MENTAL HEALTH SERVICES ACT

ANNUAL UPDATE

FISCAL YEAR 2011-2012

County of Los Angeles
Department of Mental Health

Marvin J. Southard, D.S.W.
Director

Revised
July 27, 2011

2011/12 ANNUAL UPDATE **ENCLOSURE 3**

COUNTY SUMMARY SHEET

This document is for the County's use only and is intended to provide direction regarding the exhibits that should be included based on the type of request being submitted (i.e. annual update, update, etc.). This enclosure does not need to be included in an annual update/update request.

	Exhibits																						
	A	B	C[1]	D[2]	D1	D2	D3	D4	E	E1	E2	E3	E4	E5	F1[3]	F2[3]	F3[3]	F4[3]	F5[3]	F6[3]	G[4]	H[5]	I[6]
For each annual update/update:	☑	☑	☑	☐					☑														
Component																							
☐ CSS					☑					☑					☑						☐	☐	
☐ WET						☑					☑					☑							
☐ PEI							☑					☑					☐						
☐ INN								☑					☑					☐					
☐ CF														☐					☐				☑
☐ TN														☑						☑			

[1]Exhibit C is only required when submitting an annual update.
[2]Exhibit D is only required for program/project elimination.
[3]Exhibit F1 - F6 is only required for new programs/projects.
[4]Exhibit G is only required for assigning funds to the Local Prudent Reserve.
[5]Exhibit H is only required for assigning funds to the MHSA Housing Program.
[6]Exhibit I is only required for requesting PEI Training, Technical Assistance and Capacity Building funds.

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
MHSA ANNUAL UPDATE FY 2011-2012
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2011/12 ANNUAL UPDATE **EXHIBIT A**

COUNTY CERTIFICATION

Components Included:

☒ CSS ☒ WET
☐ CF ☒ TN
☒ PEI ☒ INN

County: Los Angeles

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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 2011/12 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing[1] 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.[2]

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 2011/12 annual update/update are true and correct.

Marvin J. Southard, D.S.W.
Mental Health Director/Designee (PRINT)

Signature Date

[1] Public Hearing only required for annual updates.
[2] Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement.

2011/12 ANNUAL UPDATE **EXHIBIT B**

COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS

County: Los Angeles **30-day Public Comment period dates:** February 22 to March 24, 2011

Date: April 15, 2011 **Date of Public Hearing (Annual update only):** March 24, 2011

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.

Community Program Planning
1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.
The Department's process for developing the FY 2011/12 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 presentation to the stakeholder group. Activities leading to the development of this report include the following: • DMH internal MHSA Implementation Meetings • Gathering of data and information by MHSA project/component leads led by the MHSA Implementation Team • Presentation to the Executive Committee of the Mental Health Commission on January 13, 2011 • Stakeholder Meeting - Presentation to Systems Leadership Team (SLT) on February 15, 2011 • 30 day public posting, review and comment period (February 22 to March 24, 2011) • Public Hearing on March 24, 2011
2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)
System Leadership Team (SLT) The role of the SLT is to support the Department in system transformation and monitoring MHSA implementation. This includes the following responsibilities: • Develop process and structural frameworks to support overall system transformation (e.g., performance measures; budget dilemmas). • Monitor progress on implementation of MHSA Plans (e.g., track performance, identify design issues, initiate workgroups, etc.). • Provide feedback to Department on proposed MHSA Plan extensions or revisions. • Work with Department and consultant to develop agendas for Delegates meetings. • Comment on workgroup recommendations before Department makes final decisions
3. If consolidating programs or 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.
Not applicable

COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS

Local Review Process
4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.
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: • Engagement in a document review and comment session at the Department's System Leadership Team (SLT) Meeting on February 16, 2011. • Engagement in a 30-day public comment and review period of the document from February 22 to March 24, 2011 • Engagement in the public was conducted by the Mental Health Commission on Thursday, March 24, 2011. Fliers announcing the public hearing were distributed through press release, websites, stakeholder meetings, Service Area Advisory Committee (SAAC) meetings, and mailings to Board of Supervisors; information was available in Spanish, Korean, visually impaired, and any other language group that RSVP'd to the Public Hearing.
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.
See attached detailed comment summary.

2011/12 ANNUAL UPDATE **EXHIBIT C**

OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES

County: Los Angeles

Date: April 15, 2011

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 MHSA including CSS, WET, PEI, and INN components during FY 2009-10. NOTE: Implementation includes any activity conducted for the program post plan approval.

CSS, WET, PEI, and INN

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

   Please check box if your county did NOT begin implementation of the following components in FY 09/10:
   ☐ WET
   ☐ PEI
   ☒ INN

INN

During FY 9/10 INN services had not yet begun. LA County's INN plan was approved February 2, 2010. Once the plan was approved, work began on writing Request for Service (RFS) for the services to be bid out. Each RFS goes through several reviews by the Contracts unit and then a review by County Counsel. Each of the 4 models, along with an RFS for the evaluation of INN, will be placed out to bid between January and April, 2011 with services commencing in May – July, 2011.

WET

During FY 2009-10 WET programs operational in FY 2008-09 continued to be funded. The continued WET programs included the Public Mental Health Workforce Immersion to MHSA, Intensive Mental Health Recovery Specialist Program, Mental Health Peer Support Training, Faculty Immersion to MHSA, and the Stipend Program. During this fiscal year, with the assistance of an additional staff member, WET was able to draft several solicitation documents, but due to the shrinking pool of vacancies in the public mental health system, many of these solicitation documents are being revised to emphasize a retraining and retention of existing staff. Due to the lengthy review/approval process required prior to release of any solicitation documents, WET anticipates the release of solicitation for services identified in Programs #5 (Recovery Oriented Supervision Training) and #9 (Expanded Employment and Professional Advancement Opportunities for Consumers in the Public Mental Health System) during FY 10-11.

CSS

Alternative Crisis Services

During Fiscal Year 09/10, an additional Urgent Care Center (UCC) was implemented in Los Angeles County. The UCC is operated by Exodus Recovery, Inc. and is located across the street from LAC+USC Medical Center. The UCC became operational in April 2010 and was able to provide up to 23 hour psychiatric services to 1,328 clients. The UCCs and CRS are geographically located throughout Los Angeles County and are able to provide psychiatric services to diverse populations.

Field Capable Clinical Services

Field Capable Clinical Serves (FCCS) steadily increased the number of clients served in fiscal year '09/10 and continues to provide a comprehensive recovery.

Child FCCS- 3,827% increase in the number of unduplicated clients served, as reported in Exhibit 6.
TAY FCCS- 99% increase in the number of unduplicated clients served, as reported in Exhibit 6.
Adult FCCS- 360% increase in the number of unduplicated clients served, as reported in Exhibit 6.

Full Service Partnership

During Fiscal Year 09/10, LAC-DMH produced a series of FSP outcome reports, including ongoing provider reports on data validation. Key reports produced include Annualized and Point-in-time Living Arrangement reports. Reports from May, 2010 indicate that adult and older adult FSP programs have collectively achieved 24% reductions in the number of members hospitalized while child FSP programs achieved a 40% reduction and Transition Age Youth (TAY) programs

achieving a 37% reduction. Adult, older adult and TAY FSP programs have achieved a 26% reduction in the number of members incarcerated, with adults achieving a 38% reduction in the number of days incarcerated. All age group FSP programs achieved reductions in days spent homeless, including 24% reduction for children, 34% reduction for TAY, 58% for older adult and a dramatic 64% reduction for adults. The data reported are based on comparing the 365 days prior to partnership with events after enrollment into an FSP and applying an annualization factor that creates equivalency between pre and post-partnership data. Based on that data and the resulting analysis, LAC-DMH estimates that adult and older adult FSP programs avoided $39 million in psychiatric hospitalization and incarceration costs. This analysis and the work associated with it resulted in a FY 10/11 State Association of Counties (CSAC) as well as a Los Angeles County Quality and Productivity Award.

Los Angeles County Adult FSP programs have the capacity to serve underrepresented individuals, however outreach remains a challenge. From FY 08-09 to FY 09-10 Los Angeles County has seen an increase in numbers of Latinos served of 17%, and a 32% increase in the number of Asian American clients served. While positive, we have not yet reached our targets created at the onset of the program. The increases this year are likely due, in part, to the expansion of slots from the previous year. LA County DMH will continue to work with Service Area Navigators and programs to expand outreach and prioritize enrollment of individual from underserved populations by focusing on the "at risk and living with family" criterion.

LAC-DMH is currently developing FSP employment and education outcome reports based on data entered into the DCR.

IMD Step Down Facilities
During this Fiscal Year, Countywide Resource Management coordinated the collaboration of community Federally Qualified Health Centers (FQHC) and IMD Step-down facilities to provide integrated mental health and health services. This partnership with FQHCs has increased access to integrated physical health and mental health care for IMD Step-down clients.

PEI
During Fiscal Year 09/10, several evidence-based and promising practices were initiated, including Triple P Parenting, Trauma-Focused CBT, Crisis-Oriented Recovery Services, Managing and Adapting Practices and Aggression Replacement Therapy. The major challenge was in training several hundred clinicians in these models to ensure that services could be delivered in a timely fashion with model fidelity, while at the same time addressing the need for outreach to underserved populations and ensuring ethnic and cultural appropriate services.

2. During the initial Community Program Planning Process for CSS, major community issues were identified by age group. Please describe how MHSA funding is addressing those issues. (e.g., homelessness, incarceration, serving unserved or underserved groups, etc.)

Child
Homelessness
DMH has developed several reports to assist in addressing the residential status of their FSP child clients. With the use of the current living arrangement cluster report, providers are able to see the distribution of where their clients are living. As of February 2, 2011, our reports indicate 85% of child FSP clients are living with their family and 9% in foster homes.

Adoption of Evidenced Based Practices (EBP)
With PEI funding the Department and its provider network are embarking on the largest implementation of EBP and community-defined evidence (CDE) and promising practices (PP) in the world. Currently, children's providers are implementing 13 EBPs, CDEs or PPs, with plans to implement many more over the next year.

Assessment and Treatment of Co-Occurring Disorders
Through CSS funding, LAC-DMH contracted with UCLA to provide specialized training to children's providers on integrated assessment and treatment of co-occurring substance use and mental health disorders. 946 person days of training were provided to 752 unique individuals. See the attached report on the impact of this training on the lives of children and families served.

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

TAY

Substance abuse counseling

The TAY Division hired a substance abuse counselor (SAC) to provide screening and linkage to services primarily for TAY with Co-occurring disorders. The SAC is field-based and provides these services to youth in Drop-In Centers, Transition Resource Centers, other Community settings, and through referrals from navigation teams.

Increase MH services on all levels for LGBTQ

The TAY Division developed a DMH contract agreement with the Los Angeles Gay and Lesbian Center's Jeff Griffith Drop-In Center. The agreement supports the extension of hours of operation to nights and weekends; thereby providing a high-tolerance, low-demand setting in which LGBTQ and straight youth/young adults can receive basic services and supports. Many of these youth and young adults are homeless. The TAY Division developed a DMH Full-Service Partnership (FSP) program targeting LGBTQ TAY; however the agency subsequently closed and these youth are now served through other TAY FSP providers. We are currently working on a plan to provide training and consultation to TAY providers serving this population; components will include anti-stigma, cultural competence, and evidence-supported best practices.

Homelessness

DMH has developed several reports to assist in addressing the residential status of their FSP TAY clients. With the use of the current living arrangement cluster report, providers are able to see the distribution of where their clients are living. As of February 2, 2011, our reports indicate 54% of TAY FSP clients are living with their family and 11% who are living independently.

Use evidence-based treatment models/programs:

The TAY Division developed a DMH consultant agreement in 2008 to provide Transition to independence Practice (TIP) training to six (6) TAY FSP providers. This is two (2) year project through June 2011. TIP is a nationally recognized Evidence-Supported practice developed by Dr. Rusty Clark of the University of South Florida. It uses a domain-based approach (social, emotional, vocational, educational, housing, etc) to treatment of TAY with Serious Emotional Disturbance (SED) in preparation for their transition to adult roles and responsibilities. Once the in-vivo training phase is complete, the providers are expected to deliver TIP-informed services ongoing. Ongoing consultation through the developer will be pursued as resources allow. This project is funded through the MHSA Community Services and Supports (CSS) Plan. The TAY Division is currently in the process of implementing training on Motivational Interviewing (MI), and EBP developed by W. Miller and S. Rollnick. This EBP is considered a critical tool for professional and paraprofessional staff and providers to successfully be able to engage youth in appropriate treatment as well as understanding and resolving their ambivalence about help-seeking.

Safe, stable, and permanent housing

The TAY Division in collaboration with the DMH MHSA Housing Division, Housing Developers, and Local Government authorities developed and opened Daniel's Village in Santa Monica. This is a seven (7) unit affordable permanent housing development housing TAY who are clients of the DMH system of care. There are approximately 70 additional housing units targeting TAY in various phases of development in the Los Angeles area. In the next two (2) years all should be occupied. The TAY Division under DMH long-term contract provides a project-based operating subsidy for many of these units; by subsidizing the units instead of the tenant, there is a guarantee of an ongoing supply of permanent housing. When a tenant moves out; another tenant can move-in and the rents remain affordable rather than market-rate.

Adult

Need coordination and Integration between mental health and substance abuse services

DMH holds ongoing monthly coordination meetings. Many of our MHSA programs including Full Service Partnership (FSP) and Wellness include Substance Abuse Counselors on their treatment teams. In addition, Client Supportive Services funds may be used to fund residential substance abuse treatment as well as Sober

Living when part of the treatment plan.

Need to integrate evidence-based practices
FSP, Wellness, and Field Capable Clinical Services (FCCS) programs use both Housing and Employment first models. All three MHSA programs have had opportunity to attend an intensive 9 month Cognitive Behavioral Therapy (CBT) individual and group treatment training. At least 6 MHSA program sites providing FCCS, Wellness, or FSP programs have received Dialectical Behavioral Therapy (DBT) training and most have active DBT teams.

To better serve clients in Early Prevention and Intervention Programs, LA County DMH has provided training in the Benjamin Rush Crisis Model, CBT (as noted above), and will be providing training in Seeking Safety,

Need to include all uninsured people
Adult MHSA Services including Wellness, FSP, and FCCS services are available to uninsured people at all Directly Operated clinics and most DMH Contracted Clinics.

Continuing and expanding services and outreach to communities/different ethnic and under-served populations: Services are available in multiple languages including but not limited to Spanish, Mandarin, Cantonese, Tagalog, Vietnamese, Cambodian, Armenian, and Farsi.

The API Alliance led by Special Services for Groups for adults works to ensure access to language and cultural specific FSP services countywide by triaging all clients with cultural needs and connecting them with the most appropriate FSP programs.

Need education/awareness and prevention services:
Adult PEI programs will provide needed early intervention services. Programs such as the Suicide Prevention and Anti Stigma and Discrimination program regularly present to the community providing needed education and awareness.

Improve quality of existing services:
The Adult System of Care has ongoing improvement strategies aimed at improving existing services. ASOC regularly communicates with providers through provider meetings including a directly operated manager meeting, FSP and FCCS provider meeting, Wellness provider meetings, and Navigator meetings. Changes are communicated to providers as often as possible. FSP utilizes existing OMA data work directly with programs regarding their outcomes and service improvement.

ASOC is in the process of visiting all 21 Directly Operated clinics to provide consultation and ensure the successful implementation of the 5 MHSA levels of care (Wellness, FCCS, FSP, PEI, and Crisis Resolution Services (CRS).

There's lack of connection between the behavioral health and physical health systems:
All MHSA programs are charged with linking clients to health care providers to meet their specific needs. Wellness programs utilize Nurse Practitioners to help assess for healthcare needs, while Peer Advocates assist clients to connect with healthcare services.

ASOC is beginning a co-location pilot project with Rio Hondo Mental Health and the JWCH Institute Inc. to facilitate direct access to healthcare for mental health clients.

Need for more/better residential care, supportive housing, permanent housing, etc.
Client Supportive Services Dollars can be used in Adult FSP programs to pay for housing at multiple levels including independent living security deposit and first month's rent rental subsidies for independent living, sober livings, independent livings, and board and cares if needed.

Develop self-help programs
Wellness and FSP programs employ Peer Advocates with the intention of providing peer support. Peer Advocates also coordinate and can facilitate self-help groups. These groups are seen in greater numbers in DMH Wellness Centers. LA County DMH also contracts 12 Client Run Centers which employ peers exclusively and provide an abundance of self help groups.

Provide services along various continuums (housing and employment)
The Los Angeles County Department of Mental Health has a bureau dedicated to Housing and Employment – the Countywide Housing Employment, Resource Development. ASOC works closely with this division to provide consultation and training to all MHSA programs in the areas of housing, employment, and education.

Expansion of existing type of case management and crisis intervention services
In addition to FSP and Wellness Center programs, ASOC incorporated/implemented adult Filed Capable Clinical Services (FCCS) and Crisis Resolution Services (CRS) in all DOPs to create a full rage of MHSA programs so that clients have access to services according to their levels of care need. CRS provides "urgent center" like services for clients in crisis. FCCS offers field based clinical and case management services to improve client access to mental health services.

Older Adult

Recruit, train & retain ethnically diverse, culturally competent workforce in geriatric issues/care to meet the needs of the older adult population
Initiatives have led to the formulation of recommendations to address workforce issues in geriatric care such as recruitment and retention. This includes recruitment, training and implementation of the Older Adult Service Extender program Service Extenders are volunteers who interact directly with clients, and its members speak a total of eight languages. Providers who have worked towards developing more culturally competent services have expanded language capacity which has facilitated their staff-to-client relationship, i.e., the ability to engage, enroll and relate to clients.

Services (inpatient) need to be developed and delivered based on community-based treatment models.
Multi-disciplinary teams within inpatient settings develop integrated treatment and rehabilitation plans for older adults. These plans include direct linkage to Older Adult FSP and FCCS programs once a client is discharged. All efforts are made to keep services for the client within their community after discharge. Providers outreach to referred clients while in inpatient settings to establish a relationship. They follow-up with client upon discharge, providing needed mental health services, case management, and housing support if needed.

Promote integration of service provision within the community.
MHSA providers encourage clients to join special interest groups and to explore and participate in community and cultural activities. Providers have identified agencies within the community whose services are complementary and have entered into sub-contractual agreements to broaden service provision. MHSA providers have collaborated with the National Alliance on Mental Illness, and have on-site peers providing support to consumers. The identification of resources within a given community has led to positive collaborations which had not previously existed, as well as enhanced service provision.

Education for the elderly (e.g. medication, independent living, money management).
Providers support and guide members as they move forward on the road to recovery, wellness, community integration, meaningful work, and independent living. Multi-disciplinary teams incorporate rehab services such as functional, social and daily living skills into their interventions to homebound clients during home visits.
Individual treatment plans are tailored to member needs, wishes, cultural and language requirements, and contain a range of supportive elements, including life and social skills building; intensive case management; psychiatric counseling; crisis intervention, and housing and employment support. The wide scope of services that clients can receive better promotes wellness and recovery.

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

Services should be integrated with an array of other services.
Providers are moving towards more co-location of mental health programs into medical settings and/or senior centers to reach clients who may not initially come to mental health clinics. Integration with services related to suicide prevention, Anti Stigma and discrimination.

Services should be provided in settings that are readily and easily accessible for older adults.
Service provision is primarily field-based which is particularly relevant to Older Adult clients whose medical needs often leave them homebound. Services are provided within community settings, such as a person's own home and neighborhood, local restaurants, parks and nearby stores.
SA 5 & 8 providers have developed Drop-in Centers where individuals can receive a mental health assessment, access to services, group counseling, and peer support.

PEI

1. Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #):

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	2,345	White	1,853	English	6,979	LGBTQ	Not Collected
Transition Age Youth (16-25)	2,090	African American	2,860	Spanish	1,565	Veteran	Not Collected
Adult (18-59)	4,368	Asian	320	Vietnamese	24	Other	
Older Adult (60+)	269	Pacific Islander	18	Cantonese	19		
Unknown	0	Native American	82	Mandarin	21		
		Hispanic	3,595	Tagalog	15		
		Multi		Cambodian	11		
		Unknown	163	Hmong	0		
		Other	181	Russian	36		
				Farsi	86		
				Arabic	4		
				Other	312		

2. Provide the name of the PEI program selected for the local evaluation[1]. ☐ N/A

Juvenile Justice Services

PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB)

1. Please provide the following information on the activities of the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) funds.

Activity Name; Brief Description; Estimated Funding Amount[2]	Target Audience/Participants[3]

[1] Note that very small counties (population less than 100,000) are exempt from this requirement.
[2] Provide the name of the PEI TTACB activity, a brief description, and an estimated funding amount. The description shall also include how these funds support a program(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.
[3] Provide the names of agencies and categories of local partners external to mental health included as participants (i.e., K-12 education, higher education, primary health care, law enforcement, older adult services, faith-based organizations, community-based organizations, ethnic/racial/cultural organizations, etc.) and county staff and partners included as participants.

OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES

1. Expand training and capacity building through contracts with trainers of EBPs identified in the PEI Plan.	Participants include County contracted agencies and County staff.
2.Enhance linguistic competency through the procurement of materials relevant to EBPs in various languages	Participants include County contracted agencies and County staff.
3.Engage Community Stakeholder's from culturally diverse populations for culturally specifics populations	Members of culturally diverse communities who provide services to young children, children, transitional age youth, adults and older adults.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Los Angeles ☐ **No funding is being requested for this program.**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	6,099	0	0	$8,704
Older Adults	0	0	0	0
Total	**6,099**	**0**	**0**	**$8,704**
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			**6,099**	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	1,831	English	5,105	LGBTQ	Not available*
African American	2,331	Spanish	420	Veteran	Not available*
Asian	523	Vietnamese	47	Other	Not available*
Pacific Islander	17	Cantonese	44		
Native American	63	Mandarin	45		
Hispanic	1,170	Tagalog	23		
Multi	0	Cambodian	20		
Unknown	81	Hmong	0		
Other	83	Russian	19		
		Farsi	7		
		Arabic	2		
		Other	367		

*Due to reporting limitations we are unable to beak out the total number served by Cultural Status

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

This year, the Adult Full Service Partnership (FSP) Program has continued to evolve. Authorization rates remain at 90% or 3,662 clients. A total of forty-nine (49) FSP providers continue to serve some of the highest risk, most difficult to engage adults in Los Angeles County.

Since inception, adult FSP programs have demonstrated a 67% decrease in homelessness, a 35% decrease in jail days, and a 15% decrease in psychiatric hospital days, amounting to over 7,000 days spent in the community instead of a locked psychiatric unit.

In Los Angeles County, FSP services have the capacity to meet the needs of underserved ethnic communities. According to the FSP annual assessment questionnaires responses,

- 100% of FSP respondents indicated they had the linguistic capacity to meet their client's primary language needs.
- 100% of FSP respondents indicated they had the capacity to communicate with client's family/caregivers.
- Countywide, FSP services are available in Spanish, Armenian, Arabic, Persian, Japanese, Vietnamese, Cantonese, Mandarin, and Cambodian.

In addition to the availability of language appropriate services within our FSP programs, Los Angeles County offers services that are culturally competent and culturally relevant which address client needs. For example, the Asian Pacific Islander (API) Alliance acts as a County Wide navigator, triaging API consumers across the county and connecting them with programs that best meet their language and cultural needs. API programs serve individuals in their home community, even if it is not local to the service provider home site.

Finally, the Adult Systems of Care bureau within our Department continues to offer training to support providers. This year, they have provided training focused on Non Violent Crisis intervention, resources for immigrants, benefits establishment, and Recovery focused documentation trainings.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

- Graduation or movement to a lower level of care remains a challenge for many FSP providers. With education and support, Adult programs have slowly begun to move clients to lower levels of care. Barriers and challenges include the lack of financial supports at lower levels of care including FCCS and Wellness, and resistance on the part of the consumer and provider. Discussions with providers reveal concern for continued success at a lower level of care, and resistance to ending/transitioning a positive therapeutic relationship. To address these concerns, LA County DMH has instituted a Re-establishment policy to allow consumers to return to a higher level of care if needed within a year of FSP disenrollment.

- FSP programs continue to report challenges in working with the uninsured population. Permanent housing is the primary challenge, and providers are working to strengthen consumer relationships with family and find community resources to meet consumer needs.

  Despite these ongoing needs, programs have remained dedicated to the service of their communities and have found creative resources to address their consumer's ongoing needs.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$53,089,445	$48,255,342	-9.11%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	6,200	0	0	$7,783
Older Adults	0	0	0	0
Total	**6,200**	**0**	**0**	**$7,783**
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:			**6,200**	**$7,783**

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
Adult Full Service Partnership (FSP) programs is designed for adults who have been diagnosed with a severe mental illness and would benefit from an intensive service program 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, and linkage to community resources, support, housing, employment and money management services and assistance in obtained need medical care. Programs target clients from all ethnic communities, with a collaborative focusing specifically on the Asian Pacific Islander communities. Targets for services provided according to race/ethnicities are as follows: 35% Latinos, 8% African Americans, 10% White, 10% Asians, and 1% American Indians. It is expected that services will be available to clients in the 13 threshold languages: Arabic, Armenian, Cambodian, Cantonese, Mandarin, Chinese, English, Farsi, Japanese, Korean, Russian, Spanish, Tagalog and Vietnamese.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Los Angeles ☐ **No funding is being requested for this program.**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	0	48,465	0	0
Older Adults	0	0	0	0
Total	**0**	**48,465**	**0**	**0**
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			**48,465**	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	11,954	English	36,253	LGBTQ	Not available*
African American	16,236	Spanish	7,707	Veteran	Not available*
Asian	3,237	Vietnamese	567	Other	Not available*
Pacific Islander	86	Cantonese	102		
Native American	215	Mandarin	133		
Hispanic	14,577	Tagalog	196		
Multi	0	Cambodian	812		
Unknown	1,321	Hmong	0		
Other	839	Russian	125		
		Farsi	86		
		Arabic	57		
		Other	2,427		

*Due to reporting limitations we are unable to beak out the total number served by Cultural Status

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

This year, Wellness Programs have greatly expanded dramatically in both Directly Operated and Contracted clinics to reach the unserved and underserved populations. Changes in the availability of County General Funds have resulted in the maximization of MHSA funds by adult programs through transformation. Providers have recognized Wellness as a level of care that meets the needs of a majority of consumers receiving services. Providers have taken the opportunity to transform their services to become more recovery focused and client centered. The fiscal year began with service to 7,402 individuals. By years end, the program had served more than 48,000 unique individuals. According to a poll of Client Run Centers, more than 12,000 individuals participated in self help services at their centers. The number of Wellness providers has grown from 38 to 48 and the number of Client Run Centers has grown from 11 to 12 in FY 09/10. This growth has occurred are part of a larger fiscal and programmatic transformation process across the County.

In Los Angeles County, the expansion of Wellness and Client Run Centers has provided the Adult System of Care (ASOC) the opportunity to promote Wellness and Recovery based services. A fundamental component of Wellness Centers is the inclusion of individuals with lived experience on the treatment team. The Wellness expansion has provided new opportunities for trained peers to work in programs, providing opportunity for consumer voice in treatment, improving quality of life, and increasing the quality of care. ASOC is also working to include consumer input in Wellness programming by ensuring 70% of our Wellness programs have a consumer counsel. At present, 63% of the programs reviewed have a consumer counsel.

To support Client-Driven and Recovery based services, ASOC, in collaboration with the Department's Quality Assurance (QA) Division has provided documentation training for paraprofessionals to broaden their skill base and promote future career growth. ASOC in collaboration with the QA has also provided a recovery oriented documentation training to help providers to document the rehabilitative, non-traditional services they are providing.

Finally, at the end of the fiscal year, ASOC, in collaboration with award winning Northeast Wellness Center, has developed a 1.5 day immersion training. Wellness providers will attend a day on site at Northeast Wellness center and have the opportunity to talk with the administrators, Social Workers, Psychiatrist, Peers, clients, and volunteers that make the program a model Wellness Center.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

This fiscal year has seen an increase of 10 Wellness Centers in addition to an increase in capacity for many other Wellness Centers. This rapid expansion has presented challenges which include ensuring the incorporation of Recovery services in new Wellness Centers. ASOC is actively engaging new programs to assist with the transition. Programs that have not worked with persons with lived experience in the past are encouraged to begin volunteer programs to identify candidates.

Flow presents another challenge faced by Wellness Centers. Graduation or movement to a lower level of care remains a challenge as it does for other levels of care. Currently there are few community resources to meet medication or support needs for a client. Wellness Centers are encouraged to use community and health resources as well as Client Run Centers to build a support system beyond DMH walls.

Finally, a remaining challenge is ensuring fluidity among programs. Wellness is now the level of care with the greatest capacity, and is expected to meet many

varying needs for our consumer population. It is imperative that Wellness is clearly defined, services remain Recovery Oriented, and there is fluidity among all programs, while allowing a client to receive the level of service he or she needs at the time it is needed. This may result in individuals receiving services in two levels of care during a transition.

While ASOC and programs work together to address these challenges, the expansion of Wellness is a critical positive step in the transformation of Los Angeles County Adult mental health services.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$57,535,411	$59,613,746	+3.61%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	0	30,000	0	0
Older Adults	0	0	0	0
Total	**0**	**30,000**	**0**	**0**
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:			**30,000**	

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
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. 30,000 unduplicated clients are projected to be served by Wellness and Client Run Centers. Targets for services provided according to race/ethnicities are as follows: 35% Latinos, 8% African Americans, 10% White, 10% Asians, and 1% American Indians. It is expected that services will be available to clients in the 13 threshold languages: Arabic, Armenian, Cambodian, Cantonese, Mandarin, Chinese, English, Farsi, Japanese, Korean, Russian, Spanish, Tagalog and Vietnamese.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Los Angeles ☐ **No funding is being requested for this program.**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	0	449	0	0
Older Adults	0	0	0	0
Total	**0**	**449**	**0**	**0**
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			**449**	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	138	English	Not available*	LGBTQ	Not available*
African American	121	Spanish	Not available*	Veteran	Not available*
Asian	92	Vietnamese	Not available*	Other	Not available*
Pacific Islander	0	Cantonese	Not available*		
Native American	0	Mandarin	Not available*		
Hispanic	79	Tagalog	Not available*		
Multi	0	Cambodian	Not available*		
Unknown	10	Hmong	Not available*		
Other	9	Russian	Not available*		
		Farsi	Not available*		
		Arabic	Not available*		
		Other	Not available*		

*Due to reporting limitations we are unable to beak out the total number served by Primary Language and Cultural Status

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
Countywide Resource Management is in the process of implementing two additional IMD Step-down facilities specifically for unserved/underserved population groups. One IMD Step-down is designed to provide intensive residential mental health services to clients who are hearing impaired. The other IMD Step-down will provide these services for those clients who are in need of special medical supervision (those with diabetes and incontinence) as well as intensive mental health services. The implementation of these two additional IMD Step-down facilities will work to increase the Department's ability to provide services to unserved/underserved population groups. One IMD Step-down facility, operated by Special Services for Groups (SSG), is able to target clients from the Asian/Pacific-Islander population. Like all IMD Step-down facilities, SSG is also able to provide intensive mental health services to all ethnic populations. During this Fiscal Year, Countywide Resource Management coordinated the collaboration of community Federally Qualified Health Centers (FQHC) and IMD Step-down facilities to provide integrated mental health and health services. This partnership with FQHCs has increased access to integrated physical health and mental health care for IMD Step-down clients.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
No appreciable difference in funding.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$4,541,966	$5,381,987	+18.49%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	0	450	0	0
Older Adults	0	0	0	0
Total	**0**	**450**	**0**	**0**
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				**450**

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
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. The program projects to serve 450 individuals who are 18 years of age and over, the majority of whom are persons ready for discharge from IMDs.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Los Angeles ☐ **No funding is being requested for this program.**

Program Number/Name: A-04 Adult Housing Services

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	0	**1,342**	0	0
Older Adults	0	0	0	0
Total	**0**	**1,342**	**0**	**0**
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			**1,342**	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	Not available*	English	Not available*	LGBTQ	Not available*
African American	Not available*	Spanish	Not available*	Veteran	Not available*
Asian	Not available*	Vietnamese	Not available*	Other	Not available*
Pacific Islander	Not available*	Cantonese	Not available*		
Native American	Not available*	Mandarin	Not available*		
Hispanic	Not available*	Tagalog	Not available*		
Multi	Not available*	Cambodian	Not available*		
Unknown	Not available*	Hmong	Not available*		
Other	Not available*	Russian	Not available*		
		Farsi	Not available*		
		Arabic	Not available*		
		Other	Not available*		

*Due to reporting limitations we are unable to beak out the total number served by Race/Ethnicity, Primary Language and Cultural Status

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

MHSA Housing Program

- Los Angeles County Department of Mental Health (LACDMH) submitted 12 MHSA Housing Program applications for the development of 646 new supportive housing units with 362 as MHSA funded units.
- 10 of the 12 applications were processed by California Housing Finance Agency with capital loan and subsidy commitments of approximately $50 million.
- 9 of the 12 housing developments are sited in Service Planning Areas with the two highest concentration of homelessness in Los Angeles County. Ethnic groups, who are traditionally unserved and underserved by the mental health system, significantly populate these two Service Planning Areas.

MHSA Housing Trust Fund

- LACDMH entered into Service Agreements with 12 providers totaling approximately $7 million for the provision of supportive services in permanent supportive housing.
- Through the MHSA Housing Trust Fund, approximately 200 tenants received onsite supportive services during FY 09/10.
- LACDMH entered into negotiations with 6 additional providers for approximately $3 million for the provision of onsite supportive services. Four of the six new Service Agreements were executed in July 2010. With the addition of the new Service Agreements, approximately 110 new tenants will receive onsite supportive services.

Countywide Housing Specialists

- During FY 09 -10, the Countywide Housing Specialists provided housing services to appropriately 1,379 unique mental health consumers who were primarily identified as homeless or at risk of homelessness. This represents an increase as compared to the 1,111 served in FY 08-09.
- Of the unique individuals served, approximately 36% were Hispanic, 29% were African American, 27% were Caucasian, 3% were Asian/Pacific Islander, less than 1% were Native American and 4% were others. Housing services offered through outreach and engagement efforts are usually the door to more mainstream mental health services for unserved and underserved populations.
- Approximately 70% of the individuals served through the Countywide Housing Assistance Program are traditionally viewed as unserved and underserved populations in the mental health system

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

MHSA Housing Program

- As of the end of FY 2009-10, LACDMH had committed approximately 95% or $109 million of the $115 million MHSA Housing Program funds. With these MHSA funds, LACDMH was able to leverage over $400 million additional dollars to finance permanent supportive housing in Los Angeles County. MHSA funding has provided gap to several housing projects that have been able to move forward toward construction that otherwise would have been stalled indefinitely due to the economic downturn. In doing so, LACDMH has been able to fortify its relationship with other local governmental entities around the development of permanent supportive housing. A challenge ahead of us is that the MHSA Housing Program funds are nearly depleted and therefore LACDMH is unable to commit funding to more housing projects which could provide much needed homes to LACDMH clients.
- Because of the fluctuation in MHSA funding and multiple financial demands, LACDMH has not committed to the establishment of a permanent funding stream for continued capital development and operating subsidies.
- LACDMH is constantly being approached by housing developers with new proposed housing projects that we are forced to turn away.

MHSA Housing Trust Fund

- This was a one-time allocation of funds and the initial Service Agreements are scheduled to expire in April 2012. Because of the fluctuation in MHSA funding and multiple financial demands, LACDMH has been unable to commit to additional Housing Trust Funds for continued onsite supportive services

dollars.

- Once this funding is depleted, Housing Trust Fund contractors will be forced to identify other funding or otherwise be subject to losing other leveraged funds due to breach of contract for not maintaining the required local matching dollars.
- The success of the supportive housing model is based on the availability of onsite supportive services. Failure to continue supportive services places vulnerable individuals at risk of losing permanent housing opportunities.

Countywide Housing Specialists

- The program was initially designed to fund two housing specialists for each of the eight Service Areas regardless of Service Area population, size, and number of sited clinics and programs. The number of staff allocated to this program was not based on the needs of the Service Areas. As a result of limited staff as compared to the demand for services, the program staff is continuously challenged to meet the overwhelming housing needs of the consumers in the various Service Areas.
- Because of the fluctuation in MHSA and other mental health funding, the Countywide Housing Specialist Program has not been able to expand to address all of the housing needs of the consumers in each Service Area.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$3,149,169	$3,885,449	+23.38%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	0	1,680	0	0
Older Adults	0	0	0	0
Total	**0**	**1,680**	**0**	**0**
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				**1,680**

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
Temporary shelter 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 target population is unserved male and female adults with a mental illness seeking temporary, transitional and permanent housing.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Los Angeles ☐ **No funding is being requested for this program.**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	0	5,964	0	0
Older Adults	0	0	0	0
Total	**0**	**5,964**	**0**	**0**
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			**5,964**	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	Not available*	English	Not available*	LGBTQ	Not available*
African American	Not available*	Spanish	Not available*	Veteran	Not available*
Asian	Not available*	Vietnamese	Not available*	Other	Not available*
Pacific Islander	Not available*	Cantonese	Not available*		
Native American	Not available*	Mandarin	Not available*		
Hispanic	Not available*	Tagalog	Not available*		
Multi	Not available*	Cambodian	Not available*		
Unknown	Not available*	Hmong	Not available*		
Other	Not available*	Russian	Not available*		
		Farsi	Not available*		
		Arabic	Not available*		
		Other	Not available*		

*Due to reporting limitations we are unable to beak out the total number served by Race/Ethnicity, Primary Language and Cultural Status

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Jail Transition and Linkage Services has continued to provide linkage services to the community for incarcerated individuals with mental illness, among the most underserved individuals within the county. During FY 09-10 services were expanded to provide release preparation and planning groups for the most severely ill clients housed in high observation mental health areas of the men's jail and to enhance coordination between the women's jail mental health program and the Women's Community Reintegration Services and Education Center. With ethnic minorities disproportionately represented in the jail population, linkage with community services serves to reduce disparities in service delivery upon clients' release to the community.

Additionally, during FY 09-10 the MH Court Liaison Program initiated services in the Norwalk, Pomona and Downey Superior Courts which were previously unserved. In addition, services were expanded in the Inglewood, Beverly Hills, Alhambra, Van Nuys, Whittier, and Torrance Courts. These expanded services have increased our ability to serve individuals that were previously unserved by the court program. In this period we also hired 2 additional bi-lingual staff increasing our services to Vietnamese and Korean speaking individuals. This was in addition to 5 bilingual Spanish speaking staff for a total of 7 bilingual staff out of the 14 that is co-located in the courts.

These expanded services resulted in an increase in the number of unique contacts from 4,547 in FY 08-09 to 5,964 in FY 09-10.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

One of the primary challenges for the Mental Health Court Linkage Program component of the Jail Linkage and Transition Services has been balancing involvement in community meetings to increase coordination of care and to expand resources for the clients with the need to be in the courts serving the clients. Another ongoing challenge has been adjusting to diminishing resources in the community. Reduced community resources for linkage will result in increased jail and prison time for our mentally ill consumers.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$6,030,802	$6,057,422	0.44%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	0	4,560	0	0
Older Adults	0	0	0	0
Total	**0**	**4,560**	**0**	**0**
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				**4,560**

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
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.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Los Angeles ☐ **No funding is being requested for this program.**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	0	9,510	0	0
Older Adults	0	0	0	0
Total	**0**	**9,510**	**0**	**0**
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			**9,510**	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	2,807	English	6,600	LGBTQ	Not available*
African American	1,835	Spanish	960	Veteran	Not available*
Asian	1,979	Vietnamese	236	Other	Not available*
Pacific Islander	16	Cantonese	200		
Native American	161	Mandarin	68		
Hispanic	2,315	Tagalog	85		
Multi	0	Cambodian	293		
Unknown	237	Hmong	0		
Other	160	Russian	7		
		Farsi	39		
		Arabic	7		
		Other	1,015		

*Due to reporting limitations we are unable to beak out the total number served by Cultural Status

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Since the inception of Adult Field-Capable Clinical Services (FCCS), approximately 2 years ago, approximately 60 contracted programs and 21 directly-operated programs now provide services to clients throughout Los Angeles County. The Adult System of Care (ASOC) staff provided numerous program trainings, technical support visits, and ongoing technical consultation to ensure program implementation. Moreover, ASOC provided an intensive 5-week FCCS Academy to over 10 directly-operated programs to assist in program implementation, clinic collaboration, and resource sharing. These included three clinics that primarily targeted Asian/Pacific-Islander (API) and American Indian populations and clinics located in communities that have high concentrations of African-American (South/South Central Los Angeles area) and Latino (Highland Park area) populations. Both contracted and directly-operated programs have demonstrated a significant effort to address cultural and ethnic disparities by adapting programs to serve their local communities, making consistent efforts to provide culturally appropriate services. The programs primarily serving API's and Latinos utilize bilingual staff with strong connections to their local ethnic communities to provide services in Spanish, Vietnamese, Chinese, Japanese, Cambodian or Korean. ASOC staff also provided FCCS training and technical support to a contracted program that developed a focused approach to serve the Middle Eastern and Russian communities of Los Angeles. In addition, FCCS providers made significant efforts to establish community partnerships with local agencies and groups, including community centers, churches and substance abuse programs, to further aid in addressing the cultural disparities that exist in engaging underserved populations.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

- With the addition of each new component of MHSA funded services, programs struggled with the requirements of balancing client needs, staffing patterns and financial allocations.
- As a relatively new model of service, many FCCS programs were in the process of developing their identities as a FCCS provider.
- Programs worked on defining the processes for flowing clients in and out of FCCS to lower or, if necessary, to higher levels of services.
- The lack of funds to provide on-going housing support for FCCS clients was a barrier for flow into FCCS.
- Although FCCS programs and staff remained resilient despite various obstacles, there was a consistent request for additional support in the training and education related to Evidenced-Based Practices (EBP) to aid field-based clinical programs.
- In directly operated programs, client needs could have been more effectively met with additional FCCS designated staff.
- Directly operated programs, although many are motivated to develop collaboratives with community-based organizations, needed an efficient and consistent process defined by the County or Department to address the requirements for MOUs.
- The increased need to collect and document outcome measure data was a challenge to providers as it increased their overall documentation requirements.

Despite these ongoing needs, programs have remained dedicated to the service of their communities and have found creative resources to address their consumer's ongoing needs.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$17,698,362	$23,417,742	+32.32%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	0	7,800	0	0
Older Adults	0	0	0	0
Total	**0**	**7,800**	**0**	**0**
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				**7,800**

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The Adult Field Capable Clinical Services (FCCS) program provides an array of recovery-oriented, field-based and engagement -focused mental health services to adults. Providers will utilize field-based outreach and engagement strategies to serve the projected number of clients. The goal of Adult FCCS is to build the capacity of DMH to serve this significantly underserved population with specifically trained professional and paraprofessional staff working together as part of a multi-disciplinary team. Services provided include: outreach and engagement, bio-psychosocial assessment, individual and family treatment, evidence-based practices, 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 adults by providing screening, assessment, treatment, linkage, medication support, and consultation.

In order to be served in Adult FCCS, adults must have a serious persistent mental illness and be unserved, underserved, or inappropriately served. Focal populations for Adult FCCS include adults who:

- Are homeless or at serious risk of homelessness
- Are being released from jail or have a high risk of incarceration
- Have been hospitalized or attempted suicide recently
- Are transitioning from IMD or intensive residential placements to the community

Targets for services provided according to race/ethnicities are as follows: 35% Latinos, 8% African Americans, 10% White, 10% Asians, and 1% American Indians. It is expected that services will be available to clients in the 13 threshold languages: Arabic, Armenian, Cambodian, Cantonese, Mandarin, Chinese, English, Farsi, Japanese, Korean, Russian, Spanish, Tagalog and Vietnamese.

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Los Angeles ☐ **No funding is being requested for this program.**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	**2,626**			**$3,196**
TAY				
Adults				
Older Adults				
Total				
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			**2,626**	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	**197**	English	**1,498**	LGBTQ	Not available*
African American	**511**	Spanish	**620**	Veteran	Not available*
Asian	**28**	Vietnamese	**4**	Other	Not available*
Pacific Islander	**1**	Cantonese	**2**		
Native American	**12**	Mandarin	**3**		
Hispanic	**1,345**	Tagalog	**1**		
Multi	**0**	Cambodian	**0**		
Unknown	**486**	Hmong	**0**		
Other	**46**	Russian	**0**		
		Farsi	**1**		
		Arabic	**1**		
		Other	**496**		

*Due to reporting limitations we are unable to beak out the total number served by Cultural Status

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

During FY 2009/10, 32 site visits were conducted for the purpose of evaluating the performance of Child FSP programs across all 28 Child FSP legal entity providers and as a means of measuring the success of Child FSP implementation Countywide. The Performance Based Criteria included in each Child FSP provider's contract served as the median that was used to evaluate the information collected about each site and is reflected below:

1. **Linguistic Capacity**
   91% demonstrated linguistic capacity and were able to deliver Child FSP services to client and families in 11 different preferred languages

2. **Paid Parents & Consumers**
   96% have paid Parent Partners on their Child FSP treatment team, the majority of them full time, while others shared their Parent Partner with other Child programs within their organization

3. **24 Hour Face-to-Face Contact**
   All of the agencies visited were able to make face-to-face contact with referrals from hospital, emergency rooms and urgent care centers within 24 hours of receiving them

4. **72 Hour Face-to-Face Contact**
   Insufficient referral information, appointment no-shows, and families moving without providing any forwarding information prevented the majority of agencies from making face-to-face contact with non-emergency setting referrals within 72 hours.

5. **Uninsured / Underinsured**
   100% delivered Child FSP services to both the uninsured and underinsured. Combined, the 32 sites visited have helped more than 150 families establish benefits they did not have prior to being enrolled in a Child FSP

6. **24/7 Crisis Response**
   100% provided 24/7 Crisis Response services to their clients and families and those agencies that provided individualized crisis plans experienced significantly less after hour crisis calls than those who did not

7. **Linkage to Community Services**
   Although documentation needs improvement, most agencies were able to demonstrate effective linkage to community-based services such as gang prevention, domestic violence education, camps, and free dental care.

8. **65% Field Based Service Delivery**
   Each agency delivered at least 65% of their Child FSP services in the field. 87% of them far exceeded the 65% minimum and a full quarter of the providers visited delivered 90-95% of their services in the field.

9. **Integrated COD Services**
   Due to a lack of documented integrated COD service delivery, Countywide Administration scheduled additional COD trainings and reinforced agency use of

the UCLA COD resource website developed especially for them

Decreased Hospitalizations
An analysis of Child FSP data indicates that 39% fewer children require acute psychiatric hospitalization during and post their enrollment in a Child FSP when compared to the 12 months immediately prior to receiving FSP services. This decrease in the number of clients being hospitalized is believed to be the result of the 24/7 crisis response services provided to clients and their families enrolled in a Child FSP.

Customer Satisfaction
Recognizing the value of client and family feedback, a Customer Satisfaction Survey was developed using a stratified random sampling methodology to ensure appropriate ethnic, cultural and geographic representation of 527 identified clients both currently enrolled and no longer active. Service Area Parent Partners assisted in successfully interviewing 228 of these clients in English, Spanish, Cambodian, Korean, Armenian and Chinese. Approximately 80% or more of the families surveyed responded that they:

- Received services in their preferred language
- Knew how to contact their treatment team during crisis
- Felt that the services received were beneficial
- Were able to choose where services were delivered
- Felt their treatment team was supportive of their needs

When asked whether they had been linked to other community based services they needed, 59% of the families surveyed indicated that they felt they had been, but 20% responded that they had no opinion which suggests that the question was not understood very well and should be revised for future surveys.

Overall, 80% of families surveyed indicated they were satisfied with the treatment and services they are currently receiving or have received in the past.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

Number of Families Served

Focal Populations
Because FSP enrolled children often represent more than one of the targeted focal populations, a counting system that preserves an unduplicated client count was used to determine that a total of 2,574 unique clients received Child FSP services during FY 2009-10.

Probation	250
DCFS	1920
0-5	78
School	326
Total:	**2574**

Priority Populations
Between fiscal years 2005-06 and 2009-10, the penetration rate has nearly doubled for the 0-5 population, specifically for those children whose parents are mentally ill and/or substance abusers, who are in the welfare system or who have a history of expulsion from school.

FY 2005-06	4296 – 6%
FY 2006-07	5065 – 7%
FY 2007-08	6365 – 9%
FY 2009-10	7766 – 11%

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$8,394,517	$8,581,499	+2.23%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	**2,200**	0	0	**$3,900**
TAY	0	0	0	0
Adults	0	0	0	0
Older Adults	0	0	0	0
Total	**0**	**0**	**0**	**$3,900**
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:			**2,200**	**$3,900**

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
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. It is expected that services will be available to clients in the 13 threshold languages: Arabic, Armenian, Cambodian, Cantonese, Mandarin, Chinese, English, Farsi, Japanese, Korean, Russian, Spanish, Tagalog and Vietnamese. Targets for services provided according to race/ethnicities are as follows: 70% Latinos, 20% African Americans, 7% White and 3% Other.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Los Angeles ☐ **No funding is being requested for this program.**

Program Number/Name: C-02 Family Support Services

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	310	0	0
TAY	0	0	0	0
Adults	0	0	0	0
Older Adults	0	0	0	0
Total	**0**	**310**	**0**	**0**
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			**310**	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	Not available*	English	Not available*	LGBTQ	Not available*
African American	Not available*	Spanish	Not available*	Veteran	Not available*
Asian	Not available*	Vietnamese	Not available*	Other	Not available*
Pacific Islander	Not available*	Cantonese	Not available*		
Native American	Not available*	Mandarin	Not available*		
Hispanic	Not available*	Tagalog	Not available*		
Multi	Not available*	Cambodian	Not available*		
Unknown	Not available*	Hmong	Not available*		
Other	Not available*	Russian	Not available*		
	Not available*	Farsi	Not available*		
	Not available*	Arabic	Not available*		
	Not available*	Other	Not available*		

*Due to reporting limitations we are unable to beak out the total number served by Race/Ethnicity, Primary Language and Cultural Status

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Fiscal Year 2007-08 FSS data analysis indicated minimal delivery of FSS and a significant under utilization of FSS funding. A poll of Child FSS service providers revealed that the biggest obstacle preventing the majority of providers from implementing FSS was a general lack of understanding relating to FSS eligibility and billing. A large percentage of providers also indicated that their lack of experience in treating and charting adult interventions made implementing FSS seem altogether overwhelming so they simply avoided doing so.

Subsequently, resolutions to these obstacles, i.e. the creation and deployment of specialized training, authorization to use COS to bill FSS and approval to utilize shortened adult and child assessments have been put in place and the delivery of FSS has increased dramatically. FSS utilization tripling from $ $210,294 in FY 2007-08 to $1,720,774 during FY 2009-10 clearly demonstrates increased service delivery and progress toward reducing UREP disparities.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

Through previous year's growth funding, as well as unused funds Family Support Services and CSS Flex Funds, the Department worked with stakeholders to create opportunities for providers to transform services to conform to pre-prescribed MHSA programs such as FCCS and PEI. Consequently, service options have expanded for clients and service continuums have begun to be established resulting in more clients served through recovery and resiliency-oriented programs funded through MHSA.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$4,949,103	$3,013,380	-39.11%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	**400**	0	0
TAY	0	0	0	0
Adults	0	0	0	0
Older Adults	0	0	0	0
Total	**0**	**400**	**0**	**0**
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				**400**

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
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.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Los Angeles ☐ **No funding is being requested for this program.**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	7,108	0	0
TAY	0	0	0	0
Adults	0	0	0	0
Older Adults	0	0	0	0
Total	**0**	**7,108**	**0**	**0**
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			**7,108**	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	466	English	4,503	LGBTQ	Not available*
African American	1,405	Spanish	2,499	Veteran	Not available*
Asian	130	Vietnamese	14	Other	Not available*
Pacific Islander	2	Cantonese	13		
Native American	10	Mandarin	9		
Hispanic	4,997	Tagalog	1		
Multi	0	Cambodian	2		
Unknown	40	Hmong	0		
Other	58	Russian	1		
		Farsi	1		
		Arabic	4		
		Other	61		

*Due to reporting limitations we are unable to beak out the total number served by Cultural Status

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Ensuring and measuring the increased performance of FCCS service delivery and assessing the progress of providing services to UREP during FY 2009-10 has been accomplished through:

- Implementation of a specialized training curriculum
- Initiation of a Reflective Supervision pilot program
- Data collection
- Consultation with Service Area Navigators
- Quarterly Roundtable Meetings

The development of community partnerships is proving to be an effective method of increasing service provision to UREP. Partnerships ensure that FCCS treatment team staff is located at allied community-based agencies so that mental health services can be consistently delivered on site. Several community partnerships are already in place with the local school districts, health clinics, local park and recreation centers and community housing projects.

Clinicians who have participated in specialized cultural diversity trainings develop an improved insight into family relationships and dynamics, including subtle cultural nuances that allow them to make more accurate assessments and choose more effective interventions for the children they represent.

FCCS Treatment teams who have received youth trauma, domestic violence and field safety training combined with gang outreach and engagement techniques are educated on the various cultural and ethnic aspects of gang mentality and lifestyle as well as the significance of particular clothing, tattoos, colors, postures, gestures and hand signs that is necessary to ensure personal safety when delivering services in the field. This type of knowledge has empowered FCCS staff to safely navigate previously avoided neighborhoods and increase the penetration rate of UREP overall.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

Through previous year's growth funding, as well as unused funds Family Support Services and CSS Flex Funds, the Department worked with stakeholders to create opportunities for providers to transform services to conform to pre-prescribed MHSA programs such as FCCS and PEI. Consequently, service options have expanded for clients and service continuums have begun to be established resulting in more clients served through recovery and resiliency-oriented programs funded through MHSA.

Successfully implementing FCCS represents a forward movement toward achieving MHSA goals. Delivering services without walls is a critical component of genuine transformation to FCCS. Successful implementation of FCCS services is contingent upon treatment teams providing services to UREP "where they are." Transitioning to such a radical new way of doing business was challenging for FCCS Providers initially, but currently more than 65% of Child FCCS services are field-based.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$2,760,762	$5,439,698	+97.04%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	20,000	0	0
TAY	0	0	0	0
Adults	0	0	0	0
Older Adults	0	0	0	0
Total	**0**	**20,000**	**0**	**0**
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				**20,000**

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

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. Children's FCCS programs provide specialized mental health services delivered by a team of professional and Para-professional staff. The focus of FCCS is working with community partners to provide a wide range of services that meet individual needs. The program is designed to provide services to individuals who are isolated, unwilling or unable to access traditional mental health outpatient services due to location/distance barriers, physical disabilities, or because of the stigma associated with receiving clinic-based services.

Seriously Emotionally Disturbed (SED) and/or Severely and Persistently Mentally Ill (SPMI) children ages 0 to 15 who are:

- Uninsured
- Do not qualify for Wraparound or Full Service Partnership
- At risk of DCFS/Probation involvement or DCFS/Probation involved
- At risk of school failure
- Diagnosed with a developmental and/or medical disorder
- Danger to others and/or danger to self
- Pregnant and/or parenting teens
- Diagnosed with a co-occurring disorder

It is expected that services will be available to clients in the 13 threshold languages: Arabic, Armenian, Cambodian, Cantonese, Mandarin, Chinese, English, Farsi, Japanese, Korean, Russian, Spanish, Tagalog and Vietnamese. Targets for services provided according to race/ethnicities are as follows: 70% Latinos, 20% African Americans, 7% White and 3% Other.

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Los Angeles ☐ **No funding is being requested for this program.**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	0	0	0	0
Older Adults	444	0	0	$6,889
Total	**444**	**0**	**0**	**$6,889**
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			**444**	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	196	English	337	LGBTQ	Not available*
African American	122	Spanish	39	Veteran	Not available*
Asian	55	Vietnamese	2	Other	Not available*
Pacific Islander	2	Cantonese	3		
Native American	3	Mandarin	9		
Hispanic	57	Tagalog	7		
Multi	0	Cambodian	5		
Unknown	8	Hmong	0		
Other	1	Russian	4		
		Farsi	2		
		Arabic	1		
		Other	35		

*Due to reporting limitations we are unable to beak out the total number served by Cultural Status

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
It is difficult to directly increase services to UREP populations as FSP referrals are as a result of a broad network including hospital discharge planners, jail linkage, etc. FSP staffs who are involved with outreach and engagement of UREP Older Adults continue to develop expertise is reaching out and engaging UREP populations in accepting FSP programs services.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
MHSA funding may be sufficient to increase the number of FSP slots; however it is not always sufficient to justify the hiring of additional staff, and – there is reluctance to bring on additional full time permanent staff given the fluctuation of funding.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$3,058,805	$3,371,714	+10.23%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	0	0	0	0
Older Adults	450	0	0	$7,492
Total	**450**	**0**	**0**	**$7,492**
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				**450**

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

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.

It is expected that services will be available to clients in the 13 threshold languages: Arabic, Armenian, Cambodian, Cantonese, Mandarin, Chinese, English, Farsi, Japanese, Korean, Russian, Spanish, Tagalog and Vietnamese. Targets for services provided according to race/ethnicities are as follows: 32% Latinos, 12% African Americans, 36% White, 17% Asian, 1% American Indian and 2% Other.

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Los Angeles ☐ **No funding is being requested for this program.**

Program Number/Name: OA-02 Transformation Design Team

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	Not Applicable			
TAY				
Adults				
Older Adults				
Total				
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			Not Applicable	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	Not Applicable	English	Not Applicable	LGBTQ	Not Applicable
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
The Design Transformation Team creates the necessary infrastructure to provide technical and administrative oversight of Older Adult Programs.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$451,558	$451,558	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	Not Applicable			
TAY				
Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
Older Adult Transformation Team provides system support to develop the infrastructure of older adult services within MHSA. The team will: • Monitor outcome measures utilized in the FSP & Field Capable Clinical Services programs • Utilize performance-based contracting measures to promote program services
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Los Angeles ☐ **No funding is being requested for this program.**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	0	0	0	0
Older Adults	0	3,347	0	0
Total	**0**	**3,347**	**0**	**0**
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			**3,347**	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	1,333	English	2,115	LGBTQ	Not available*
African American	555	Spanish	744	Veteran	Not available*
Asian	318	Vietnamese	17	Other	Not available*
Pacific Islander	0	Cantonese	49		
Native American	17	Mandarin	74		
Hispanic	981	Tagalog	13		
Multi	0	Cambodian	11		
Unknown	120	Hmong	0		
Other	23	Russian	22		
		Farsi	41		
		Arabic	7		
		Other	254		

*Due to reporting limitations we are unable to beak out the total number served by Cultural Status

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
Continuing efforts are being made to equip older adult mental health providers with skills to successfully engage UREP populations to receive mental health services, and appropriately retain UREP populations in FCCS programs.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
As reported in situation with FSP programs, funding of FCCS programs has increased, but not at sufficient and permanent levels to sustain the hiring of a substantially increased workforce; therefore sometimes providers are serving an increased number of older adults without necessarily increasing the workforce.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$11,008,884	$11,753,792	+6.77%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	0	0	0	0
Older Adults	0	2,847	0	0
Total	**0**	**2,847**	**0**	**0**
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				**2,847**

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
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. 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. It is expected that services will be available to clients in the 13 threshold languages: Arabic, Armenian, Cambodian, Cantonese, Mandarin, Chinese, English, Farsi, Japanese, Korean, Russian, Spanish, Tagalog and Vietnamese. Targets for services provided according to race/ethnicities are as follows: 32% Latinos, 12% African Americans, 36% White, 17% Asian, 1% American Indian and 2% Other.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Los Angeles ☐ **No funding is being requested for this program.**

Program Number/Name: OA-04 OA Service Extenders

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults		21		
Total				
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			21	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
Throughout FY 09/10, the number of service extenders increased and the group became more cohesive. Older Adult Administration began Quarterly Service Extender meetings to provide a venue for these volunteers to come together, share experiences, and also be trained on issues that can arise while working with clients. Service Extenders have been specifically recruited to assist in service provision to the UREP populations, and the languages spoken by this group include Farsi, Tagalog, Spanish, and Mandarin.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
There are several Older Adult FCCS providers who do not have the funding for Service Extenders but who would greatly benefit from the program.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$247,500	$247,500	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults		**40**		
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: **40**				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
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. 40 individuals are targeted for providing these services.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Los Angeles ☐ **No funding is being requested for this program.**

Program Number/Name: OA-05 OA Training

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
N/A - This plan addresses developing and offering training to help providers of mental health services better serve older adult
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
N/A - Funding has been constant.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$198,858	$198,858	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
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.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Los Angeles ☐ **No funding is being requested for this program.**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	1,634	0	0	$8,794
Adults	0	0	0	0
Older Adults	0	0	0	0
Total	**0**	**0**	**0**	**$8,794**
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			**1,634**	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	259	English	1,327	LGBTQ	Not available*
African American	500	Spanish	218	Veteran	Not available*
Asian	92	Vietnamese	6	Other	Not available*
Pacific Islander	2	Cantonese	0		
Native American	17	Mandarin	3		
Hispanic	723	Tagalog	6		
Multi	0	Cambodian	2		
Unknown	0	Hmong	0		
Other	41	Russian	0		
		Farsi	1		
		Arabic	0		
		Other	71		

*Due to reporting limitations we are unable to beak out the total number served by Cultural Status

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

During FY 09/10 1,107 TAY were authorized to receive TAY FSP services. The TAY served in FSP has very complex histories which include one or more of the following: homeless or at risk of homelessness; aging out of child welfare, mental health or juvenile justice system, leaving long-term institutional care, and experiencing their first psychotic break.

The majority of the youth and young adults served by this program during FY 09-10 were Latino, African Americans, and Caucasians respectively. The Asian Pacific Islander and American Indian communities are the most underrepresented ethnic populations (UREP) served in TAY FSP during FY 09/10. In order to meet the needs of the UREP, the TAY Division has identified agencies that lacked a bilingual workforce and help them to implement strategies to address this need by using translation services (sometimes paid for with Flex Funds); and also by their use of community-based organizations (non-MH) with which the client but more often family member (parent, adult-caretaker) has established a relationship and thus has some level of trust (such as religious organization, or social service agency). Also, they have been 100% successful in locating an FSP slot for any TAY consumer who has language needs.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

The funding for TAY FSP is based on a formula reflective of FY 05-06. Clearly this calculation no longer reflects the dollars needed to provide the same type, quality, and quantity of services in 2009-2010. This is further complicated by the three tier system that is inherent in the TAY population. The EPSDT Medi-cal match for TAY ages 15- 20 allows more leverage, and thus greater availability of services. The TAY between the ages of 21-25 with non-EPSDT Medi-cal does not receive any state subsidies, and must be fully funded by limited federal and MHSA dollars. Funding for services for TAY who are indigent and/or undocumented is virtually non-existent. These funding challenges mean that TAY aging out of the child mental health system enters into a system with less funding and services. In addition mental health providers have less incentive to develop programs that will target the most vulnerable TAY, which are those between the 21-25, indigent, and/or undocumented. These funding challenges also apply to other TAY MHSA funded programs.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$14,370,644	$14,654,448	+1.97%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	**1,600**	0	0	$9,159
Adults	0	0	0	0
Older Adults	0	0	0	0
Total	**0**	**0**	**0**	**$9,159**
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				**1,600**

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
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. 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. Targets for services provided according to race/ethnicities are as follows: 42% Latinos, 26% African Americans, 15% White, 4% Asians, 1% American Indians and 4% Other. It is expected that services will be available to clients in the 13 threshold languages: Arabic, Armenian, Cambodian, Cantonese, Mandarin, Chinese, English, Farsi, Japanese, Korean, Russian, Spanish, Tagalog and Vietnamese.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Los Angeles ☐ **No funding is being requested for this program.**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		3,126		
Adults				
Older Adults				
Total				
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			3,126	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

During fiscal year 09/10 the Drop-In centers provided services to 3,126 TAY. Of that 3,126. The youth were able to access these services on nights and weekends as a result of the extended hours that are funded by MHSA. The impact of extended hours has been significant. Whereas previous to MHSA funding these centers were only open on week days and only during regular business hours. Youth served by these centers no longer are left to fend for themselves from Friday evening through Monday morning. It is also likely that their exposure to victimization and high risk survival behavior has been significantly decreased as a result of the availability of extended hours. As a result of the extended hours, staff commitment and the relationships that have been sustained with the youth and the community 638 youth and young adults were linked to mental health services, 456 were linked to services for co-occurring disorders, 295 were linked with GED/education services, 621 were linked to housing services, and 752 were linked to employment services during FY 09-10.

The low demand high tolerance environments created in the Drop-In Centers have proven to be effective resource to the unserved/underserved TAY in Los Angeles County. The Drop-In Center's staff along with the TAY Division Navigation have built a strong partnership that contributes to the youth's ability to develop trusting relationships. This program has provided services to the Lesbian, Gay, Bi-sexual, Transgender and questioning (LGBTQ) TAY. It is a well known fact that the LGBTQ population is three times more likely than their heterosexual counterparts to commit suicide. The TAY Partners in Suicide Prevention has provided training and education to Drop-In Center staff to better equip them to identify and meet the needs of the TAY population. The Drop-In centers provide a safe haven for these youth to access mental health and substance abuse services, as well as, other basic services and supports.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

It is clear that there is significant demand for Drop-In Center services; and the ability to leverage MHSA funds for this purpose has proven successful in helping to meet that demand. The need to continue to develop the network of non-branded mental health sites that will increase access to mental health services by youth who may not otherwise present for mental health treatment is growing while the funding remains stagnant. The work to continue to improve the ease of entry and access to the mental health systems rests heavily on the ability to increase funding to existing Drop-In Centers, as well as, funding for the development of new Drop-In Centers in communities that are heavily impacted by UREP and underserved TAY.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$500,000	$500,000	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		**2,968**		
Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: **2,968**				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
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.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Los Angeles ☐ **No funding is being requested for this program.**

Program Number/Name: T-03 TAY Housing Services

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		**763**		
Adults				
Older Adults				
Total				
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			**763**	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Enhanced Emergency Shelter Program (EESP)/Motel Vouchers: The annual target for the EESP is 300. During FY 09/10 there were 329 admissions of SED/SPMI TAY who were homeless or at risk of homelessness. The TAY housing specialist worked with each youth admitted to the EESP to find more suitable housing.

Housing Specialist: The housing specialist provided services to 427 TAY during FY 09/10. Housing Specialists develop comprehensive housing resource lists, assist SED/SPMI TAY with completing applications for rental subsidies, and when needed will prepare consumers for the interview with prospective property owners or housing managers. They also act as an advocates and negotiators for consumers with poor credit and poor housing histories while establishing professional relationships with housing providers and managers. For TAY this is a critically needed service as many have little or no history of living independently.

Project Based Housing Subsidies: As we know, one of the greatest challenges faced by TAY is difficulty finding and maintaining permanent housing. This issue is further compounded when considering the mental health issues and needs of SED/SPMI TAY. Housing provides a fundamental level of stability for young people to achieve their goals of wellness, recovery, and eventual self-sufficiency, and the lack of safe and affordable housing options is often a profound barrier for SED/SPMI TAY who need access to these basic supports for recovery.

The Project-Based Operational Subsidy funds provided subsidies for 7 permanent supportive housing units at Daniel's Village in Santa Monica. The grand opening for this program occurred on September 11, 2009. In addition, the ground breaking ceremony for the Epworth Apartment Complex occurred in Los Angeles on December 14, 2010. This MHSA funded project will provide 19 additional permanent supportive housing units for SED/SPMI TAY.

The advantage of continuing to increase the number of long-term investments in permanent housing is that when a unit is vacated by a youth, the unit remains available for occupancy by other TAY with similar mental health needs. The operational subsidy stays with the unit, not with the individual, and thereby insures a permanent supply of housing for this hard-to-place population.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

No appreciable difference in funding.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$1,729,958	$1,729,958	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		**864**		
Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: **864**				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
There are three housing related systems development investments for the TAY population. These include: 1. 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. 2. 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. 3. A Team of 8 Housing Specialists develop local resources and help TAY find and move into affordable housing.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Los Angeles ☐ **No funding is being requested for this program.**

Program Number/Name: T-04 Probation Camp Services

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		**2,526**		
Adults				
Older Adults				
Total				
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			**2,526**	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

The MHSA funded TAY Probation Camps program effectively provides services to unserved and underserved populations. The programs screen and evaluate all newly admitted youth regardless of prior mental health history and/or contact with the mental health system. By screening and evaluating all youth, those who may have been previously unidentified, or underserved, are able to be evaluated and provided services as indicated. Many of the youth would not have been otherwise identified, or sought out mental health services. Screening and evaluating all youth serves to reduce ethnic and cultural disparities in seeking out mental health services.

Youth who are identified as needing mental health services while in the Probation Camps are linked to services following release by Camp Navigators. There are also three clinic drivers who bring families to treatment team meetings, for family therapy, and for IEPs where necessary. All of the clinic drivers are bilingual and actively work to engage monolingual Spanish speaking families. By providing a positive experience with mental health services while in camp, it increases the chances that youth and families will access mental health services following release.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

Funding for services to Probation youth is accomplished through the use of blended funding streams, including MHSA funding. Since none of the services provided in the Probation Camps are eligible to be claimed to Medi-Cal, the programs are highly dependent on State funding streams. One of the funding streams which has been reduced over the past few years as a result of State budget reductions is Juvenile Justice Crime Prevention Act funding which goes to the Probation Department. This reduction impacts the total funding available to provide services to youth in the juvenile justice system. Other budget cuts which have had an impact include the elimination of the Mentally Ill Offender Crime Reduction grant. MHSA funding has been the only funding which is directly controlled by the Department of Mental Health and thus all the more critical for Probation Camp services. Stable consistent funding is critical to providing services to youth and families in a dependable and predictable manner.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒
2) Is there a change in services?	Yes ☐ No ☒
3) a) Complete the table below:	

FY 10/11 funding	FY 11/12 funding	Percent Change
$4,096,446	$4,408,656	+7.62%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		**1,000**		
Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: **1,000**				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

Probation Camp Services provide services to youth ages 16 to 20 who are residing in Los Angeles County Probation Camps; particularly youth with SED, SPMI, those with co-occurring substance disorders and/or those who have suffered trauma.

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:

- Assessments
- Substance abuse treatment
- Gender-specific treatment
- Medication Support
- Aftercare planning
- Transition Services

TAY Probation services fund mental health staff at the following probation camps:

- Camp Rockey-Paige-Afflerbaugh
- Camp Scott-Scudder
- Camp Holton-Routh
- Camp Gonzales
- Challenger Complex
- Camp Miller-Kilpatrick

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Los Angeles ☐ **No funding is being requested for this program.**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	948	0	0
Adults	0	0	0	0
Older Adults	0	0	0	0
Total	**0**	**948**	**0**	**0**
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			**948**	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	**141**	English	**730**	LGBTQ	Not available*
African American	**213**	Spanish	**187**	Veteran	Not available*
Asian	**17**	Vietnamese	**0**	Other	Not available*
Pacific Islander	**0**	Cantonese	**2**		
Native American	**5**	Mandarin	**0**		
Hispanic	**534**	Tagalog	**0**		
Multi	**0**	Cambodian	**0**		
Unknown	**12**	Hmong	**0**		
Other	**26**	Russian	**1**		
		Farsi	**5**		
		Arabic	**0**		
		Other	**23**		

*Due to reporting limitations we are unable to beak out the total number served by Cultural Status

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

The TAY Field Capable Clinical Services (FCCS) program provides services to male and female youth ages 16-25 who are Seriously Emotionally Disturbed (SED) and /or have a Serious Persistent Mental Illness (SPMI). The ethnic targets for FCCS are White, Latino, African Americans, Asians, and American Indians. The languages spoken by the ethnic targets include English, Spanish and Mandarin. FCCS are responsive and appropriate to the cultural and linguistic needs of the youth served in this program. In addition, FCCS providers will use translation services if needed.

FCCS provide opportunities for engagement in the youth's natural environment and other field based setting such as Drop-In centers, which contributes to the recovery and wellness of the youth served by this program. Clients may include youth who are homeless/at risk of homelessness, struggling with substance abuse disorders, aging out of the children's mental health, child welfare or juvenile justice systems, having difficulty engaging through traditional clinic-based services, experiencing a first psychotic break, and/or otherwise at high risk, but do not qualify for more intensive services.

The FCCS program is designed to provide services to individuals who are isolated, unwilling or unable to access traditional mental health outpatient services due to location/distance barriers, physical disabilities, or because of the stigma associated with receiving clinic-based services. FCCS are supported by promising and/or evidenced-based practices, wherever and whenever possible.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

Through FCCS, providers are able to work with community partners to provide a wide range of services that meet individual needs of the youth in this program. Los Angeles County has the capacity and will serve the projected number of clients. Providers were given an opportunity to use MHSA CSS funds to support a 37% increase in funding for TAY FCCS. This reflects an increase in the funding and an increase in the number of clients served.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$1,287,812	$1,765,565	+37.10

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	**1,600**	0	0
Adults	0	0	0	0
Older Adults	0	0	0	0
Total	**0**	**1,600**	**0**	**0**
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				**1,600**

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

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. The TAY FCCS program provides specialized mental health services delivered by a team of professional and Para-professional staff. The focus of FCCS is working with community partners to provide a wide range of services that meet individual needs. The TAY FCCS program is designed to provide services to individuals who are isolated, unwilling or unable to access traditional mental health outpatient services due to location/distance barriers, physical disabilities, or because of the stigma associated with receiving clinic-based services.

TAY ages 16-25 meeting criteria for one or more of the following focal populations:

- Youth that are homeless or at-risk of homelessness
- Youth aging out of child mental health, child welfare or juvenile justice systems
- Youth leaving long term institutional care
- Youth experiencing their first episode of major mental illness
- Youth with co-occurring substance abuse disorders

Targets for services provided according to race/ethnicities are as follows: 42% Latinos, 26% African Americans, 15% White, 4% Asians, 1% American Indians and 4% Other. It is expected that services will be available to clients in the 13 threshold languages: Arabic, Armenian, Cambodian, Cantonese, Mandarin, Chinese, English, Farsi, Japanese, Korean, Russian, Spanish, Tagalog and Vietnamese.

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Los Angeles ☐ **No funding is being requested for this program.**

Program Number/Name: SN-01: Systems Navigators

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0		0	0
TAY	0		0	0
Adults	0		0	0
Older Adults	0		0	0
Total	**0**	**22,167***	**0**	**0**
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			**22,167***	

*Due to reporting limitations we are unable to beak out the total number served by age groups.

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	Not available*	English	Not available*	LGBTQ	Not available*
African American	Not available*	Spanish	Not available*	Veteran	Not available*
Asian	Not available*	Vietnamese	Not available*	Other	Not available*
Pacific Islander	Not available*	Cantonese	Not available*		
Native American	Not available*	Mandarin	Not available*		
Hispanic	Not available*	Tagalog	Not available*		
Multi	Not available*	Cambodian	Not available*		
Unknown	Not available*	Hmong	Not available*		
Other	Not available*	Russian	Not available*		
		Farsi	Not available*		
		Arabic	Not available*		
		Other	Not available*		

*Due to reporting limitations we are unable to beak out the total number served by Race/Ethnicity, Primary Language and Cultural Status

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
The Service Area Navigator plays a crucial role in helping people find the formal and informal supports they need. They can be seen as one that is an informational resource and link to services in the community and responsive to the needs of the communities, clients and families. By establishing linkages to the community, mobilizing internal and external resources and support, sharing responsibility and practicing collaboration, and strengthening family functioning, the Service Area Navigator helps achieve the Community Services and Supports Plan's overarching theme of a commitment to recovery and wellness. Service Area Navigator Team members reflect a diversity of experiences and skills with which to draw upon and ensure that services and supports identified to assist clients are sensitive to and responsive to their individual needs. This includes identifying services and supports that are sensitive to the differing needs based on gender, sexual orientation, and culture.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
No appreciable difference in funding.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$9,232,131	$9,470,286	+2.58%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0		0
TAY	0	0		0
Adults	0	0		0
Older Adults	0	0		0
Total	**0**	**0**	**29,000**	**0**
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				**29,000**

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

Service Area Navigator Teams will assist individuals and families in accessing mental health and other supportive services and network with community-based organizations in order to strengthen the array of services available to clients of the mental health system. Such networking would create portals of entry in a variety of settings that would make the Department's long-standing goal of no wrong door achievable.

The Service Area Navigators increase knowledge of and access to mental health services through the following activities:

- Engaging in joint planning efforts with community partners, including community-based organizations, other County Departments, intradepartmental staff, schools, health service programs, faith based organizations, self-help and advocacy groups, with the goal of increasing access to mental health services and strengthening the network of services available to clients in the mental health system.
- Promoting awareness of mental health issues, and the commitment to recovery, wellness and self-help.
- Engaging with people and families to quickly identify currently available services, including supports and services tailored to the particular cultural, ethnic, age and gender identity if those seeking them.
- Recruiting community-based organizations and professional service providers to become part of an active locally-based support network for people in the Service Area, including those most challenged by mental health issues.
- Following-up with people with whom they have engaged to ensure that they have received the help they need.

The population to be served is mental health consumers, families and the community at large within each service area that are seeking information on mental health services.

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Los Angeles ☐ **No funding is being requested for this program.**

Program Number/Name: ACS-01 Alternative Crisis Services

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	0	**24,333**	0	0
Older Adults	0	0	0	0
Total	**0**	24,333	**0**	**0**
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			**24,333**	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	**7,904**	English	Not available*	LGBTQ	Not available*
African American	**7,141**	Spanish	Not available*	Veteran	Not available*
Asian	**949**	Vietnamese	Not available*	Other	Not available*
Pacific Islander	**0**	Cantonese	Not available*		
Native American	**0**	Mandarin	Not available*		
Hispanic	**7,451**	Tagalog	Not available*		
Multi	**0**	Cambodian	Not available*		
Unknown	**275**	Hmong	Not available*		
Other	**613**	Russian	Not available*		
		Farsi	Not available*		
		Arabic	Not available*		
		Other	Not available*		

*Due to reporting limitations we are unable to beak out the total number served by Primary Language and Cultural Status

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
During Fiscal Year 09/10, an additional Urgent Care Center (UCC) was implemented in Los Angeles County. The UCC is operated by Exodus Recovery, Inc. and is located across the street from LAC+USC Medical Center. The UCC became operational in April 2010 and was able to provide up to 23 hour psychiatric services to 1,328 clients. The UCCs and CRS are geographically located throughout Los Angeles County and are able to provide psychiatric services to diverse populations.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
During Fiscal Year 09/10, Residential and Bridging Services, under Countywide Resource Management and the Alternative Crisis Services Plan became the primary contact point for the Department for individuals being released from California Department of Corrections and Rehabilitation (CDCR) commitments. The CDCR was tasked with releasing non-violent individuals from their formal parole commitments in an effort to reduce the State prison population. Residential and Bridging Services provides linkage and referral to the Department's MHSA programs and other County resources for those individuals needing mental health services. The actions of CDCR and the judiciary system have resulted in an increase of referrals of clients with criminal justice histories who are in need of community based services and supports.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$30,965,073	$32,720,185	+5.67%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	0	37,680	0	0
Older Adults	0	0	0	0
Total	**0**	**37,680**	**0**	**0**
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				**37,680**

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
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.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Los Angeles ☐ **No funding is being requested for this program.**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0		0
TAY	0	0		0
Adults	0	0		0
Older Adults	0	0		0
Total	**0**	**0**	**22,364**	**0**
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			**22,364**	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	Not available*	English	Not available*	LGBTQ	
African American	Not available*	Spanish	Not available*	Veteran	
Asian	Not available*	Vietnamese	Not available*	Other	
Pacific Islander	Not available*	Cantonese	Not available*		
Native American	Not available*	Mandarin	Not available*		
Hispanic	Not available*	Tagalog	Not available*		
Multi	Not available*	Cambodian	Not available*		
Unknown	Not available*	Hmong	Not available*		
Other	Not available*	Russian	Not available*		
		Farsi	Not available*		
		Arabic	Not available*		
		Other	Not available*		

*Due to reporting limitations we are unable to beak out the total number served by Race/Ethnicity, Primary Language and Cultural Status

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Each of the eight Service Areas has one or two designated O & E coordinators to work with their specific communities in providing mental health education, linkage and support. The O & E coordinators focus on outreaching to and organizing the multiple communities of Los Angeles County to include perspectives and voices essential for achieving the transformation of the mental health system. As stated in the Community Program Planning, strong emphasis is placed on outreach and engagement to underserved, unserved, inappropriately served, and hard-to-reach ethnic populations. The O & E Team has created an infrastructure that supports the commitment to forming partnerships with historically disenfranchised communities, faith-based organizations, schools, community-based organizations, and other County Departments to achieve the promise of the Mental Health Services Act.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

Fluctuations in MHSA funding have affected O & E on two levels:

1) General sustainability of the O & E Team in terms of staffing of O & E coordinators in each of the eight Service Areas and future hiring of additional O & E coordinators to meet the specific linguistic profiles of the Service Areas.

2) Direct work with consumers: Availability of resources for the O & E Team to fulfill their role, such as promo items; supplying snacks and refreshment (which is essential in doing culturally competent outreach work with ethnic communities); availability of O & E for weekend and after hour events in order to outreach to employed individuals. Most importantly, fluctuations in MHSA funding and overall mental health funding impacts the work of Team in terms of having mental health service resources where to refer community members they outreach to with their O & E activities. The coordinators can continue to do O & E work but not having mental health resources available, to refer community members in need, hampers their efforts and diminishes the credibility and trust of these communities in need in our Department.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$14,214,473	$13,113,582	-7.74%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0		0
TAY	0	0		0
Adults	0	0		0
Older Adults	0	0		0
Total	**0**	**0**	**16,740**	**0**
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				**16,740**

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

Project 50 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.

Homeless Outreach and Mobile Engagement Team (HOME), 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.

Under-represented Ethnic Populations (UREP) 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 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.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Los Angeles ☒ **No funding is being requested for this program.**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

This program provides the funding for the MHSA WET Administrative unit. Currently, the team consists of 6 full time personnel. WET Administration continued to be tasked with implementation and oversight off all WET-funded activities.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes ☐ No ☒

2) Is there a change in the activities and strategies? Yes ☐ No ☒

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
$763,830	$763,830	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** Yes ☐ No ☒

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? Yes ☐ No ☐

c) If you are requesting an exception to the ±25% criteria, please provide an

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

explanation below.	
NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☒
Training & Technical Assistance	☐
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Los Angeles ☒ **No funding is being requested for this program.**

Program Number/Name: 2- WET County of Los Angeles Oversight Committee

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The WET County of Los Angeles has been active throughout the development of the WET plans and continues to provide recommendations to the Department. The WET County of Los Angeles Oversight Committee is composed of various subject matter experts, representing many underserved ethnicities in our County.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐ No ☒
2) Is there a change in the activities and strategies?	Yes ☐ No ☒
3) a) Complete the table below:	

FY 10/11 funding	FY 11/12 funding	Percent Change
$0	$0	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an	

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

explanation below.	
NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☒
Training & Technical Assistance	☐
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Los Angeles ☒ **No funding is being requested for this program.**

Program Number/Name: 3-Transformation Academy Without Walls

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

This Program consist of 2 distinct training services; the Public Mental Health Immersion to MHSA; and the Licensure Workshops.

A. Licensure Workshop was not implemented during FY 09/10
B. Public Mental Health Immersion to MHSA provided training to 217 staff members of the public mental health system.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐	No ☒
2) Is there a change in the activities and strategies?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$211,685	$211,685	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	
NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☒
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Los Angeles ☒ **No funding is being requested for this program.**

Program Number/Name: 5 – Recovery Oriented Supervision Trainings

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐	No ☒
2) Is there a change in the activities and strategies?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$119,165	$119,165	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☒
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Los Angeles

☒ **No funding is being requested for this program.**

Program Number/Name: 6 – Interpreter Training Program

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The Interpreter training program provided a 3-day training to 96 interpreters. This program also trained 56 mono-lingual providers in a 1-day training focusing on efficient/proper utilization of an interpreter.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐	No ☒
2) Is there a change in the activities and strategies?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$45,000	$45,000	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	
NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☒
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Los Angeles ☒ **No funding is being requested for this program.**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

A total of 13 consumers received advanced Peer Support training utilizing a "Train-The-Trainer" model. These peers are already employed in the public mental health system. It is anticipated that they will assist with the development of their peers' skills. An additional 20 consumers received the core Peer Support Training and are anticipated to enter the public mental health system as peer advocates.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐	No ☒
2) Is there a change in the activities and strategies?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$531,071	$531,071	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	
NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☒
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Los Angeles ☐ **No funding is being requested for this program.**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The Department contracted with 2 providers to deliver the Mental Health Rehabilitation Specialist Training Program. During FY 09-10 a total of 164 participants graduated this program. The majority of participants identified themselves as consumers or family members. At the end of the FY, 80 graduates had gainful employment.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐	No ☒
2) Is there a change in the activities and strategies?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$509,325	$809,325	57%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☒	No ☐
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	
An exception is requested because the training services and target population, consumers, family members, and public interested in joining the public mental health system as Mental Health Rehabilitation Specialists, remains unchanged. The increase funding will directly correlate with the number of participants to be trained. During FY 11-12, 160 participants will be trained/graduated from this program.	
NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☒
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
The scope remains as initially intended. The expanded allocation will allow for this training to be delivered to 160 participants, instead of 80.
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Los Angeles

☒ **No funding is being requested for this program.**

Program Number/Name: 7 – Training for Community Partners

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐	No ☒
2) Is there a change in the activities and strategies?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$100,000	$100,000	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☒
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Los Angeles

☒ **No funding is being requested for this program.**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐	No ☒
2) Is there a change in the activities and strategies?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$537,330	$537,330	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	
NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☒
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Los Angeles ☒ **No funding is being requested for this program.**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐	No ☒
2) Is there a change in the activities and strategies?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$378,031	$378,031	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	
NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☒
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Los Angeles ☒ **No funding is being requested for this program.**

Program Number/Name: 12 – Mental Health Career Advisors

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐ No ☒
2) Is there a change in the activities and strategies?	Yes ☐ No ☒
3) a) Complete the table below:	

FY 10/11 funding	FY 11/12 funding	Percent Change
$767,209	$767,209	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an	

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

explanation below.	
NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☒
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Los Angeles ☒ **No funding is being requested for this program.**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐	No ☒
2) Is there a change in the activities and strategies?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$104,167	$104,167	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an		

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

explanation below.	
NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☒
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Los Angeles ☒ **No funding is being requested for this program.**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐	No ☒
2) Is there a change in the activities and strategies?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$0	$0	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	
NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☒
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Los Angeles ☒ **No funding is being requested for this program.**

Program Number/Name: 15 - Partnership with Educational Institutions to Increase the Number of Professionals in the Public Mental Health System (Immersion of Faculty-MFT, MSW, etc)

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The Department contracted with a leading agency in MHSA related trainings. The contractor was able to deliver this training to 1,674 faculty and students from 18 educational institutions in the County of Los Angeles.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐	No ☒
2) Is there a change in the activities and strategies?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$88,555	$88,555	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	
NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☒
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Los Angeles ☒ **No funding is being requested for this program.**

Program Number/Name: 16 – Recovery Oriented Intership Development

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐ No ☒
2) Is there a change in the activities and strategies?	Yes ☐ No ☒
3) a) Complete the table below:	

FY 10/11 funding	FY 11/12 funding	Percent Change
$361,377	$361,377	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an	

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

explanation below.	
NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☐
Residency & Internship	☒
Financial Incentive	☐

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Los Angeles

☒ **No funding is being requested for this program.**

Program Number/Name: 19 – Tuition Reimbursement Program

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐ No ☒
2) Is there a change in the activities and strategies?	Yes ☐ No ☒
3) a) Complete the table below:	

FY 10/11 funding	FY 11/12 funding	Percent Change
$705,630	$705,630	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an	

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

explanation below.	
NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☒

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Los Angeles ☒ **No funding is being requested for this program.**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐	No ☒
2) Is there a change in the activities and strategies?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
0$	$1,185,459*	0%*

* The program was previously approved to begin implementation during Fiscal Year 11/12	Yes ☐	No ☒
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☐
For Consolidated Programs, is the FY 11/12 funding requested outside the		

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	
* The program was previously approved to begin implementation during Fiscal Year 11/12.	
NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☒

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Los Angeles ☒ **No funding is being requested for this program.**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

During FY 2009-10, 36 stipends were provided to MFT students and 26 were provided to MSW students. All recipients are 2nd year students who are committed working in a hard to fill area of the County. Applicants possessing additional language capabilities or represent an underserved ethnicity continue to receive priority for awarding. This program also funded 6 post-docs at Harbor-UCLA Medical Center as they received specialized training.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐	No ☒
2) Is there a change in the activities and strategies?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$1,225,667	$1,225,667	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	
NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☒

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Los Angeles

☒ **No funding is being requested for this program.**

Program Number/Name: 22 – Loan Forgiveness Program

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐ No ☒
2) Is there a change in the activities and strategies?	Yes ☐ No ☒
3) a) Complete the table below:	

FY 10/11 funding	FY 11/12 funding	Percent Change
$819,133	$819,133	0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an	

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

explanation below.	
NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☒

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Los Angeles ☐ **Please check box if this program was selected for the local evaluation**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

Only partial implementation of Programs in FY 09/10 to the following:

- **Suicide Prevention Hotline**
- **Latino Family**

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English	**26,114**	LGBTQ	
Transition Age Youth (16-25)	**25**	African American		Spanish	**108**	Veteran	
Adult (18-59)	**26,197**	Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic	**133**	Tagalog			
		Multi		Cambodian			
		Unknown	**26,089**	Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.
Program targeted Latina youth in suicide prevention and increased capacity by building a 24/7 Spanish-speaking hotline.
2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
Pacific Clinics served 25 Latina at-risk youths of suicide and their family members as Latina youth between 14-25 yrs old are the highest risk population in that age group. Didi-Hirsch expanded their hotline to include a dedicated 24/7 line for Spanish Speaking callers. The hotline served 108 calls from December 2009 to June 30th, 2010.

[1] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
3,338,100	4,005,720	20%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

NO CHANGES BEING PROPOSED

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

NOT APPLICABLE

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	**Early Intervention**
Total Individuals:	1,200	36,000
Total Families:		

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Los Angeles ☐ **Please check box if this program was selected for the local evaluation**

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White	419	English	1,864	LGBTQ	
Transition Age Youth (16-25)		African American	585	Spanish	341	Veteran	
Adult (18-59)		Asian	91	Vietnamese	8	Other	
Older Adult (60+)		Pacific Islander	6	Cantonese	0		
		Native American	5	Mandarin	5		
		Hispanic	1,140	Tagalog	3		
		Multi	0	Cambodian	3		
		Unknown	16	Hmong	0		
		Other	23	Russian	1		
				Farsi	2		
				Arabic	0		
				Other	58		

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

In FY 09/10 DMH implemented a number of the evidence-based practices (EBPs), Promising Practices (PPs), and Community-defined Evidence (CDEs) practices identified in the PEI Early Start School Mental Health Initiave Project. The major challenge was in training several hundred clinicians in these models as quickly as possible so that services could be delivered in a timely fashion with model fidelity, while at the same time addressing the need for outreach to underserved populations and ensuring ethnic and cultural appropriate services.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
   a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
   b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
   c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
   d) Specific program strategies implemented to ensure appropriateness for diverse participants
   e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

For each of the EBPs, Promising Practices (PPs), and Community-defined Evidence (CDEs) implemented in the PEI Plan, DMH has collaborated with providers, researchers, and community agencies to identify outcome instruments, both general and specific. Discussion on outcomes was initiated towards the end of FY 09/10 as the specific EBPs were being implemented, but the data collection process and program outcomes have not yet been finalized.

[1] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$4,062,767	$4,875,320	20%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	**Early Intervention**
Total Individuals:	1000	700
Total Families:		200

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Los Angeles County

Program Number/Name: ES-3 PEI Early Start-Anti-Stigma Discrimination ☐ **Please check box if this program was selected for the local evaluation**

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☑ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

The EBPs chosen for this project were delayed with implementation due to Departmental restructuring that resulted in a diffusion of responsibility across the Department that is still being worked out.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

***These numbers represent the total demographics for this particular PEI Project.**

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.
2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

[1] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☑
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☑
3. a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
2,884,400	3,461,280	20%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☑
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☑
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	**Early Intervention**
Total Individuals:	800	200
Total Families:		

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Los Angeles County

Program Number/Name: PEI-1 School Based Services ☐ **Please check box if this program was selected for the local evaluation**

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	191	White	27	English	138	LGBTQ	4
Transition Age Youth (16-25)	21	African American	12	Spanish	57	Veteran	0
Adult (18-59)		Asian	5	Vietnamese	0	Other	0
Older Adult (60+)		Pacific Islander	18	Cantonese	0		
		Native American	2	Mandarin	2		
		Hispanic	140	Tagalog	0		
		Multi		Cambodian	0		
		Unknown	2	Hmong	0		
		Other	6	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	15		

***These numbers represent estimates for this particular PEI Project.**

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.
In FY 09/10 DMH implemented a number of the evidence-based practices (EBPs), Promising Practices (PPs), and Community-defined Evidence (CDEs) practices identified in the School-based Services Project, including Aggression Replacement Training, Cognitive Behavioral Intervention in Schools, Multidimensional Family Therapy, and Strengthening Families. The major challenge was in training several hundred clinicians in these models as quickly as possible so that services could be delivered in a timely fashion with model fidelity, while at the same time addressing the need for outreach to underserved populations and ensuring ethnic and cultural appropriate services.
2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
For each of the EBPs, Promising Practices (PPs), and Community-defined Evidence (CDEs) implemented in the PEI Plan, DMH has collaborated with providers, researchers, and community agencies to identify outcome instruments, both general and specific. Discussion on outcomes was initiated towards the end of FY 09/10 as the specific EBPs were being implemented, but the data collection process and program outcomes have not yet been finalized.

[1] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$8,606,785	$10,328,142	20%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

Not Applicable

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

Not Applicable

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	**Early Intervention**
Total Individuals:	35,958	50,724
Total Families:	6,918	2,244

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Los Angeles

Program Number/Name: PEI-2 Family Education & Support Services ☐ **Please check box if this program was selected for the local evaluation**

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	51	White	162	English	272	LGBTQ	14
Transition Age Youth (16-25)	82	African American	130	Spanish	292	Veteran	24
Adult (18-59)	401	Asian	6	Vietnamese	4	Other	2
Older Adult (60+)	38	Pacific Islander	0	Cantonese			
		Native American	2	Mandarin			
		Hispanic	266	Tagalog			
		Multi	0	Cambodian			
		Unknown	3	Hmong			
		Other	3	Russian			
				Farsi			
				Arabic			
				Other	4		

***These numbers represent estimates for this particular PEI Project.**

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.
In FY 09/10 DMH implemented a number of the evidence-based practices (EBPs), Promising Practices (PPs), and Community-defined Evidence (CDEs) practices identified in the Family Education and Support Project including Caring For Our Families, Incredible Years, and Triple P Positive Parenting Program. The major challenge was in training several hundred clinicians in these models as quickly as possible so that services could be delivered in a timely fashion with model fidelity, while at the same time addressing the need for outreach to underserved populations and ensuring ethnic and cultural appropriate services.
2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
For each of the EBPs, Promising Practices (PPs), and Community-defined Evidence (CDEs) implemented in the PEI Plan, DMH has collaborated with providers, researchers, and community agencies to identify outcome instruments, both general and specific. Discussion on outcomes was initiated towards the end of FY 09/10 as the specific EBPs were being implemented, but the data collection process and program outcomes have not yet been finalized.

[1] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$11,324,296	$13,589,155	20%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

Not Applicable

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

Not Applicable

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	**Early Intervention**
Total Individuals:	169,740	3,053
Total Families:	169,740	3,053

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Los Angeles County

Program Number/Name: PEI-3 At-Risk Family Services ☐ **Please check box if this program was selected for the local evaluation**

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	110	White	156	English	279	LGBTQ	4
Transition Age Youth (16-25)	51	African American	71	Spanish	198	Veteran	2
Adult (18-59)	301	Asian	2	Vietnamese	0	Other	0
Older Adult (60+)	22	Pacific Islander	0	Cantonese	0		
		Native American	2	Mandarin	2		
		Hispanic	251	Tagalog	1		
		Multi	0	Cambodian	0		
		Unknown	0	Hmong	0		
		Other	2	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	4		

***These numbers represent estimates for this particular PEI Project.**

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.
In FY 09/10 DMH implemented a number of the evidence-based practices (EBPs), Promising Practices (PPs), and Community-defined Evidence (CDEs) practices identified in the At-Risk Family Services Project, including Brief Strategic Family Therapy, Incredible Years, Parent Child Interaction Therapy, Triple P Positive Parenting Program, and UCLA Ties Transition Model. The major challenge was in training several hundred clinicians in these models as quickly as possible so that services could be delivered in a timely fashion with model fidelity, while at the same time addressing the need for outreach to underserved populations and ensuring ethnic and cultural appropriate services.
2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
For each of the EBPs, Promising Practices (PPs), and Community-defined Evidence (CDEs) implemented in the PEI Plan, DMH has collaborated with providers, researchers, and community agencies to identify outcome instruments, both general and specific. Discussion on outcomes was initiated towards the end of FY 09/10 as the specific EBPs were being implemented, but the data collection process and program outcomes have not yet been finalized.

[1] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$10,780,932	$12,937,118	20%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

Not Applicable

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

Not Applicable

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	**Early Intervention**
Total Individuals:	70,920	12,053
Total Families:	68,760	7,733

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Los Angeles County

Program Number/Name: PEI-4 Trauma Recovery Services ☐ **Please check box if this program was selected for the local evaluation**

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	1,390	White	1,335	English	4,270	LGBTQ	241
Transition Age Youth (16-25)	1,074	African American	2,051	Spanish	869	Veteran	203
Adult (18-59)	2,991	Asian	198	Vietnamese	14	Other	66
Older Adult (60+)	106	Pacific Islander	8	Cantonese	19		
		Native American	57	Mandarin	14		
		Hispanic	1,704	Tagalog	11		
		Multi	0	Cambodian	6		
		Unknown	123	Hmong	0		
		Other	85	Russian	35		
				Farsi	82		
				Arabic	4		
				Other	237		

***These numbers represent estimates for this particular PEI Project.**

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

In FY 09/10 DMH implemented a number of the evidence-based practices (EBPs), Promising Practices (PPs), and Community-defined Evidence (CDEs) practices identified in the Trauma Recovery Services Project, including Crisis Oriented Resolution Services, Parent Child Interaction Therapy, Seeking Safety, System Navigators for Veterans, and Trauma Focused Cognitive Behavioral Therapy. The major challenge was in training several hundred clinicians in these models as quickly as possible so that services could be delivered in a timely fashion with model fidelity, while at the same time addressing the need for outreach to underserved populations and ensuring ethnic and cultural appropriate services.

Child Parent Psychotherapy, Crisis Oriented Resolution Services, Seeking Safety and Trauma Focused Cognitive Behavioral Therapy were implemented during FY 09/10. These programs were implemented according to the populations specified in the PEI Plan.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:

   a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
   b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
   c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
   d) Specific program strategies implemented to ensure appropriateness for diverse participants
   e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

For each of the EBPs, Promising Practices (PPs), and Community-defined Evidence (CDEs) implemented in the PEI Plan, DMH has collaborated with providers, researchers, and community agencies to identify outcome instruments, both general and specific. Discussion on outcomes was initiated towards the end of FY 09/10 as the specific EBPs were being implemented, but the data collection process and program outcomes have not yet been finalized.

[1] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$26,790,611	$32,148,733	20%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	**Early Intervention**
Total Individuals:	900	20,267
Total Families:	0	4,302

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Los Angeles

Program Number/Name: PEI – 5 Primary Care & Behavioral Health ☐ **Please check box if this program was selected for the local evaluation**

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	15	White	61	English	170	LGBTQ	4
Transition Age Youth (16-25)	17	African American	16	Spanish	94	Veteran	11
Adult (18-59)	219	Asian	11	Vietnamese	0	Other	0
Older Adult (60+)	32	Pacific Islander	0	Cantonese	2		
		Native American	0	Mandarin	2		
		Hispanic	187	Tagalog	5		
		Multi	0	Cambodian	0		
		Unknown	4	Hmong	0		
		Other	4	Russian	2		
				Farsi	0		
				Arabic	0		
				Other	8		

***These numbers represent estimates for this particular PEI Project.**

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.
In FY 09/10 DMH implemented a number of the evidence-based practices (EBPs), Promising Practices (PPs), and Community-defined Evidence (CDEs) practices identified in the Primary Care and Behavioral Health Services Project including Incredible Years and Triple P Positive Parenting Program. The major challenge was in training several hundred clinicians in these models as quickly as possible so that services could be delivered in a timely fashion with model fidelity, while at the same time addressing the need for outreach to underserved populations and ensuring ethnic and cultural appropriate services.
2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
For each of the EBPs, Promising Practices (PPs), and Community-defined Evidence (CDEs) implemented in the PEI Plan, DMH has collaborated with providers, researchers, and community agencies to identify outcome instruments, both general and specific. Discussion on outcomes was initiated towards the end of FY 09/10 as the specific EBPs were being implemented, but the data collection process and program outcomes have not yet been finalized.

[1] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$5,475,984	$6,571,181	20%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

Not Applicable

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

Not Applicable

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	**Early Intervention**
Total Individuals:	18,918	8,684
Total Families:	13,740	1,484

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Los Angeles County

Program Number/Name: PEI-6 Early Care & Support for TAY ☐ **Please check box if this program was selected for the local evaluation**

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

Training on Seeking Safety occurred in FY 09/10. There was a delay in getting other evidence based practices out to the community due to time constraints with Board Letter approval for training and hiring.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	68	White	154	English	492	LGBTQ	385
Transition Age Youth (16-25)	402	African American	124	Spanish	266	Veteran	0
Adult (18-59)	362	Asian	52	Vietnamese	0	Other	1
Older Adult (60+)	0	Pacific Islander	16	Cantonese	0		
		Native American	2	Mandarin	4		
		Hispanic	452	Tagalog	7		
		Multi	0	Cambodian	0		
		Unknown	8	Hmong	0		
		Other	24	Russian	0		
				Farsi	1		
				Arabic	0		
				Other	62		

***These numbers represent estimates for this particular PEI Project.**

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

In FY 09/10 DMH implemented a number of the evidence-based practices (EBPs), Promising Practices (PPs), and Community-defined Evidence (CDEs) practices identified in the Early Care and Support for TAY Project, including Aggression Replacement Training, Early Detection and Intervention for the Prevention of Psychosis, Interpersonal Psychotherapy for Depression, Multidimensional Family Therapy, and Seeking Safety. The major challenge was in training several hundred clinicians in these models as quickly as possible so that services could be delivered in a timely fashion with model fidelity, while at the same time addressing the need for outreach to underserved populations and ensuring ethnic and cultural appropriate services.

Seeking Safety was implemented during FY 09/10. This program was implemented according to the population specified in the PEI Plan.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
   a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
   b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
   c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
   d) Specific program strategies implemented to ensure appropriateness for diverse participants
   e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

For each of the EBPs, Promising Practices (PPs), and Community-defined Evidence (CDEs) implemented in the PEI Plan, DMH has collaborated with providers, researchers, and community agencies to identify outcome instruments, both general and specific. Discussion on outcomes was initiated towards the end of FY 09/10 as the specific EBPs were being implemented, but the data collection process and program outcomes have not yet been finalized.

[1] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$9,017,928	$10,821,514	20%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

Not Applicable

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

Not Applicable

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	**Early Intervention**
Total Individuals:	3,336	5,734
Total Families:	1,752	2,417

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Los Angeles County

Program Number/Name: PEI-7 Juvenile Justice Services ☒ **Please check box if this program was selected for the local evaluation**

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	522	White	155	English	902	LGBTQ	74
Transition Age Youth (16-25)	451	African American	266	Spanish	82	Veteran	6
Adult (18-59)	61	Asian	46	Vietnamese	2	Other	14
Older Adult (60+)	0	Pacific Islander	3	Cantonese	0		
		Native American	11	Mandarin	3		
		Hispanic	505	Tagalog	0		
		Multi	0	Cambodian	3		
		Unknown	9	Hmong	0		
		Other	39	Russian	1		
				Farsi	3		
				Arabic	0		
				Other	38		

***These numbers represent estimates for this particular PEI Project.**

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.
In FY 09/10 DMH implemented a number of the evidence-based practices (EBPs), Promising Practices (PPs), and Community-defined Evidence (CDEs) practices identified in the Juvenile Justice Project, including Aggression Replacement Training, Cognitive Behavioral Intervention in Schools, LIFE (Loving Intervention for Family Enrichment Program, Multidimensional Family Therapy, Multisystemic Family Therapy, and Trauma Focused Cognitive Behavioral Therapy. The major challenge was in training several hundred clinicians in these models as quickly as possible so that services could be delivered in a timely fashion with model fidelity, while at the same time addressing the need for outreach to underserved populations and ensuring ethnic and cultural appropriate services.
2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
For each of the EBPs, Promising Practices (PPs), and Community-defined Evidence (CDEs) implemented in the PEI Plan, DMH has collaborated with providers, researchers, and community agencies to identify outcome instruments, both general and specific. Discussion on outcomes was initiated towards the end of FY 09/10 as the specific EBPs were being implemented, but the data collection process and program outcomes have not yet been finalized.

[1] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$10,663,120	$12,795,744	20%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

Not Applicable

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

Not Applicable

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:	816	3,917
Total Families:	336	2,765

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Los Angeles County

Program Number/Name: PEI-8 Early Care & Support for Older Adults ☐ **Please check box if this program was selected for the local evaluation**

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	0	White	12	English	68	LGBTQ	16
Transition Age Youth (16-25)	35	African American	33	Spanish	38	Veteran	42
Adult (18-59)	15	Asian	5	Vietnamese	0	Other	6
Older Adult (60+)	71	Pacific Islander	1	Cantonese	0		
		Native American	1	Mandarin	2		
		Hispanic	64	Tagalog	1		
		Multi	0	Cambodian	2		
		Unknown	2	Hmong	0		
		Other	3	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	10		

***These numbers represent estimates for this particular PEI Project.**

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.
In FY 09/10 DMH implemented the Promising Practices (PPs), Crisis Oriented Recovery Services, for the Early Care and Support for Older Adults Project. The major challenge was in training several hundred clinicians in these models as quickly as possible so that services could be delivered in a timely fashion with model fidelity, while at the same time addressing the need for outreach to underserved populations and ensuring ethnic and cultural appropriate services.
2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
For each of the EBPs, Promising Practices (PPs), and Community-defined Evidence (CDEs) implemented in the PEI Plan, DMH has collaborated with providers, researchers, and community agencies to identify outcome instruments, both general and specific. Discussion on outcomes was initiated towards the end of FY 09/10 as the specific EBPs were being implemented, but the data collection process and program outcomes have not yet been finalized.

[1] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$9,026,660	$10,831,992	20%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

Not Applicable

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

Not Applicable

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	**Early Intervention**
Total Individuals:	20,376	15,738
Total Families:	6,791	5,240

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Los Angeles County

Program Number/Name: PEI-9 Improving Access for Underserved Populations ☐ **Please check box if this program was selected for the local evaluation**

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	205	White	168	English	729	LGBTQ	9
Transition Age Youth (16-25)	98	African American	211	Spanish	62	Veteran	10
Adult (18-59)	503	Asian	12	Vietnamese	6	Other	0
Older Adult (60+)	18	Pacific Islander	9	Cantonese	0		
		Native American	13	Mandarin	0		
		Hispanic	391	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown	6	Hmong	0		
		Other	14	Russian	0		
				Farsi	2		
				Arabic	0		
				Other	25		

***These numbers represent estimates for this particular PEI Project.**

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.
In FY 09/10 DMH implemented a number of the evidence-based practices (EBPs), Promising Practices (PPs), and Community-defined Evidence (CDEs) practices identified in the Improving Services to Underserved Populations Project, including GLBT Champs: Comprehensive HIV & At-Risk Mental Health Services, and Trauma Focused Cognitive Behavioral Therapy. The major challenge was in training several hundred clinicians in these models as quickly as possible so that services could be delivered in a timely fashion with model fidelity, while at the same time addressing the need for outreach to underserved populations and ensuring ethnic and cultural appropriate services.
2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
For each of the EBPs, Promising Practices (PPs), and Community-defined Evidence (CDEs) implemented in the PEI Plan, DMH has collaborated with providers, researchers, and community agencies to identify outcome instruments, both general and specific. Discussion on outcomes was initiated towards the end of FY 09/10 as the specific EBPs were being implemented, but the data collection process and program outcomes have not yet been finalized.

[1] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$7,243,176	$8,691,811	20%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

Not Applicable

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

Not Applicable

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	**Early Intervention**
Total Individuals:	5,946	9,840
Total Families:	1,416	684

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Los Angeles County

Program Number/Name: PEI-10 American Indian Project

☐ **Please check box if this program was selected for the local evaluation**

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

The project involves a program that will be implemented through a competitive bidding process as well as a program to be operated through one of L.A. County DMH's directly operated mental health clinics. A draft of the Request for Services was developed in FY 09/10 for the American Indian Life Skills Program. A Board Letter is in development requesting additional staff to be hired for the EBP "Trauma Focused Cognitive Behavioral Therapy: Honoring Children, Mending the Culture."

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.
N/A
2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
N/A

[1] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐ No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐ No ☒
3. a) Complete the table below:	

FY 10/11 funding	FY 11/12 funding	Percent Change
$990,000	$1,188,000	20%

	Yes ☐ No ☒
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:	259	240
Total Families:	259	240

PREVIOUSLY APPROVED PROGRAM
Innovation

County: Los Angeles

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

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ **Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

LA County's INN plan was approved February 2, 2010. Once the plan was approved, work began on writing Request for Service (RFS) for the services to be bid out. Each RFS goes through several reviews by the Contracts unit and then a review by County Counsel. Each of the 4 models, along with an RFS for the evaluation of INN, will be placed out to bid between January and April, 2011 with services commencing in May – July, 2011.

A. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:
   a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
   b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
   c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
   d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

PREVIOUSLY APPROVED PROGRAM
Innovation

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the primary purpose[1]?	Yes ☐ No ☒
2. Is there a change to the learning goals?	Yes ☐ No ☒
NOTE: If you answered YES to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.	
3. Please include a description of any additional proposed changes to this INN program, if applicable.	

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

PREVIOUSLY APPROVED PROGRAM
Innovation

County: Los Angeles

Program Number/Name: Integrated Clinic Model

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ **Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

LA County's INN plan was approved February 2, 2010. Once the plan was approved, work began on writing Request for Service (RFS) for the services to be bid out. Each RFS goes through several reviews by the Contracts unit and then a review by County Counsel. Each of the 4 models, along with an RFS for the evaluation of INN, will be placed out to bid between January and April, 2011 with services commencing in May – July, 2011.

A. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:
   a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
   b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
   c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
   d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

PREVIOUSLY APPROVED PROGRAM
Innovation

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the primary purpose[1]?	Yes ☐ No ☒
2. Is there a change to the learning goals?	Yes ☐ No ☒
NOTE: If you answered YES to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.	
3. Please include a description of any additional proposed changes to this INN program, if applicable.	

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

PREVIOUSLY APPROVED PROGRAM
Innovation

County: Los Angeles

Program Number/Name: Integrated Mobile Health Team Model

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ **Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

LA County's INN plan was approved February 2, 2010. Once the plan was approved, work began on writing Request for Service (RFS) for the services to be bid out. Each RFS goes through several reviews by the Contracts unit and then a review by County Counsel. Each of the 4 models, along with an RFS for the evaluation of INN, will be placed out to bid between January and April, 2011 with services commencing in May – July, 2011.

A. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:
   a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
   b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
   c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
   d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

PREVIOUSLY APPROVED PROGRAM
Innovation

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the primary purpose[1]?	Yes ☐ No ☒
2. Is there a change to the learning goals?	Yes ☐ No ☒
NOTE: If you answered YES to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.	
3. Please include a description of any additional proposed changes to this INN program, if applicable.	

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

PREVIOUSLY APPROVED PROGRAM
Innovation

County: Los Angeles

Program Number/Name: Integrated Peer-Run Model

Date: April 15, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ **Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

LA County's INN plan was approved February 2, 2010. Once the plan was approved, work began on writing Request for Service (RFS) for the services to be bid out. Each RFS goes through several reviews by the Contracts unit and then a review by County Counsel. Each of the 4 models, along with an RFS for the evaluation of INN, will be placed out to bid between January and April, 2011 with services commencing in May – July, 2011.

A. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:
   a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
   b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
   c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
   d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

PREVIOUSLY APPROVED PROGRAM
Innovation

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the primary purpose[1]?	Yes ☐ No ☒
2. Is there a change to the learning goals?	Yes ☐ No ☒
NOTE: If you answered YES to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.	
3. Please include a description of any additional proposed changes to this INN program, if applicable.	

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

MHSA SUMMARY FUNDING REQUEST

County: Los Angeles **Date:** 7/27/2011

	MHSA Funding					
	CSS	**WET**	**CFTN**	**PEI**	**INN**	**Local Prudent Reserve**
A. FY 2011/12 Component Allocations						
1. Published Component Allocation	$210,077,200			$54,512,300	$13,909,700	
2. Transfer from FY 11/12[a/]						
3. Adjusted Component Allocation	$210,077,200					
B. FY 2011/12 Funding Request						
1. Requested Funding in FY 2011/12	$283,537,285	$45,917,215	$21,925,540	$167,638,373	$0	
2. Requested Funding for CPP	$0					
3. Net Available Unexpended Funds						
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report	$34,791,908	$52,276,290		$140,468,691		
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)		$6,959,075		$61,110,970		
c. Unexpended Funds from FY 10/11	$38,668,177					
d. Total Net Available Unexpended Funds	$73,460,085	$45,317,215		$79,357,721	$0	
4. Total FY 2011/12 Funding Request	**$210,077,200**	**$600,000**	**$21,925,540**	**$88,280,652**	**$0**	
C. Funds Requested for FY 2011/12						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations		$600,000				
3. Unapproved FY 08/09 Component Allocations			**$21,925,540**			
4. Unapproved FY 09/10 Component Allocations[b/]				**$11,240,542**		
5. Unapproved FY 10/11 Component Allocations[b/]				$63,637,400		
6. Unapproved FY 11/12 Component Allocations[b/]	**$210,077,200**			$13,402,710		
Sub-total	**$210,077,200**	**$600,000**	**$21,925,540**	**$88,280,652**	**$0**	
7. Access Local Prudent Reserve						
8. FY 2011/12 Total Allocation [c/]	**$210,077,200**	**$600,000**	**$21,925,540**	**$88,280,652**	**$0**	

NOTE:

1. Line 3.a and 3.b. should be completed if annual update is being submitted prior to the end of FY 10/11.

2. Line 3.a., 3.b., 3.c., and 3.d. should be completed if annual update is being submitted after the end of FY 10/11.

3. Line 3.a. should be consistent with the amount listed on the FY 09/10 Annual MHSA Revenue and Expenditure report, Enclosure 9, Total Unexpended Funds line.

4. Line 3.c. should be consistent with the amount listed on the FY 10/11 Annual MHSA Revenue and Expenditure report, Total Unexpended Funds line.

5. Line 3.c. will be verified upon receipt of the FY 10/11 Annual MHSA Revenue and Expenditure report and adjustments will be made as necessary.

[a/] Per Welfare and Institutions Code Section 5892(b), in any year after 2007-08, Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve in an amount not to exceed 20% of the average amount of funds allocated to that County for the previous five years. The 20% limits are included in Enclosure 8.

[b/] For WET and/or CFTN components, enter amount of unapproved funds being requested for use from any of the years a transfer from CSS was made.

[c/] Must equal line B.4. for each component.

CSS FUNDING REQUEST

County: Los Angeles

Date: 2/22/2011

CSS Programs			FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group				
	No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs												
1.		Children's Full Service Partnerships	$8,581,499	$8,581,499	-	$0	$0	$8,581,499				
2.		TAY Full Service Partnerships	$14,654,448	$14,654,448	-	$0	$0		$14,654,448			
3.		Drop-in Centers	$500,000	$200,000	300,000	$0	$0		$500,000			
4.		TAY Housing Services	$1,729,958	$536,287	536,287	$657,384	$0		$1,729,958			
5.		Probation Camp Services	$4,408,656	$1,102,164	3,306,492	$0	$0		$4,408,656			
6.		Adult Full Service Partnerships	$48,255,342	$48,255,342	-	$0	$0			$48,255,342		
7.		Wellness/Client Run Centers	$59,613,746	$20,864,811	38,748,935	$0	$0			$59,613,746		
8.		IMD Step Down Facilities	$5,381,987	$4,036,490	1,345,497	$0	$0			$5,381,987		
9.		Adult Housing Services	$3,885,449	$777,090	3,108,359	$0	$0			$3,885,449		
10.		Jail transition & Linkage Services	$6,057,422	$3,028,711	3,028,711	$0	$0			$6,057,422		
11.		Older Adult Full Service Partnerships	$3,371,714	$3,371,714	-	$0	$0				$3,371,714	
12.		Transformation Design Team	$451,558	$0	451,558	$0	$0				$451,558	
13.		Field-Capable Clinical Services	$11,753,792	$5,876,896	5,876,896	$0	$0				$11,753,792	
14.		OA Service Extenders	$247,500	$0	247,500	$0	$0				$247,500	
15.		OA Training	$198,858	$47,726	151,132	$0	$0				$198,858	
16.		Service Area Navigator Teams	$9,470,286	$6,629,200	2,841,086	$0	$0	$4,072,223	$3,882,817	$1,515,246	$0	
17.		Planning, Outreach, Engagement	$13,113,582	$0	10,228,594	$2,884,988	$0	$2,360,445	$2,229,309	$7,081,334	$1,442,494	
18.		Alternative Crisis Services	$32,720,185	$14,724,083	17,996,102	$0	$0	$1,636,009	$7,525,643	$19,959,313	$3,599,220	
19.	Subtotal: Programs [a/]		$224,395,982	$132,686,461	$88,167,149	$3,542,372	$0	$16,650,176	$34,930,831	$151,749,839	$21,065,136	Percentage
20.	Plus up to 15% Indirect Administrative Costs		$22,180,167									10%
21.	Plus up to 10% Operating Reserve											#VALUE!
22.	Subtotal: Programs/Indirect Admin./Operating Reserve		$246,576,149									
New Programs/Revised Previously Approved Programs												
1.		Family Support Services	$3,013,380	$3,013,380	$0	$0	$0	$3,013,380				
2.		Children-Field-Capable Clinical Services	$5,439,698	$1,631,909	$3,807,789	$0	$0	$5,439,698				
3.		TAY-Field-Capable Clinical Services	$1,765,565	$529,670	$1,235,896	$0	$0		$1,765,565			
4.		Adult-Field-Capable Clinical Services	$23,417,742	$8,196,210	$15,221,532	$0	$0			$23,417,742		
5.			$0									
6.	Subtotal: Programs[a/]		$33,636,385	$13,371,169	$20,265,216	$0	$0	$8,453,078	$1,765,565	$23,417,742	$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs		$3,324,751									9.9%
8.	Plus up to 10% Operating Reserve											#VALUE!
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		$36,961,136									
10.	**Total MHSA Funds Requested for CSS**		$283,537,285									

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs= 56.60%

Additional funding sources for FSP requirement:

County must provide the majority of MHSA 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.]

CSS Majority of Funding to FSPs

	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
		Other Funding Sources									
Total Mental Health Expenditures:	$146,057,630	$0	$0	$0	$0	$0	$0	$0	$0	$146,057,630	57%

Revised 12/29/10

WET FUNDING REQUEST

County: Los Angeles

Date: 2/22/2011

Workforce Education and Training			FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Service Category					
	No.	Name		Workforce Staffing Support	Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive	
Previously Approved Programs									
1.	1	Workforce Education and Training Coordination	$1,527,660	$1,527,660					
2.	3	Transformation Academy Without Walls	$1,058,425		$1,058,425				
3.	5	Recovery Oriented Supervision Trainings	$595,825		$595,825				
4.	6	Interpreter Training Program	$225,000		$225,000				
5.	7	Training for Community Partners	$500,000		$500,000				
6.	9	Expanded Employment and Professional Advancement Opportunities for Consumers in the Public Mental Health System	$2,655,357			$2,655,357			
7.	10	Expanded Employment and Professional Advancement Opportunities for Parent Advocates, Child Advocates, and Caregivers in the Public Mental Health System	$2,686,650			$2,686,650			
8.	11	Expanded Employment and Professional Advancement Opportunities for Family Member Advocates in the Public Mental Health System	$1,890,157			$1,890,157			
9.	12	Mental Health Career Advisors	$3,836,043			$3,836,043			
10.	13	High School Through University Mental Health Pathway	$520,833			$520,833			
11.	14	Market Research and Advertising Strategies for Recruitment of Professionals in the Public Mental Health System	$400,000			$400,000			
12.	15	Partnership with Educational Institutions to Increase the Number of Professionals in the Public Mental Health System	$442,775			$442,775			
13.	16	Recovery Oriented Internship Development	$1,806,883				$1,806,883		
14.	19	Tuition Reimbursement Program	$3,528,150					$3,528,150	
15.	20	Associate and Bachelor Degree - 20/20 and/or 10/30 Program	$5,927,296					$5,927,296	
16.	21	Stipend Program for Psychologists, MSWs, MFTs, Psychiatric Nurse Practitioners and Psychiatric Technicians	$7,162,000					$7,162,000	
17.	22	Loan Forgiveness Programs	$4,095,667					$4,095,667	
18.	Subtotal: Programs [a/]		$38,858,721	$1,527,660	$2,379,250	$12,431,815	$1,806,883	$3,528,150	Percentage
19.	Plus up to 15% Indirect Administrative Costs		$3,609,594						9%
20.	Plus up to 10% Operating Reserve		$983,394						2.3%
21.	Subtotal: Programs/Indirect Admin./Operating Reserve		$43,451,709						
New Programs									
1.	8	Intensive Mental Health Recovery Specialist Training Program	$2,255,950			$2,255,950			
2.			$0						
3.			$0						
4.			$0						
5.			$0						
6.	Subtotal: WET New Programs[a/]		$2,255,950	$0	$0	$2,255,950	$0	$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs		$209,556						9.3%
8.	Plus up to 10% Operating Reserve								#VALUE!
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve		$2,465,506						
10.	**Total MHSA Funds Requested**		$45,917,215						

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

Revised 12/29/10

PEI FUNDING REQUEST

County: Los Angeles

Date: 2/22/2011

	PEI Programs		FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group				
	No.	Name		Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
		Previously Approved Programs								
1.	ES-1	PEI Early Start-Suicide Prevention	$4,005,720	$2,002,860	$2,002,860	$858,827	$1,313,876	$703,805	$1,129,212	
2.	ES-2	PEI Ealty Start-School Mental Health Initiative	$4,875,320	$3,656,491	$1,218,829	$1,379,716	$2,531,266	$884,383	$79,956	
3.	ES-3	PEI Early Start-Stigma Discrimination	$3,461,280	$3,115,152	$346,128	$865,320	$865,320	$865,320	$865,320	
4.	PEI-1	School-based Services	$10,328,142	$3,889,624	$6,438,518	$9,509,270	$818,872	$0	$0	
5.	PEI-2	Family Education and Support Services	$13,589,155	$8,647,412	$4,941,743	$12,008,115	$1,581,040	$0	$0	
6.	PEI-3	At-risk Family Services	$12,937,118	$5,922,055	$7,015,063	$10,803,837	$0	$2,133,281	$0	
7.	PEI-4	Trauma Recovery Services	$32,148,733	$504,726	$31,644,007	$10,099,237	$4,841,288	$8,950,158	$8,258,050	
8.	PEI-5	Primary Care & Behavioral Health	$6,571,181	$2,311,469	$4,259,712	$612,502	$64,169	$4,218,102	$1,676,408	
9.	PEI-6	Early Care & Support for TAY	$10,821,514	$4,394,839	$6,426,675	$0	$10,821,514	$0	$0	
10.	PEI-7	Juvenile Justice Services	$12,795,744	$836,348	$11,959,396	$3,712,026	$9,083,718	$0	$0	
11.	PEI-8	Early Care & Support for Older Adults	$10,831,992	$3,997,508	$6,834,484	$0	$0	$0	$10,831,992	
12.	PEI-9	Improving Access for Underserved Populations	$8,691,811	$3,537,523	$5,154,288	$1,422,863	$1,369,231	$5,681,162	$218,555	
13.	PEI-10	American Indian Project	$1,188,000	$594,000	$594,000	$594,000	$594,000	$0	$0	
14.										
15.										
16.	Subtotal: Programs*		$132,245,710	$43,410,008	$88,835,702	$51,865,713	$33,884,294	$23,436,211	$23,059,493	Percentage
17.	Plus up to 15% Indirect Administrative Costs		$20,152,811							15%
18.	Plus up to 10% Operating Reserve		$15,239,852							10.0%
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		$167,638,373							
	New/Revised Previously Approved Programs									
1.			$0							
2.			$0							
3.			$0							
4.			$0							
5.			$0							
6.	Subtotal: Programs*		$0	$0	$0	$0	$0	$0	$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs									#VALUE!
8.	Plus up to 10% Operating Reserve									#VALUE!
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		$0							
10.	**Total MHSA Funds Requested for PEI**		$167,638,373							

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 yea 65%

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

INN FUNDING REQUEST

County: Los Angeles **Date:** 2/22/2011

	INN Programs		FY 11/12 Requested MHSA Funding	
	No.	Name		
		Previously Approved Programs		
1.		Integrated Clinic Model	$0	
2.		Integrated Mobil Health Team Model	$0	
3.		Community-Designed Integrated Services Management Model (ISM)	$0	
4.		Integrated Peer-Run Model	$0	
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.	Subtotal: Programs		$0	Percentage
17.	Plus up to 15% Indirect Administrative Costs			#DIV/0!
18.	Plus up to 10% Operating Reserve			#DIV/0!
19.	Subtotal: Previously Approved Programs/Indirect Admin./Operating Reserve		$0	
		New Programs		
1.				
2.				
3.				
4.				
5.				
6.	Subtotal: Programs		$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs			#VALUE!
8.	Plus up to 10% Operating Reserve			#VALUE!
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve		$0	
10.	**Total MHSA Funds Requested for INN**		$0	

Note: Previously Approved Programs that propose changes to the primary purpose and/or learning goal are considered New.

Revised 12/29/10

2011/12 ANNUAL UPDATE **EXHIBIT E5**

CFTN FUNDING REQUEST

County: Los Angeles

Capital Facilities and Technological Needs Work Plans/Projects				TOTAL FY 11/12 Required MHSA Funding	Funding Requested by Type of Project		
	No.	Name	New (N) Existing (E)		Capital Facilities	Technological Needs	
1.	LA-03	Integrated Behavioral Health Information System	E	$21,925,540		$21,925,540	
2.				$0			
3.				$0			
4.				$0			
5.				$0			
6.				$0			
7.				$0			
8.				$0			
9.				$0			
10.				$0			
11.				$0			
12.				$0			
13.				$0			
14.				$0			
15.				$0			
16.				$0			
17.				$0			
18.				$0			
19.				$0			
20.				$0			
21.				$0			
22.				$0			
23.				$0			
24.				$0			
25.				$0			Percentage
26.	Subtotal: Work Plans/Projects			$21,925,540	$0	$21,925,540	
27.	Plus up to 15% Indirect Administrative Costs			$0			0.0%
28.	Plus up to 10% Operating Reserve			$0			0.0%
29.	Total MHSA Funds Requested			$21,925,540			

Revised 12/29/10

2011/12 ANNUAL UPDATE **EXHIBIT F1**

NEW/REVISED PROGRAM DESCRIPTION
Community Services and Supports

County: **Los Angeles** ☐ **Completely New Program**

Program Number/Name: **A-06 Adult-Field Capable Clinical Services Program** ☒**Revised Previously Approved**

Date: **April 15, 2011**

A. List the estimated number of individuals proposed to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Individual FSP Only
Child and Youth				
TAY				
Adults		**7,800**		
Older Adults				
Total				

Total Estimated Number of Individuals to be Served (all services categories) by the Program during FY 11/12: **7,800**

B. Program Narrative

1. Briefly provide a description of the program that includes the array of services being provided. This should include information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The Adult Field Capable Clinical Services (FCCS) program provides an array of recovery-oriented, field-based and engagement -focused mental health services to adults. Providers will utilize field-based outreach and engagement strategies to serve the projected number of clients. The goal of Adult FCCS is to build the capacity of DMH to serve this significantly underserved population with specifically trained professional and paraprofessional staff working together as part of a multi-disciplinary team. Adult FCCS completes the continuum of care by providing a step-down from the more intensive FSP care or a step-up from the less intensive Wellness programs. Services provided include: outreach and engagement, bio-psychosocial assessment, individual and family treatment, evidence-based practices, 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 adults by providing screening, assessment, treatment, linkage, medication support, and consultation. Currently, Adult FCCS providers are in all areas of the county with the linguistic capacities to serve Spanish, Japanese, Chinese, Korean, Cambodian, Vietnamese, Armenian, and Farsi speaking clients.

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

This program is considered a new program because it has expanded in funding by 33%. 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

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

FCCS are field based services that provide opportunities for engagement and allow for services to be provided in a natural, community-based setting which contributes to the recovery and wellness. FCCS programs provide specialized mental health services delivered by a team of professional and Para-professional staff and volunteers. The focus of FCCS is working with community partners to provide a wide range of services that meet each individual's needs. The FCCS program is designed to provide services to individuals who are isolated, unwilling or unable to access traditional mental health outpatient services due to location/distance barriers, physical disabilities, or because of the stigma associated with

receiving clinic-based services.
4. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welfare & Institutions Code § 5847).
LA County has the capacity and will serve the projected number of clients.
5. 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.
General System Development funding is being utilized for master leasing by some contracted providers.
6. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) The rationale for the decision to consolidate programs. c) How existing populations and services will achieve the same outcomes as the previously approved programs.
N/A

NEW/REVISED PROGRAM DESCRIPTION
Community Services and Supports

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

NEW/REVISED PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	**County Mental Health Department**	**Other Governmental Agencies**	**Community Mental Health Contract Providers/CBO's**	**Total**
1.	Client, Family Member and Caregiver Support Expenditures				
	a. Individual-based Housing				
	b. Other Supports				
2.	General System Development Housing				
3.	Personnel Expenditures	$2,519,164			$2,519,164
4.	Operating Expenditures	$1,535,334			$1,535,334
5.	Non-recurring Expenditures				$0
6.	Other Expenditures			$36,030,730	$36,030,730
	Total Proposed Expenditures	**$4,054,498**	**$0**	**$36,030,730**	**$40,085,228**
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)	$542,041		$16,112,729	$16,654,770
	b. State General Funds	$3,136			$3,136
	c. Other Revenues	$9,580			$9,580
	Total Revenues	$554,757	$0	$16,112,729	$16,667,486
C. TOTAL FUNDING REQUESTED		**$3,499,741**	**$0**	**$19,918,001**	**$23,417,742**

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, non-recurring expenditures, and other expenditures associated with this CSS Program.

a) County Mental Health Department-to reflect 29 FTEs for Personnel Expenditure and some operating costs for 29 FTEs and medication costs for Operating Expenditure.
b) Community Mental Health Contract Providers/CBOs- to allocate contract providers selected Los Angeles County

COUNTY OF LOS ANGELES - DEPT. OF MENTAL HEALTH

BUDGET & FINANCIAL REPORTING DIVISION

MENTAL HEALTH SERVICES ACT

ITEMS-TAY FCCS & ADULT FCCS

	UNIQUE #	BUDGETED UNIT CODE	BUDGETED UNIT CODE DESCRIPTION	FUNCTIONAL UNIT	FUNCTIONAL UNIT CODE DESCRIPTION	ITEM/ SUB LTR		FTE
M	102640	32093	MHSA-ADULT FCCS	20472	A.B.L.E. PROGRAM	2101A	SENIOR SECRETARY II	1.0
M	102682	32093	MHSA-ADULT FCCS	20472	A.B.L.E. PROGRAM	5857A	OCCUPATIONAL THERAPIST II	1.0
M	103880	32093	MHSA-ADULT FCCS	20472	A.B.L.E. PROGRAM	9035A	PSYCHIATRIC SOCIAL WORKER II	1.0
M	106048	32093	MHSA-ADULT FCCS	20472	A.B.L.E. PROGRAM	8593A	REHABILITATION COUNSELOR II	1.0
M	102443	32093	MHSA-ADULT FCCS	20499	WEST VALLEY MHC	9035A	PSYCHIATRIC SOCIAL WORKER II	1.0
M	103470	32093	MHSA-ADULT FCCS	20499	WEST VALLEY MHC	5278A	MENTAL HEALTH COUNSELOR, RN	1.0
M	106419	32093	MHSA-ADULT FCCS	20562	HARBOR/UCLA MEDICAL CENTER ADMIN.	8697A	CLINICAL PSYCHOLOGIST II	1.0
M	100437	32093	MHSA-ADULT FCCS	21537	PALMDALE SATELLITE MHC	2214A	INTERMEDIATE TYPIST-CLERK	1.0
M	102553	32093	MHSA-ADULT FCCS	21537	PALMDALE SATELLITE MHC	8105A	SENIOR COMMUNITY WORKER II	1.0
M	102744	32093	MHSA-ADULT FCCS	21537	PALMDALE SATELLITE MHC	4737A	SUPVG MENTAL HEALTH PSYCHIATRIST	1.0
M	102809	32093	MHSA-ADULT FCCS	21537	PALMDALE SATELLITE MHC	9035N	PSYCHIATRIC SOCIAL WORKER II	1.0
M	104753	32093	MHSA-ADULT FCCS	21537	PALMDALE SATELLITE MHC	9002A	MEDICAL CASE WORKER II	1.0
M	104755	32093	MHSA-ADULT FCCS	21537	PALMDALE SATELLITE MHC	4726A	MNTL HLTH CLINICAL PROGRAM HEAD	1.0
M	104757	32093	MHSA-ADULT FCCS	21537	PALMDALE SATELLITE MHC	9193A	PATIENT FINANCIAL SERVICES WORKER	1.0
M	104760	32093	MHSA-ADULT FCCS	21537	PALMDALE SATELLITE MHC	2214A	INTERMEDIATE TYPIST-CLERK	1.0
M	104761	32093	MHSA-ADULT FCCS	21537	PALMDALE SATELLITE MHC	0907A	STAFF ASSISTANT I	1.0
M	104762	32093	MHSA-ADULT FCCS	21537	PALMDALE SATELLITE MHC	9035A	PSYCHIATRIC SOCIAL WORKER II	1.0
M	104882	32093	MHSA-ADULT FCCS	21537	PALMDALE SATELLITE MHC	2214A	INTERMEDIATE TYPIST-CLERK	1.0
M	105007	32093	MHSA-ADULT FCCS	21537	PALMDALE SATELLITE MHC	2214A	INTERMEDIATE TYPIST-CLERK	1.0
M	109191	32093	MHSA-ADULT FCCS	21537	PALMDALE SATELLITE MHC	9002A	MEDICAL CASE WORKER II	1.0
M	109201	32093	MHSA-ADULT FCCS	21537	PALMDALE SATELLITE MHC	9192A	PATIENT RESOURCES WORKER	1.0
M	109653	32093	MHSA-ADULT FCCS	21537	PALMDALE SATELLITE MHC	2214A	INTERMEDIATE TYPIST-CLERK	1.0
M	109654	32093	MHSA-ADULT FCCS	21537	PALMDALE SATELLITE MHC	2214A	INTERMEDIATE TYPIST-CLERK	1.0
M	109918	32093	MHSA-ADULT FCCS	21537	PALMDALE SATELLITE MHC	9038A	SUPVG PSYCHIATRIC SOCIAL WORKER	1.0
M	102521	32093	MHSA-ADULT FCCS	23007	LONG BEACH MHS - ADULT CCU	9038A	SUPVG PSYCHIATRIC SOCIAL WORKER	1.0
M	103062	32093	MHSA-ADULT FCCS	23007	LONG BEACH MHS - ADULT CCU	9035A	PSYCHIATRIC SOCIAL WORKER II	1.0
M	102680	32093	MHSA-ADULT FCCS	20465	COMPTON MHS	9192A	PATIENT RESOURCES WORKER	1.0
M	106338	32093	MHSA - WELLNESS/CLIENT RU	21561	COMPTON MHC - CHILD	9192A	PATIENT RESOURCES WORKER	1.0
M	106262	32093	MHSA-ADULT FCCS	20441	DOROTHY KIRBY CENTER MH UNIT	8697A	CLINICAL PSYCHOLOGIST II	1.0
								29.0

2011/12 ANNUAL UPDATE **EXHIBIT F1**

NEW/REVISED PROGRAM DESCRIPTION
Community Services and Supports

County: **Los Angeles** ☐ **Completely New Program**

Program Number/Name: **C-02 Family Support Services** ☒ **Revised Previously Approved Program**

Date: **April 15, 2011**

A. List the estimated number of individuals proposed to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Individual FSP Only
Child and Youth		**400**		21850
TAY				
Adults				
Older Adults				
Total				

Total Estimated Number of Individuals to be Served (all services categories) by the Program during FY 11/12: **400**

B. Program Narrative

1. **Briefly provide a description of the program that includes the array of services being provided. This should include information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.**

Family Support Services (FSS) is a component of Child FSP programs exclusively. They are available to parents/caregivers/guardians, siblings, family relatives or other people who live in the same house and who have a significant impact on the success of treatment and outcomes of a child who is enrolled in a Child FSP and who:

- Are without other funding sources to cover the cost of their own mental health care.
- Are not eligible for mental health services under the adult system of care
- Collateral services are insufficient

The full array of clinical services provided through FSS includes:

- Individual therapy,
- Couples therapy,
- Group therapy,
- Psychiatry/medication support,
- Crisis intervention,
- Case management/linkage, and
- Parenting education

Parents/caregivers and siblings receiving FSS generally represent the same UREP as their enrolled child.

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

This program is considered a new program because it has expanded in funding by 97%. 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.
FSS meets the following priorities identified by stakeholders during the community planning process:

1. **Training**
   DMH has strengthened its workforce by collaborating with early childhood mental health experts and developing a specialized 0-5 training curriculum designed to increase knowledge, enhance skill level and promote professional growth. Examples of trainings include field safety, brain development, attachment and trauma, cultural

competency, and child abuse reporting laws. Child Countywide administration is also conducting a Reflective Supervision pilot program at several select providers across the County.

2. **Outdated/inadequate policies/programs/services**
   In collaboration with CIMH, Child Countywide also conducts quarterly roundtable meetings for all Child MHSA service providers that serve as an arena for networking, asking questions, disseminating and explaining new and/or revised County policies and practices and for panels of staff from particularly successful programs to share tips and provide advice to colleagues of other agencies.

Stakeholders recognized the importance of ensuring a stable home environment for children with SED and, as a result, approved a special allocation of MHSA funds specifically for FSS which is unique to the Child age group. Initial barriers that were preventing Child MHSA providers from delivering FSS were addressed through the deployment of specialized training, authorizing Community Outreach Services as a billing option and acquiring the authorization needed to use specialized assessment forms. The result was a dramatic increase of FSS fund utilization over the past several years and a significant reduction in disparities to Child UREP. During fiscal year 2010-11.

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

FSS are responsive and appropriate to the cultural and linguistic needs of the children/youth and their families and are supported by promising and/or evidence-based practice, wherever and whenever possible.

4. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welfare & Institutions Code § 5847).

DMH has 54 Child FSP providers that can and have been providing FSS services to Children 0-15 and their families in Los Angeles County.

5. 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.

N/A

6. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) The rationale for the decision to consolidate programs.
   c) How existing populations and services will achieve the same outcomes as the previously approved programs.

N/A

NEW/REVISED PROGRAM DESCRIPTION
Community Services and Supports

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

NEW/REVISED PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	**County Mental Health Department**	**Other Governmental Agencies**	**Community Mental Health Contract Providers/CBO's**	**Total**
1.	Client, Family Member and Caregiver Support Expenditures				
	a. Individual-based Housing				
	b. Other Supports				
2.	General System Development Housing				
3.	Personnel Expenditures				
4.	Operating Expenditures				
5.	Non-recurring Expenditures				
6.	Other Expenditures		$1,155,000	$1,855,380	$3,013,380
	Total Proposed Expenditures	**$0**	**$1,155,000**	**$1,855,380**	**$3,013,380**
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues	$0	$0	$0	$0
C. TOTAL FUNDING REQUESTED		**$0**	**$1,155,000**	**$1,855,380**	**$3,013,380**

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, non-recurring expenditures, and other expenditures associated with this CSS Program.

a) Other Governmental Agencies- to reflect the allocation of case rate to Department Children & Family Services
b) Community Mental Health Contract Providers/CBOs- to allocate contract providers selected Los Angeles County

2011/12 ANNUAL UPDATE **EXHIBIT F1**

NEW/REVISED PROGRAM DESCRIPTION
Community Services and Supports

County: Los Angeles ☐ **Completely New Program**

Program Number/Name: C-05 Children-Field Capable ☒ **Revised Previously Approved Program**

Clinical Services

Date: April 15, 2011

A. List the estimated number of individuals proposed to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Individual FSP Only
Child and Youth		**20,000**		
TAY				
Adults				
Older Adults				
Total				

Total Estimated Number of Individuals to be Served (all services categories) by the Program during FY 11/12: **20,000**

B. Program Narrative

1. Briefly provide a description of the program that includes the array of services being provided. This should include information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

Field Capable Clinical Services (FCCS) are specialty field-based mental health services provided to children/youth, ages 0-15 and their families who may be reluctant or unable to seek services in traditional mental health clinics due to stigma, lack of funding, transportation or physical difficulties and/or geographic limitations. Because they are voluntary, less intensive services than those provided through a FSP and don't require authorization, FCCS can serve as an effective means of transitioning former FSP clients to lower levels of care.

FCCS are based on promising and/or evidence-based practices and are culturally competent. Components of service delivery include:

- Outreach and Engagement
- Bio-psychosocial assessment
- Individual and family treatment
- Medication support
- COD assessment & intervention
- Family education & support
- Linkage to community-based services & supports
- Collaboration with DCFS, Probation & other providers

In addition, FCCS are specifically designed to meet the needs of children/youth who:

- Are in or at risk of placement in foster care
- Have co-occurring substance abuse, developmental or medical disorders
- Are at serious risk of school failure
- Have experienced trauma
- Are at serious risk of entering the juvenile justice system
- Have a history of or are at risk of psychiatric hospitalization
- Are at serious risk for suicide

Although authorization is not required for FCCS, eligible clients must meet the criteria listed above and may be one of the following unrepresented ethnic populations (UREP): African American, American Indian, Asian/Pacific Islander, Middle Eastern/Eastern European, and Latino.

NEW/REVISED PROGRAM DESCRIPTION
Community Services and Supports

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

Child FCCS meets the following three priorities identified by stakeholders during the community planning process:

1. **Multi-agency collaboration/coordination:**
   FCCS implementation expansion has grown to include 75 Child FCCS providers who have built partnerships with local community based agencies in their respective neighborhoods where co-located staff are able to consistently provide mental health assessment and services where UREP live and work.

2. **Training**
   DMH has strengthened its workforce by collaborating with early childhood mental health experts and developing a specialized 0-5 training curriculum designed to increase knowledge, enhance skill level and promote professional growth. Examples of trainings include field safety, brain development, attachment and trauma, cultural competency, and child abuse reporting laws. Child Countywide administration is also conducting a Reflective Supervision pilot program at several select providers across the County.

3. **Outdated/inadequate policies/programs/services**
   In collaboration with CIMH, Child Countywide also conducts quarterly roundtable meetings for all Child MHSA service providers that serve as an arena for networking, asking questions, disseminating and explaining new and/or revised County policies and practices and for panels of staff from particularly successful programs to share tips and provide advice to colleagues of other agencies.

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

FCCS are field based services that provide opportunities for engagement and allow for services to be provided in a natural, community-based setting which contributes to the client's resiliency and wellness. FCCS are responsive and appropriate to the cultural and linguistic needs of the children/youth and their families and are supported by promising and/or evidence-based practice, wherever and whenever possible.

4. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welfare & Institutions Code § 5847).

LA County has the capacity and will serve the projected number of clients. Providers will utilize field-based outreach and engagement strategies to serve the projected number of clients. DMH has 75 Child FCCS contract providers.

5. 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.

N/A

6. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) The rationale for the decision to consolidate programs.
   c) How existing populations and services will achieve the same outcomes as the previously approved programs.

N/A

NEW/REVISED PROGRAM DESCRIPTION
Community Services and Supports

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

NEW/REVISED PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	**County Mental Health Department**	**Other Governmental Agencies**	**Community Mental Health Contract Providers/CBO's**	**Total**
1.	Client, Family Member and Caregiver Support Expenditures				
	a. Individual-based Housing				
	b. Other Supports				
2.	General System Development Housing				
3.	Personnel Expenditures				
4.	Operating Expenditures				
5.	Non-recurring Expenditures				
6.	Other Expenditures			$48,283,503	$48,283,503
	Total Proposed Expenditures	**$0**	**$0**	**$48,283,503**	**$48,283,503**
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)			$23,804,104	$23,804,104
	b. State General Funds			$19,039,701	$19,039,701
	c. Other Revenues				
	Total Revenues			$42,843,805	$42,843,805
C. TOTAL FUNDING REQUESTED				**$5,439,698**	**$5,439,698**

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, non-recurring expenditures, and other expenditures associated with this CSS Program.

Community Mental Health Contract Providers/CBO's – to allocate the contract providers selected by Los Angeles County.

2011/12 ANNUAL UPDATE **EXHIBIT F1**

NEW/REVISED PROGRAM DESCRIPTION
Community Services and Supports

County: Los Angeles

☐ **Completely New Program**

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

☒ **Revised Previously Approved Program**

Date: April 15, 2011

A. List the estimated number of individuals proposed to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Individual FSP Only
Child and Youth				
TAY		**1,600**		
Adults				
Older Adults				
Total				

Total Estimated Number of Individuals to be Served (all services categories) by the Program during FY 11/12: **1,600**

B. Program Narrative

1. **Briefly provide a description of the program that includes the array of services being provided. This should include information about targeted age group, gender, race/ethnicity and language spoken by the population to be served**.

The TAY Field Capable Clinical Services (FCCS) program provides services to male and female youth ages 16-25 who are Seriously Emotionally Disturbed (SED) and /or have a Serious Persistent Mental Illness (SPMI). The ethnic targets for FCCS are White, Latino, African Americans, Asians, and American Indians. The languages spoken by the ethnic targets include English, Spanish and Mandarin. FCCS are responsive and appropriate to the cultural and linguistic needs of the youth served in this program. In addition, FCCS providers will use translation services if needed.

Clients may include youth who are homeless/at risk of homelessness, struggling with substance abuse disorders, aging out of the children's mental health, child welfare or juvenile justice systems, having difficulty engaging through traditional clinic-based services, experiencing a first psychotic break, and/or otherwise at high risk, but do not qualify for more intensive services.

A minimum of (50%) of all FCCS services are provided in field based settings. Services are delivered by professionals and paraprofessionals specially trained to recognize and respond to the unique needs of TAY. FCCS are intended to be client driven and designed to meet the needs and goals of each client. FCCS services that are available include outreach and engagement, Bio-psychosocial assessments, individual and family treatment, medication support, specialized assessment and treatment interventions for co-occurring disorders, (i.e. mental illness and substance abuse), linkage to self-help and family support groups, health services, benefits establishment, temporary and/or permanent housing, family education and support, support for employment, education, and social support development, 24/7 Telephone response, and case management.

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

The program services remain consistent as previously approved by the MHSA Stakeholders. A mandatory 30-day public posting was followed with a public hearing.

NEW/REVISED PROGRAM DESCRIPTION
Community Services and Supports

3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., title 9, § 3320).
The FCCS program is designed to provide services to individuals who are isolated, unwilling or unable to access traditional mental health outpatient services due to location/distance barriers, physical disabilities, or because of the stigma associated with receiving clinic-based services. FCCS are supported by promising and/or evidenced-based practices, wherever and whenever possible. FCCS provide opportunities for engagement in the youth's natural environment and other field based setting such as Drop-In centers, which contributes to the recovery and wellness of the youth served by this program. FCCS providers work with community partners to provide a wide range of services that meet individual needs of the youth in this program.
4. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welfare & Institutions Code § 5847).
LA County has the capacity and will serve the projected number of clients. Providers were given an opportunity to use MHSA CSS funds to support a 37% increase in funding for TAY FCCS.
5. 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.
N/A
6. If this is a consolidation of two or more programs, provide the following information: **a) Names of the programs being consolidated.** **b) The rationale for the decision to consolidate programs.** **c) How existing populations and services will achieve the same outcomes as the previously approved programs.**
N/A

NEW/REVISED PROGRAM DESCRIPTION
Community Services and Supports

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

NEW/REVISED PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	**County Mental Health Department**	**Other Governmental Agencies**	**Community Mental Health Contract Providers/CBO's**	**Total**
1.	Client, Family Member and Caregiver Support Expenditures				
	a. Individual-based Housing				
	b. Other Supports				
2.	General System Development Housing				
3.	Personnel Expenditures	$190,761			$190,761
4.	Operating Expenditures	$157,517			$157,517
5.	Non-recurring Expenditures				$0
6.	Other Expenditures			$8,400,695	$8,400,695
	Total Proposed Expenditures	**$348,278**	**$0**	**$8,400,695**	**$8,748,973**
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)	$67,082		$4,029,053	$4,096,135
	b. State General Funds	$841		$2,885,339	$2,886,180
	c. Other Revenues	$1,093			$1,093
	Total Revenues	$69,016	$0	$6,914,392	$6,983,408
C. TOTAL FUNDING REQUESTED		**$279,262**	**$0**	**$1,486,303**	**$1,765,565**

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, non-recurring expenditures, and other expenditures associated with this CSS Program.

a) County Mental Health Department-to reflect 2 FTEs, Psychiatric Social Worker II and Supvg. Psychiatric Social Worker, for Personnel Expenditure and some operating costs for 2 FTEs and medication costs for Operating Expenditure.
b) Community Mental Health Contract Providers/CBOs- to allocate contract providers selected Los Angeles County

COUNTY OF LOS ANGELES - DEPT. OF MENTAL HEALTH

BUDGET & FINANCIAL REPORTING DIVISION

MENTAL HEALTH SERVICES ACT

ITEMS-TAY FCCS & ADULT FCCS

	UNIQUE #	BUDGETED UNIT CODE	BUDGETED UNIT CODE DESCRIPTION	FUNCTIONAL UNIT	FUNCTIONAL UNIT CODE DESCRIPTION	ITEM/ SUB LTR		FTE
M	104288	32092	MHSA-TAY FCCS	23001	ED EDELMAN WESTSIDE MHC - ADULT	9035A	PSYCHIATRIC SOCIAL WORKER II	1.0
M	101596	32092	MHSA-TAY FCCS	23010	WEST CENTRAL MHS	9038A	SUPVG PSYCHIATRIC SOCIAL WORKER	1.0
								2.0

2011/12 ANNUAL UPDATE **EXHIBIT F2**

NEW/REVISED PROGRAM DESCRIPTION
Workforce Education and Training

County: Los Angeles County

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

Date: April 15, 2011

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☒
Residency & Internship	☐
Financial Incentive	☐

B. Program Narrative

1. Provide a description of the work detail or activities, including the objectives and outcomes to be achieved.

The only change in this program is an increase in annual funding by 57%. Program services will remain as previously approved.

Description: The Intensive Mental Health Recovery Specialist Training Program plays 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 field placement experience that provides an opportunity to integrate classroom knowledge with work experience.

Objectives:
1. To increase training programs for individuals with Bachelor degrees to support their efforts to enter into the mental health field.
2. To recruit and attract ethnically and linguistically diverse individuals to be trained in MHSA philosophies and practices.
3. 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.
4. 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 program is consistent with the priorities identified in the Community Program 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., title 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.

NEW/REVISED PROGRAM DESCRIPTION
Workforce Education and Training

4. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) The rationale for the decision to consolidate programs. c) Explain how the objectives identified in the previously approved program will be achieved.

NEW/REVISED PROGRAM DESCRIPTION
Workforce Education and Training

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

NEW/REVISED PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	**County Mental Health Department**	**Other Governmental Agencies**	**Community Mental Health Contract Providers/CBO's**	**Total**
1.	Personnel Expenditures				
2.	Operating Expenditures				
3.	Training Expenditures				
4.	Contract Services (Training Consultant Contracts)			$809,325	$809,325
5.	Residency Expenditures				
6.	Internship Expenditures				
7.	Mental Health Career Pathway Expenditures				
8.	Stipend Funds				
9	Scholarship Funds				
10.	Loan Repayment Funds				
11.	Non-recurring Expenditures				
12.	Other Expenditures				
	Total Proposed Expenditures			**$809,325**	**$809,325**
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues				
C. TOTAL FUNDING REQUESTED				**$809,325**	**$809,325**

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, contract services, residency expenditures, internship expenditures, mental health career pathway expenditures, stipend funds, scholarship funds, loan repayment funds, non-recurring expenditures, and other expenditures associated with this WET Program.

1. Administrative Costs: $117,142 – Estimated allocation for administrative overhead.
2. Training Curriculum Development: $92,130 – Funds development of training curriculum with feedback from members of the public mental health system, including DMH, its contracted agencies, consumers, family members, parents, etc.
3. Training Services (Didactic and Experiential): $274,323 and $312,473 – Delivery of approximately 4 trainings, each over a span of several weeks. Each training session will accommodate approximately 40 participants.
4. Duplication of Materials: $13,257 – Development and reproduction of all training materials.

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: Los Angeles

Project Name: Integrated Behavioral Health Information System

Project Number: LA-03

Select One:
- ☐ New
- ☒ Existing
- ☐ Completed Project (PIER)

TECHNOLOGICAL NEEDS NEW PROJECT

Check at least one box from each group that describes this MHSA Technological Needs project category:

- ☐ New system
- ☐ Increases the number of users of an existing system
- ☐ Extends the functionality of an existing system
- ☐ Supports goal of modernization/transformation
- ☐ Supports goal of client and family empowerment

Indicate the type (and subtype if applicable) of MHSA Technological Needs Project and provide the Vendor/Consultant information:

ELECTRONIC HEALTH RECORD (EHR) SYSTEM PROJECTS (Check All That Apply)		
☐ **Needs Assessment and Vendor Selection** ☐ Needs Assessment ☐ Vendor Selection Process	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected ☐ Internal	Name _____
☐ **Infrastructure, Security, and Privacy**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected ☐ Internal	Name _____
☐ **Practice Management** ☐ Electronic Registration ☐ Electronic Scheduling ☐ Billing Interface with State ☐ Billing Interface with Contract Providers	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected ☐ Internal	Name _____
☐ **Clinical Data Management** ☐ Assessment and Treatment Plan ☐ Document Imaging ☐ Clinical Notes Module	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected ☐ Internal	Name _____
☐ **Computerized Provider Order Entry** ☐ Lab – Internal ☐ Lab – External ☐ Pharmacy – Internal ☐ Pharmacy – External	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected ☐ Internal	Name _____
☐ **Interoperability Components** ☐ Messaging – Data transfer between different systems with different data standards. ☐ Record Exchange – Data transfer between two systems that share a common structural design.	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected ☐ Internal	Name _____
☐ **Full Electronic Health Record (EHR) with Interoperability Components** (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies)	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected ☐ Internal	Name _____
CLIENT AND FAMILY EMPOWERMENT PROJECTS		
☐ **Client/Family Access to Computing Resources**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected ☐ Internal	Name _____
☐ **Personal Health Record (PHR) System**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected ☐ Internal	Name _____
☐ **Online Information Resource (Expansion / Leveraging Information Sharing Services)**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected ☐ Internal	Name _____

OTHER TECHNOLOGICAL NEEDS PROJECTS THAT SUPPORT MHSA OPERATIONS	
☐ **Telemedicine and Other Rural / Underserved Service Access Methods**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Pilot Projects to Monitor New Programs and Service Outcome Improvement**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Data Warehousing /Decision Support**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Imaging/Paper Conversion**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal

TECHNOLOGICAL NEEDS NEW PROJECT DESCRIPTION

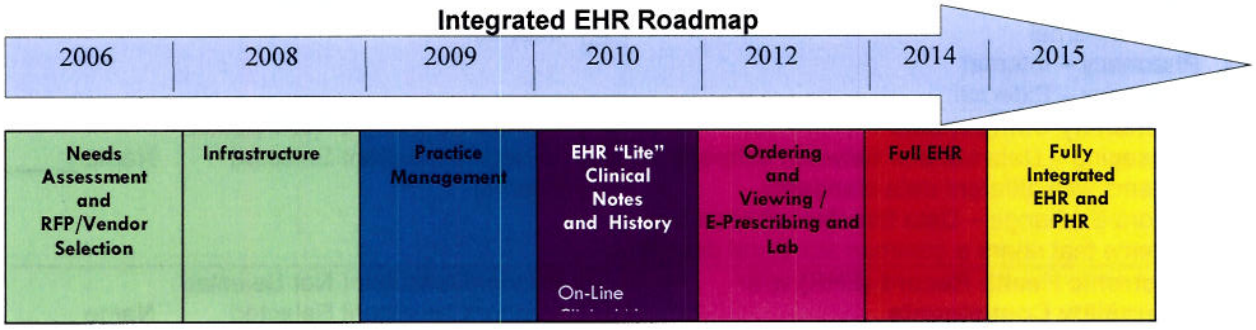
1. Provide an Executive Summary of your Project:

2. Describe how your Technological Needs Projects will meet MHSA's goal of the Integrated Information Systems Infrastructure (IISI):

3. A Project Management Overview is required. Do you certify that you have completed or will complete each of the following plans? ☐ **Yes or** ☐ **No**

a. Independent Project Oversight	g. Human Resource Management
b. Integration Management	h. Communication Management
c. Scope Management	i. Procurement Management
d. Time Management	j. Risk Assessment
e. Cost Management	k. Change Control Plan
f. Quality Management	l. Needs Assessment

4. Complete a proposed implementation timeline with the following major EHR categories (Example below):



NOTE: Your implementation plan may not be in this order.

5. Will funding be used for Data Collection Reporting (DCR)? ☐ **Yes or** ☐ **No**

6. EHR and PHR Standards and Requirements:
If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at:
http://www.dmh.ca.gov/Prop_63/MHSA/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf

7. Project:
Proposed Start Date: _____ **Proposed End Date:** _____

TECHNOLOGICAL NEEDS EXISTING PROJECT

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

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

Los Angeles County Department of Mental Health (LAC-DMH) released an RFP for an Integrated Behavioral Health Information System in November 2009. Vendor proposals were received in February 2010 and a vendor was selected on September 2, 2010. Vendor negotiations are in progress. The selected vendor will be announced upon completion of vendor negotiations.

LAC-DMH withheld planning for the remainder of the local MHSA IT Planning Estimate funds ($21,925,540) until selection of an EHR vendor and contract negotiations were complete. Since LAC-DMH had not completed the RFP process at the time of the initial funding request (February 2009) and the subsequent FY 10-11 Annual Planning process (April 2010), LAC-DMH was reluctant to request additional MHSA funding for the IBHIS project given the public nature of the planning process. Particular care was taken to avoid releasing information prior to completion of the RFP process that may disadvantage the department in the negotiation process. Now that a vendor has been selected and contract negotiations are nearly complete, more precise project cost projections are available and there is no risk associated with the release of more detailed project cost information.

LAC-DMH made every effort to realistically anticipate IBHIS costs. However, actual costs are higher than anticipated in nearly every category. The amounts initially budgeted for the IBHIS project, including LAC-DMH non-MHSA IT Plan funds, will not see the project through the implementation process, let alone support continuing operations for any period of time. Additional funding is required including both MHSA IT Plan funds and LAC-DMH IT budget funds. Project costs in excess of MHSA IT Plan funds will be absorbed by LAC-DMH to complete project implementation, provide for continuing maintenance, and sustain ongoing operations.

2. Why was the initial funding insufficient? Check all boxes that apply and provide a brief explanation.

a.	☐ Project manager performance	h.	☐ Change in Vendor/Contract services cost
b.	☐ Project staffing	i.	☒ Change in cost of materials (hardware, software, etc.)
c.	☐ Requirements not completely defined	j.	☐ Personnel cost increase
d.	☐ Change in scope	k.	☐ Delay in RFP process
e.	☐ Difficulties in customizing COTS	l.	☐ Insufficient management support
f.	☐ Delay in project start date	m.	☐ Training issues
g.	☐ Completion date has lapsed	n.	☒ Other

Explanation:
LAC-DMH based its original estimates on the knowledge of consultants with broad electronic health record system experience, industry knowledge sources such as Gartner, and similar projects in other jurisdictions. The difficulty, we believe in hindsight, is that there just aren't many projects similar in scale and complexity to what LAC-DMH is doing, so estimates based on other projects have proven minimally helpful.

3. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide a brief explanation.

a.	☐ Project organization	j.	☐ Project phasing
b.	☐ Project management resources	k.	☐ Change management plan
c.	☐ Support resources	l.	☐ Risk management plan
d.	☐ Development and maintenance resources	m.	☒ Contract services costs
e.	☐ Quality assurance testing resources	n.	☐ Hardware costs
f.	☒ Project plan dates (schedule)	o.	☒ Software costs
g.	☐ Project scope	p.	☐ Personnel costs
h.	☐ Project roles and responsibilities	q.	☐ Other costs
i.	☐ Project monitoring and oversight	r.	☐ Training provisions

Explanation:
3.f) LAC-DMH is currently developing a revised project schedule in collaboration the IBHIS vendor. Upon completion, a revised project schedule will be submitted to CDMH.

3.m) LAC-DMH is requesting additional MHSA IT funds to partially offset higher than expected vendor implementation costs.

3.o) LAC-DMH is requesting additional MHSA IT funds for purchasing IBHIS software licenses. Additionally, we are requesting funds to purchase an Enterprise Master Person Index interface to the IBHIS and treatment libraries.

PROJECT BUDGET

A. EXPENDITURES					
	Type of Expenditure	**FY 11/12**	**FY 12/13**	**FY 13/14**	**Total**
1.	Personnel	0			
2.	Hardware	0			
3.	Software	$16,796,606			
4.	Contract Services	$3,590,540			
5.	Indirect Administrative Cost	$1,538,394			
	Total Proposed Expenditures	**$21,925,540**			
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)	0			
	b. State General Funds	0			
	c. Other Revenues	0			
	Total Revenues	0			
C. TOTAL FUNDING REQUESTED		**$21,925,540**			

D. BUDGET NARRATIVE

1. Provide a detailed budget narrative explaining the proposed project expenditures for each line item.

SOFTWARE EXPENSES: $16,796,606

LAC-DMH is requesting additional MHSA IT funds in the amount of $16,461,606 for purchasing IBHIS software licenses. Additionally, we are requesting funds in the amount of $250,000 to purchase an Enterprise Master Person Index interface to the IBHIS and $85,000 for the purchase of treatment libraries.

CONTRACT SERVICES: $3,590,540

LAC-DMH is requesting additional MHSA IT funds in the amount of $3,590,540 to partially offset vendor implementation costs which include project management, implementation services, and training.

TOTAL DIRECT COSTS: $20,387,146

INDIRECT ADMINISTRATIVE COST: $1,538,394

LAC-DMH'S Indirect Administrative Cost rate is 7.5459% of total direct costs.

Total MHSA Request: $21,925,540

TECHNOLOGICAL NEEDS POST IMPLEMENTATION EVALUATION REPORT (PIER)

Basic Information

Actual Start Date: ___/___/_____ ☐ Check if different than planned start date in original project proposal
Actual Completion Date: ___/___/_____ ☐ Check if different than planned completion date in original project proposal

What was the final Project Schedule Status?

☐ Project was completed on time
☐ Project was completed early
☐ Project was completed late

What was the final Project Budget Status?

☐ Project was completed within approved budget
☐ Project was completed over budget – Final Cost: MHSA funds - $_____ Non-MHSA funds - $_____
☐ Project was completed under budget – Final Cost: MHSA funds - $_____ Non-MHSA funds - $_____

Objectives Achieved

Describe the achieved objectives of the project. Also describe the User and Management Acceptance of the Completed Project.

Lessons Learned

Please select the categories which best describe your lessons learned:

a. ☐ Scope (planning, defining, verifying, and controlling)
b. ☐ Documentation (requirements and use cases)
c. ☐ Development (design, coding, and data)
d. ☐ Quality (assurance, control, metrics, and testing)
e. ☐ Implementation (installation and deployment)
f. ☐ Risk (identification, response, and control)
g. ☐ Time (sequencing, estimating, and scheduling)
h. ☒ Cost (estimating, budgeting, and control)
i. ☐ Human Resources (team acquisition, development, management, and turnover)
j. ☐ Communications (info distribution and reporting)
k. ☐ Procurement (purchase, acquisitions, and contracting)
l. ☐ Training (system education)
m. ☐ User acceptance (sponsorship and buy-off)

Describe lessons learned, best practices used for the Project, any notable occurrences or factors that contributed to the Project's success or problems, or other information which could be helpful during future Project efforts. Describe problems that were encountered and how they were overcome.

Corrective Actions

This section will have to be included when the Project is deemed to be a Limited Success or Failure, or when there are Significant Differences between Project Expectations and Project Results. If this condition applies, summarize alternatives for improving the outcome.

Next Steps

Describe if the Project has any future phases or enhancements; or if it be in maintenance phase.

CERTIFICATION STATEMENT

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

I certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met.

All documents in the Funding Request and/or Post Implementation Evaluation Report (PIER) are true and correct.

Robert Greenless		1/26/11
Chief Information Officer (Print)	**Signature**	**Date**
Jeff Zito		1-25-11
HIPAA Privacy/Security Officer (Print)	**Signature**	**Date**

CFTN FUNDING REQUEST

County: Los Angeles County

	Capital Facilities and Technological Needs Work Plans/Projects			TOTAL FY 11/12 Required MHSA Funding	Funding Requested by Type of Project		
	No.	Name	New (N) Existing (E)		Capital Facilities	Technological Needs	
1.	LA-03	Integrated Behavioral Health Information System	E	$20,387,146		$20,387,146	
2.							
3.							
4.							
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19.							
20.							
21.							
22.							
23.							
24.							
25.							Percentage
26.	Subtotal: Work Plans/Projects			$20,387,146	$0	$20,387,146	
27.	Plus up to 15% Indirect Administrative Costs			$1,538,394			7.5%
28.	Plus up to 10% Operating Reserve						#VALUE!
29.	Total MHSA Funds Requested			$21,925,540			

Training, Technical Assistance and Capacity Building Funds Request Form (Prevention and Early Intervention Statewide Program)

☒ **Previously approved with no changes**

☐ **New**

Date: April 15, 2011	County Name: Los Angeles
Amount Requested for FY 2011/12: $1,755,300	

A. Briefly describe your plan for using the Training, Technical Assistance and Capacity Building funding and indicate (if known) potential partner(s) and/or contractor(s).

Los Angeles County is in the process of identifying additional contract providers that have a demonstrated record of experience developing Training, Technical Assistance and Capacity Building (TTACB) programs in partnership with other local and community organizations.

Five Evidence Based Practices (EBPs) have been identified from our original PEI component: Trauma Focused Cognitive Behavioral Intervention, Positive Parent Program, Seeking Safety, Cognitive Behavioral Intervention for trauma in school, and Prolonged Exposure for Post Traumatic Stress Disorder. These five EBPs will be the focus of future TTACB projects.

This year, two vendors have been identified. The University of California at Los Angeles has been identified as well as our Internal Services Department (ISD) for an Information Technology (IT) project. The IT project entails procurement and implementation of an Enterprise Master Person Index solution that will assign a unique master index to the clients of participating departments (Department of Mental Health, Department of Mental Health and Department of Children and Family Services), identify common clients and share client data. This project is intended to build a platform that will enable other departments to participate when ready, and allow for Countywide sharing of data.

The focus remains on contractor/s that will identify and link us with other counties that have similar training and capacity building needs and will partner with local community based organizations using sub-contracts or other arrangements in order to assure the appropriate provision of PEI activities in our local communities. The funds will be used to ensure that cultural and linguistic competence is achieved in training, technical assistance and building capacity.

B. The County and its contractor(s) for these services agree to comply with the following criteria:

1) This funding established pursuant to the Mental Health Services Act (MHSA) shall be utilized for activities consistent with the intent of the Act and proposed guidelines for the Prevention and Early Intervention component of the County's Three-Year Program and Expenditure Plan.
2) Funds shall not be used to supplant existing state or county funds utilized to provide mental health services.
3) These funds shall only be used to pay for the programs authorized in Welfare and Institutions Code (WIC) section 5892.
4) These funds may not be used to pay for any other program.
5) These funds may not be loaned to the state General Fund or any other fund of the state, or a county general fund or any other county fund for any purpose other than those authorized by WIC section 5892.
6) These funds shall be used to support a project(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.
7) These funds shall be used to support a project(s) that utilizes training methods that have demonstrated the capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines.

Certification

I HEREBY CERTIFY to the best of my knowledge and belief this request in all respects is true, correct, and in accordance with the law.

Director, County Mental Health Program (original signature)