		April 8, 2010																			
<b>Date of submission of the Annual MHSR Revenue and Expenditure Report to DMH:</b>																					

\*Exhibit D1 is only required for program/project elimination.  
 \*\*Exhibit F - F5 is only required for new programs/projects.  
 \*\*\*Exhibit G is only required for assigning funds to the Local Prudent Reserve.  
 \*\*\*\*Exhibit H is only required for assigning funds to the MHSR Housing Program.  
 \*\*\*\*\*Public Hearings are required for annual updates, but not for updates.

COUNTY CERTIFICATION

County: Los Angeles

County Mental Health Director	Project Lead
Name: Marvin J. Southard, DSW	Name: Debbie Innes-Gomberg, Ph.D.
Telephone Number: (213) 738-4601	Telephone Number: (213) 251-6817
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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2010/11 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.<sup>1</sup>

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2010/11 annual update/update are true and correct.

Marvin J. Southard, DSW  
 Mental Health Director/Designee (PRINT)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

<sup>1</sup> Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement and may strike this line from the certification.

**COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS**

County: LOS ANGELES

Date: MARCH 9, 2010

**Instructions:** Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

<b>Community Program Planning</b>
<p><b>1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.</b></p> <p>The Department’s process for developing the FY 2010/11 Annual Update included a series of planning meetings with departmental staff responsible for the implementation of MHSA funded components and work plans as well as review with Board of Supervisors Deputies and presentation to the stakeholder group. Activities leading to the development of this report include the following:</p> <ul style="list-style-type: none"> <li>• DMH internal MHSA Implementation Meetings</li> <li>• Gathering of data and information by MHSA project/component leads led by the MHSA Implementation Team</li> <li>• Presentation at the BOS Agenda Review meeting on February 24, 2010</li> <li>• Stakeholder Meeting - Presentation to Systems Leadership Team (SLT) (March 5, 2010)</li> <li>• 30 day public posting, review and comment period (March 9, 2010 – April 7, 2010)</li> <li>• Public Hearing (April 8, 2010)</li> </ul>
<p><b>2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.</b></p> <p><b>System Leadership Team (SLT)</b> The role of the SLT is to support the Department in system transformation and monitoring MHSA implementation. This includes the following responsibilities:</p> <ul style="list-style-type: none"> <li>• Develop process and structural frameworks to support overall system transformation (e.g., performance measures; budget dilemmas).</li> <li>• Monitor progress on implementation of MHSA Plans (e.g., track performance, identify design issues, initiate workgroups, etc.).</li> <li>• Provide feedback to Department on proposed MHSA Plan extensions or revisions.</li> <li>• Work with Department and consultant to develop agendas for Delegates meetings.</li> <li>• Comment on workgroup recommendations before Department makes final decisions.</li> </ul>
<p><b>3. If eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.</b></p> <p>Programs to be eliminated include: Safe Havens; Respite Care and WET (Learning Net; Psychiatric Residency Program; intern trainings); Telepsychiatry Feasibility Study. Program elimination involved the participation of the WET Advisory Committee (for WET programs only) and the SLT (for all other programs). On March 5, 2010, the SLT endorsed the plan to eliminate these programs.</p>

**COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS**

<b>Local Review Process</b>
<p><b>4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.</b></p> <p>LAC-DMH obtained stakeholder input through various review and comment sessions allowing all stakeholders, providers and the general public the opportunity to express their questions and concerns and provide their feedback on the MHSA Annual Update. Opportunities for stakeholders to provide their input and express their concerns include:</p> <ul style="list-style-type: none"> <li>• Engagement in a document review and comment session at the Department’s System Leadership Team (SLT) Meeting on Friday, March 5, 2010</li> <li>• Engagement in a 30-day public comment and review period of the document from Tuesday, March 9, 2010 – Wednesday, April 7, 2010</li> <li>• Engagement in the public hearing will be conducted by the Mental Health Commission on Thursday, April 8, 2010. Fliers announcing the public hearing will be distributed through press release, websites, stakeholder meetings, Service Area Advisory Committee (SAAC) meetings, and mailings to Board of Supervisors; information will be available in Spanish, Korean, visually impaired, and any other language group that RSVP’d to the Public Hearing.</li> </ul>
<p><b>5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.</b></p> <p>To be completed after the Public Hearing.</p>

**IMPLEMENTATION PROGRESS REPORT  
ON FY 08/09 ACTIVITIES**

County: Los Angeles

Date: March 9, 2010

**Instructions:** Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHPA including CSS, PEI and WET components during FY 2008/09.

**CSS, WET and PEI**

**1. Briefly report on how the implementation of the MHPA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.**

During Fiscal Year 2008/09 providers received additional opportunities to transform services to those in the CSS Plan. This resulted primarily in increases to Field Capable Clinical Services (FCCS) for child, transition age youth and adults as well as to adult Wellness Center services. Such transformation has resulted in more comprehensive recovery and resiliency focused networks of services in local communities. Increasing FCCS service capacity has resulted in the ability to step clients down from FSP programs and to engage and serve clients in field settings.

The following two programs within the CSS plan are being eliminated via the Annual Update:

- Los Angeles County Department of Mental Health (LACDMH) has been unable to find a qualified contractor for the **Adult Housing Services Safe Havens**. The Department issued a Request For Proposals (RFP) on July 17, 2007 to identify a qualified contractor to provide Safe Haven services. LACDMH received only one (1) response to the RFP. The respondent was not qualified to provide Safe Haven services. The Department is recommending redirecting the funds to reduce the FY '10/11 CSS budget shortfall.
- During LACDMH's initial attempt to implement its countywide **Respite Care Program** it soon became apparent that administering the program far exceeded the 20% of the annual \$471,000 in funding allocated to the Respite Care Program. LACDMH conducted an in-depth analysis and determined that it was not cost effective to continue implementing a countywide respite care program based on its current budget allocation and restrictions. The Department is recommending redirecting the funds to reduce the FY '10/11 CSS budget shortfall.

WET implementation focused on the development of Requests for Service proposals to bid out components of WET, including training for mental health recovery specialists, consumers, parent advocates, family members and mental health career advisors.

The following programs within the WET plan are being eliminated via the Annual Update:

- **Learning Management System – The Learning Net** -This program is currently being piloted with non-MHPA funds and there is no funding required for expansion. Funding allocated to this program will be redirected to the Training Academy Without Walls. The redirected funds will fund the Training Academy Without Walls through FY 15-16.
- **Psychiatric Residency Program** - This program was intended to provide for a quarter time position to research the viability of implementing a psychiatric residency program in Los Angeles County in order to increase the number of psychiatrists into the public mental health system. Other Financial Incentive Programs will be utilized to address the need for recruitment of Mental Health Psychiatrist. Funding allocation has been shifted to Program # 15 – Partnership with Educational Institutions to Increase the Number of Professionals in the Public Mental Health System.
- **Training Pursuant to the Mental Health Services Act for Student Psychologists, MSWs, MFTs, Psychiatric Nurse Practitioners, and Psychiatric Technicians Certificate Program** - This program is being eliminated because the objectives are consistent with Program # 15– Partnership with Educational Institutions to Increase the Number of Professionals in the Public Mental Health System. Funding allocation has been shifted to Program #15 – Partnership with Educational Institutions to Increase the Number of Professionals in the Public Mental Health System.

Challenges include creating service continuity across programs, the need for a unified outcome evaluation across levels of service and enhancing system capacity and creating client flow strategies.

**IMPLEMENTATION PROGRESS REPORT  
ON FY 08/09 ACTIVITIES**

**2. Provide a brief narrative description of progress in providing services to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities.**

While all MHSA services focus on reducing racial/ethnic disparities and providing services to unserved and underserved populations, FSP program data illustrates this most significantly. 47% of enrolled FSP clients have not been previously served, while 50% of those enrolled have been under-served, leaving the remaining 3% inappropriately served.

LA County has involved its Under Represented Ethnic Populations committees in providing recommendations to reduce ethnic disparities in FSP programs. Among the recommendations adopted was to expand and fully utilize the focal population of individuals living and supported by family members (considered at risk for homelessness, psychiatric hospitalizations and incarcerations). In addition, each age group conducts technical assistance and support with providers where linguistic capacity and needs are reviewed with the provider.

**3. Provide the following information on the number of individuals served:**

Age Group	CSS	PEI	WET	
	# of individuals	# of individuals (for universal prevention, use estimated #)	Funding Category	# of individuals
Child and Youth	2,840	0	Workforce Staff Support	0
Transition Age Youth	6,082	0	Training/Technical Assist.	968
Adult	28,341	0	MH Career Pathway	264
Older Adult	2,761	0	Residency & Internship	0
Cross Cutting <sup>1</sup>	85,235	0	Financial Incentive	124
<b>Race/Ethnicity<sup>2</sup></b>				
White	9,314	0		
African/American	14,362	0	[] WET not implemented in 08/09	
Asian/Pacific Islander	2,868	0		
Native	211	0		
Hispanic	12,654	0		
Multi		0		
Other	1,919	0		
<b>Other Cultural Groups</b>				
LGBTQ	Information not available			
Other	Information not available			
<b>Primary Language<sup>2</sup></b>				
English	29,239	0		
Spanish	5,737	0		
Vietnamese	440	0		
Cantonese	175	0		
Mandarin	183	0		
Tagalog	144	0		
Cambodian	769	0		
Hmong	11	0		
Russian	45	0		
Farsi	88	0		
Arabic	26	0		
Other	1,573	0		

<sup>1</sup> Services are provided across all age groups. Services are billed to Mode 45 and include planning outreach and engagement, Systems Navigators and Alternative Crisis Services.

<sup>2</sup> Race/Ethnicity and Primary Language data are only collected for clients with an open episode in the Integrated System.

**PEI**

**4. Please provide the following information for each PEI Project:**

- a) The problems and needs addressed by the Project.
- b) The type of services provided.
- c) Any outcomes data, if available. (Optional)
- d) The type and dollar amount of leveraged resources and/ or in-kind contributions (if applicable).

N/A

County: Los Angeles

Program Number/Name: C-01 Children's Full Service Partnerships

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>Full Service Partnerships (FSPs) are comprised of resiliency-focused services created in collaboration with family/caretakers and a multidisciplinary team that develops and implements an individualized plan. Child FSPs deliver intensive mental health services and supports to children ages 0-15 who are high-need, high-risk Seriously Emotionally Disturbed (SED) children and their families/caretakers. Focal populations include children 0-5 with a serious emotional disturbance, children with a mental illness involved with DCFS, schools or the probation system. Of the 1,579 children currently enrolled 133 children are white (including middle eastern and eastern European), 991 are Latino, 354 are African American, 70 are Asian and 6 identify as "other."</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: C-02 Family Support Services

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	a) Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>Family Support Services (FSS) provide access to mental health services such as individual psychotherapy, couples/group therapy, psychiatry/medication support, crisis intervention, case management linkage/brokerage, parenting education, domestic violence and COD services to parents, caregivers, and/or other family members of Full Service Partnership (FSP) enrolled children who need services, but who do not meet the criteria to receive their own mental health services. Although FSS services are available to all families/caregivers of children enrolled in an FSP, it was estimated that families/caregivers of 80% of the total number of slots would actually access FSS.</p> <p>A preliminary review of implementation data seemed to indicate there was an underutilization of FSS; analysis revealed that a large percentage of FSS were likely to have been delivered collaterally. In addition, a detailed review of financial data revealed that delivering FSS required twice as much funding per slot as had been allocated. Thus, lower numbers of family members/caregivers could be served than originally projected. As a result of implementation analysis, the Department has determined that 453 families is a more realistic target for FSS.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: C-04 Children's Respite Care Services

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	a) Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$471,068</td> <td style="text-align: center;">0</td> <td style="text-align: center;">100%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$471,068	0	100%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$471,068	0	100%								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: C-05: Children - Field Capable Clinical Services

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
<b>Previously Approved</b>										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;">FY 09/10 funding</th> <th style="width: 30%;">FY 10/11 funding</th> <th style="width: 40%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$1,508,277</td> <td style="text-align: center;">\$2,760,762</td> <td style="text-align: center;">83.04%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$1,508,277	\$2,760,762	83.04%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$1,508,277	\$2,760,762	83.04%								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<b>Existing Programs to be Consolidated</b>										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	Description of Previously Approved Programs to be consolidated. Include in your description: <ul style="list-style-type: none"> <li>a) The names of Previously Approved programs to be consolidated,</li> <li>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</li> <li>c) Provide the rationale for consolidation.</li> </ul>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: T-01 Transitional Age Youth Full Service Partnerships

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No	Answer						
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	a) Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>Transition Age Youth (TAY) FSPs deliver intensive mental health services and supports to high need and high-risk Severely Emotionally Disturbed (SED) and Severe and Persistently Mentally Ill (SPMI) Transition Age Youth ages 16 -25.</p> <p>TAY FSPs place an emphasis on recovery and wellness while providing an array of community and social integration services to assist individuals with developing skill-sets that support self-sufficiency. The foundation of the TAY FSP program is doing “whatever it takes” to assist individuals with accessing mental health services and supports e.g. housing, employment, education and integrated treatment for those with co-occurring mental health and substance abuse disorders. Unique to FSP programs are a low staff to consumer ratio, a 24/7 crisis availability and a team approach that is a partnership between mental health staff and consumers.</p> <p>Of the 1,083 clients currently enrolled, 159 are white (including eastern European and middle eastern), 514 are Latino, 301 are African American, 53 are Asian, 10 are American Indian and 46 are other or unknown.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No	Answer						
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: T-02 Drop-in Centers

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>TAY Drop-In Centers are intended as entry points to the mental health system for homeless youth or youth in unstable living situations. Drop-in centers provide “low demand, high tolerance” environments in which youth can find temporary safety and begin to build trusting relationships with staff members who can, as the youth is ready and willing, connect them to the services and supports that they need. Drop-In Centers also help to meet the youths’ basic needs such as meals, hygiene facilities, clothing, mailing address, and a safe inside place to rest that is away from the elements. Drop-In Centers also help to meet the youths’ basic needs such as meals, hygiene facilities, clothing, mailing address, and a safe inside place to rest that is away from the elements. Generally, these centers are operated during regular business hours. MHSA funding allows for expanded hours of operation of Drop-In Centers during evenings and weekends when access to these centers is even more crucial.</p> <p>The targeted number of youth to receive drop-in center services is 832 annually.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: T-03 TAY Housing Services

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	a) Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>There are three housing related systems development investments for the TAY population. These include:</p> <ol style="list-style-type: none"> <li>Enhanced Emergency Shelter Program (EESP) (Previously, Motel Voucher Program) for TAY that are homeless, living on the streets and in dire need of immediate short-term shelter while more permanent housing options are being explored. The Annual Target for EESP is 300.</li> <li>Project-Based Operating Subsidies for Permanent Housing to address the long-term housing needs of SED/SPMI TAY who, with sufficient support, could live independently in community settings. The targeted number of youth to secure units with TAY Project-Based Operating Subsidies is 72.</li> <li>A Team of 8 Housing Specialists develop local resources and help TAY find and move into affordable housing.</li> </ol> <p>The targeted number of youth to be served through TAY Housing Services is 956.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <ol style="list-style-type: none"> <li>The names of Previously Approved programs to be consolidated,</li> <li>Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</li> <li>Provide the rationale for consolidation.</li> </ol>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: T-04 Probation Camp Services

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	a) Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>A Multidisciplinary team of parent/peer advocates, clinicians, Probation staff, and health staff provide an array of on-site treatment and support services that include the following:</p> <ul style="list-style-type: none"> <li>• Assessments</li> <li>• Substance abuse treatment</li> <li>• Gender-specific treatment</li> <li>• Medication Support</li> <li>• Aftercare planning</li> <li>• Transition Services</li> </ul> <p>TAY Probation services fund mental health staff at the following probation camps:</p> <ul style="list-style-type: none"> <li>• Camp Rockey-Paige-Afflerbaugh</li> <li>• Camp Scott-Scudder</li> <li>• Camp Holton-Routh</li> <li>• Camp Gonzales</li> <li>• Challenger Complex</li> <li>• Camp Miller-Kilpatrick</li> </ul> <p>TAY Probation Camp services are projected to serve 2,020 unduplicated clients annually.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						

**PREVIOUSLY APPROVED PROGRAM**

3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

**Prevention and Early Intervention**

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates  Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			

**Existing Programs to be Consolidated**

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: T-05: TAY-Field Capable Clinical Services

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$680,581</td> <td style="text-align: center;">\$1,287,812</td> <td style="text-align: center;">89.22%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$680,581	\$1,287,812	89.22%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$680,581	\$1,287,812	89.22%								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: A-01 Adult Full Service Partnerships

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>Intensive – <i>whatever it takes</i> services and supports for clients ages 26-59, who are homeless, incarcerated, transitioning from institutional settings, or for whom care is provided solely through the family. Services include a wide array of mental health services, medication support, linkage to community resources, support, housing, employment and money management services and assistance in obtaining needed medical care. Programs target clients from all ethnic communities, with a collaborative focus specifically on the Asian Pacific Islander communities. Of the 3,682 clients currently enrolled in adult FSP programs, 1,170 are white (including eastern European and middle Eastern), 830 are Latino, 1,339 are African American, 217 are Asian, 34 are American Indian and 92 identify as “other”.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: A-02 Wellness/Client Run Centers

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>Self-directed, community-based services staffed by peer and professional support geared toward physical/emotional recovery and increased community integration. Focal population is clients at higher levels of recovery. 15,000 unduplicated clients are projected to be served by Wellness and Client Run Centers.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: A-03 IMD Step Down Facilities

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>IMD Step-down Facility programs are designed to provide supportive on-site mental health services at selected licensed Adult Residential Facilities (ARF), and in some instances, assisted living, congregate housing or other independent living situations. The program also assists clients transitioning from acute inpatient and institutional settings to the community by providing intensive mental health and supportive services.</p> <p>The program projects to serve 425 individuals who are 18 years of age and over, the majority of whom are persons ready for discharge from IMDs.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: A-04 Adult Housing Services

Date: March 9, 2010

elect one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	a) Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;">FY 09/10 funding</th> <th style="width: 30%;">FY 10/11 funding</th> <th style="width: 40%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$4,093,590</td> <td style="text-align: center;">\$3,149,169</td> <td style="text-align: center;">23%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$4,093,590	\$3,149,169	23%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$4,093,590	\$3,149,169	23%								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
.										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: A-05 Jail Transition and Linkage Services

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>Jail Transition and Linkage Services are designed to outreach and engage individuals involved in the criminal justice system and receiving services from jail or jail-related services (e.g. court workers, attorneys, etc) and successfully link them to community-based services upon their release from jail. The program addresses the needs of individuals in collaboration with the judicial system by providing identification, outreach, support, advocacy, linkage, and interagency collaboration in the courtroom and in the jail. Jail Transition and Linkage staff work with the MHSA Service Area Navigators as well as service providers to assist incarcerated individuals with accessing appropriate levels of mental health services and supports upon their release from jail, including housing, benefits and other services as indicated by individual needs and situations. 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.</p> <p>The estimated number of adults to receive services was 3,384. Due to program expansion, this program will serve an additional 1,200 clients for a total of 4,584.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: A-06 – Adult- Field Capable Clinical Services

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
<b>Previously Approved</b>										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$11,524,908</td> <td style="text-align: center;">\$17,698,362</td> <td style="text-align: center;">53.57%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$11,524,908	\$17,698,362	53.57%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$11,524,908	\$17,698,362	53.57%								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<b>Existing Programs to be Consolidated</b>										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: OA-01 Older Adult Full Service Partnerships

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>The foundation of the Older Adult FSP program is providing services and supports to help clients ages 60 and above progress toward recovery and wellness. The FSP assists individuals with mental health and substance abuse and ensures linkage to other needed services, such as benefits establishment, housing, transportation, health, housing and nutrition care. Older Adult FSP programs work collaboratively with the OA client, family, caregivers, and other service providers and offer services in homes and the community. Older Adult FSPs place an emphasis on delivering services in ways that are culturally and linguistically appropriate. Of the 274 clients currently enrolled in older adult FSP programs, 123 are white (including eastern European and middle eastern), 36 are latino, 69 are African American, 33 are Asian, 3 are American Indian and 9 identify as "other."</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: OA-02 Transformation Design Team

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p>Older Adult Transformation Team provides system support to develop the infrastructure of older adult services within MHSA. The team will:</p> <ul style="list-style-type: none"> <li>• Monitor outcome measures utilized in the FSP &amp; Field Capable Clinical Services programs</li> <li>• Utilize performance-based contracting measures to promote program services</li> </ul>										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates  Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: OA-03 Field Capable Clinical Services

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>An individual must be either 60 years of age and above or be a “transitional age adult (55-59 years) and have a serious and persistent mental illness or have a less severe or persistent Axis I disorder that is resulting in a functional impairment or that places the Older Adult at risk of losing or not attaining a life goal, for example risk of losing safe and stable living arrangement, risk of losing or inability to access services, risk of losing independence.</p> <p>Services provided include: outreach and engagement, bio-psychosocial assessment, individual and family treatment, medication support, linkage and case management support, treatment for co-occurring disorders, peer counseling, family education and support. FCCS will directly respond to and address the needs of unserved/underserved older adults by providing screening, assessment, linkage, medication support, and geropsychiatric consultation.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: OA-04 OA Service Extenders

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	a) Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Service Extenders are peers in recovery, family members or other individuals interested in providing services to older adults as part of the multi-disciplinary FCCS teams. 110 individuals are targeted for providing these services.										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	Description of Previously Approved Programs to be consolidated. Include in your description: <ul style="list-style-type: none"> <li>a) The names of Previously Approved programs to be consolidated,</li> <li>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</li> <li>c) Provide the rationale for consolidation.</li> </ul>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: OA-05 OA Training

Date: April 15, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>Older Adult Training Program will address the training needs of existing mental health professionals, and community partners by providing the following types of trainings: field safety, elder abuse, documentation, co-occurring disorders, hoarding, geriatric psychiatry, gero-psychiatry fellowship.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: POE-01/ PLANNING OUTREACH AND ENGAGEMENT

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p><b>Empowerment &amp; Advocacy</b> supports community empowerment and multiple County project efforts that further the transformation of mental health system structures into the optimal array of community-based, consumer-centered and family-focused services and supports through the following services/strategies: 1) Programming, Policy and Systems Transformation; 2) Empowerment; 3) Education and Training; 4) Stigma and Discrimination Reduction; and 5) Outreach and Engagement of Underserved/Underrepresented Communities. Populations to be served include: Adults, Transitional Age Youth, Older Adults, and individuals across multiple disabilities and gender. Most services are provided in English and Spanish.</p> <p><b>Project 50</b> is a demonstration program to identify, engage, house and provide integrated supportive services to the 50 most vulnerable, long-term chronically homeless adults living on the streets of Skid Row. Project 50 involves 3 phases: 1) Registry of homeless individuals; 2) Outreach Team to assess needs, define services and develop plan for service delivery; and 3) Integrated Supportive Services Team to coordinate interagency collaboration for comprehensive care and services. Populations to be served include: the most vulnerable, chronically homeless adults in the Skid Row area of downtown Los Angeles across gender and linguistic diversity.</p> <p><b>Homeless Outreach and Mobile Engagement Team (HOME)</b>, formerly known as HOET, provides county-wide, field-based, and dedicated outreach and engagement services to the most un-served and under-served of the homeless mentally ill population. In this capacity its staff function as the 'first link in the chain' to ultimately connect the homeless mentally ill individual to recovery and mental health wellness services through a collaborative effort with other care giving agencies and county entities. HOME services predominantly adults and TAY by providing intensive case management services, linkage to health, substance abuse, mental health, benefits establishment services, transportation, assessment for inpatient psychiatric hospitalizations and any other services required in order to assist the chronically homeless and mentally ill across gender, cultural and linguistic diversity.</p> <p><b>Under-represented Ethnic Populations (UREP)</b> Through the use of one time funding, the Department has been able to fund projects aimed at serving unserved, underserved and inappropriately served populations with the goal of reducing racial/ethnic disparities. One such example is Training for and Services provided by Promotores de Salud. The purpose of the training is to support the development and increase the capacity of Promotores to perform specialized mental health work</p>										

**PREVIOUSLY APPROVED PROGRAM**

with the Latino community, including mental health outreach to the Latino indigent population and monolingual Spanish-speaking communities. Similarly, a mental health worker program has been designed to provide professional support for Latino students interested in entering the mental health field. This project will involve the enhancement of existing mental health paraprofessional training programs.

MHSA programs such as the ones mentioned above focus on reducing racial/ethnic disparities and providing services to unserved, underserved populations and inappropriately served. When comparing the total Full Service Partnership (FSP) authorization numbers for all age groups from July 2008 to July 2009, the following increase in authorization percentages can be found: Latino (8%); African/African American (18%); Asian Pacific Islander (7%). For the American Indian group, although there was a 3% decrease in authorizations, they continue to exceed the target numbers for this ethnic population.

**Prevention and Early Intervention (PEI) Trainings**

POE will continue to collaborate with the PEI Team to assist with outreach and engagement, especially to under-represented ethnic populations.

**Outreach and Engagement strategies for PEI consumer trainings**

Outreach and engagement will focus on developing wellness resources, especially non-traditional community-based resources to support consumers on Full Service Partnerships to integrate into their communities.

**Existing Programs to be Consolidated**

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: SN-01: Systems Navigators

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;">FY 09/10 funding</th> <th style="width: 30%;">FY 10/11 funding</th> <th style="width: 40%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$6,738,414</td> <td style="text-align: center;">\$9,232,131</td> <td style="text-align: center;">37.01%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$6,738,414	\$9,232,131	37.01%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$6,738,414	\$9,232,131	37.01%								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	Description of Previously Approved Programs to be consolidated. Include in your description: <ul style="list-style-type: none"> <li>a) The names of Previously Approved programs to be consolidated,</li> <li>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</li> <li>c) Provide the rationale for consolidation.</li> </ul>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: ACS-01 Alternative Crisis Services

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>Alternate Crisis Services (ACS) provides a comprehensive range of services and supports for mentally ill individuals that are designed to provide alternatives to emergency room care, acute inpatient hospitalization and institutional care, reduce homelessness, and prevent incarceration. These programs are essential to crisis intervention and stabilization, service integration and linkage to community-based programs, e.g. Full Service Partnerships (FSP) and Assertive Community Treatment Programs (ACT), housing alternatives and treatment for co-occurring substance abuse. ACS provides these services and supports to individuals of all genders, race/ethnicities, languages spoken, and those 18 years of age and older.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: 1 – Workforce Education and Training Coordination

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
The Workforce Education and Training Coordination program is required to fund the staff responsible for development, implementation and monitoring/evaluation of services funded by MHSA WET.										
The amount requested on Exhibit E-2 will be utilized to fund the program from FY 10-11 through FY 12-13.										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: 3 – Transformation Academy Without Walls

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;">FY 09/10 funding</th> <th style="width: 30%;">FY 10/11 funding</th> <th style="width: 40%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$317,025</td> <td style="text-align: center;">\$211,685</td> <td style="text-align: center;">(33%)</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$317,025	\$211,685	(33%)
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$317,025	\$211,685	(33%)								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: 5 – Recovery Oriented Supervision Trainings

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;">FY 09/10 funding</th> <th style="width: 30%;">FY 10/11 funding</th> <th style="width: 40%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$100,000</td> <td style="text-align: center;">\$119,165</td> <td style="text-align: center;">+19%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$100,000	\$119,165	+19%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$100,000	\$119,165	+19%								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: 6 – Interpreter Training Program

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;">FY 09/10 funding</th> <th style="width: 30%;">FY 10/11 funding</th> <th style="width: 40%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$100,000</td> <td style="text-align: center;">\$45,000</td> <td style="text-align: center;">(55%)</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$100,000	\$45,000	(55%)
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$100,000	\$45,000	(55%)								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: 7 – Training for Community Partners

Date: March 9, 2010

Select one:

- CSS  
 WET  
 PEI  
 INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$225,000</td> <td>\$100,000</td> <td>(56%)</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$225,000	\$100,000	(56%)
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$225,000	\$100,000	(56%)								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: 8 – Intensive Mental Health Recovery Specialist Training Program

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;">FY 09/10 funding</th> <th style="width: 30%;">FY 10/11 funding</th> <th style="width: 40%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$1,086,750</td> <td style="text-align: center;">\$509,325</td> <td style="text-align: center;">(53%)</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$1,086,750	\$509,325	(53%)
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$1,086,750	\$509,325	(53%)								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: 9 – Expanded Employment and Professional Advancement Opportunities for Consumers in the Public Mental Health System

Date: March 9, 2010

Select one:

- CSS  
 WET  
 PEI  
 INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$841,607</td> <td>\$531,071</td> <td>(37%)</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$841,607	\$531,071	(37%)
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$841,607	\$531,071	(37%)								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: 10 – Expanded Employment and Professional Advancement Opportunities for Parent Advocates, Child Advocates and Caregivers in the Public Mental Health System

Date: March 9, 2010

Select one:

- CSS  
 WET  
 PEI  
 INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$1,523,520</td> <td>\$537,330</td> <td>(65%)</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$1,523,520	\$537,330	(65%)
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$1,523,520	\$537,330	(65%)								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: 11 – Expanded Employment and Professional Advancement Opportunities for Family Members in the Public Mental Health System

Date: March 9, 2010

Select one:

- CSS  
 WET  
 PEI  
 INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$567,047</td> <td>\$378,031</td> <td>(33%)</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$567,047	\$378,031	(33%)
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$567,047	\$378,031	(33%)								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: 12 – Mental Health Career Advisors

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$1,150,813</td> <td style="text-align: center;">\$767,209</td> <td style="text-align: center;">(33%)</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$1,150,813	\$767,209	(33%)
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$1,150,813	\$767,209	(33%)								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: 13 – High School Through University Mental Health Pathway

Date: March 9, 2010

Select one:

- CSS  
 WET  
 PEI  
 INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$175,000</td> <td>\$104,167</td> <td>40%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$175,000	\$104,167	40%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$175,000	\$104,167	40%								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: 14 –Market Research and Advertising Strategies for Recruitment of Professionals in the Public Mental Health System

Date: March 9, 2010

Select one:

- CSS  
 WET  
 PEI  
 INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>Due to the current fiscal environment, this program has been placed on hold. It is anticipated to be implemented during the latter years of WET.</p> <p>This program is intended to recruit professionals into the public mental health workforce, which includes development and execution of a marketing strategy.</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>To collaborate with an academic institution, research institute or think tank to conduct market research and then formulate advertising strategies based on that research to attract more mental health professionals.</li> <li>To implement advertising strategies countywide with the outcome of increasing the public mental health workforce.</li> <li>To identify strategies to target bilingual staff and staff serving ethnic minority communities.</li> </ol>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <ol style="list-style-type: none"> <li>The names of Previously Approved programs to be consolidated,</li> <li>Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</li> <li>Provide the rationale for consolidation.</li> </ol>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: 15 – Partnership with Educational Institutions to Increase the Number of Professionals in the Public Mental Health System

Date: March 9, 2010

Select one:

- CSS  
 WET  
 PEI  
 INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below. <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$100,000</td> <td>\$88,555 *</td> <td>(11%)</td> </tr> </tbody> </table> <p>*This is the annual allocation from FY 10-11 though FY 15-16. The amount requested on Exhibit E-2 reflects total funding required for this period.</p>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$100,000	\$88,555 *	(11%)
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$100,000	\$88,555 *	(11%)								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>Through the 'Partnership with Educational Institutions to Increase the Number of Professionals in the Public Mental Health System' faculty learn how to integrate the philosophies of recovery, resilience and wellness into their curriculum for students of Social Work, Marriage and Family Therapy, Nursing, Psychology, etc. Trainers will spend the year consulting with curriculum development teams at the schools, consulting individually with faculty, teaching courses at the educational institutions to the students directly.</p> <p>During FY 10/11 it is expected that this program will partner with at least 20 educational institutions, reaching at least 60 different faculty members, and teaching at least 200 students through presentations to the class directly.</p> <p>NOTE: The funding level requested on Exhibit E-2 will be utilized to fund the program through the lifetime of WET.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: 16 – Recovery Oriented Internship Development

Date: March 9, 2010

Select one:

- CSS  
 WET  
 PEI  
 INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$542,065</td> <td>\$361,377</td> <td>(33%)</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$542,065	\$361,377	(33%)
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$542,065	\$361,377	(33%)								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: 19 – Tuition Reimbursement Program

Date: March 9, 2010

Select one:

- CSS  
 WET  
 PEI  
 INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$1,058,445</td> <td>\$705,630</td> <td>(33%)</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$1,058,445	\$705,630	(33%)
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$1,058,445	\$705,630	(33%)								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: 20 - Associate and Bachelor Degree – 20/20 and/or 10/30 Program

Select one:

- CSS
- WET
- PEI
- INN

Date: March 9, 2010

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Due to time limitations, this program is on hold and will commence FY 11-12 through FY 15-16.										
<b>Objectives:</b>										
1. To fund TBD slots per year with priority given to bilingual staff and/or staff willing to work with underrepresented communities in the County.										
2. To allocate 50% of the slots to directly operated program and 50% to contracted agencies.										
3. Upon successful graduation, individuals will be eligible to apply for such positions in directly operated and contract agencies.										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	Description of Previously Approved Programs to be consolidated. Include in your description:									
	a) The names of Previously Approved programs to be consolidated,									
	b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and									
	c) Provide the rationale for consolidation.									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: 21 – Stipend Program for Psychologists, MSWs, MFTs, Psychiatric Nurse Practitioners and Psychiatric Technicians

Date: March 9, 2010

Select one:

- CSS  
 WET  
 PEI  
 INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$2,518,000</td> <td>\$1,225,667</td> <td>(51%)</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$2,518,000	\$1,225,667	(51%)
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$2,518,000	\$1,225,667	(51%)								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: 22 – Loan Forgiveness Programs

Date: March 9, 2010

Select one:

- CSS  
 WET  
 PEI  
 INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$1,228,700</td> <td>\$819,133</td> <td>(33%)</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$1,228,700	\$819,133	(33%)
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$1,228,700	\$819,133	(33%)								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: ES-1 PEI Early Start Suicide Prevention

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
<b>Previously Approved</b>										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
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FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<b>Existing Programs to be Consolidated</b>										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

PREVIOUSLY APPROVED PROGRAM

County: Los Angeles

Program Number/Name: ES-2 PEI Early Start School Mental Health Initiative

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
<b>Previously Approved</b>										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<b>Existing Programs to be Consolidated</b>										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: ES-3 PEI Early Start Anti-Stigma Discrimination

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: PEI-1 School Based Services

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

PREVIOUSLY APPROVED PROGRAM

County: Los Angeles

Program Number/Name: PEI-2 Family Education, Training, and Support Services

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
<b>Previously Approved</b>										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	a) Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<b>Existing Programs to be Consolidated</b>										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: PEI-3 At-risk Family Services

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: PEI-4 Trauma Recovery Services

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>							
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: PEI-5 Primary Care & Behavioral Health

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: PEI-6 Early Care & Support for TAY

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
<b>Previously Approved</b>										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<b>Existing Programs to be Consolidated</b>										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: PEI-7 Juvenile Justice

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: PEI-8 Early Care & Support for Older Adults

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: PEI-9 Improving Services for Underserved Populations

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	a) Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: PEI-10 American Indian Project

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: PEI for Training, Technical Assistance & Capacity Building Statewide Project

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
<b>Previously Approved</b>										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	a) Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<b>Existing Programs to be Consolidated</b>										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Los Angeles

Program Number/Name: Integrated Mobile Health Team Model

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			
<p>Los Angeles County Department of Mental Health (LACDMH) proposes an increase in funding that is greater than 15% to the most recent approved INN programs that include:</p> <ul style="list-style-type: none"> <li>1) Community-Designed Integrated Service Management Model (ISM)</li> <li>2) Integrated Clinic Model</li> <li>3) Integrated Mobile Health Team Model</li> <li>4) Integrated Peer-Run Model</li> </ul> <p>The Innovation Plan community planning process revealed two common points of concerns. 1) Two years is not sufficient for the models to demonstrate outcomes of learning. 2) The current allocation of \$1M set aside for outcomes an evaluation is not adequate</p> <p>The LACDMH has proposed the following expansions in order to mitigate the stakeholders' concerns. 1) Expand the project from 2 years to 3 years for all four INN models. 2) Increase of \$3.9M for evaluation, outcomes and communication of learning.</p>				

County: Los Angeles

Program Number/Name: Integrated Clinic Model

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET									
Previously Approved									
No.	Question	Yes	No						
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2					
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3					
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4					
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly					
	a) Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below. <table border="1" style="margin-left: 20px; width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change		
FY 09/10 funding	FY 10/11 funding	Percent Change							
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>								
Existing Programs to be Consolidated									
No.	Question	Yes	No						
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above					
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1					
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1					
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1					
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>								

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			
<p>Los Angeles County Department of Mental Health (LACDMH) proposes an increase in funding that is greater than 15% to the most recent approved INN programs that include:</p> <ul style="list-style-type: none"> <li>1) Community-Designed Integrated Service Management Model (ISM)</li> <li>2) Integrated Clinic Model</li> <li>3) Integrated Mobile Health Team Model</li> <li>4) Integrated Peer-Run Model</li> </ul> <p>The Innovation Plan community planning process revealed two common points of concerns. 1) Two years is not sufficient for the models to demonstrate outcomes of learning. 2) The current allocation of \$1M set aside for outcomes an evaluation is not adequate</p> <p>The LACDMH has proposed the following expansions in order to mitigate the stakeholders' concerns. 1) Expand the project from 2 years to 3 years for all four INN models. 2) Increase of \$3.9M for evaluation, outcomes and communication of learning.</p>				

County: Los Angeles

Program Number/Name: Integrated Peer-Run Model

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			
<p>Los Angeles County Department of Mental Health (LACDMH) proposes an increase in funding that is greater than 15% to the most recent approved INN programs that include:</p> <ul style="list-style-type: none"> <li>1) Community-Designed Integrated Service Management Model (ISM)</li> <li>2) Integrated Clinic Model</li> <li>3) Integrated Mobile Health Team Model</li> <li>4) Integrated Peer-Run Model</li> </ul> <p>The Innovation Plan community planning process revealed two common points of concerns. 1) Two years is not sufficient for the models to demonstrate outcomes of learning. 2) The current allocation of \$1M set aside for outcomes an evaluation is not adequate</p> <p>The LACDMH has proposed the following expansions in order to mitigate the stakeholders' concerns. 1) Expand the project from 2 years to 3 years for all four INN models. 2) Increase of \$3.9M for evaluation, outcomes and communication of learning.</p>				

PREVIOUSLY APPROVED PROGRAM

County: Los Angeles

Program Number/Name: Community-Designed Integrated Service Management Model (ISM)

Date: March 9, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			
<p>Los Angeles County Department of Mental Health (LACDMH) proposes an increase in funding that is greater than 15% to the most recent approved INN programs that include:</p> <ul style="list-style-type: none"> <li>1) Community-Designed Integrated Service Management Model (ISM)</li> <li>2) Integrated Clinic Model</li> <li>3) Integrated Mobile Health Team Model</li> <li>4) Integrated Peer-Run Model</li> </ul> <p>The Innovation Plan community planning process revealed two common points of concerns. 1) Two years is not sufficient for the models to demonstrate outcomes of learning. 2) The current allocation of \$1M set aside for outcomes an evaluation is not adequate</p> <p>The LACDMH has proposed the following expansions in order to mitigate the stakeholders' concerns. 1) Expand the project from 2 years to 3 years for all four INN models. 2) Increase of \$3.9M for evaluation, outcomes and communication of learning.</p>				

ELIMINATION OF PROGRAM/PROJECT

County: Los Angeles

Program/Project Number/ Name: C-04- Children’s Respite Care Services

Date: March 9, 2010

Select one:

- CSS
- WET
- CF
- TN
- PEI<sup>1</sup>
- INN

**1. Clearly identify the program/project proposed for elimination.**

Work plan title:

**(C-04) CHILDREN’S RESPITE CARE SERVICES**

The Respite Care Program was designed to help relieve eligible parents and/or caregivers from the ongoing stress they may be experiencing as the result of providing constant care to a seriously emotionally disturbed child. The goal of the program is to preserve the family and prevent out-of-home care by creating an opportunity for the child to be cared for short periods of time by other family approved individuals and allow the primary parents/caretakers an opportunity to relieve the stress of their day-to-day care giving responsibility.

**2. Describe the rationale for eliminating the program/project.**

During the Department’s initial attempt to implement its countywide Respite Care Program it soon became apparent that administering the program far exceeded the 20% of the annual \$471,000 in funding allocated to the Respite Care Program.

Per the Respite Care Agreement, program administration includes the following duties:

- screen and approve agency referrals
- verify potential respite care worker documentation,
- review and reimburse invoices from respite workers for services rendered,
- maintain an accounting of Respite Care Program usage and expenditures
- provide training to the respite workers on the use of time sheets
- maintain a continuously current database of key data elements to be compiled into monthly reports

The Department conducted an in-depth analysis and determined that it was not cost effective to continue implementing a countywide respite care program based on its current budget allocation and restrictions. In order for Respite Care Services to be efficient, changes to the program’s current design relating to respite care workers, cultural sensitivity and streamlining the referral process would be necessary.

**3. Describe how the funding for the eliminated program/project will be used.**

The Department is recommending redirecting the funds to reduce the FY ‘10/11 CSS budget shortfall.

<sup>1</sup> For PEI only – Counties eliminating a project with funds targeted toward Children, Youth, and Transitional-Aged Youth, the PEI Funding Request (Exhibit E4) should reflect that at least 51% of PEI funds are directed towards individuals under age 25. Small counties are exempt from this requirement. The PEI Program selected for local evaluation may not be eliminated.

ELIMINATION OF PROGRAM/PROJECT

County: Los Angeles

Program/Project Number/ Name: # A-04B - Adult Housing Services-Safe Havens

Date: March 9, 2010

Select one:

- CSS
- WET
- CF
- TN
- PEI<sup>1</sup>
- INN

**1. Clearly identify the program/project proposed for elimination.**

Adult Housing Services Safe Havens were intended to serve adults between the ages of 26 and 59 who are chronically homeless, many of whom have a co-occurring substance abuse disorder. Safe Havens were designed to be a high tolerance, safe and non-threatening environments that would provide an additional housing option for individuals for whom the traditional shelter systems have not worked. On-site supportive services would be offered 24/7 to address the needs of the residents. Other features of the Safe Havens included an expectation to collaborate with multiple community agencies/groups such as law enforcement, business associations and residential and drug/alcohol program providers. Residents would be identified through outreach and engagement and individuals who were formally homeless would be hired as outreach workers.

**2. Describe the rationale for eliminating the program/project.**

Los Angeles County Department of Mental Health (LACDMH) has been unable to find a qualified contractor. The Department issued a Request For Proposals (RFP) on July 17, 2007 to identify a qualified contractor to provide Safe Haven services. LACDMH received only one (1) response to the RFP. The respondent was not qualified to provide Safe Haven services.

**3. Describe how the funding for the eliminated program/project will be used.**

The Department is recommending redirecting the funds to reduce the FY '10/11 CSS budget shortfall.

<sup>1</sup> For PEI only – Counties eliminating a project with funds targeted toward Children, Youth, and Transitional-Aged Youth, the PEI Funding Request (Exhibit E4) should reflect that at least 51% of PEI funds are directed towards individuals under age 25. Small counties are exempt from this requirement. The PEI Program selected for local evaluation may not be eliminated.

ELIMINATION OF PROGRAM/PROJECT

County: Los Angeles

Program/Project Number/ Name: 4 – Learning Management System – The Learning Net

Date: March 9, 2010

Select one:

- CSS
- WET
- CF
- TN
- PEI<sup>1</sup>
- INN

<p><b>1. Clearly identify the program/project proposed for elimination.</b></p> <p>This program was intended to expand the capacity of the County of Los Angeles – Department of Mental Health's Learning Management System to allow contractors access.</p>
<p><b>2. Describe the rationale for eliminating the program/project.</b></p> <p>While the expansion of the LMS is currently being piloted, no funds were required for this expansion.</p>
<p><b>3. Describe how the funding for the eliminated program/project will be used.</b></p> <p>Funding allocated to this program has been redirected to the Training Academy Without Walls. The redirected funds will fund the Training Academy Without Walls through FY 15-16.</p>

<sup>1</sup> For PEI only – Counties eliminating a project with funds targeted toward Children, Youth, and Transitional-Aged Youth, the PEI Funding Request (Exhibit E4) should reflect that at least 51% of PEI funds are directed towards individuals under age 25. Small counties are exempt from this requirement. The PEI Program selected for local evaluation may not be eliminated.

ELIMINATION OF PROGRAM/PROJECT

County: Los Angeles

Program/Project Number/ Name: 17 – Psychiatric Residency Program

Date: March 9, 2010

Select one:

- CSS
- WET
- CF
- TN
- PEI<sup>1</sup>
- INN

<p><b>1. Clearly identify the program/project proposed for elimination.</b></p> <p>This program was intended to provide for a quarter time position to research the viability of implementing a psychiatric residency program in Los Angeles County in order to increase the number of psychiatrists into the public mental health system</p>
<p><b>2. Describe the rationale for eliminating the program/project.</b></p> <p>Other Financial Incentive Programs will be utilized to address the need for recruitment of Mental Health Psychiatrist.</p>
<p><b>3. Describe how the funding for the eliminated program/project will be used.</b></p> <p>Funding allocation has been shifted to Program # 15 – Partnership with Educational Institutions to Increase the Number of Professionals in the Public Mental Health System.</p>

<sup>1</sup> For PEI only – Counties eliminating a project with funds targeted toward Children, Youth, and Transitional-Aged Youth, the PEI Funding Request (Exhibit E4) should reflect that at least 51% of PEI funds are directed towards individuals under age 25. Small counties are exempt from this requirement. The PEI Program selected for local evaluation may not be eliminated.

ELIMINATION OF PROGRAM/PROJECT

County: Los Angeles

Program/Project Number/ Name: 18 - Training Pursuant to the Mental Health Services Act for Student Psychologists, MSWs, MFTs, Psychiatric Nurse Practitioners, and Psychiatric Technicians Certificate Program

Date: March 9, 2010

Select one:

- CSS
- WET
- CF
- TN
- PEI<sup>1</sup>
- INN

**1. Clearly identify the program/project proposed for elimination.**

Promoting MHSA philosophies and values of recovery, resilience and wellness is essential in the training and mentoring of all licensed clinicians. Trainings for students are a way of promoting these important values while also preparing the students to embrace a recovery-based model of service delivery. Many graduate degree programs have already implemented this type of training; e.g., graduate social work students concentrating in public mental health are offered a curriculum embracing a comprehensive range of competencies consonant with the MHSA including recovery, wellness, culturally and linguistic services, etc. Existing partnerships among the universities, field placement faculty, and internship training site personnel will continue to be utilized while others would be established as necessary to accomplish such expectations.

**2. Describe the rationale for eliminating the program/project.**

This program is being eliminated because the objectives are consistent with Program # 15– Partnership with Educational Institutions to Increase the Number of Professionals in the Public Mental Health System.

**3. Describe how the funding for the eliminated program/project will be used.**

Funding allocation has been shifted to Program #15 – Partnership with Educational Institutions to Increase the Number of Professionals in the Public Mental Health System.

<sup>1</sup> For PEI only – Counties eliminating a project with funds targeted toward Children, Youth, and Transitional-Aged Youth, the PEI Funding Request (Exhibit E4) should reflect that at least 51% of PEI funds are directed towards individuals under age 25. Small counties are exempt from this requirement. The PEI Program selected for local evaluation may not be eliminated.

ELIMINATION OF PROGRAM/PROJECT

County: Los Angeles

Program/Project Number/ Name: LA-08 Telepsychiatry Feasibility Study and Recommendations Project

Date: March 9, 2010

Select one:

- CSS
- WET
- CF
- TN
- PEI<sup>1</sup>
- INN

**1. Clearly identify the program/project proposed for elimination.**

Los Angeles County Department of Mental Health (LAC-DMH) is proposing the elimination of project number LA-08, "Telepsychiatry Feasibility Study and Recommendations Project". This Telepsychiatry project was approved by California Department of Mental Health (CDMH) on June 19, 2009 in the amount of \$562,906 for a period of two years beginning in Fiscal Year 09-10. None of the funds approved for this project have been expended.

**2. Describe the rationale for eliminating the program/project.**

LAC-DMH is proposing elimination and replacement of LA-08 Telepsychiatry Feasibility Study and Recommendations Project with a telepsychiatry implementation project, based on the success of two telepsychiatry pilot projects and proposed new County-wide infrastructure to support multi-point videoconferencing. The plan for project number LA-08 was written in the Spring of 2008 and approved by CDMH in June 2009. In the nearly 2 years that have passed since the project plan was written, a number of key events have occurred that have obviated the need for conducting a feasibility study. These key events include:

- 1) LAC-DMH implemented two point-to-point telepsychiatry pilot projects beginning in March 2008 and July 2008 respectively at two underserved rural locations of the County using funds other than MHSa IT plan funds.
- 2) Reports from clinical staff and consumers at the pilot project sites indicate considerable satisfaction with the pilot programs.
- 3) LAC-DMH has realized considerable cost-savings for psychiatric services at the pilot locations
- 4) In mid-2009, County Chief Information Office and Internal Services Department announced a proposal for implementing County-wide enterprise teleconferencing infrastructure upgrade that will allow LAC-DMH to implement a multi-point telepsychiatry project at considerable cost savings.

**3. Describe how the funding for the eliminated program/project will be used.**

Funding approved for the eliminated Telepsychiatry Feasibility Study and Recommendations Project (LA-08) will be used to fund a new Telepsychiatry Implementation project. Implementation of Telepsychiatry was not included within the scope of LA-08. However, implementation of Telepsychiatry was included within the scope of Enclosure 1, Technological Needs Component Proposal, approved by CDMH on February 23, 2009. The Telepsychiatry Implementation project represents an expansion of the current Telepsychiatry point-to-point pilot program that was funded through resources other than MHSa Technological Needs funds. The expansion will include a multi-point solution at a minimum of 8 endpoints via a secure County network infrastructure. Additionally, this project will include the use of a Telepsychiatry consultant who will assist LAC-DMH identify key policy and procedural issues for the expanded Telepsychiatry program, and develop work flows to ensure operational efficiency. The Telepsychiatry Implementation project will operate within a proposed budget (\$562,906) equal to the total budget amount approved for the project that is being eliminated. A more detailed description of the Telepsychiatry Implementation project is provided in Exhibit F-3 of the 2010-2011 Annual Plan.

<sup>1</sup> For PEI only – Counties eliminating a project with funds targeted toward Children, Youth, and Transitional-Aged Youth, the PEI Funding Request (Exhibit E4) should reflect that at least 51% of PEI funds are directed towards individuals under age 25. Small counties are exempt from this requirement. The PEI Program selected for local evaluation may not be eliminated.

County: Los Angeles

Date: 3/9/2010

DRAFT	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
<b>A. FY 2010/11 Planning Estimates</b>						
1. Published Planning Estimate	\$222,154,900			\$63,637,400	\$34,184,400	
2. Transfers						
3. Adjusted Planning Estimates	\$222,154,900					
<b>B. FY 2010/11 Funding Request</b>						
1. Requested Funding in FY 2010/11	\$275,014,390	\$54,296,369	\$26,537,392	\$141,629,474	\$72,774,200	
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
** a. Unexpended FY 06/07 Funds		\$21,646,211				
b. Unexpended FY 2007/08 Funds <sup>a/</sup>	\$0		\$41,142,775			
** c. Unexpended FY 2008/09 Funds	\$17,325,490		\$1,879,203	\$69,035,846	\$20,294,900	
** d. Adjustment for FY 2009/2010	-\$35,534,000	\$5,218,620	\$27,566,133	-\$47,748,441	-\$2,999,024	
e. Total Net Available Unexpended Funds	\$52,859,490	\$16,427,591	\$15,455,845	\$116,784,287	\$23,293,924	
<b>4. Total FY 2010/11 Funding Request</b>	<b>\$222,154,900</b>	<b>\$37,868,778</b>	<b>\$11,081,547</b>	<b>\$24,845,187</b>	<b>\$49,480,276</b>	
<b>C. Funds Requested for FY 2010/11</b>						
<b>1. Previously Approved Programs/Projects</b>						
a. Unapproved FY 06/07 Planning Estimates		\$6,497,978				
b. Unapproved FY 07/08 Planning Estimates <sup>a/</sup>		\$614,169	\$11,081,547			
c. Unapproved FY 08/09 Planning Estimates			\$0			
d. Unapproved FY 09/10 Planning Estimates				\$40,807,641	\$0	
e. Unapproved FY10/11 Planning Estimates	\$191,768,527			\$20,529,474	\$0	
<b>Sub-total</b>	<b>\$191,768,527</b>	<b>\$7,112,147</b>	<b>\$11,081,547</b>	<b>\$61,337,115</b>	<b>\$0</b>	
f. Local Prudent Reserve	\$0			-\$36,491,928		
<b>2. New Programs/Projects</b>						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates <sup>a/</sup>		\$30,756,631				
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates					\$15,295,876	
e. Unapproved FY10/11 Planning Estimates	\$30,386,373				\$34,184,400	
<b>Sub-total</b>	<b>\$30,386,373</b>	<b>\$30,756,631</b>	<b>\$0</b>	<b>\$0</b>	<b>\$49,480,276</b>	
f. Local Prudent Reserve						
<b>3. FY 2010/11 Total Allocation<sup>b/</sup></b>	<b>\$222,154,900</b>	<b>\$37,868,778</b>	<b>\$11,081,547</b>	<b>\$24,845,187</b>	<b>\$49,480,276</b>	

a/Only applies to CSS augmentation planning estimates released pursuant to DMH Info. Notice 07-21, as the FY 07/08 Planning Estimate for CSS is scheduled for reversion on June 30, 2010.

b/ Must equal line B.4. for each component.

Note: \*\* The unexpended amounts in B. 3a, 3c & 3d are based on the estimation.

CSS BUDGET SUMMARY

County: Los Angeles

Date: 3/9/2010

CSS Programs		FY 10/11 Requested MHA Funding	Estimated MHA Funds by Service Category				Estimated MHA Funds by Age Group					
No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult		
<b>Previously Approved Programs</b>												
1.	C-01	Children's Full Service Partnerships	\$8,394,517	\$8,394,517	\$0	\$0	\$8,394,517					
2.	C-02	Family Support Services	\$4,949,103	\$4,949,103	\$0	\$0	\$4,949,103					
3.	T-01	TAY Full Service Partnerships	\$14,370,644	\$14,370,644	\$0	\$0		\$14,370,644				
4.	T-02	Drop-in Centers	\$500,000	\$200,000	\$300,000	\$0		\$500,000				
5.	T-03	TAY Housing Services	\$1,729,958	\$536,287	\$536,287	\$657,384		\$1,729,958				
6.	T-04	Probation Camp Services	\$4,096,446	\$1,024,112	\$3,072,335	\$0		\$4,096,446				
7.	A-01	Adult Full Service Partnerships	\$53,089,445	\$53,089,445	\$0	\$0			\$53,089,445			
8.	A-02	Wellness/Client Run Centers	\$57,535,411	\$20,137,394	\$37,398,017	\$0			\$57,535,411			
9.	A-03	IMD Step Down Facilities	\$4,541,966	\$3,406,475	\$1,135,492	\$0			\$4,541,966			
10.	A-05	Jail transition & Linkage Services	\$6,030,802	\$3,015,401	\$3,015,401	\$0			\$6,030,802			
11.	OA-01	Older Adult Full Service Partnerships	\$3,058,805	\$3,058,805	\$0	\$0				\$3,058,805		
12.	OA-02	Transformation Design Team	\$451,558	\$0	\$451,558	\$0				\$451,558		
13.	OA-03	Field-Capable Clinical Services	\$11,008,884	\$2,752,221	\$8,256,663	\$0				\$11,008,884		
14.	OA-04	OA Service Extenders	\$247,500	\$0	\$247,500	\$0				\$247,500		
15.	OA-05	OA Training	\$198,858	\$47,726	\$151,132	\$0				\$198,858		
16.	POE-01	Planning, Outreach, Engagement	\$14,214,473	\$0	\$11,087,289	\$3,127,184	\$2,558,605	\$2,416,460	\$7,675,815	\$1,563,592		
17.	ACS-01	Alternative Crisis Services	\$30,965,073	\$10,837,776	\$20,127,297	\$0	\$1,548,254	\$7,121,967	\$18,888,694	\$3,406,158		
18.	Subtotal: Programs <sup>a/</sup>		\$215,383,443	\$125,819,904	\$85,778,971	\$3,784,568	\$0	\$17,450,479	\$30,235,475	\$147,762,134	\$19,935,355	Percentage
19.	Plus up to 15% County Administration		\$22,014,447									10.2%
20.	Plus up to 10% Operating Reserve		\$0									0.0%
21.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$237,397,890									
<b>New Programs</b>												
1.	C-05	Children-Field-Capable Clinical Services	\$2,760,762	\$828,229	\$1,932,533	\$0	\$2,760,762					
2.	T-05	TAY-Field-Capable Clinical Services	\$1,287,812	\$386,344	\$901,468	\$0		\$1,287,812				
3.	A-04	Adult Housing Services	\$3,149,169	\$629,834	\$2,519,335	\$0			\$3,149,169			
4.	A-06	Adult-Field-Capable Clinical Services	\$17,698,362	\$6,194,427	\$11,503,935	\$0			\$17,698,362			
5.	SN-01	Service Area Navigator Teams	\$9,232,131	\$6,462,492	\$2,769,639	\$0	\$3,969,816	\$3,785,174	\$1,477,141			
6.												
7.	Subtotal: Programs <sup>a/</sup>		\$34,128,236	\$14,501,324	\$19,626,912	\$0	\$0	\$6,730,578	\$5,072,986	\$22,324,672	\$0	Percentage
8.	Plus up to 15% County Administration		\$3,488,264									10.2%
9.	Plus up to 10% Operating Reserve		\$0									0.0%
10.	Subtotal: New Programs/County Admin./Operating Reserve		\$37,616,500									
11.	<b>Total MHA Funds Requested for CSS</b>		\$275,014,390									

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs=

56.20%

**Additional funding sources for FSP requirement:**

County must provide the majority of MHA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. In addition, the funding amounts must match the Annual Cost Report. Refer to DMH FAQs at [http://www.dmh.ca.gov/Prop\\_63/MHA/Community\\_Services\\_and\\_Supports/docs/FSP\\_FAQs\\_04-17-09.pdf](http://www.dmh.ca.gov/Prop_63/MHA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf)

**CSS Majority of Funding to FSPs  
Other Funding Sources**

	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
<b>Total Mental Health Expenditures:</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	56%

County: Los Angeles

Date: 3/9/2010

Workforce Education and Training			FY 10/11 Requested MHSAs Funding	Estimated MHSAs Funds by Category				
No.	Name	Workforce Staffing Support		Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive	
<b>Previously Approved Programs</b>								
1.	1	Workforce Education and Training Coordination	\$2,291,490	\$2,291,490				
2.	14	Market Research and Advertising Strategies for Recruitment of Professionals in the Public Mental Health System	\$400,000			\$400,000		
3.	15	Professionals in the Public Mental Health System	\$531,330			\$531,330		
4.	20	Associate and Bachelor Degree - 20/20 and/or 10/30 Program	\$5,677,296				\$5,677,296	
5.	Subtotal: Previously Approved Programs		\$8,900,116	\$2,291,490	\$0	\$931,330	\$0	\$5,677,296
6.	Plus up to 15% County Administration		\$407,291					
7.	Plus up to 10% Operating Reserve		\$890,012					
8.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$10,197,419					
<b>New Programs</b>								
1.	3	Transformation Academy Without Walls	\$1,270,110		\$1,270,110			
2.	5	Recovery Oriented Supervision Trainings	\$714,990		\$714,990			
3.	6	Interpreter Training Program	\$270,000		\$270,000			
4.	7	Training for Community Partners	\$600,000		\$600,000			
5.	8	Intensive Mental Health Recovery Specialist Training Program	\$3,055,950			\$3,055,950		
6.	9	Expanded Employment and Professional Advancement Opportunities for Consumers in the Public Mental Health System	\$3,186,428			\$3,186,428		
7.	10	Expanded Employment and Professional Advancement Opportunities for Parent Advocates, Child Advocates, and Caregivers in the Public Mental Health System	\$3,223,980			\$3,223,980		
8.	11	Expanded Employment and Professional Advancement Opportunities for Family Member Advocates in the Public Mental Health System	\$2,268,188			\$2,268,188		
9.	12	Mental Health Career Advisors	\$4,603,252			\$4,603,252		
10.	13	High School Through University Mental Health Pathway	\$625,000			\$625,000		
11.	16	Recovery Oriented Internship Development	\$2,168,260				\$2,168,260	
12.	19	Tuition Reimbursement Program	\$4,233,780				\$4,233,780	
13.	21	Stipend Program for Psychologists, MSWs, MFTs, Psychiatric Nurse Practitioners and Psychiatric Technicians	\$7,354,000				\$7,354,000	
14.	22	Loan Forgiveness Programs	\$4,914,800				\$4,914,800	
15.			\$0					
16.			\$0					
17.			\$0					
18.	Subtotal: WET New Programs		\$38,488,738	\$0	\$2,855,100	\$16,962,798	\$2,168,260	\$16,502,580
19.	Plus up to 15% County Administration		\$1,761,339					
20.	Plus up to 10% Operating Reserve		\$3,848,874					
21.	Subtotal: New Programs/County Admin./Operating Reserve		\$44,098,951					
22.	<b>Total MHSAs Funds Requested</b>		\$54,296,369					

175

Percentage  
4.6%  
9.6%

Percentage  
4.6%  
9.6%

Note: Previously Approved programs to be expanded, reduced, eliminated and consolidated are considered New.

County: Los Angeles

Date: 3/9/2010

Capital Facilities and Technological Needs Work Plans/Projects				TOTAL FY 10/11 Required MHSA Funding	Type of Project	
No.	Name	New (N) Existing (E)	Capital Facilities		Technological Needs	
1.	LA-03	Integrated Behavioral Health Information System	E	\$11,043,927		Technological Needs
2.	LA-04	Contract Provider Technology	E	\$11,250,142		Technological Needs
3.	LA-05	Consumer/Family Access to Computer Resources	E	\$1,400,000		Technological Needs
4.	LA-06	Personal Health Record-Awareness & Education	E	\$385,000		Technological Needs
5.	LA-07	Data Warehouse Re-Design	E	\$772,931		Technological Needs
6.		Telepsychiatry Implementation	N	\$331,976		Technological Needs
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.	Subtotal: Work Plans/Projects			\$25,183,976	\$0	\$0
27.	Plus up to 15% County Administration			\$1,353,416		
28.	Plus up to 10% Operating Reserve					
29.	Total MHSA Funds Requested			\$26,537,392		

Percentage  
5.4%  
#VALUE!

PEI BUDGET SUMMARY

County: Los Angeles

Date: 3/9/2010

PEI Programs			Estimated MHSFA Funds by Type of Intervention			Estimated MHSFA Funds by Age Group				
No.	Name	FY 10/11 Requested MHSFA Funding	Universal Prevention	Selected/ Indicated Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
<b>Previously Approved Programs</b>										
1.	ES-1 PEI Early Start-Suicide Prevention	\$3,338,100	\$333,810	\$1,335,240	\$1,669,050	\$715,689	\$1,094,897	\$586,504	\$941,010	
2.	ES-2 PEI Early Start-School Mental Health Initiative	\$4,062,767	\$406,277	\$2,640,799	\$1,015,691	\$1,149,763	\$2,109,388	\$736,986	\$66,629	
3.	ES-3 PEI Early Start-Anti-Stigma Discrimination	\$2,884,400	\$1,730,640	\$865,320	\$288,440	\$721,100	\$721,100	\$721,100	\$721,100	
4.	PEI-1 School-based Services	\$8,606,785	\$645,962	\$2,595,391	\$5,365,432	\$7,924,392	\$682,393	\$0	\$0	
5.	PEI-2 Family Education and Support Services	\$11,324,296	\$143,451	\$7,062,726	\$4,118,119	\$10,006,763	\$1,317,533	\$0	\$0	
6.	PEI-3 At-risk Family Services	\$10,780,932	\$1,268,828	\$3,666,218	\$5,845,886	\$9,003,198	\$0	\$1,777,734	\$0	
7.	PEI-4 Trauma Recovery Services	\$26,790,611	\$0	\$420,605	\$26,370,006	\$8,416,031	\$4,034,407	\$7,458,465	\$6,881,708	
8.	PEI-5 Primary Care & Behavioral Health	\$5,475,984	\$193,023	\$1,733,201	\$3,549,760	\$510,418	\$53,474	\$3,515,085	\$1,397,007	
9.	PEI-6 Early Care & Support for TAY	\$9,017,928	\$945,357	\$2,717,009	\$5,355,562	\$0	\$9,017,928	\$0	\$0	
10.	PEI-7 Juvenile Justice Services	\$10,663,120	\$72,000	\$624,957	\$9,966,163	\$3,093,355	\$7,569,765	\$0	\$0	
11.	PEI-8 Early Care & Support for Older Adults	\$9,026,660	\$0	\$3,331,257	\$5,695,403	\$0	\$0	\$0	\$9,026,660	
12.	PEI-9 Improving Access for Underserved Populations	\$7,243,176	\$0	\$2,947,936	\$4,295,240	\$1,185,719	\$1,141,026	\$4,734,302	\$182,129	
13.	PEI-10 American Indian Project	\$990,000	\$495,000	\$0	\$495,000	\$495,000	\$495,000	\$0	\$0	
14.	PEI for Training, Technical Assistance & Capacity Building Statewide Project	\$1,755,300								
15.		\$0								
16.	Subtotal: Programs	\$111,960,059	\$6,234,348	\$29,940,659	\$74,029,752	\$43,221,428	\$28,236,911	\$19,530,176	\$19,216,244	Percentage
17.	Plus up to 15% County Administration	\$16,794,009								15%
18.	Plus up to 10% Operating Reserve	\$12,875,407								10.0%
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve	\$141,629,474								
<b>New Programs</b>										
1.		\$0								
2.		\$0								
3.		\$0								
4.		\$0								
5.		\$0								
6.	Subtotal: Programs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% County Administration									#VALUE!
8.	Plus up to 10% Operating Reserve									#VALUE!
9.	Subtotal: New Programs/County Admin./Operating Reserve	\$0								
10.	<b>Total MHSFA Funds Requested for PEI</b>	\$141,629,474								

Note: Previously Approved Programs that propose changes to Key Community Health Needs, Priority Populations, and/or funding as described in the Information Notice are considered New.

INN BUDGET SUMMARY

County: Los Angeles

Date: 3/9/2010

INN Programs			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Age Group (if applicable)			
No.	Name	Children and Youth		Transition Age Youth	Adult	Older Adult	
<b>Previously Approved Programs</b>							
1.							
2.							
3.							
4.							
5.							
16.	Subtotal: Programs		\$0	\$0	\$0	\$0	\$0
17.	Plus up to 15% County Administration						Percentage #DIV/0!
18.	Plus up to 10% Operating Reserve						#VALUE!
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$0				
<b>New Programs</b>							
1.	Integrated Clinic Model		\$11,717,681				
2.	Integrated Mobil Health Team Model		\$13,044,313				
3.	Community-Designed Integrated Services Management Model (ISM)		\$25,749,603				
4.	Integrated Peer-Run Model		\$7,838,613				
5.			\$0				
6.	Subtotal: Programs		\$58,350,210	\$0	\$0	\$0	\$0
7.	Plus up to 15% County Administration		\$8,164,523				Percentage 14%
8.	Plus up to 10% Operating Reserve		\$6,259,467				9.4%
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$72,774,200				
10.	<b>Total MHSA Funds Requested for INN</b>		\$72,774,200				

Note: Previously Approved Programs that propose changes to essential purpose, learning goal, and/or funding as described in the Information Notice are considered New.

County: Los Angeles

Date: 3/9/2010

Program/Project Name and #: MHSA Annual Update FY 2010-2011

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. EXPENDITURES</b>				
<b>Community Services and Supports</b>				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures	\$12,332,006			\$12,332,006
4. Operating Expenditures	\$2,591,420			\$2,591,420
5. Estimated Expenditures when service provider is not known			\$42,609,714	\$42,609,714
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
<b>8. Total Proposed Expenditures</b>	<b>\$14,923,426</b>	<b>\$0</b>	<b>\$42,609,714</b>	<b>\$57,533,140</b>
<b>Workforce Education and Training</b>				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures			\$2,855,100	\$2,855,100
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures			\$2,168,260	\$2,168,260
7. Mental Health Career Pathway Expenditures			\$16,962,798	\$16,962,798
8. Stipend Funds			\$7,354,000	\$7,354,000
9. Scholarship Funds				\$0
10. Loan Repayment Funds			\$4,914,800	\$4,914,800
11. Non-recurring Expenditures				\$0
12. Other Expenditures* ( Tuition Reimbursement)			\$4,233,780	\$4,233,780
<b>13. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$38,488,738</b>	<b>\$38,488,738</b>
<b>Capital Facilities</b>				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
<b>7. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Technological Needs</b>				
1. Personnel				\$0
2. Hardware	\$138,136			\$138,136
3. Software	\$137,952			\$137,952
4. Contract Services	\$243,568			\$243,568
5. Other Expenditures*				\$0
<b>6. Total Proposed Expenditures</b>	<b>\$519,656</b>	<b>\$0</b>	<b>\$0</b>	<b>\$519,656</b>
<b>Prevention and Early Intervention (PEI)</b>				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
<b>6. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

County: Los Angeles

Date: 3/9/2010

Program/Project Name and #: MHSA Annual Update FY 2010-2011

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>Innovation (INN)</b>				
1. Personnel			\$34,187,482	\$34,187,482
2. Operating Expenditures			\$21,525,266	\$21,525,266
3. Non-recurring Expenditures			\$2,118,050	\$2,118,050
4. Training Consultant Contracts			\$1,407,087	\$1,407,087
5. Work Plan Management			\$2,318,015	\$2,318,015
6. Other				\$0
<b>7. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$61,555,901</b>	<b>\$61,555,901</b>
<b>B. REVENUES</b>				
<b>1. New Revenues</b>				
a. Medi-Cal (FFP only)	\$727,723		\$23,266,971	\$23,994,694
b. State General Funds	\$15,544		\$2,589,105	\$2,604,649
c. Other Revenue	\$11,252			\$11,252
<b>2. Total Revenues</b>	<b>\$754,519</b>	<b>\$0</b>	<b>\$25,856,076</b>	<b>\$26,610,595</b>
<b>C. TOTAL FUNDING REQUESTED</b>	<b>\$14,688,563</b>	<b>\$0</b>	<b>\$116,798,277</b>	<b>\$131,486,840</b>

\*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification:

Please include your budget narrative on a separate page.

Prepared by: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: A-04 Adult Housing Services

Date: March 9, 2010

Check boxes that apply:

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

**CSS Only**

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY				\$
Adults	544	2,176		\$1157
OA				\$
Crosscutting				\$
<b>Total</b>				
<b>Total Number of Clients to be Served (all service categories):</b>			<b>2,720</b>	

**NEW PROGRAMS ONLY**

**CSS and WET**

1. Provide narrative description of program. For WET, also include objectives to be achieved.

2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.

3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).

**CSS Only**

1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.

2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).

3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.

CSS and WET NEW PROGRAM DESCRIPTION

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<b>WET Only</b>
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<b>1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.</b>
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<b>CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)</b>
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<b>1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.</b>
--

Temporary shelter services will be provided to unserved male and female adults with a mental illness as a means to engage them in the mental health system. The services provided will include a safe and clean place to live, general oversight on a 24-hour basis, three meals each day, appropriate clothing, showers, access to laundry facilities, linens and toiletries. Once these individuals are engaged in the mental health system, additional supports and services, including housing services, can be provided that will assist these individuals to achieve their goals of wellness and recovery.

The funding allocated to Adult Housing Services programs countywide decreased by 23%. The decrease in funding is the result of eliminating the Safe Havens program.

<b>2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.</b>
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The decrease in funding is 23% and a result of eliminating Safe Havens that provide a safe environment for chronically homeless individuals with mental illness and possible co-occurring substance abuse disorder to seek refuge. The Los Angeles County Department of Mental Health (LACDMH) has been unable to find a qualified contractor. The Department issued a Request For Proposals (RFP) on July 17, 2007 to identify a qualified contractor to provide Safe Haven services. LACDMH received only one (1) response to the RFP. The respondent was not qualified to provide Safe Haven services. Stakeholders were provided an opportunity to participate in the decision.

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: A-06 Adult FCCS

Date: March 9, 2010

Check boxes that apply:

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

**CSS Only**

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY				\$
Adults		3000		\$5,899 approximately
OA				\$
<b>Total</b>				
<b>Total Number of Clients to be Served (all service categories):</b>			<b>3,000</b>	

**NEW PROGRAMS ONLY**

**CSS and WET**

1. Provide narrative description of program. For WET, also include objectives to be achieved.
2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.
3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).

**CSS Only**

1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.
2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).
3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.

<b>WET Only</b>
<b>1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.</b>
<b>CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)</b>
<b>1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.</b>
The Adult Field Capable Clinical Services (FCCS) program provides an array of recovery-oriented, field-based and engagement -focused mental health services to adults. The funding allocated to adult FCCS programs countywide expanded by 53%. This only reflects a change in the funding allocated and an increase in the number of clients served and not any change to the service package or provider expectations. Providers will utilize field-based outreach and engagement strategies to serve the projected number of clients. LA County has the capacity and will serve the projected number of clients.
<b>2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.</b>
Providers were given an opportunity to transform curtailed realignment funds to MHSA-funded programs, resulting in an increase to the budget for adult FCCS. No changes were made to the target population for Adult FCCS, and the program elements remain the same as the last approved program.

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: C-05 Child FCCS

Date: March 9, 2010

Check boxes that apply:

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

**CSS Only**

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY		424		\$6,511 approximately
TAY				\$
Adults				\$
OA				\$
<b>Total</b>				
<b>Total Number of Clients to be Served (all service categories):</b>			<b>424</b>	

**NEW PROGRAMS ONLY**

**CSS and WET**

1. Provide narrative description of program. For WET, also include objectives to be achieved.
2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.
3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).

**CSS Only**

1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.
2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).
3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.

CSS and WET NEW PROGRAM DESCRIPTION

<b>WET Only</b>
<b>1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.</b>
<b>CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)</b>
<b>1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.</b>
Children’s Field Capable Clinical Services (FCCS) program provides an array of resiliency-oriented, field-based and engagement-focused mental health services to children and families. No changes were made to the target population for children’s FCCS. The program elements remain the same as the last approved program. Providers will utilize field-based outreach and engagement strategies to serve the projected number of clients. LA County has the capacity and will serve the projected number of clients.
<b>2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.</b>
Providers were given an opportunity to transform less effective, realignment funded programs to FCCS, resulting in an 83% increase in funding for children’s FCCS countywide. The program remains as stakeholders approved it but has expanded in funding.

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: T-05 TAY FCCS

Date: March 9, 2010

Check boxes that apply:

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

**CSS Only**

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY		384		\$4,487
Adults				\$
OA				\$
Total				
Total Number of Clients to be Served (all service categories):			384	

**NEW PROGRAMS ONLY**

**CSS and WET**

1. Provide narrative description of program. For WET, also include objectives to be achieved.
2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.
3. Provide a description of how the proposed program relates to the General Standards of the MHTA (Cal. Code Regs., tit. 9, § 3320).

**CSS Only**

1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.
2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).
3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.

**WET Only**

1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.

CSS and WET NEW PROGRAM DESCRIPTION

<b>CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)</b>	
<b>1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.</b>	<p>The Transitional Age Youth Field Capable Clinical Services (FCCS) program provides an array of resiliency-oriented, field-based and engagement-focused mental health services to transition age youth and their families. Providers were given an opportunity to transform less effective, realignment funded programs to FCCS, resulting in an 89% increase in funding for transition age youth’s FCCS countywide. No changes were made to the program and program expectations. This only reflects a change in the funding allocated and an increase in the number of clients served and not any change to the service package or provider expectations. No changes were made to the target population for transition age youth’s FCCS. The program elements remain the same as the last approved program. Providers will utilize field-based outreach and engagement strategies to serve the projected number of clients. LA County has the capacity and will serve the projected number of clients.</p>
<b>2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.</b>	<p>Providers were given an opportunity to transform curtailed realignment funds to MHSA-funded programs, resulting in an increase to the budget for transition age youth FCCS. The program remains as stakeholders approved it but has expanded in funding.</p>

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: SN-01 Service Area Navigation Teams

Date: March 9, 2010

Check boxes that apply:

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

**CSS Only**

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY				\$
Adults				\$
OA				\$
Crosscutting		15,600		\$ 911 approximately
Total				
Total Number of Clients to be Served (all service categories):			15,600	

**NEW PROGRAMS ONLY**

**CSS and WET**

1. Provide narrative description of program. For WET, also include objectives to be achieved.

2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.

3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).

**CSS Only**

1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.

2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).

3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.

CSS and WET NEW PROGRAM DESCRIPTION

<b>WET Only</b>
<b>1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.</b>
<b>CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)</b>
<b>1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.</b>
<p>Service Area Navigators continue to work tirelessly to provide linkage services to members of their communities with service needs. Navigators continue to strengthen their relationships with community partners to enable them to successfully link many families and clients to mental health and other needed resources. Navigators remain the gatekeepers for the authorization process for clients accessing MHSA Full Service Partnership Programs. As capacity is reached in Full Service Partnership Programs, navigators have shifted their focus to community resource development and provider network building. Navigators continue to assist providers in using the Levels of Service to guide clinical decision making and service provision to create flow through services.</p> <p>The funding allocated to Service Area Navigation programs countywide expanded by 37%. County-operated positions were transformed, resulting in a 37% increase in funding for service area navigation teams, across the county and across age groups. No changes were made to the program and program expectations; however more effort was concentrated on navigating homeless adults and adults coming into contact with law enforcement into mental health services.</p>
<b>2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.</b>
<p>The Department transformed realignment functions into Service Area Navigation functions, changing the responsibility and job functions of those staff whose positions were transformed. Stakeholders approved the decision. The program remains as stakeholders approved it but has expanded in funding.</p>

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: 3 – Transformation Academy Without Walls

Date: March 9, 2010

Check boxes that apply:

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY				\$
Adults				\$
OA				\$
Total				
Total Number of Clients to be Served (all service categories):				

**NEW PROGRAMS ONLY**

CSS and WET

**1. Provide narrative description of program. For WET, also include objectives to be achieved.**

The only change in this program is an increase in funding by 33%. Program services will remain as previously approved.

**Description:** The Transformation Academy Without Walls will become a uniform and comprehensive resource for all mental health workforce that provides specific training to the mental health workforce. It will set standard curricula for courses in core competencies and will be tailored to the individual's particular entry point as a consumer, family member, and parent advocate, clinician, line staff, supervisory and manager. The Transformation Academy Without Walls also will incorporate coaching and mentoring as important supports and reinforcements that apply learned concepts to concrete experiences. A variety of approaches will be considered in consultation with established authorities in recovery/resilience including web-based technologies and a "promotoras" model. A forum of stakeholders that includes consumer, family members and parent advocates, contract agencies, DMH administration, labor unions, underrepresented ethnic groups, emancipated youth and academic institutions will define the value-based learning and skill building in evidence-based and community-based practices. All curricula will include a focus on cultural competency. The purpose of the Transformation Academy Without Walls is to support the transformation of the mental health system by enhancing the implementation of the MHSA model. Program #4, the Learning Management System will be an integral part of the Transformation Academy Without Walls implementation.

**Objectives:**

1. To establish a Transformation Academy Without Walls that will set standards and specific training curricula targeting the integration of services in a context of hope, recovery/resilience and wellness.
2. To provide programs recognized for recovery focus such as Immersions.
3. To introduce new and current staff to recognized leaders in the field of recovery/resilience and wellness, including consumers, family members and parent leaders through multi-media consultations and guided discussions of their methods and approaches.
4. To support the retention and re-training of existing staff.
5. To perform Recovery Assessments with follow up onsite coaching and training for staff at various agencies and programs, particularly with non-traditional staff that come from diverse cultures and provide unique contributions to the work place.

**2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.**

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

**3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).**

This program will create a public mental health workforce immersed in MHSA values that will become essential for transformation of the system. Continuance of client care will be secured with the licensure of clinical staff.

CSS Only

CSS and WET NEW PROGRAM DESCRIPTION

<p><b>1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.</b></p>
<p><b>2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. &amp; Inst. Code § 5847).</b></p>
<p><b>3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.</b></p>

CSS and WET NEW PROGRAM DESCRIPTION

**WET Only**

**1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.**

The program was initially allocated \$317,025 per year until FY 12-13. The reduced allocation will fund this program for the lifetime of WET.

Public Mental Health workforce Immersion to MHSa will be delivered to 100 participants.  
 Licensure Workshops will be delivered to 280 participants.

<b>A. Public Mental Health Workforce Immersion to MHSa</b>	
Administrative Costs*	\$ 22,536
Training Services	
Didactic	65,232
Experiential	36,562
Duplication of Materials	7,211
Consultation and Program Evaluation	18,696
<b>B. Licensure Workshops</b>	
Administrative Costs*	9,098
Training Curriculum Development (For MSWs, MFTs, and Psychologists)	7,011
Training Services (Specific to each discipline)	39,262
Duplication of Materials	1,870
Consultation and Program Evaluation	4,207
<b>TOTAL **</b>	<b>\$ 211,685</b>

\* If outsourced, this is based on the maximum allowable administrative rate for contracted entities. Actual rate will be evaluated and negotiated.

\*\*This is the annual allocation from FY 10-11 though FY 15-16. The amount requested on Exhibit E-2 reflects total funding required for this period.

**CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)**

**1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.**

The Transformation Academy Without Walls will become a uniform and comprehensive resource for all mental health workforce that provides specific training to the mental health workforce. It will set standard curricula for courses in core competencies and will be tailored to the individual's particular entry point as a consumer, family member, and parent advocate, clinician, line staff, supervisory and manager. The Transformation Academy Without Walls also will incorporate coaching and mentoring as important supports and reinforcements that apply learned concepts to concrete experiences. A variety of approaches will be considered in consultation with established authorities in recovery/resilience including web-based technologies and a "promotoras" model. A forum of stakeholders that includes consumer, family members and parent advocates, contract agencies, DMH administration, labor unions, underrepresented ethnic groups, emancipated youth and academic institutions will define the value-based learning and skill building in evidence-based and community-based practices. All curricula will include a focus on cultural competency. The purpose of the Transformation Academy Without Walls is to support the transformation of the mental health system by enhancing the implementation of the MHSa model. Program #4, the Learning Management System will be an integral part of the Transformation Academy Without Walls implementation.

**Proposed Changes:** Reduced annual allocation by 33%. The reduced allocation will fund this program for the lifetime of WET.

**2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.**

The program was initially allocated \$317,025 per year until FY 12-13. The reduced allocation will fund this program for the lifetime of WET.

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: 5 – Recovery Oriented Supervision Training

Check boxes that apply:

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

Date: March 9, 2010

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY				\$
Adults				\$
OA				\$
Total				
Total Number of Clients to be Served (all service categories):				

**NEW PROGRAMS ONLY**

CSS and WET

**1. Provide narrative description of program. For WET, also include objectives to be achieved.**

The only change in this program is an increase in funding by 19%. Program services will remain as previously approved.

**Description:** Competent and qualified front line supervisors are critical to the effectiveness and delivery of MHSA programs. With the system's transformation, supervisors assume important leadership roles to teach, support, and elevate the recovery and resilience philosophies. The focus of the Supervisory trainings would be to immerse supervisors into the basic tenets of MHSA, provide updated information on issues related to recovery and wellness, and teach how to successfully integrate consumers, family members, and parent advocates into the mental health workforce. A key component will be the incorporation of cultural competency topics such as how one's cultural perspective affects service delivery.

**Objectives:**

- To promote the core values of the MHSA philosophies and the shift of embracing the recovery, resilience and wellness philosophies through supervision and to incorporate cultural competency in the process.
- To support and assist in the integration of consumers, family members and parent advocates in the mental health workforce.
- To increase skills for effective supervision of staff-including individuals in recovery and/or family members who perform jobs other than advocate in order to effectively support them in delivering services congruent with the principles of the MHSA Recovery Model to multicultural mental health clients and families.
- To create a network of recovery oriented supervisors.

**2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.**

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

**3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).**

This program will develop the skill sets of supervisors in the mental health workforce so that through strength-based and recovery oriented supervision they become the catalyst to integrate the philosophy, principles and practices of the Recovery Vision throughout the public mental health system

CSS Only

CSS and WET NEW PROGRAM DESCRIPTION

<p><b>1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.</b></p>
<p><b>2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. &amp; Inst. Code § 5847).</b></p>
<p><b>3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.</b></p>

CSS and WET NEW PROGRAM DESCRIPTION

**WET Only**

**1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.**

The program was initially allocated \$100,000 per year until FY 12-13. The expanded allocation will allow for a comprehensive training with follow up consultation taking place one and three months after the initial training. The programs will provide 8 trainings for 240 participants (30 participants each training).

Administrative Cost *	\$ 17,815
Training Curriculum Development	11,261
Training Services	80,079
Consultation and Program Evaluation	10,010
<b>TOTAL**</b>	<b>\$ 119,165</b>

\* If outsourced, this is based on the maximum allowable administrative rate for contracted entities. Actual rate will be evaluated and negotiated.

\*\*This is the annual allocation from FY 10-11 though FY 15-16. The amount requested on Exhibit E-2 reflects total funding required for this period.

**CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)**

**1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.**

This program will develop the skill sets of supervisors in the mental health workforce so that through strength-based and recovery oriented supervision they become the catalyst to integrate the philosophy, principles and practices of the Recovery Vision throughout the public mental health system

**Proposed Changes:** Expanded by 19% to accurately reflect projected cost.

**2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.**

Expanded by 19% to accurately reflect projected cost.

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: 6 – Interpreter Training Program

Check boxes that apply:

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

Date: March 9, 2010

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY				\$
Adults				\$
OA				\$
Total				
<b>Total Number of Clients to be Served (all service categories):</b>				

**NEW PROGRAMS ONLY**

CSS and WET

**1. Provide narrative description of program. For WET, also include objectives to be achieved.**

The only change in this program is a decrease in annual funding by 55%. Program services will remain as previously approved. Budget reduction is necessary to extend these services for the lifetime of WET.

**Description:**

With thirteen threshold languages in Los Angeles County, it is often difficult to secure sufficient numbers of bilingual mental health staff to handle requests for service. In an attempt to increase linguistic access in the short term, the system will use interpreter services. While this is not the most ideal approach, it can serve as a bridge to services until our workforce has more internal capacity to meet linguistic need. Trainings will be implemented in the following phases: Phase I: Training of interpreters for mental health settings; Phase II: Training of mental health providers on how best to use interpreters; and Phase III: Technical assistance and follow-up support to all participants. Each phase of the training will include cultural competency topics that may prevail about mental illness and treatment within different ethnic populations.

**Objectives:**

1. To define interpreter role within the therapeutic relationship including dual relationships (e.g., when the interpreter may also be a staff member providing support or case management services).
2. To develop techniques for managing the therapeutic triad among interpreter, client and professional staff.
3. To identify cultural differences including the variant beliefs concerning mental illness in various cultures, especially in areas related to treatment and family participation.
4. To teach ways of interpreting objectively, especially when dealing with taboo subjects (e.g. incest, child abuse or when topics are uncomfortable to the interpreter).
5. To discuss the importance of briefing and de-briefing with the interpreter.
6. To determine legal and ethical implications of problematic communication.
7. To facilitate communication of ideas, concerns, and rationales beyond the translation of words (e.g., body language).

**2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.**

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

**3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).**

This program will enhance the skills of current interpreters in the public mental health system, as well as monolingual, English-speaking clinicians who utilize them. Cultural competency will be integrated throughout this program,

CSS Only

CSS and WET NEW PROGRAM DESCRIPTION

<p><b>1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.</b></p>
<p><b>2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. &amp; Inst. Code § 5847).</b></p>
<p><b>3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.</b></p>

CSS and WET NEW PROGRAM DESCRIPTION

**WET Only**

**1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.**

The program was initially allocated \$100,000 per year until FY 11-12. The reduced allocation will fund this program through the lifetime of WET.

The programs will fund 3 trainings to a total of 180 participants (90 interpreters and 90 mono-lingual clinicians).

Administrative Costs *	\$	15,779
Phase I (Interpreter Training)		
Training Services		14,026
Duplication of Materials		5,844
Phase II (Monolingual, English-speaking Clinician Training)		
Training Services		2,338
Duplication of Materials		5,844
Phase III		
Consultation and Program Evaluation		1,169
	<b>TOTAL**</b>	<b>\$ 45,000</b>

\* If outsourced, this is based on the maximum allowable administrative rate for contracted entities. Actual rate will be evaluated and negotiated.

\*\*This is the annual allocation from FY 10-11 though FY 15-16. The amount requested on Exhibit E-2 reflects total funding required for this period.

**CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)**

**1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.**

Monolingual, English-speaking clinicians who utilize interpreters will receive a one day training on how to effectively utilize them. Interpreters will receive a 3-day long training to enhance their skills in a mental health setting.

**Proposed Changes:** Reduce annual allocation by 55%. The reduced allocation will fund this program through the lifetime of WET.

**2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.**

The program was initially allocated \$100,000 per year until FY 11-12. The reduced allocation will fund this program through the lifetime of WET.

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: 7 – Training for Community Partners

Check boxes that apply:

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

Date: March 9, 2010

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY				\$
Adults				\$
OA				\$
Total				
<b>Total Number of Clients to be Served (all service categories):</b>				

**NEW PROGRAMS ONLY**

CSS and WET

**1. Provide narrative description of program. For WET, also include objectives to be achieved.**

The only change in this program is a decrease in annual funding by 56%. Program services will remain as previously approved. Budget reduction is necessary to extend these services for the lifetime of WET.

**Description:** Training will be developed and implemented with community partners including law enforcement, probation department, child protective services department, and community agencies (e.g., regional centers, schools, faith-based organizations, Katie A., health clinics, and day care centers). Curriculum would train the staff of these organizations on recognizing basic mental health symptomatology, how to access mental health services, how to work with monolingual and/or LEP (limited English proficient) individuals, and provide an overview of the MHSA recovery and resiliency philosophies. Training will be culturally sensitive to the communities where these presentations will be held and will include consumer, family member, and parent advocate presenters familiar with these communities. These trainings also will help community partners understand the MHSA elements that guide mental health workforce development in Los Angeles County.

**Objectives:**

1. To introduce principles of hope, recovery/resilience and wellness through examples from presenters' experiences and teach staff from community partner agencies to explore the application of these principles in their own work.
2. To train community partners to recognize the signs of mental illness and how to access care for the individual in a culturally appropriate manner.
3. To train people who work in community partner agencies about new developments in the public mental health system, including consumer support programs and Wellness/Client-Run Centers and how individuals could be linked to such services.
4. To increase the knowledge of how staff at these agencies can utilize public mental health services, specifically in communities where these innovative services are now becoming available through MHSA.
5. To identify issues of concern to community partners and develop training specific to these concerns through systematic outreach.

**2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.**

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

**3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).**

This program will integrate services delivered to clients through the collaboration of community partners.

CSS Only

CSS and WET NEW PROGRAM DESCRIPTION

<p><b>1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.</b></p>
<p><b>2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. &amp; Inst. Code § 5847).</b></p>
<p><b>3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.</b></p>

CSS and WET NEW PROGRAM DESCRIPTION

**WET Only**

**1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.**

The program was initially allocated \$225,000 per year until FY 11-12. The reduced allocation will fund this program through the lifetime of WET.

This program will provide training for 300 participants.

Administrative Costs*	\$	15,000
Consultation With 8 Service Areas		22,199
Training Curriculum Development (Customized for all 8 Service Areas)		12,487
Training Services (Each Service Area, Plus 2 Countywide)		45,092
Duplication of Materials		2,889
Consultation and Evaluation		2,333
<b>TOTAL**</b>		<b>\$ 100,000</b>

\* If outsourced, this is based on the maximum allowable administrative rate for contracted entities. Actual rate will be evaluated and negotiated.

\*\*This is the annual allocation from FY 10-11 though FY 15-16. The amount requested on Exhibit E-2 reflects total funding required for this period.

**CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)**

**1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.**

Trainings will be developed and implemented with community partners including law enforcement, probation department, child protective services department, and community agencies (e.g., regional centers, schools, faith-based organizations, Katie A., health clinics, and day care centers). Curriculum would train the staff of these organizations on recognizing basic mental health symptomatology, how to access mental health services, how to work with monolingual and/or LEP (limited English proficient) individuals, and provide an overview of the MHSA recovery and resiliency philosophies. Training will be culturally sensitive to the communities where these presentations will be held and will include consumer, family member, and parent advocate presenters familiar with these communities. These trainings also will help community partners understand the MHSA elements that guide mental health workforce development in Los Angeles County.

**Proposed Changes:** Reduced annual allocation by 56%. The reduced allocation will fund this program through the lifetime of WET.

**2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.**

The program was initially allocated \$225,000 per year until FY 11-12. The reduced allocation will fund this program through the lifetime of WET.

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Check boxes that apply:

Program Number/Name: 8 – Intensive Mental Health Recovery Specialist Training Program

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

Date: March 9, 2010

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY				\$
Adults				\$
OA				\$
Total				
Total Number of Clients to be Served (all service categories):				

**NEW PROGRAMS ONLY**

CSS and WET

**1. Provide narrative description of program. For WET, also include objectives to be achieved.**

The only change in this program is a decrease in annual funding by 53%. Program services will remain as previously approved. Budget reduction is necessary to extend these services for the lifetime of WET.

**Description:** The proposed Intensive Mental Health Recovery Specialist Training Program will play a crucial role in the creation of a transformed mental health workforce by increasing the number of MHSA-trained entry-level professionals who represent the linguistic and cultural diversity of those receiving services in Los Angeles County and/or who have the lived experience of receiving services or of being a family member of a person receiving services. The training program should include didactic and experiential portions, be taught by a variety of experts and leaders in the mental health field and include significant support for the students to help them adjust to the challenging role of Mental Health Rehabilitation Specialist in the public mental health system. The training program should also include a simultaneous field placement portion where participants will be able to experience working in the field while continuing to learn skills to improve their practice in the classroom.

**Objectives:**

- To increase training programs for individuals with Bachelor degrees to support their efforts to enter into the mental health field.
- To recruit and attract ethnically and linguistically diverse individuals to be trained in MHSA philosophies and practices.
- To train through a combination of classroom lectures, activities and field placements, individuals to be able to fill the demand for entry level staff in the public mental health system in Los Angeles County.
- To match trainees with ideal field placements and support them in their placements to increase the likelihood of acquiring jobs in the public mental health system.

**2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.**

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

**3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).**

The emphasis of the training and development services will be on increasing the capacity of the public mental health system to deliver best practice recovery-oriented and mental health rehabilitation services. These training and development services will promote recovery and sustained wellness through an emphasis on increasing the availability of a workforce prepared to promote clients' progress toward increased responsibility for their own wellness and recovery.

CSS Only

CSS and WET NEW PROGRAM DESCRIPTION

<p><b>1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.</b></p>
<p><b>2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. &amp; Inst. Code § 5847).</b></p>
<p><b>3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.</b></p>

CSS and WET NEW PROGRAM DESCRIPTION

**WET Only**

**1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.**

The program was initially allocated \$1,086,750 per year until FY 12-13. The reduced allocation will fund this program through the lifetime of WET.

This program will provide 19 trainings to 600 participants.

Administrative Costs*	\$	73,720
Training Curriculum Development		57,979
Training Services		
Didactic		172,637
Experiential		196,646
Duplication of Materials		8,343
<b>TOTAL**</b>		<b>\$ 509,325</b>

\* If outsourced, this is based on the maximum allowable administrative rate for contracted entities. Actual rate will be evaluated and negotiated.

\*\*This is the annual allocation from FY 10-11 though FY 15-16. The amount requested on Exhibit E-2 reflects total funding required for this period.

**CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)**

**1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.**

The proposed Intensive Mental Health Recovery Specialist Training Program will play a crucial role in the creation of a transformed mental health workforce by increasing the number of MHSA-trained entry-level professionals who represent the linguistic and cultural diversity of those receiving services in Los Angeles County and/or who have the lived experience of receiving services or of being a family member of a person receiving services. The training program should include didactic and experiential portions, be taught by a variety of experts and leaders in the mental health field and include significant support for the students to help them adjust to the challenging role of Mental Health Rehabilitation Specialist in the public mental health system. The training program should also include a simultaneous field placement portion where participants will be able to experience working in the field while continuing to learn skills to improve their practice in the classroom.

**Proposed Changes:** Reduce annual allocation by 53%. The reduced allocation will fund this program through the lifetime of WET.

**2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.**

The program was initially allocated \$1,086,750 per year until FY 12-13. The reduced allocation will fund this program through the lifetime of WET.

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: 9 – Expanded Employment and Professional Advancement Opportunities for Consumers in the Public Mental Health System

Check boxes that apply:

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

Date: March 9, 2010

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY				\$
Adults				\$
OA				\$
Total				
Total Number of Clients to be Served (all service categories):				

**NEW PROGRAMS ONLY**

CSS and WET

**1. Provide narrative description of program. For WET, also include objectives to be achieved.**

The only change in this program is a decrease in annual funding by 37%. Program services will remain as previously approved. Budget reduction is necessary to extend these services for the lifetime of WET.

**Description:** Given the importance of consumer employment in service delivery, this program is intended to support increased training and employment of consumers in our public mental health system and decrease barriers to employment. Consumer training could consist of topics such as how to apply and succeed in employment in the public mental health system. Curriculum could target specific populations that include older adults and transitional age youth (TAY). Recruiting consumers in ethnically diverse communities and who represent one of the 13 threshold languages would be a priority.

**Objectives:**

- To identify models that train consumers in the delivery of mental health services, with particular emphasis on increasing employment of consumers from underserved communities representing the 13 threshold languages.
- To provide training in the specific models which assist in the delivery of direct and indirect mental health services in the public mental health field.
- To monitor consumers who successfully complete the identified training programs and acquired employment in the public mental health field.
- To create a career pathway for consumers in the public mental health system and address issues which may negatively impact consumers' movement along this career pathway.
- To educate contract agencies and County operated programs as to the benefits of hiring and advancing consumers.
- To ensure appropriate County HR classifications for consumer hiring and work to significantly speed up the hiring process.

**2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.**

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

**3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).**

By preparing culturally competent consumers for employment in the public mental health system, the transformation to a client and family driven system can be accomplished. In addition, the training will incorporate the principles of wellness, recovery and resilience into its curriculum.

CSS Only

CSS and WET NEW PROGRAM DESCRIPTION

<p><b>1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.</b></p>
<p><b>2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. &amp; Inst. Code § 5847).</b></p>
<p><b>3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.</b></p>

CSS and WET NEW PROGRAM DESCRIPTION

**WET Only**

**1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.**

The program was initially allocated \$841,607 per year until FY 12-13. The reduced allocation will fund this program through the lifetime of WET.

This program will provide 9 trainings for 155 consumers.

Administrative Costs*	\$	80,607
Training Curriculum Development		26,505
Training Services		182,685
Duplication of Materials		7,570
Training Coordinator		79,083
MH Services Coordinator		72,015
Stipends		77,085
Consultation and Program Evaluation		5,521
<b>TOTAL**</b>	<b>\$</b>	<b>531,071</b>

\* If outsourced, this is based on the maximum allowable administrative rate for contracted entities. Actual rate will be evaluated and negotiated.

\*\*This is the annual allocation from FY 10-11 through FY 15-16. The amount requested on Exhibit E-2 reflects total funding required for this period.

**CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)**

**1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.**

This program is intended to support increased training and employment of consumers in our public mental health system and decrease barriers to employment. Consumer training will consist of topics such as how to apply and succeed in employment in the public mental health system. Curriculum could target specific populations that include older adults and transitional age youth (TAY). Recruiting consumers in ethnically diverse communities and who represent one of the 13 threshold languages would be a priority.

**Proposed Changes:** Reduce annual allocation by 37%. The reduced allocation will fund this program through the lifetime of WET.

**2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.**

The program was initially allocated \$841,607 per year until FY 12-13. The reduced allocation will fund this program through the lifetime of WET.

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Check boxes that apply:

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

Program Number/Name: **10 – Expanded Employment and Professional Advancement Opportunities for Parent Advocates, Child Advocates and Caregivers in the Public Mental Health System**

Date: March 9, 2010

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY				\$
Adults				\$
OA				\$
Total				
<b>Total Number of Clients to be Served (all service categories):</b>				

**NEW PROGRAMS ONLY**

CSS and WET

**1. Provide narrative description of program. For WET, also include objectives to be achieved.**

The only change in this program is a decrease in annual funding by 65%. Program services will remain as previously approved. Budget reduction is necessary to extend these services for the lifetime of WET.

**Description:** Parents of children, child advocates and caregivers serviced in the public mental health system are important stakeholders, and this program is intended to increase training and employment opportunities for them and decrease barriers to employment. The training will focus on developing skills needed to perform community outreach, advocacy and leadership duties which promote MHSA resilience and wellness principles. Often public speaking and community presentations are essential duties performed. Other valuable skills needed to effectively support their roles include developing and facilitating parent and child advocate and caregiver groups. Such trainings would not only address those areas, but also focus on teaching them to navigate systems like mental health, schools, regional centers, and child protective services. These types of trainings have been requested and considered potentially beneficial for those advocates already employed in the public mental health system. Taking into consideration the County of Los Angeles ethnic communities, all trainings would be culturally relevant and in the language of the respective communities.

**Objectives:**

- To identify models that train parent advocates, child advocates and caregivers in the delivery of mental health services and support the MHSA principles of resilience and wellness.
- To provide training in the delivery of services in the public mental health field.
- To monitor parent advocates, child advocates and caregivers who successfully complete the identified training programs and apply for acquired employment in the public mental health field.
- To assist in accessing entry for parent advocates, child advocates and caregivers in the public mental health system with particular emphasis on increasing the number of parent advocates, child advocates and caregivers from underserved ethnic communities representing the 13 threshold languages.

**2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.**

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

**3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).**

By preparing culturally competent parent advocates, child advocates and caregivers for employment in the public mental health system, the transformation to a client and family driven system can be accomplished. In addition, the training will incorporate the principles of wellness, recovery and resilience into its curriculum.

CSS and WET NEW PROGRAM DESCRIPTION

<b>CSS Only</b>	
<b>1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.</b>	
<b>2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. &amp; Inst. Code § 5847).</b>	
<b>3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.</b>	

CSS and WET NEW PROGRAM DESCRIPTION

**WET Only**

**1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.**

The program was initially allocated \$1,523,520 for FY 09-10, followed by \$566,820 per year until FY 12-13. The reduced allocation will fund this program through the lifetime of WET.

The training will be delivered to 700 participants.

Administrative Cost*	\$ 80,600
Training Services (For Future Trainers)	116,826
Training Personnel	176,724
Participation Stipends	163,180
<b>TOTAL**</b>	<b>\$ 537,330</b>

\* If outsourced, this is based on the maximum allowable administrative rate for contracted entities. Actual rate will be evaluated and negotiated.

\*\*This is the annual allocation from FY 10-11 though FY 15-16. The amount requested on Exhibit E-2 reflects total funding required for this period.

**CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)**

**1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.**

Parents of children, child advocates and caregivers serviced in the public mental health system are important stakeholders, and this program is intended to increase training and employment opportunities for them and decrease barriers to employment. The training will focus on developing skills needed to perform community outreach, advocacy and leadership duties which promote MHSA resilience and wellness principles. Often public speaking and community presentations are essential duties performed. Other valuable skills needed to effectively support their roles include developing and facilitating parent and child advocate and caregiver groups. Such trainings would not only address those areas, but also focus on teaching them to navigate systems like mental health, schools, regional centers, and child protective services. These types of trainings have been requested and considered potentially beneficial for those advocates already employed in the public mental health system. Taking into consideration the County of Los Angeles ethnic communities, all trainings would be culturally relevant and in the language of the respective communities.

**Proposed Changes:** Reduced annual allocation by 65%. The reduced allocation will fund this program through the lifetime of WET.

**2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.**

The program was initially allocated \$1,523,520 for FY 09-10, followed by \$566,820 per year until FY 12-13. The reduced allocation will fund this program through the lifetime of WET.

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: 11 – Expanded Employment and Professional Advancement Opportunities for Family Members in the Public Mental Health System

- Check boxes that apply:
- CSS
  - WET
  - New
  - Consolidation
  - Expansion
  - Reduction

Date: March 9, 2010

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY				\$
Adults				\$
OA				\$
Total				
Total Number of Clients to be Served (all service categories):				

**NEW PROGRAMS ONLY**

CSS and WET

**1. Provide narrative description of program. For WET, also include objectives to be achieved.**

The only change in this program is a decrease in annual funding by 33%. Program services will remain as previously approved. Budget reduction is necessary to extend these services for the lifetime of WET.

**Description:** Family Member’s concern, commitment and support of wellness and resiliency for loved ones are an important part of the recovery process. The proposed trainings would prepare family members of consumers to develop or augment skills related to community outreach, advocacy and leadership and decrease barriers to employment. These trainings would include such topics as public speaking, navigating systems, and resource supports for consumers and families. Priority will be given to those family members coming from targeted communities particularly those culturally and linguistically underserved in the County of Los Angeles (i.e., Spanish speaking, Asian Pacific Islanders, etc.). Upon completion of the training, family member advocates would be eligible to apply for employment in the public mental health workforce.

**Objectives:**

1. To identify models that train family member advocates in the delivery of mental health services.
2. To provide training in the delivery of services in the public mental health field.
3. To monitor family member advocates who successfully complete the identified training programs and apply for employment in the public mental health field.
4. To assist family member advocates to access employment in the public mental health system with particular emphasis on increasing advocates to serve currently unserved and underserved communities representing the 13 threshold languages.

**2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.**

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

**3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).**

By preparing culturally competent family members for employment in the public mental health system, the transformation to a client and family driven system can be accomplished. In addition, the training will incorporate the principles of wellness, recovery and resilience into its curriculum.

CSS Only

CSS and WET NEW PROGRAM DESCRIPTION

<p><b>1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.</b></p>
<p><b>2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. &amp; Inst. Code § 5847).</b></p>
<p><b>3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.</b></p>

CSS and WET NEW PROGRAM DESCRIPTION

**WET Only**

**1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.**

The program was initially allocated \$567,047 per year until FY 12-13. The reduced allocation will fund this program through the lifetime of WET.

The training will be delivered to 240 participants.

Administrative Cost*	\$ 56,705
Training Personnel: Salaries, Employee Benefits and Services and Supplies	135,686
Training Services	136,000
Participation Stipends	49,640
<b>TOTAL**</b>	<b>\$ 378,031</b>

\* If outsourced, this is based on the maximum allowable administrative rate for contracted entities. Actual rate will be evaluated and negotiated.

\*\*This is the annual allocation from FY 10-11 though FY 15-16. The amount requested on Exhibit E-2 reflects total funding required for this period.

**CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)**

**1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.**

Family Member's concern, commitment and support of wellness and resiliency for loved ones are an important part of the recovery process. The proposed trainings would prepare family members of consumers to develop or augment skills related to community outreach, advocacy and leadership and decrease barriers to employment. These trainings would include such topics as public speaking, navigating systems, and resource supports for consumers and families. Priority will be given to those family members coming from targeted communities particularly those culturally and linguistically underserved in the County of Los Angeles (i.e., Spanish speaking, Asian Pacific Islanders, etc.). Upon completion of the training, family member advocates would be eligible to apply for employment in the public mental health workforce.

**Proposed Changes:** Reduced annual allocation 33%. The reduced allocation will fund this program through the lifetime of WET.

**2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.**

The program was initially allocated \$567,047 per year until FY 12-13. The reduced allocation will fund this program through the lifetime of WET.

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: 12 – Mental Health Career Advisors

Check boxes that apply:

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

Date: March 9, 2010

**CSS Only**

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY				\$
Adults				\$
OA				\$
Total				
<b>Total Number of Clients to be Served (all service categories):</b>				

**NEW PROGRAMS ONLY**

**CSS and WET**

**1. Provide narrative description of program. For WET, also include objectives to be achieved.**

The only change in this program is a decrease in annual funding by 33%. Program services will remain as previously approved. Budget reduction is necessary to extend these services for the lifetime of WET.

**Description:** Many barriers exist for those attempting to become employed in the mental health field, most particularly consumers, parents and family members. These barriers include financial constraints, competing responsibilities, a lack of support and encouragement, poor information, and a lack of advocacy in general. Most organizations are unable to offer constant, coordinated career guidance and support due to cost constraints, competing priorities and frequent turnover. Although it may be true that increased skills and education make an individual more attractive to a competitor, upward mobility will lead to a higher overall retention rates in the overall mental health system. In an effort to help the mental health system employ a more global approach when it comes to workforce retention, we propose developing a group of advisors who will work with newly entering and/or existing mental health staff to help them as they enter and remain in the mental health workforce. Through the provision of ongoing advice, coordination of financial assistance, job training, mentoring, tutoring, information sharing and advocacy, the Mental Health Career Advisors will essentially function as a one-stop shop for upward career mobility.

**Objectives:**

1. To increase the rate of retention of existing mental health staff through skill development in current positions and advancement into higher level positions.
2. To assist participants in accessing MHSA funded workforce development programs/efforts.
3. To extend the reach of MHSA funded workforce education and training efforts by assisting participants in accessing non-MHSA funded scholarships, stipends, and other means of financial assistance.

**2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.**

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

**3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).**

Contracted career advisors must provide culturally and linguistically appropriate services as well as be knowledgeable of, and sensitive to, the specific barriers consumers, parents, and family members face in the mental health system.

**CSS Only**

CSS and WET NEW PROGRAM DESCRIPTION

<p><b>1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.</b></p>
<p><b>2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. &amp; Inst. Code § 5847).</b></p>
<p><b>3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.</b></p>

CSS and WET NEW PROGRAM DESCRIPTION

**WET Only**

**1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.**

The program was initially allocated \$1,150,813 per year until FY 12-13. The reduced allocation will fund this program through the lifetime of WET.

This program will provide services to a projected 600 employees.

Administrative Cost*	\$ 115,081
Consumer Employment Development Specialists	266,111
Training Personnel: Salaries, Employee Benefits and Services and Supplies	71,018
Community Workers/Client Mentors (8.0 FTEs)	314,999
<b>TOTAL**</b>	<b>\$ 767,209</b>

\* If outsourced, this is based on the maximum allowable administrative rate for contracted entities. Actual rate will be evaluated and negotiated.

\*\*This is the annual allocation from FY 10-11 though FY 15-16. The amount requested on Exhibit E-2 reflects total funding required for this period.

**CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)**

**1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.**

Many barriers exist for those attempting to become employed in the mental health field, most particularly consumers, parents and family members. These barriers include financial constraints, competing responsibilities, a lack of support and encouragement, poor information, and a lack of advocacy in general. Most organizations are unable to offer constant, coordinated career guidance and support due to cost constraints, competing priorities and frequent turnover. Although it may be true that increased skills and education make an individual more attractive to a competitor, upward mobility will lead to a higher overall retention rates in the overall mental health system. In an effort to help the mental health system employ a more global approach when it comes to workforce retention, we propose developing a group of advisors who will work with newly entering and/or existing mental health staff to help them as they enter and remain in the mental health workforce. Through the provision of ongoing advice, coordination of financial assistance, job training, mentoring, tutoring, information sharing and advocacy, the Mental Health Career Advisors will essentially function as a one-stop shop for upward career mobility.

**Proposed Changes:** Reduced annual allocation by 33%. The reduced allocation will fund this program through the lifetime of WET.

**2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.**

The program was initially allocated \$1,150,813 per year until FY 12-13. The reduced allocation will fund this program through the lifetime of WET.

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Check boxes that apply:

Program Number/Name: 13 – High School Through University Mental Health Pathway

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

Date: March 9, 2010

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY				\$
Adults				\$
OA				\$
Total				
<b>Total Number of Clients to be Served (all service categories):</b>				

**NEW PROGRAMS ONLY**

**CSS and WET**

**1. Provide narrative description of program. For WET, also include objectives to be achieved.**

The only change in this program is a decrease in annual funding by 40%. Program services will remain as previously approved. Budget reduction is necessary to extend these services for the lifetime of WET.

**Description:** The County of Los Angeles will focus on promoting mental health careers to high school, community college and university students, particularly in communities or areas of the County where ethnically diverse populations reside. A High School Academy, community college AA program, and university BA/BS model program have been successfully implemented and target students in ethnic communities where a greater likelihood for recruiting bilingual/bicultural individuals into the workforces exists. Expanding such academic programs promotes the education and preparation of the next generation of ethnically diverse mental health workers, while normalizing individual and family attitudes about mental illness. The High School Academy - University track ensures that a significant number of students are identified, selected, supported and mentored through the process. In addition, a Cohort Model, where participants enter into an academic training program as a group and are followed from pre-entry to graduation to licensure/certification would be considered as part of this career pathway. Success rates for program completion for participants increase when there is camaraderie and a shared sense of group support.

**Objectives:**

1. To establish partnerships with interested school districts, community colleges, and universities in the County of Los Angeles to establish an academic pathway for individuals to ultimately become employed within the mental health system.
2. To align curriculum that reflects helping skills and essential concepts related to mental health services with core academic curriculum.
3. To identify and support a minimum of 1 mentor per academic institution to assist students with applying for financial aid and transitioning into higher education in mental health programs and to provide on-going guidance to keep students focused on a career pathway in the mental health field.
4. To identify and support a minimum of 1 field placement specialist/ job developer per academic institution to increase the effectiveness of the field placement experience and increase the number of graduates who become employed in the mental health system.
5. To increase graduation rates for students enrolled in the pipeline programs.
6. To create replicable curriculum and consult with potential and existing academic programs to improve the overall system.

**2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.**

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

**3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code**

**CSS and WET NEW PROGRAM DESCRIPTION**

<p><b>Regs., tit. 9, § 3320).</b></p>
<p>The program will create a pipeline for youth interested in joining the public mental health workforce. The principles of MHSAs, such as wellness, recovery and resilience will be embedded in this program.</p>
<p><b>CSS Only</b></p>
<p><b>1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.</b></p>
<p><b>2. Describe the County’s capacity to serve the proposed number of children, adults, and seniors (Welf. &amp; Inst. Code § 5847).</b></p>
<p><b>3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.</b></p>

CSS and WET NEW PROGRAM DESCRIPTION

**WET Only**

**1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.**

The program was initially allocated \$175,000 for FY 09-10 followed by \$150,000 per year until FY 12-13. The reduced allocation will fund this program through the lifetime of WET.

The program will deliver services to approximately 200 students.

Administrative Cost*	\$ 15,625
Community Forums (2)	9,524
Partnership Identification Structure	6,845
On-site Academy Coordination	40,833
Immersion Training Travel for Academy Teacher/Sponsor's Lead Staff	4,048
Curriculum Workshops Planning	6,786
Professional Development - Academy Teachers and Ongoing Curriculum Planning	10,119
Instructional Materials	5,357
Guest Speakers and Site Visits (MH specialist and consumers)	1,488
Guidance Counseling/Recruitment of Academy	3,542
<b>TOTAL**</b>	<b>\$ 104,167</b>

\* If outsourced, this is based on the maximum allowable administrative rate for contracted entities. Actual rate will be evaluated and negotiated.

\*\*This is the annual allocation from FY 10-11 though FY 15-16. The amount requested on Exhibit E-2 reflects total funding required for this period.

**CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)**

**1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.**

The County of Los Angeles will focus on promoting mental health careers to high school, community college and university students, particularly in communities or areas of the County where ethnically diverse populations reside. A High School Academy, community college AA program, and university BA/BS model program have been successfully implemented and target students in ethnic communities where a greater likelihood for recruiting bilingual/bicultural individuals into the workforces exists. Expanding such academic programs promotes the education and preparation of the next generation of ethnically diverse mental health workers, while normalizing individual and family attitudes about mental illness. The High School Academy - University track ensures that a significant number of students are identified, selected, supported and mentored through the process. In addition, a Cohort Model, where participants enter into an academic training program as a group and are followed from pre-entry to graduation to licensure/certification would be considered as part of this career pathway. Success rates for program completion for participants increase when there is camaraderie and a shared sense of group support.

**Proposed Changes:** The annual program allocation was reduced by 40%. The reduced allocation will fund this program through the lifetime of WET.

**2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.**

The program was initially allocated \$175,000 for FY 09-10 followed by \$150,000 per year until FY 12-13. The reduced allocation will fund this program through the lifetime of WET.

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Check boxes that apply:

Program Number/Name: 16 – Recovery Oriented Internship Development

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

Date: March 9, 2010

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY				\$
Adults				\$
OA				\$
Total				
Total Number of Clients to be Served (all service categories):				

**NEW PROGRAMS ONLY**

**CSS and WET**

**1. Provide narrative description of program. For WET, also include objectives to be achieved.**

The only change in this program is a decrease in annual funding by 33%. Program services will remain as previously approved. Budget reduction is necessary to extend these services for the lifetime of WET.

**Description:** A wide range of quality internships and placements must be available to students and interns to gain the maximum benefit from these experiences. Ideally, these placements include supervision that is both welcoming and supportive of recovery based services. Unfortunately, many potential quality placements cannot be utilized because they lack a supervisor with a degree that meets the standards of the academic institution and/or their accrediting body. At the same time, many of the supervisors who meet academic standards in qualified placements are not well versed in recovery and at times are wholly opposed to recovery centered service philosophies and practice. This latter problem leads to situations where students are receiving recovery oriented instruction in the classroom, only to have it not practiced in the field. The proposed Recovery Oriented Internship Development Program will address these problems by working with degree granting institutions providing recovery oriented classroom instruction to develop relationships with nontraditional providers, amend restrictive policies related to supervision of interns, employ a supervisor(s) who can provide supervision to interns across multiple agencies, and work with existing providers to increase the number of internships available through in-house supervisor recruitment and support.

**Objectives:**

1. To increase the connection between the recovery oriented lessons learned in the classroom and the recovery oriented skills learned in the field.
2. To increase the number of recovery centered placements for interns at the BA and Masters levels.
3. To increase the number of recovery oriented supervisors in existing and new internship/field placements.
4. To provide interns with a more cohesive experience based in recovery principles and practice.

**2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.**

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

**3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).**

The program will train supervisors to incorporate the tenets of MHSA while supervising interns.

**CSS Only**

CSS and WET NEW PROGRAM DESCRIPTION

<p><b>1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.</b></p>
<p><b>2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. &amp; Inst. Code § 5847).</b></p>
<p><b>3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.</b></p>

CSS and WET NEW PROGRAM DESCRIPTION

**WET Only**

**1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.**

The program was initially allocated \$542,065 per year through FY 12-13. The reduced allocation will fund this program through the lifetime of WET.

The program will provide services to 200 interns.

Administrative Cost*	\$ 53,910
Training Curriculum Development**	24,500
Training Services	22,400
Duplication of Materials	4,267
Intern Stipends	230,400
Consultation and Evaluation	25,900
<b>TOTAL***</b>	<b>\$ 361,377</b>

\* If outsourced, this is based on the maximum allowable administrative rate for contracted entities. Actual rate will be evaluated and negotiated.

\*\* Training will target supervisors who will supervise interns.

\*\*\*This is the annual allocation from FY 10-11 though FY 15-16. The amount requested on Exhibit E-2 reflects total funding required for this period.

**CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)**

**1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.**

A wide range of quality internships and placements must be available to students and interns to gain the maximum benefit from these experiences. Ideally, these placements include supervision that is both welcoming and supportive of recovery based services. Unfortunately, many potential quality placements cannot be utilized because they lack a supervisor with a degree that meets the standards of the academic institution and/or their accrediting body. At the same time, many of the supervisors who meet academic standards in qualified placements are not well versed in recovery and at times are wholly opposed to recovery centered service philosophies and practice. This latter problem leads to situations where students are receiving recovery oriented instruction in the classroom, only to have it not practiced in the field. The proposed Recovery Oriented Internship Development Program will address these problems by working with degree granting institutions providing recovery oriented classroom instruction to develop relationships with nontraditional providers, amend restrictive policies related to supervision of interns, employ a supervisor(s) who can provide supervision to interns across multiple agencies, and work with existing providers to increase the number of internships available through in-house supervisor recruitment and support.

**Proposed Changes:** Reduced annual allocation by 33%. The reduced allocation will fund this program through the lifetime of WET.

**2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.**

The program was initially allocated \$542,065 per year through FY 12-13. The reduced allocation will fund this program through the lifetime of WET.

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: 19 – Tuition Reimbursement Program

Date: March 9, 2010

Check boxes that apply:

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY				\$
Adults				\$
OA				\$
Total				
<b>Total Number of Clients to be Served (all service categories):</b>				

**NEW PROGRAMS ONLY**

**CSS and WET**

**1. Provide narrative description of program. For WET, also include objectives to be achieved.**

The only change in this program is a decrease in annual funding by 33%. Program services will remain as previously approved. Budget reduction is necessary to extend these services for the lifetime of WET.

**Description:** The County of Los Angeles' needs assessment revealed significant occupational shortages of licensed and unlicensed mental health professionals and paraprofessionals. This program specifically targets individuals interested in pursuing careers in the mental health field including AA, BA and graduate level degrees. This tuition reimbursement program will provide up to \$5,000 dollars per year for tuition expenses for those individuals interested in entering or enhancing skills for the mental health field who meet certain criteria designed to fill gaps of greatest need. This program will include consumers, family members and parent advocates and professionals from both directly operated and contract agencies. Tuition reimbursement students will be expected to make a commitment to work in the public mental health system. Additionally, those candidates who are bilingual/bicultural and/or willing to commit to working with unserved and underserved communities in the County will be given priority for the program.

**Objectives:**

1. To fund TBD slots per year with priority given to bilingual persons and/or persons committed to work with unserved and underserved communities in the County.
2. To target 50% of the slots to consumers, family members and parent advocates interested in increasing mental health skills.
3. Upon successful graduation the individuals will be given priority/placed in hiring band I for positions in directly operated and contract agencies. 50% of the slots will be allocated to directly operated program and 50% to contracted agencies.
4. Priority will be given to students in Recovery Based Mental Health academic programs.

**2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.**

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

**3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).**

The program will provide a financial incentive to qualified public mental health workforce staff who commits to work in a hard to fill area of its workforce. A majority of hard to fill areas of Los Angeles County consist of unserved/underserved and monolingual, non-English speaking communities.

**CSS Only**

CSS and WET NEW PROGRAM DESCRIPTION

<p><b>1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.</b></p>
<p><b>2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. &amp; Inst. Code § 5847).</b></p>
<p><b>3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.</b></p>

CSS and WET NEW PROGRAM DESCRIPTION

**WET Only**

**1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.**

The program was initially allocated \$1,058,445 per year through FY 12-13. The reduced allocation will fund this program through the lifetime of WET.

The program will provide financial incentives to a projected 200 participants.

Administrative Cost*	\$ 105,845
Tuition Reimbursements	599,785
<b>TOTAL**</b>	<b>\$ 705,630</b>

\* If outsourced, this is based on the maximum allowable administrative rate for contracted entities. Actual rate will be evaluated and negotiated.

\*\*This is the annual allocation from FY 10-11 though FY 15-16. The amount requested on Exhibit E-2 reflects total funding required for this period.

**CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)**

**1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.**

The County of Los Angeles' needs assessment revealed significant occupational shortages of licensed and unlicensed mental health professionals and paraprofessionals. This program specifically targets individuals interested in pursuing careers in the mental health field including AA, BA and graduate level degrees. This tuition reimbursement program will provide up to \$5,000 dollars per year for tuition expenses for those individuals interested in entering or enhancing skills for the mental health field who meet certain criteria designed to fill gaps of greatest need. This program will include consumers, family members and parent advocates and professionals from both directly operated and contract agencies. Tuition reimbursement students will be expected to make a commitment to work in the public mental health system. Additionally, those candidates who are bilingual/bicultural and/or willing to commit to working with unserved and underserved communities in the County will be given priority for the program.

**Proposed Changes:** Reduced annual allocation by 33%. The reduced allocation will fund this program through the lifetime of WET.

**2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.**

The program was initially allocated \$1,058,445 per year through FY 12-13. The reduced allocation will fund this program through the lifetime of WET.

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: 21 – Stipend Program for Psychologists, MSWs, MFTs, Psychiatric Nurse Practitioners, and Psychiatric Technicians

Check boxes that apply:

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

Date: March 9, 2010

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY				\$
Adults				\$
OA				\$
Total				
Total Number of Clients to be Served (all service categories):				

**NEW PROGRAMS ONLY**

**CSS and WET**

**1. Provide narrative description of program. For WET, also include objectives to be achieved.**

The only change in this program is a decrease in annual funding by 51%. Program services will remain as previously approved. Budget reduction is necessary to extend these services for the lifetime of WET.

**Description:** Striving to meet MHSA expectations of a linguistically and culturally competent workforce, Los Angeles County has identified through its needs assessment, focus groups, key informants, and stakeholders a significant occupational shortage of licensed mental health professionals. This program is specifically targeted at expanding the number of Psychologists, MSWs, MFTs, Psychiatric Nurse Practitioners and Psychiatric Technicians in the County by offering stipends in the respective programs that represent the underserved ethnic groups within our community. Expectations for stipend students might include working in hard-to-fill or special need areas/programs and/or serving bilingual/bicultural populations in the County of Los Angeles.

**Objectives:**

1. To fund stipends for Psychologists.
2. To fund stipends for MSWs.
3. To fund stipends for MFTs.
4. To fund stipends for Psychiatric Nurse Practitioners.
5. To fund stipends for Psychiatric Technicians.
6. Once graduated the stipend students would be eligible to apply for employment in directly operated and/or contract agencies.
7. It is expected that 50% of the stipend students will be providing services to communities with bilingual and/or bicultural special needs.

**2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.**

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

**3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).**

The program will provide a financial incentive to qualified students, who commit to work in a hard to fill area of its workforce. A majority of hard to fill areas of Los Angeles County consist of unserved/underserved and monolingual, non-English speaking communities.

CSS Only

CSS and WET NEW PROGRAM DESCRIPTION

<p><b>1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.</b></p>
<p><b>2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. &amp; Inst. Code § 5847).</b></p>
<p><b>3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.</b></p>

CSS and WET NEW PROGRAM DESCRIPTION

**WET Only**

**1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.**

The program was initially allocated \$2,518,000 through FY 12-13. The reduced allocation will fund this program through the lifetime of WET.

The program will provide financial incentives to approximately 70 participants.

Administrative Costs*	\$	183,850
Master of Social Work - 2nd Year		TBD**
Marriage and Family Therapy - 2nd Year		TBD**
Psychiatric Nurse Practitioners		TBD**
Psychiatric Technicians		TBD**
Consultation and Program Evaluation		2,500
<b>TOTAL***</b>		<b>\$ 1,225,667</b>

\* If outsourced, this is based on the maximum allowable administrative rate for contracted entities.

Actual rate will be evaluated and negotiated.

\*\* Stipend amounts will range from \$8,000 to \$18,500.

\*\*\*This is the annual allocation from FY 10-11 though FY 15-16. The amount requested on Exhibit E-2 reflects total funding required for this period.

**CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)**

**1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.**

Striving to meet MHSA expectations of a linguistically and culturally competent workforce, Los Angeles County has identified through its needs assessment, focus groups, key informants, and stakeholders a significant occupational shortage of licensed mental health professionals. This program is specifically targeted at expanding the number of Psychologists, MSWs, MFTs, Psychiatric Nurse Practitioners and Psychiatric Technicians in the County by offering stipends in the respective programs that represent the underserved ethnic groups within our community. Expectations for stipend students might include working in hard-to-fill or special need areas/programs and/or serving bilingual/bicultural populations in the County of Los Angeles.

**Proposed Changes:** Reduced annual allocation by 51%. The reduced allocation will fund this program through the lifetime of WET.

**2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.**

The program was initially allocated \$2,518,000 per year through FY 12-13. The reduced allocation will fund this program through the lifetime of WET.

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: 22 – Loan Forgiveness Programs

Date: March 9, 2010

Check boxes that apply:

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

**CSS Only**

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY				\$
Adults				\$
OA				\$
Total				
<b>Total Number of Clients to be Served (all service categories):</b>				

**NEW PROGRAMS ONLY**

**CSS and WET**

**1. Provide narrative description of program. For WET, also include objectives to be achieved.**

The only change in this program is a decrease in annual funding by 33%. Program services will remain as previously approved. Budget reduction is necessary to extend these services for the lifetime of WET.

**Description:** Striving to meet MHSAs expectations of a linguistically and culturally competent workforce, Los Angeles County will explore loan forgiveness programs as a supplement to the State's loan forgiveness programs to be developed. Based on specific geographic, cultural and linguistic needs unique to Los Angeles County, the Oversight Committee will review the need and efficacy for such a program, for which classifications of workers, and how best to complement and not supplant existing loan forgiveness strategies.

**Objectives:**

1. To increase retention and recruitment of needed mental health workers in the Public Mental Health System.
2. To explore the need and efficacy of loan forgiveness programs supported with Los Angeles County funds.
3. To meet the need for a linguistically and culturally competent workforce.

**2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.**

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

**3. Provide a description of how the proposed program relates to the General Standards of the MHSAs (Cal. Code Regs., tit. 9, § 3320).**

The program will provide a financial incentive to qualified students, who commit to work in a hard to fill area of its workforce. A majority of hard to fill areas of Los Angeles County consist of unserved/underserved and monolingual, non-English speaking communities.

**CSS Only**

CSS and WET NEW PROGRAM DESCRIPTION

<p><b>1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.</b></p>
<p><b>2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. &amp; Inst. Code § 5847).</b></p>
<p><b>3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.</b></p>

CSS and WET NEW PROGRAM DESCRIPTION

**WET Only**

**1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.**

The program was initially allocated \$1,228,700 through FY 12-13. The reduced allocation will fund this program through the lifetime of WET.

The program will provide financial incentives to approximately 70 participants.

Administrative Cost*	\$ 122,870
Loan Payments**	696,263
<b>TOTAL***</b>	<b>\$ 819,133</b>

\* If outsourced, this is based on the maximum allowable administrative rate for contracted entities.

Actual rate will be evaluated and negotiated.

\*\* Tuition reimbursements amounts will average \$10,000.

\*\*\*This is the annual allocation from FY 10-11 though FY 15-16. The amount requested on Exhibit E-2 reflects total funding required for this period.

**CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)**

**1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.**

Striving to meet MHSA expectations of a linguistically and culturally competent workforce, Los Angeles County will explore loan forgiveness programs as a supplement to the State's loan forgiveness programs to be developed. Based on specific geographic, cultural and linguistic needs unique to Los Angeles County, the Oversight Committee will review the need and efficacy for such a program, for which classifications of workers, and how best to complement and not supplant existing loan forgiveness strategies.

**Proposed Changes:** Reduced annual allocation by 33%. The reduced allocation will fund this program through the lifetime of WET.

**2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.**

The program was initially allocated \$1,228,700 per year through FY 12-13. The reduced allocation will fund this program through the lifetime of WET.

The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: Los Angeles

Select one:

New

Existing

Project Number/Name: LA- Telepsychiatry Implementation Project

Date: March 9, 2010

<b>TECHNOLOGICAL NEEDS NEW PROJECT</b>	
<b>Check at least one box from each group that describes this MHSa Technological Needs project</b>	
<input type="checkbox"/> New system	
<input type="checkbox"/> Increases the number of users of an existing system	
<input checked="" type="checkbox"/> Extends the functionality of an existing system	
<input checked="" type="checkbox"/> Supports goal of modernization/transformation	
<input type="checkbox"/> Supports goal of client and family empowerment	
<b>Indicate the type of MHSa Technological Needs Project</b>	
<b>Electronic Health Record (EHR) system projects (check all that apply). If the project includes an EHR or PHR, please follow the standards located at:</b>	
<a href="http://www.dmh.ca.gov/Prop_63/MHSa/Technology/TechnologyNeedsComponent/AppendixB">http://www.dmh.ca.gov/Prop_63/MHSa/Technology/TechnologyNeedsComponent/AppendixB</a>	
<input type="checkbox"/> Infrastructure, security, and privacy	
<input type="checkbox"/> Practice Management	
<input type="checkbox"/> Clinical Data Management	
<input type="checkbox"/> Computerized Provider Order Entry	
<input type="checkbox"/> Full Electronic Health Record (EHR) with interoperability components (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies)	
<b>Client and family empowerment projects</b>	
<input type="checkbox"/> Client/Family access to computing resources projects	
<input type="checkbox"/> Personal Health Record (PHR) system projects	
<input type="checkbox"/> Online information resource projects (expansion/leveraging information-sharing services)	
<b>Other technological needs projects that support MHSa operations</b>	
<input checked="" type="checkbox"/> Telemedicine and other rural/underserved service access methods	
<input type="checkbox"/> Pilot projects to monitor new programs and service outcome Improvement	
<input type="checkbox"/> Data Warehousing projects/decision support	
<input type="checkbox"/> Imaging/Paper conversion projects	
<input type="checkbox"/> Other	
<b>Indicate the Technological Needs project implementation approach</b>	
<input type="checkbox"/> Custom application: Name of Consultant or Vendor (If applicable) _____	
<input type="checkbox"/> Commercial Off-The-Shelf (COTS) System: Name of Vendor _____	
<input checked="" type="checkbox"/> Product Installation: Name of Consultant and/or Vendor (If Applicable) <u>TBD</u> _____	
<input type="checkbox"/> Software Installation: Name of Vendor _____	
<b>Technological Needs New Project Description</b>	
<b>1. Describe how the project is critical for accomplishing the County, MHSa, and DMH goals and objectives.</b>	
<p>Los Angeles County encompasses over 4,000 square miles of service area, from sparsely populated geographies which are considerable distances from public health and mental health services to heavily populated areas with historically underserved populations.</p> <p>LAC-DMH is committed to providing services broadly and equitably, including offering psychiatric services at remote sites and in facilities for which hiring has been historically difficult. As part of its ongoing efforts to address service disparities LAC-DMH proposes to expand its existing single-provider, point-to-point telepsychiatry pilot program to a system of networked facilities allowing numerous psychiatrists to provide services to clients at a minimum of eight (8) remote or underserved facilities. Initially identified sites include Palmdale or Antelope Valley Mental Health Centers, urban areas and other underserved portions of the County.</p> <p>The proposed project extends the functionality of a successful existing telepsychiatry pilot to meet the MHSa Information Technology goal of modernizing and transforming clinical and administrative information systems to improve quality of care,</p>	

operational efficiency and cost effectiveness. In keeping with the spirit of public funding, the proposed project includes (a) technology implementation and (2) documentation that will promote replication of the project by other public mental health service agencies, especially California counties, as desired. Specifically, a consultant will be engaged to research national best practices in the use of telepsychiatry, develop practitioner training materials, policies and procedures, and to advise LAC-DMH on clinical issues identified during the initial implementation phase. In addition, the consultant will document any operational or policy issues that will need to be resolved.

**2. Describe how the proposed technology can be integrated with existing systems to achieve the Integrated Information Systems Infrastructure (IISI).**

The proposed telepsychiatry project will be integrated with the County’s existing Telecommunications Wide Area Network infrastructure.

**3. Describe the inventory of new software licenses and hardware to be purchased.**

LAC-DMH will purchase eight (8) teleconferencing software licenses to support eight (8) telepsychiatry service sites. LAC-DMH will purchase videoconferencing hardware and WAN/T1 upgrade hardware for each of the eight (8) service sites, including a 37" flat screen monitor with camera and microphone, and a mobile equipment cart.

**4. Describe the County’s policies and procedures related to the Project’s privacy and security.**

The proposed telepsychiatry hardware, software and data transit services will ensure secure communications between the service provider and the remote client. Prior to the go-live date the system will undergo a thorough evaluation to uncover and mitigate any potential security and/or privacy risks.

All individuals (employees or contract) who will be installing, configuring, testing, and/or using the proposed system will be verified as being compliant with required privacy and security trainings. The proposed system will maintain compliance with all applicable federal, state, and local laws, ordinances, rules, regulations, manuals, guidelines, and directives including without limitation the HIPAA, ADA, CCHIT, and MHSA Capital Facilities and Technological Guidelines and Regulations.

LAC-DMH maintains effective security and privacy policies and procedures through the implementation, administration and oversight of Technical, Physical and Administrative safeguards.

**5. Please attach a detailed project Work Flow Assessment Plan and Project Schedule.**

The Work Flow Assessment Plan and Project Schedule will be submitted subsequent to approval of the Project Plan. A preliminary summary project schedule includes the following tasks, milestones and dates:

ID	Summary Task / Milestone Name	Duration	Start Date	Completion Date
1	Telepsychiatry Implementation	218	04/05/10	02/02/11
2	Project Initiation and Charter	26	04/05/10	05/10/10
3	Project Plan, Schedule and Funding Approval	38	05/11/10	07/01/10
4	Analysis of Business & Technical Requirements	20	05/11/10	06/07/10
5	Technical Design	22	05/14/10	06/14/10
6	Procurement Planning and Procurement	85	05/11/10	09/06/10
7	Solution Development/Installation/Testing	115	08/03/10	01/10/11
8	Training and Go-Live	82	09/30/10	01/21/11
9	Control and Closeout	157	06/29/10	02/02/11

**6. Please describe your proposed EHR project purchases.**

Not applicable. The proposed project is not an EHR project.

**7. Provide information about your vendor selection criteria (such as a Request for Proposal).**

Los Angeles County has qualified, selected and contracted with specialty vendors of telecommunications hardware and services via Master Agreements for Services (MAS). A telepsychiatry services consultant will be identified based on qualifications in the specialty field of telepsychiatry.

**8. Describe the plan to obtain the technology and resources not currently available in the county to implement and manage the IISI.**

LAC-DMH currently has available specialty vendors of technology and services under existing Master Agreements for Services (MAS). The psychiatric services consultant will be contracted either through a personnel services agreement or purchase order. LAC-DMH Chief Information Office Bureau (CIOB) will be responsible for management of all procurement related to this project. Procurement will follow established County contracting and procurement processes and shall receive a level of oversight that is customary to County contracting and procurement processes.

**9. Complete a proposed implementation timeline with the following major milestones:**

Not applicable. The proposed project is not an EHR project.

**10. Assess the Project’s risk rating using the following Project Risk Assessment.**

This project is rated Low Risk.

**11. If the proposed project’s scope and/or funding deviates from the information presented in the County’s approved Component Proposal, describe the stakeholder involvement and support for the deviation.**

The proposed project is consistent with the County’s MHA Technological Needs Component Proposal (Component Proposal). Telepsychiatry was unanimously supported by stakeholders who contributed to the development of the Component Proposal. Within the Component Proposal, LAC-DMH articulated preliminary plans for expansions of several of the six projects included in our MHA IT Plan, including the Telepsychiatry Feasibility Study and Recommendations Project. Expansion may include “Implementation of a Telepsychiatry Program if findings from the Telepsychiatry Feasibility Study and Recommendations Project suggest an expanded Telepsychiatry program is prudent.” (See Component Proposal, page 6).

Based upon findings from the Telepsychiatry Pilot programs in Antelope Valley and Catalina Island, LAC-DMH has determined that an expanded Telepsychiatry Program both feasible and prudent.

New Project Risk Assessment				
Category	Factor	Rating	Score	
Estimated Cost of Project	Over \$5 million	6		
	Over \$3 million	4		
	Over \$500,000	2	2	
	Under \$500,000	1		
<b>Project Manager Experience</b>				
Like Projects completed in a “Key Staff” Role	None	3		
	One	2		
	Two or More	1	1	
<b>Team Experience</b>				
Like Projects Completed by at least 75% of Key Staff	None	3		
	One	2		
	Two or More	1	1	
<b>Elements of Project Type</b>				
Hardware	New Install	Local Desktop/Server	1	
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	2
	Infrastructure	Local Network/Cabling	1	
		Distributed Network	2	2
Data Center/Network Operations Center		3		
Software	Custom Development		5	
	Application Service Provider		1	
	COTS* Installation	”Off-the-Shelf”	1	1
		Modified COTS	3	
	Number of users	Over 1,000	5	
		Over 100	3	
		Over 20	2	2
		Under 20	1	
*Commercial Off-The-Shelf Software	Architecture	Browser/Thin Client based	1	1
		Two-Tier (Client / Server)	2	
		Multi-Tier (Client & Web, Database,	3	

Application, etc., Servers)

Total Score	Project Risk Rating
<input type="checkbox"/> 25 - 31	High
<input type="checkbox"/> 16 - 24	Medium
<input checked="" type="checkbox"/> 8 - 15	Low

**TECHNOLOGICAL NEEDS EXISTING PROJECT**

Please provide the following information when requesting additional funds for existing projects only:

**1. Provide a summary of the TN project:**

**2. Provide a justification how this request is a continuation of a previously approved project and not a new project.**

**3. Why was the initial funding insufficient? Check all boxes that apply and provide an explanation of each**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Project manager performance</li> <li>b. <input type="checkbox"/> Project staffing</li> <li>c. <input type="checkbox"/> Requirements not completely defined</li> <li>d. <input type="checkbox"/> Change in scope</li> <li>e. <input type="checkbox"/> Difficulties in customizing COTS</li> <li>f. <input type="checkbox"/> Delay in project start date</li> <li>g. <input type="checkbox"/> Completion date has lapsed</li> <li>h. <input type="checkbox"/> Change in Vendor/contract services cost</li> </ul> | <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> Change in cost of materials (hardware, software, etc.)</li> <li>j. <input type="checkbox"/> Personnel cost increase</li> <li>k. <input type="checkbox"/> Delay in RFP process</li> <li>l. <input type="checkbox"/> Insufficient management support</li> <li>m. <input type="checkbox"/> Training issues</li> <li>n. <input type="checkbox"/> Other</li> </ul> |
|---|--|

Explanation:

**4. How will the additional funds be used? Check all boxes that apply and provide an explanation of each.**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Hire additional staff or other personnel</li> <li>b. <input type="checkbox"/> Acquire new contract services (vendors)</li> <li>c. <input type="checkbox"/> Expand existing contract scope of work</li> <li>d. <input type="checkbox"/> Acquire new hardware (provide list below)</li> <li>e. <input type="checkbox"/> Expand existing infrastructure</li> <li>f. <input type="checkbox"/> Acquire new software (provide list below)</li> </ul> | <ul style="list-style-type: none"> <li>g. <input type="checkbox"/> Expand existing software</li> <li>h. <input type="checkbox"/> Acquire other materials</li> <li>i. <input type="checkbox"/> Training costs</li> <li>j. <input type="checkbox"/> Other</li> </ul> |
|---|--|

Explanation:

**5. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide an explanation of each.**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Project organization</li> <li>b. <input type="checkbox"/> Project management resources</li> <li>c. <input type="checkbox"/> Support resources</li> <li>d. <input type="checkbox"/> Development and maintenance resources</li> <li>e. <input type="checkbox"/> Quality assurance testing resources</li> <li>f. <input type="checkbox"/> Project plan dates (schedule)</li> <li>g. <input type="checkbox"/> Project scope</li> <li>h. <input type="checkbox"/> Project roles and responsibilities</li> <li>i. <input type="checkbox"/> Project monitoring and oversight</li> </ul> | <ul style="list-style-type: none"> <li>j. <input type="checkbox"/> Project phasing</li> <li>k. <input type="checkbox"/> Change management plan</li> <li>l. <input type="checkbox"/> Risk management plan</li> <li>m. <input type="checkbox"/> Contract services costs</li> <li>n. <input type="checkbox"/> Hardware costs</li> <li>o. <input type="checkbox"/> Software costs</li> <li>p. <input type="checkbox"/> Personnel costs</li> <li>q. <input type="checkbox"/> Other costs</li> <li>r. <input type="checkbox"/> Training provisions</li> <li>s. <input type="checkbox"/> None</li> </ul> |
|---|---|

Explanation:

**6. Explain how the stakeholders were provided an opportunity to participate in the decision.**



**LOCAL PRUDENT RESERVE FUNIDNG REQUEST**

County: Los Angeles

Date: 3/5/2010

Instructions: Utilizing the following format please provide a plan for achieving and maintaining a local Prudent Reserve.

**Most Recent Annual Approved Funding Level**

<b>A. CSS Annual Funding Level for Services</b>	\$ <u>\$244,631,524</u>	
<b>B. PEI Annual Funding Level for Services</b>	\$ <u>\$139,841,234</u>	
<b>Total (A + B):</b>		<b>\$ <u>\$384,472,758</u></b>

**C. Less: Total Non-Recurring Expenditures CSS and PEI** - \$35,987,505

Subtract any identified non-recurring expenditures for CSS and/or PEI, included in A and B above.

**D. Plus: Total Administration CSS and PEI** + \$45,949,406

Enter the total administration funds requested for CSS and/or PEI.

**E. Sub-total** \$394,434,659

**F. Maximum Prudent Reserve (50%)** \$197,217,330

Enter 50%, or one-half, of the line item E sub-total. This is the estimated amount the County must achieve and maintain as a local Prudent Reserve by June 30, 2011.

**G. Prudent Reserve Balance from Prior Approvals** \$160,725,402

Enter the total amounts previously approved through Plan Updates for the local Prudent Reserve.

**Amounts Requested to Dedicate to Local Prudent Reserve**

**H. Plus: CSS Component**

Enter the Sub-total amount of funding requested for CSS in H.

*FY 2009/10	Unapproved Funds	\$ <u>\$0</u>	
	Unspent Funds	\$ <u>\$0</u>	
*FY 2008/09	Unapproved Funds	\$ <u>\$0</u>	
	Unspent Funds	\$ <u>\$0</u>	
FY 2007/08	Unapproved Funds	\$ <u>\$0</u>	
	Unspent Funds	\$ <u>\$0</u>	
	<b>Sub-total:</b>		<b>+ <u>\$0</u></b>

**LOCAL PRUDENT RESERVE FUNIDNG REQUEST**

**County:** Los Angeles

**Date:** 3/5/2010

Instructions: Utilizing the following format please provide a plan for achieving and maintaining a local Prudent Reserve.

**I. Plus: PEI Component**

Enter the Sub-total amount of funding requested for PEI in I.

*FY 2008/09	Unapproved Funds	\$	<u>          \$0</u>	
	Unspent Funds	\$	<u>  \$36,491,928</u>	
FY 2007/08	Unapproved Funds	\$	<u>          \$0</u>	
	Unspent Funds	\$	<u>          \$0</u>	
	<b>Sub-total:</b>			<b>+ <u>  \$36,491,928</u></b>

**J. Total Amount Requested to Dedicate to Local Prudent Reserve**   \$36,491,928

Enter the sum of lines H and I.

**K. Prudent Reserve Balance**   \$197,217,330

Enter the sum of G and J.

**L. Prudent Reserve Shortfall to Achieving 50% (Describe below)**                   \$0

Subtract line K from line F. A positive amount indicates that the County has not dedicated sufficient funding to the local Prudent Reserve. Please describe how the County intends to reach the 50% requirement by June 30, 2011; for example indicate future increases in CSS planning estimates that will be dedicated to the local Prudent Reserve before funding any program expansion.

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Signature \_\_\_\_\_

Name and Title \_\_\_\_\_

*\*Per WIC Section 5892 (b), Counties shall not exceed 20% of the average amount of funds allocated to the County for the previous five years.*