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Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: C-01
 Program Work Plan Name: Children's Full Service Partnerships
 Type of Funding: FSP; Medi-cal; State General Fund
 Proposed Total Clients Capacity of Program/Services: 384
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 384

Fiscal Year: 2005-2006
 Date: 9/15/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: Elise Fierman
 Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				
b. Translation and Interpreter Services				
c. Travel and Transportation				
d. General Office Expenditures				
e. Rent, Utilities, and Equipment				
f. Medication and Medical Supplies				
g. Other Operating Expenses (provide description in budget narrative)				
h. Total Operating Expenditures	\$ -	\$ -	\$ -	
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ 13,511,435
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ 13,511,435
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
f. Grants - SAMHSA				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ 5,686,174
b. Medicare/Patient Fees/Patient Insurance				
c. State General Funds				\$ 5,117,557
d. Other Revenue				
e. County Funds				
f. Total New Revenues	\$ -	\$ -	\$ -	
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ 10,803,731
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ -	\$ -	\$ -	\$ 2,707,704
E. Percentage of Total Funding Requirements for Full Service Partnerships				

CHILDREN'S FULL SERVICE PARTNERSHIP

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known): \$13,511,435 will cover the cost of 174.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: \$13,511,435
B.2.a.	New Revenue – EPSDT (Medi-Cal) FFP: \$5,686,174
B.2.c.	New Revenue – EPSDT (Medi-Cal) State General Funds: \$5,117,557
B.3.	Total Revenues: \$10,803,731
D.	Total Funding Requirements: \$2,707,704 Includes \$568,618 for EPSDT local match requirement of 5%.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: C-01
 Program Work Plan Name: Children's Full Service Partnerships
 Type of Funding: FSP; Medi-cal; State General Fund
 Proposed Total Clients Capacity of Program/Services: 1,534
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 1,534

Fiscal Year: 2006-2007
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Elise Fierman
 Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				
b. Translation and Interpreter Services				
c. Travel and Transportation				
d. General Office Expenditures				
e. Rent, Utilities, and Equipment				
f. Medication and Medical Supplies				
g. Other Operating Expenses (provide description in budget narrative)				
h. Total Operating Expenditures	\$ -	\$ -	\$ -	
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ 27,022,869
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ 27,022,869
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
f. Grants - SAMHSA				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ 11,372,348
b. Medicare/Patient Fees/Patient Insurance				
c. State General Funds				\$ 10,235,114
d. Other Revenue				
e. County Funds				
f. Total New Revenues	\$ -	\$ -	\$ -	
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ 21,607,462
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ -	\$ -	\$ -	\$ 5,415,407
E. Percentage of Total Funding Requirements for Full Service Partnerships				

CHILDREN'S FULL SERVICE PARTNERSHIP

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known): \$27,022,869 will cover the cost of 345.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: \$27,022,869
B.2.a.	New Revenue – EPSDT (Medi-Cal) FFP: \$11,372,348
B.2.c.	New Revenue – EPSDT (Medi-Cal) State General Funds: \$10,235,114
B.3.	Total Revenues: \$21,607,462
D.	Total Funding Requirements – \$5,415,407 Includes \$1,137,235 for EPSDT local match requirement of 5%.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: C-01
 Program Work Plan Name: Children's Full Service Partnerships
 Type of Funding: FSP; Medi-cal; State General Fund
 Proposed Total Clients Capacity of Program/Services: 1,534
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 1,534

Fiscal Year: 2006-2007
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Elise Fierman
 Telephone Number: (213) 351-8904

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	0.00		\$ -
B. New Additional Positions	Clinical Psychologist II		20.00		
	Community Worker		40.00		
	Intermediate Typist Clerk		80.00		
	MH Clinical Program Head		1.00		
	Medical Case Worker II		40.00		
	Mental Health Analyst I		2.00		
	Mental Health Counselor, RN		20.00		
	Mental Health Services Coordinator II		40.00		
	Psychiatric Social Worker II		40.00		
	Secretary III		1.00		
	Sr Community MH Psychologist		20.00		
	Staff Assistant I		1.00		
	Staff Assistant II		20.00		
	Supvg Psychiatric Social Worker		20.00		
	Total New Additional Positions	0.00	345.00		\$ -
C. Total Program Positions		0.00	345.00		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: C-01
 Program Work Plan Name: Children's Full Service Partnerships
 Type of Funding: FSP; Medi-cal; State General Fund
 Proposed Total Clients Capacity of Program/Services: 1,534
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 1,534

Fiscal Year: 2007-2008
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Elise Fierman
 Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				
b. Translation and Interpreter Services				
c. Travel and Transportation				
d. General Office Expenditures				
e. Rent, Utilities, and Equipment				
f. Medication and Medical Supplies				
g. Other Operating Expenses (provide description in budget narrative)				
h. Total Operating Expenditures	\$ -	\$ -	\$ -	
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ -	\$ -	\$ -	\$ 27,022,869
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$ 27,022,869
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
f. Grants - SAMHSA				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ 11,372,348
b. Medicare/Patient Fees/Patient Insurance				
c. State General Funds				\$ 10,235,114
d. Other Revenue				
e. County Funds				
f. Total New Revenues	\$ -	\$ -	\$ -	
3. Total Revenues	\$ -	\$ -	\$ -	\$ 21,607,462
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$ 5,415,407

CHILDREN'S FULL SERVICE PARTNERSHIP

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known): \$27,022,869 will cover the cost of 345.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: \$27,022,869
B.2.a.	New Revenue – EPSDT (Medi-Cal) FFP: \$11,372,348
B.2.c.	New Revenue – EPSDT (Medi-Cal) State General Funds: \$10,235,114
B.3.	Total Revenues: \$21,607,462
D.	Total Funding Requirements – \$5,415,407 Includes \$1,137,235 for EPSDT local match requirement of 5%.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: C-02
 Program Work Plan Name: Family Support Services
 Type of Funding: FSP
 Proposed Total Clients Capacity of Program/Services: 625
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 625

Fiscal Year: 2005-2006
 Date: 9/15/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: Elise Fierman
 Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				
e. Rent, Utilities, and Equipment				
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures		\$ -	\$ -	
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ 1,750,000
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ 1,750,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ -	\$ -	\$ -	\$ 1,750,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				100%

FAMILY SUPPORT SERVICES

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known): \$1,750,000 will cover the cost of 24.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: \$1,750,000
D.	Total Funding Requirements: \$1,750,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): <u>LOS ANGELES</u>	Fiscal Year: <u>2005-2006</u>
Program Work Plan #: <u>C-02</u>	Date: <u>9/15/05</u>
Program Work Plan Name: <u>Family Support Services</u>	Page: _____
Type of Funding: <u>FSP</u>	Months of Operation: <u>6</u>
Proposed Total Clients Capacity of Program/Services: <u>625</u>	New Program/Services or Expansion: <u>New</u>
Existing Client Capacity of Program/Services: _____	Prepared by: <u>Elise Fierman</u>
Client Capacity of Program/Services Expanded through MHSA: <u>625</u>	Telephone Number: <u>(213) 351-8904</u>

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	0.00		\$ -
B. New Additional Positions					
Community Worker			4.00		
Intermediate Typist Clerk			4.00		
Psychiatric Social Worker II			8.00		
Substance Abuse Counselor			4.00		
Supvg. Psychiatric Social Worker			4.00		
	Total New Additional Positions	0.00	24.00		\$ -
C. Total Program Positions		0.00	24.00		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: C-02
 Program Work Plan Name: Family Support Services
 Type of Funding: FSP
 Proposed Total Clients Capacity of Program/Services: 1,250
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 1,250

Fiscal Year: 2006-2007
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Elise Fierman
 Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				
e. Rent, Utilities, and Equipment				
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures		\$ -	\$ -	
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ -			\$ 3,500,000
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$ 3,500,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$ 3,500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				100%

FAMILY SUPPORT SERVICES

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known): \$3,500,000 will cover the cost of 48.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: \$3,500,000
D.	Total Funding Requirements: \$3,500,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: C-02
 Program Work Plan Name: Family Support Services
 Type of Funding: FSP
 Proposed Total Clients Capacity of Program/Services: 1,250
 Existing Client Capacity of Program/Services:
 Client Capacity of Program/Services Expanded through MHSA: 1,250

Fiscal Year: 2006-2007
 Date: 9/15/05
 Page:
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Elise Fierman
 Telephone Number: (213) 351-8904

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
	Total Current Existing Positions	-	0.00		\$ -
B. New Additional Positions					
	Community Worker		8.00		
	Intermediate Typist Clerk		8.00		
	Psychiatric Social Worker II		16.00		
	Substance Abuse Counselor		8.00		
	Supvg. Psychiatric Social Worker		8.00		
	Total New Additional Positions	0.00	48.00		
C. Total Program Positions		0.00	48.00		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: C-02
 Program Work Plan Name: Family Support Services
 Type of Funding: FSP
 Proposed Total Clients Capacity of Program/Services: 1,250
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 1,250

Fiscal Year: 2007-2008
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Elise Fierman
 Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				
e. Rent, Utilities, and Equipment				
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				
h. Total Operating Expenditures		\$ -	\$ -	
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ 3,500,000
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ 3,500,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ -	\$ -	\$ -	\$ 3,500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				100%

FAMILY SUPPORT SERVICES

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known): \$3,500,000 will cover the cost of 48.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: \$3,500,000
D.	Total Funding Requirements: \$3,500,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: C-02
 Program Work Plan Name: Family Support Services
 Type of Funding: FSP
 Proposed Total Clients Capacity of Program/Services: 1,250
 Existing Client Capacity of Program/Services:
 Client Capacity of Program/Services Expanded through MHSA: 1,250

Fiscal Year: 2007-2008
 Date: 9/15/05
 Page:
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Elise Fierman
 Telephone Number: (213) 351-8904

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$ - \$ -
	Total Current Existing Positions	-	0.00		\$ -
B. New Additional Positions					
	Community Worker		8.00		
	Intermediate Typist Clerk		8.00		
	Psychiatric Social Worker II		16.00		
	Substance Abuse Counselor		8.00		
	Supvg. Psychiatric Social Worker		8.00		
	Total New Additional Positions	0.00	48.00		\$ - \$ - \$ -
C. Total Program Positions		0.00	48.00		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: C-03
 Program Work Plan Name: Integrated Mental Health/Co-Occurring Disorders Services
 Type of Funding: SD
 Proposed Total Clients Capacity of Program/Services: 225
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 225

Fiscal Year: 2005-2006
 Date: 9/15/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New Program
 Prepared by: Elise Fierman
 Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ 750,000
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ 750,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ -	\$ -	\$ -	\$ 750,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				80%

INTEGRATED MENTAL HEALTH/CO-OCCURRING DISORDERS SERVICES

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known): \$750,000 will cover the cost of 9.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: \$750,000
D.	Total Funding Requirements: \$750,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): <u>LOS ANGELES</u>	Fiscal Year: <u>2005-2006</u>
Program Work Plan #: <u>C-03</u>	Date: <u>9/15/05</u>
Program Work Plan Name: <u>Integrated Mental Health/Co-Occurring Disorders Services</u>	Page: _____
Type of Funding: <u>SD</u>	Months of Operation: <u>6</u>
Proposed Total Clients Capacity of Program/Services: <u>225</u>	New Program/Services or Expansion: <u>New</u>
Existing Client Capacity of Program/Services: _____	Prepared by: <u>Elise Fierman</u>
Client Capacity of Program/Services Expanded through MHSA: <u>225</u>	Telephone Number: <u>(213) 351-8904</u>

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	0.00		\$ -
B. New Additional Positions					
	Mental Health Counselor, RN		0.50		
	Substance Abuse Counselor		1.50		
	Community Worker		1.00		
	Psychiatric Social Worker II		2.00		
	Clinical Psychologist II		0.50		
	Medical Case Worker II		1.00		
	Senior Community MH Psychologist		0.50		
	Supervising Psychiatric Social Worker		0.50		
	Intermediate Typist-Clerk		1.00		
	Staff Assistant		0.50		
	Total New Additional Positions	0.00	9.00		\$ -
C. Total Program Positions					
		0.00	9.00		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: C-03
 Program Work Plan Name: Integrated Mental Health/Co-Occurring Disorders Services
 Type of Funding: SD
 Proposed Total Clients Capacity of Program/Services: 724
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 724

Fiscal Year: 2006-2007
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Elise Fierman
 Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ -			\$ 1,500,000
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$ 1,500,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues		\$ -	\$ -	\$ -
3. Total Revenues	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$ 1,500,000
ECLP Percentage of Total Funding Requirements for Full Service Partnerships				80%

INTEGRATED MENTAL HEALTH/CO-OCCURRING DISORDERS SERVICES

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known): \$1,500,000 will cover the cost of 18.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: \$1,500,000
D.	Total Funding Requirements: \$1,500,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): <u>LOS ANGELES</u>	Fiscal Year: <u>2006-2007</u>
Program Work Plan #: <u>C-03</u>	Date: <u>9/15/05</u>
Program Work Plan Name: <u>Integrated Mental Health/Co-Occurring Disorders Services</u>	Page: _____
Type of Funding: <u>SD</u>	Months of Operation: <u>12</u>
Proposed Total Clients Capacity of Program/Services: <u>724</u>	New Program/Services or Expansion: <u>New</u>
Existing Client Capacity of Program/Services: _____	Prepared by: <u>Elise Fierman</u>
Client Capacity of Program/Services Expanded through MHSA: <u>724</u>	Telephone Number: <u>(213) 351-8904</u>

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime	
A. Current Existing Positions					\$ -	
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
		Total Current Existing Positions	-	0.00		\$ -
B. New Additional Positions	Mental Health Counselor, RN		1.00			
	Substance Abuse Counselor		3.00			
	Community Worker		2.00			
	Psychiatric Social Worker II		4.00			
	Clinical Psychologist II		1.00			
	Medical Case Worker II		2.00			
	Senior Community MH Psychologist		1.00			
	Supervising Psychiatric Social Worker		1.00			
	Intermediate Typist-Clerk		2.00			
	Staff Assistant		1.00			
		Total New Additional Positions	0.00	18.00		\$ -
C. Total Program Positions		0.00	18.00		\$ -	

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: C-03
 Program Work Plan Name: Integrated Mental Health/Co-Occurring Disorders Services
 Type of Funding: SD
 Proposed Total Clients Capacity of Program/Services: 724
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 724

Fiscal Year: 2007-2008
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Elise Fierman
 Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ -			\$ 1,500,000
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$ 1,500,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues		\$ -	\$ -	\$ -
3. Total Revenues		\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$ 1,500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				80%

INTEGRATED MENTAL HEALTH/CO-OCCURRING DISORDERS SERVICES

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known): \$1,500,000 will cover the cost of 18.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: \$1,500,000
D.	Total Funding Requirements: \$1,500,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES Fiscal Year: 2007-2008
 Program Work Plan #: C-03 Date: 9/15/05
 Program Work Plan Name: Integrated Mental Health/Co-Occurring Disorders Services Page: _____
 Type of Funding: SD Months of Operation: 12
 Proposed Total Clients Capacity of Program/Services: 724 New Program/Services or Expansion: New
 Existing Client Capacity of Program/Services: _____ Prepared by: Elise Fierman
 Client Capacity of Program/Services Expanded through MHSA: 724 Telephone Number: (213) 351-8904

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
	Total Current Existing Positions	-	0.00		\$ -
B. New Additional Positions					
	Mental Health Counselor, RN		1.00		
	Substance Abuse Counselor		3.00		
	Community Worker		2.00		
	Psychiatric Social Worker II		4.00		
	Clinical Psychologist II		1.00		
	Medical Case Worker II		2.00		
	Senior Community MH Psychologist		1.00		
	Supervising Psychiatric Social Worker		1.00		
	Intermediate Typist-Clerk		2.00		
	Staff Assistant		1.00		
	Total New Additional Positions	0.00	18.00		\$ -
C. Total Program Positions		0.00	18.00		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: C-04
 Program Work Plan Name: Family Crisis Services: Respite Care
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 260
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 260

Fiscal Year: 2005-2006
 Date: 9/15/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: Elise Fierman
 Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ -			\$ 250,000
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$ 250,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$ 250,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				80%

FAMILY CRISIS SERVICES: RESPITE CARE

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known): \$250,000 will cover the cost of respite care services for eligible families enrolled in Full Service Partnership Programs.
A.6.	Total Proposed Program Budget: \$250,000
D.	Total Funding Requirements: \$250,000

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: C-04
 Program Work Plan Name: Family Crisis Services: Respite Care
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 520
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 520

Fiscal Year: 2006-2007
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Elise Fierman
 Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ -			\$ 500,000
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$ 500,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues		\$ -	\$ -	\$ -
3. Total Revenues	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$ 500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				80%

FAMILY CRISIS SERVICES: RESPITE CARE

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known): \$500,000 will cover the cost of respite care services for eligible families enrolled in Full Service Partnership Programs.
A.6.	Total Proposed Program Budget: \$500,000
D.	Total Funding Requirements: \$500,000

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: C-04
 Program Work Plan Name: Family Crisis Services: Respite Care
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 520
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 520

Fiscal Year: 2007-2008
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Elise Fierman
 Telephone Number: (213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ -			\$ 500,000
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$ 500,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues		\$ -	\$ -	\$ -
3. Total Revenues		\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$ 500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				80%

FAMILY CRISIS SERVICES: RESPITE CARE

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known): \$500,000 will cover the cost of respite care services for eligible families enrolled in Full Service Partnership Programs.
A.6.	Total Proposed Program Budget: \$500,000
D.	Total Funding Requirements: \$500,000

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: T-01
 Program Work Plan Name: TAY Full-Service Partnerships
 Type of Funding: FSP; Medi-cal (FFP)
 Proposed Total Clients Capacity of Program/Services: 207
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 207

Fiscal Year: 2005-2006
 Date: 9/16/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: Cora Fullmore
 Telephone Number: (213) 738-4851

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ 7,563,306			\$ 7,563,306
6. Total Proposed Program Budget				
	\$ 7,563,306	\$ -	\$ -	\$ 7,563,306
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)	4,204,643			\$ 4,204,643
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ 4,204,643	\$ -	\$ -	\$ 4,204,643
3. Total Revenues				
	\$ 4,204,643	\$ -	\$ -	\$ 4,204,643
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ 3,358,663	\$ -	\$ -	\$ 3,358,663
E. Percentage of Total Funding Requirements for Full Service Partnerships				

FULL SERVICE PARTNERSHIPS (TAY)

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$7,563,306.
A. 6.	Total Program Budget – See Above
B.2.	New Revenue: a. Medi-Cal (FFP only) - \$4,204,643. This number represents projected FFP revenue for 6 months.
D.	Total Funding Requirements – \$3,358,663

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: T-01
 Program Work Plan Name: TAY Full-Service Partnerships
 Type of Funding: FSP; Medi-cal (FFP)
 Proposed Total Clients Capacity of Program/Services: 828
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 828

Fiscal Year: 2006-2007
 Date: 9/16/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Cora Fullmore
 Telephone Number: (213) 738-4851

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ 15,126,612			\$ 15,126,612
6. Total Proposed Program Budget				
	\$ 15,126,612	\$ -	\$ -	\$ 15,126,612
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)	8,409,286			\$ 8,409,286
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ 8,409,286	\$ -	\$ -	\$ 8,409,286
3. Total Revenues				
	\$ 8,409,286	\$ -	\$ -	\$ 8,409,286
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ 6,717,326	\$ -	\$ -	\$ 6,717,326
E. Percentage of Total Funding Requirements for Full Service Partnerships				

FULL SERVICE PARTNERSHIPS (TAY)

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$15,126,612.
A. 6.	Total Program Budget – See Above
B.2.	New Revenue: <ul style="list-style-type: none">a. Medi-Cal (FFP only) - \$8,409,286. This number represents projected FFP revenue for 12 months.
D.	Total Funding Requirements – \$6,717,326

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: T-01
 Program Work Plan Name: TAY Full-Service Partnerships
 Type of Funding: FSP; Medi-cal (FFP)
 Proposed Total Clients Capacity of Program/Services: 828
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 828

Fiscal Year: 2007-2008
 Date: 9/16/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Cora Fullmore
 Telephone Number: (213) 738-4851

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ 15,126,612			\$ 15,126,612
6. Total Proposed Program Budget				
	\$ 15,126,612	\$ -	\$ -	\$ 15,126,612
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)	8,409,286			\$ 8,409,286
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ 8,409,286	\$ -	\$ -	\$ 8,409,286
3. Total Revenues				
	\$ 8,409,286	\$ -	\$ -	\$ 8,409,286
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ 6,717,326	\$ -	\$ -	\$ 6,717,326
E. Percentage of Total Funding Requirements for Full Service Partnerships				

FULL SERVICE PARTNERSHIPS (TAY)

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$15,126,612.
A. 6.	Total Program Budget – See Above
B.2.	New Revenue: <ul style="list-style-type: none">a. Medi-Cal (FFP only) - \$8,409,286. This number represents projected FFP revenue for 12 months.
D.	Total Funding Requirements – \$6,717,326

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: T-02
 Program Work Plan Name: Drop-in Centers
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 416
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 416

Fiscal Year: FY 2005-2006
 Date: 9/15/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: D. Whitehead
 Telephone Number: (213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				\$ -
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services (Consultation)				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -		\$ -
5. Estimated Total Expenditures when service provider is not known	\$ -			\$ 250,000
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$ 250,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$ 250,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				40%

TAY DROP-IN CENTERS

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$250,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$250,000

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: T-02
 Program Work Plan Name: Drop-in Centers
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 832
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 832

Fiscal Year: FY 2006-2007
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: D. Whitehead
 Telephone Number: (213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				\$ -
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services (Consultation)				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -		\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ 500,000
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ 500,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ -	\$ -	\$ -	\$ 500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				40%

TAY DROP-IN CENTERS

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$500,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$500,000

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: T-02
 Program Work Plan Name: Drop-in Centers
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 832
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 832

Fiscal Year: FY 2007-2008
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: D. Whitehead
 Telephone Number: (213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				\$ -
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services (Consultation)				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -		\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ 500,000
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ 500,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ -	\$ -	\$ -	\$ 500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				40%

TAY DROP-IN CENTERS

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$500,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$500,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
 Program Work Plan #: T-02
 Program Work Plan Name: Drop-in Centers
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 832
 Existing Client Capacity of Program/Services:
 Client Capacity of Program/Services Expanded through MHSA: 832

Fiscal Year: FY 2007-2008
 Date: 9/15/05
 Page:
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: D. Whitehead
 Telephone Number: (213) 738-2853

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	-		\$ -
B. New Additional Positions					
MH Services Coordinator I	Supervises staff during extended hours		1.50		\$ -
Psychiatric Social Worker I	Provides support to TAY during extended hours	4	2.00		\$ -
Security Guard	Security for extended hours of the Drop-in Center		1.00		\$ -
Recreational Therapist I	Provides support to TAY during extended hours		1.00		\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions	4	5.50		\$ -
C. Total Program Positions		4	5.50		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: T-03
 Program Work Plan Name: TAY Housing Services
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 432
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 432

Fiscal Year: FY 2005-2006
 Date: 9/15/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: D. Whitehead
 Telephone Number: (213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				\$ -
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services (Consultation)				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -		\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ 787,500
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ 787,500
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ -	\$ -	\$ -	\$ 787,500
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				50%

TAY HOUSING SERVICES

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$787,500.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$787,500.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
 Program Work Plan #: T-03
 Program Work Plan Name: TAY Housing Services
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 432
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 432

Fiscal Year: FY 2005-2006
 Date: 9/15/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: D. Whitehead
 Telephone Number: (213) 738-2853

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$ - \$ -
	Total Current Existing Positions	-	-		\$ -
B. New Additional Positions					
1. Housing Specialist					
a. Medical Case Worker II	Housing Specialist	3.00	8.00		
b. MH Services Coordinator I	Housing Specialist		1.00		
	Total New Additional Positions	3	9		\$ - \$ - \$ - \$ -
C. Total Program Positions		3	9		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: T-03
 Program Work Plan Name: TAY Housing Services
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 864
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 864

Fiscal Year: 2006-2007
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: D. Whitehead
 Telephone Number: (213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				\$ -
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services (Consultation)				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -		\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ 1,575,000
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ 1,575,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ -	\$ -	\$ -	\$ 1,575,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				50%

TAY HOUSING SERVICES

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$1,575,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements –\$1,575,000.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: T-03
 Program Work Plan Name: TAY Housing Services
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 864
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 864

Fiscal Year: 2007-2008
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: D. Whitehead
 Telephone Number: (213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				\$ -
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services (Consultation)				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -		\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ 1,575,000
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ 1,575,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ -	\$ -	\$ -	\$ 1,575,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				50%

TAY HOUSING SERVICES

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$1,575,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$1,575,000.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: T-04
 Program Work Plan Name: TAY Probation Programs
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: -
 Existing Client Capacity of Program/Services: -
 Client Capacity of Program/Services Expanded through MHSA: 52

Fiscal Year: Year 1
 Date: 9/15/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New Program
 Prepared by: D. Whitehead
 Telephone Number: (213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				\$ -
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services (Consultation)				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -		\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ 750,000
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ 750,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ -	\$ -	\$ -	\$ 750,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				25%

TAY PROBATION PROGRAMS

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$750,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$750,000.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: T-04
 Program Work Plan Name: TAY Probation Programs
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: -
 Existing Client Capacity of Program/Services: -
 Client Capacity of Program/Services Expanded through MHSA: 208

Fiscal Year: Year 2
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New Program
 Prepared by: D. Whitehead
 Telephone Number: (213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				\$ -
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services (Consultation)				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -		\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ 1,500,000
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ 1,500,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ -	\$ -	\$ -	\$ 1,500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				25%

TAY PROBATION PROGRAMS

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$1,500,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements –\$1,500,000.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
 Program Work Plan #: _____
 Program Work Plan Name: TAY Probation Programs
 Type of Funding: Mental Health Services Act Funding
 Proposed Total Clients Capacity of Program/Services: _____ 350
 Existing Client Capacity of Program/Services: _____ -
 Client Capacity of Program/Services Expanded through MHSA: _____ 350

Fiscal Year: Year 1
 Date: 9/15/05
 Page: 1 of 2
 Months of Operation: _____
 Prepared by: D. Whitehead
 Telephone Number: (213) 738-2853

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	-		\$ -
B. New Additional Positions					
Probation					
	Mental Health Psychiatrist		1.00		\$ -
	Community MH Psychologist		2.00		\$ -
	MH Counselor, RN		1.00		\$ -
	Psychiatric Social Worker II		3.00		\$ -
	Sr. Community Worker II		6.00		\$ -
	Intermediate Typist-Clerk		2.00		\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions	-	15		\$ -
C. Total Program Positions		-	15		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: T-04
 Program Work Plan Name: TAY Probation Programs
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: _____
 Existing Client Capacity of Program/Services: -
 Client Capacity of Program/Services Expanded through MHSA: 208

Fiscal Year: Year 3
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New Program
 Prepared by: D. Whitehead
 Telephone Number: (213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				\$ -
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services (Consultation)				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -		\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ 1,500,000
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ 1,500,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ -	\$ -	\$ -	\$ 1,500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				25%

TAY PROBATION PROGRAMS

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$1,500,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$1,500,000.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES COUNTY
 Program Work Plan #: A-01
 Program Work Plan Name: Adult Full-Service Partnerships
 Type of Funding: FSP; Medi-cal (FFP)
 Proposed Total Clients Capacity of Program/Services: 441
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 441

Fiscal Year: 2005-2006
 Date: 9/16/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: Maria Funk
 Telephone Number: 213-738-4385

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ 19,459,500			\$ 19,459,500
6. Total Proposed Program Budget	\$ 19,459,500	\$ -	\$ -	\$ 19,459,500
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)	3,984,500			\$ 3,984,500
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ 3,984,500	\$ -	\$ -	\$ 3,984,500
3. Total Revenues	\$ 3,984,500	\$ -	\$ -	\$ 3,984,500
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ 15,475,000	\$ -	\$ -	\$ 15,475,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

ADULT FULL SERVICE PARTNERSHIPS

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$19,459,500.
A.6.	Total Program Budget – See Above
B.2.	New Revenue: <ul style="list-style-type: none">a. Medi-Cal (FFP only) - \$3,984,500. This number represents projected FFP revenue for 6 months.
D.	Total Funding Requirements - \$15,475,000.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES COUNTY
 Program Work Plan #: A-01
 Program Work Plan Name: Adult Full-Service Partnerships
 Type of Funding: FSP; Medi-cal (FFP)
 Proposed Total Clients Capacity of Program/Services: 1766
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 1766

Fiscal Year: 2006-2007
 Date: 9/16/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Maria Funk
 Telephone Number: 213-738-4385

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ 38,919,000			\$ 38,919,000
6. Total Proposed Program Budget	\$ 38,919,000	\$ -	\$ -	\$ 38,919,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)	7,969,000			\$ 7,969,000
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ 7,969,000	\$ -	\$ -	\$ 7,969,000
3. Total Revenues	\$ 7,969,000	\$ -	\$ -	\$ 7,969,000
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ 30,950,000	\$ -	\$ -	\$ 30,950,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

ADULT FULL SERVICE PARTNERSHIPS

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$38,919,000
A.6.	Total Program Budget – See Above
B.2.	New Revenue: <ul style="list-style-type: none">a. Medi-Cal (FFP only) - \$7,969,000. This number represents projected FFP revenue for 12 months.
D.	Total Funding Requirements - \$30,950,000.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES COUNTY
 Program Work Plan #: A-01
 Program Work Plan Name: Adult Full-Service Partnerships
 Type of Funding: FSP; Medi-cal (FFP)
 Proposed Total Clients Capacity of Program/Services: 1766
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 1766

Fiscal Year: 2007-2008
 Date: 9/16/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Maria Funk
 Telephone Number: 213-738-4385

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ 38,919,000			\$ 38,919,000
6. Total Proposed Program Budget	\$ 38,919,000	\$ -	\$ -	\$ 38,919,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)	7,969,000			\$ 7,969,000
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ 7,969,000	\$ -	\$ -	\$ 7,969,000
3. Total Revenues	\$ 7,969,000	\$ -	\$ -	\$ 7,969,000
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ 30,950,000	\$ -	\$ -	\$ 30,950,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

ADULT FULL SERVICE PARTNERSHIPS

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$38,919,000
A.6.	Total Program Budget – See Above
B.2.	New Revenue: a. Medi-Cal (FFP only) - \$7,969,000. This number represents projected FFP revenue for 12 months.
D.	Total Funding Requirements - \$30,950,000.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: A-02
 Program Work Plan Name: Wellness/Client-Run Centers
 Type of Funding: FSP; SD; Medi-Cal (FFP)
 Proposed Total Clients Capacity of Program/Services: 700
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 700

Fiscal Year: 2005-2006
 Date: 9/8/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: Michele Webber
 Telephone Number: (562) 435-3027

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ 1,125,000			\$ 1,125,000
6. Total Proposed Program Budget	\$ 1,125,000	\$ -	\$ -	\$ 1,125,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)	112,500		112,500	\$ 225,000
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ 112,500	\$ -	\$ 112,500	\$ 225,000
3. Total Revenues	\$ 112,500	\$ -	\$ 112,500	\$ 225,000
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ 1,125,000	\$ -	\$ (112,500)	\$ 900,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				10%

WELLNESS/CLIENT-RUN CENTERS

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$1,125,000.
A. 6.	Total Program Budget – See Above
B. 2.	New Revenue – Total Projected Medi-Cal (FFP) revenue for approximately 210 clients- \$225,500
B.3.	Total Revenue - See Above
D.	Total Funding Requirements – \$900,000

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: A-02
 Program Work Plan Name: Wellness/Client-Run Centers
 Type of Funding: FSP; SD; Medi-Cal (FFP)
 Proposed Total Clients Capacity of Program/Services: 2400
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 2400

Fiscal Year: 2006-2007
 Date: 9/8/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Michele Webber
 Telephone Number: (562) 435-3027

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ 2,250,000			\$ 2,250,000
6. Total Proposed Program Budget				
	\$ 2,250,000	\$ -	\$ -	\$ 2,250,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)	225,000		225,000	\$ 450,000
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ 225,000	\$ -	\$ 225,000	\$ 450,000
3. Total Revenues				
	\$ 225,000	\$ -	\$ 225,000	\$ 450,000
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ 2,025,000	\$ -	\$ (225,000)	\$ 1,800,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				10%

WELLNESS/CLIENT-RUN CENTERS

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$2,250,000.
A. 6.	Total Program Budget – See Above
B. 2.	New Revenue - Projected Medi-Cal (FFP) revenue for approximately 420 clients- \$450,000
B.3.	Total Revenue - See Above
D.	Total Funding Requirements – \$1,800,000

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: A-02
 Program Work Plan Name: Wellness/Client-Run Centers
 Type of Funding: FSP; SD; Medi-Cal (FFP)
 Proposed Total Clients Capacity of Program/Services: 2400
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 2400

Fiscal Year: 2007-2008
 Date: 9/8/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Michele Webber
 Telephone Number: (562) 435-3027

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures		\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ 2,250,000			\$ 2,250,000
6. Total Proposed Program Budget	\$ 2,250,000	\$ -	\$ -	\$ 2,250,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)	225,000		225,000	\$ 450,000
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ 225,000	\$ -	\$ 225,000	\$ 450,000
3. Total Revenues	\$ 225,000	\$ -	\$ 225,000	\$ 450,000
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ 2,025,000	\$ -	\$ (225,000)	\$ 1,800,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				10%

WELLNESS/CLIENT-RUN CENTERS

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$2,250,000.
A. 6.	Total Program Budget – See Above
B. 2.	New Revenue - Projected Medi-Cal (FFP) revenue for approximately 420 clients- \$450,000
B.3.	Total Revenue - See Above
D.	Total Funding Requirements – \$1,800,000

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: A-03
 Program Work Plan Name: IMD Step-Down Facilities
 Type of Funding: FSP; SD; Medi-Cal (FFP)
 Proposed Total Clients Capacity of Program/Services: 50
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 50

Fiscal Year: 2005-2006
 Date: 9/8/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: Mary Marx
 Telephone Number: (323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ 1,187,500			\$ 1,187,500
6. Total Proposed Program Budget	\$ 1,187,500	\$ -	\$ -	\$ 1,187,500
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)			237,500	\$ 237,500
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ -	\$ -	\$ 237,500	\$ 237,500
3. Total Revenues	\$ -	\$ -	\$ 237,500	\$ 237,500
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ 1,187,500	\$ -	\$ (237,500)	\$ 950,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				75%

IMD STEPDOWN FACILITIES

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$1,187,500.
A. 6.	Total Program Budget – See Above
B. 2.	New Revenue - Projected Medi-Cal (FFP) revenue for approximately 80 clients- \$237,500
B.3.	Total Revenue - See Above
D.	Total Funding Requirements – \$950,000

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: A-03
 Program Work Plan Name: IMD Step-Down Facilities
 Type of Funding: FSP; SD; Medi-Cal (FFP)
 Proposed Total Clients Capacity of Program/Services: 50
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 50

Fiscal Year: 2005-2006
 Date: 9/8/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: Mary Marx
 Telephone Number: (323) 226-4744

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
		Total Current Existing Positions	-	0.00	
B. New Additional Positions	1. Mental Health Counselor, RN		2.00		\$ -
	2. Medical Case Worker		14.00		\$ -
	3. Psychiatric Social Worker II		8.00		\$ -
	4. Residential Manager		3.00		\$ -
	5. Community Worker	3.00	6.00		\$ -
	6. MH Services Coordinator II		2.00		\$ -
	7. Mental Health Psychiatrist		1.00		\$ -
	8. Program Director		3.00		\$ -
	9. Secretary		3.00		\$ -
	10. Office Manager		3.00		\$ -
		Total New Additional Positions	3.00	45.00	
C. Total Program Positions		3.00	45.00		\$ -

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: A-03
 Program Work Plan Name: IMD Step-Down Facilities
 Type of Funding: FSP; SD; Medi-Cal (FFP)
 Proposed Total Clients Capacity of Program/Services: 180
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 180

Fiscal Year: 2006-2007
 Date: 9/8/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Mary Marx
 Telephone Number: (323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ 2,375,000			\$ 2,375,000
6. Total Proposed Program Budget	\$ 2,375,000	\$ -	\$ -	\$ 2,375,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)			475,000	\$ 475,000
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ -	\$ -	\$ 475,000	\$ 475,000
3. Total Revenues	\$ -	\$ -	\$ 475,000	\$ 475,000
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ 2,375,000	\$ -	\$ (475,000)	\$ 1,900,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				75%

IMD STEPDOWN FACILITIES

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$2,375,000.
A. 6.	Total Program Budget – See Above
B. 2.	New Revenue - Projected Medi-Cal (FFP) revenue for approximately 160 clients- \$475,000
B.3.	Total Revenue - See Above
D.	Total Funding Requirements – \$1,900,000

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: A-03
 Program Work Plan Name: IMD Step-Down Facilities
 Type of Funding: FSP; SD; Medi-Cal (FFP)
 Proposed Total Clients Capacity of Program/Services: 180
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 180

Fiscal Year: 2007-2008
 Date: 9/8/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Mary Marx
 Telephone Number: (323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ 2,375,000			\$ 2,375,000
6. Total Proposed Program Budget	\$ 2,375,000	\$ -	\$ -	\$ 2,375,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)			475,000	\$ 475,000
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ -	\$ -	\$ 475,000	\$ 475,000
3. Total Revenues	\$ -	\$ -	\$ 475,000	\$ 475,000
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ 2,375,000	\$ -	\$ (475,000)	\$ 1,900,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				75%

IMD STEPDOWN FACILITIES

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$2,375,000.
A. 6.	Total Program Budget – See Above
B. 2.	New Revenue - Projected Medi-Cal (FFP) revenue for approximately 160 clients- \$475,000
B.3.	Total Revenue - See Above
D.	Total Funding Requirements – \$1,900,000

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: A-04
 Program Work Plan Name: Adult Housing Services
 Type of Funding: FSP; SD

Fiscal Year: 2005-2006
 Date: 9/8/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: Reina Turner
 Telephone Number: 213-739-6267

Proposed Total Clients Capacity of Program/Services: 1090
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 1090

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known ¹	\$ 924,053			\$ 924,053
6. Total Proposed Program Budget	\$ 924,053	\$ -	\$ -	\$ 924,053
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ 924,053	\$ -	\$ -	\$ 924,053
E. Percentage of Total Funding Requirements for Full Service Partnerships				10%

ADULT HOUSING SERVICES

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$924,053.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$924,053

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): <u>LOS ANGELES</u>	Fiscal Year: <u>2005-2006</u>
Program Work Plan #: <u>A-04</u>	Date: <u>9/8/05</u>
Program Work Plan Name: <u>Adult Housing Services</u>	Page: <u> </u>
Type of Funding: <u>FSP; SD</u>	Months of Operation: <u>6</u>
Proposed Total Clients Capacity of Program/Services: <u>2180</u>	New Program/Services or Expansion: <u>New</u>
Existing Client Capacity of Program/Services: <u>260</u>	Prepared by: <u>Reina Turner</u>
Client Capacity of Program/Services Expanded through MHSA: <u>1920</u>	Telephone Number: <u>213-739-6267</u>

Classification	Function	Clients, FM & CG FTEs ^{1/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
a. Medical Case Worker II	Housing Specialist	1.00	2.00	23,065	\$ 46,130
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
Total Current Existing Positions		1.00	2.00		\$ 46,130
B. New Additional Positions					
1. Housing Specialists					
a. Medical Case Worker II	Housing Specialist	3.00	6.00		\$ -
b. MH Services Coordinator I	Housing Specialist		8.00		\$ -
Total New Housing Specialist Positions		3.00	14.00		\$ -
2. Safe Havens					
a. Program Manager	Program Manager		1.00		\$ -
b. Licensed Clinical Social Worker	Licensed Clinical Social Worker		2.00		\$ -
c. Outreach Specialists	Outreach Specialists		2.00		\$ -
d. Registered Nurse	Registered Nurse		0.50		\$ -
e. Peer Advocate	Peer Advocate	1.50	1.50		\$ -
f. Psychiatrist	Psychiatrist		0.20		\$ -
Total New Safe Haven		1.50	7.20		\$ -
Total New Additional Positions		4.50	21.20		\$ -
C. Total Program Positions		5.50	23.20		\$ 46,130

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: A-04
 Program Work Plan Name: Adult Housing Services
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 4160
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 4160

Fiscal Year: 2006-2007
 Date: 9/8/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Reina Turner
 Telephone Number: 213-739-6267

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known ¹	\$ 1,848,106			\$ 1,848,106
6. Total Proposed Program Budget	\$ 1,848,106	\$ -	\$ -	\$ 1,848,106
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ 1,848,106	\$ -	\$ -	\$ 1,848,106
E. Percentage of Total Funding Requirements for Full Service Partnerships				10%

ADULT HOUSING SERVICES

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$1,848,106.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$1,848,106.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: A-04
 Program Work Plan Name: Adult Housing Services
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 4160
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 4160

Fiscal Year: 2007-2008
 Date: 9/8/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Reina Turner
 Telephone Number: 213-739-6267

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known ¹	\$ 1,848,106			\$ 1,848,106
6. Total Proposed Program Budget	\$ 1,848,106	\$ -	\$ -	\$ 1,848,106
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ 1,848,106	\$ -	\$ -	\$ 1,848,106
E. Percentage of Total Funding Requirements for Full Service Partnerships				10%

ADULT HOUSING SERVICES

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$1,848,106.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$1,848,106.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: A-05
 Program Work Plan Name: Jail Transition and Linkage Services
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 846
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 846

Fiscal Year: 2005-2006
 Date: 9/8/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: Jaime Nahman
 Telephone Number: (213) 738-4142

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ 874,053			\$ 874,053
6. Total Proposed Program Budget	\$ 874,053	\$ -	\$ -	\$ 874,053
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ 874,053	\$ -	\$ -	\$ 874,053
E. Percentage of Total Funding Requirements for Full Service Partnerships				20%

JAIL TRANSITION AND LINKAGE SERVICES

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$874,053.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$874,053.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: A-05
 Program Work Plan Name: Jail Transition and Linkage Services
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 3384
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 3384

Fiscal Year: 2006-2007
 Date: 9/8/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Jaime Nahman
 Telephone Number: (213) 738-4142

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ 1,748,106			\$ 1,748,106
6. Total Proposed Program Budget	\$ 1,748,106	\$ -	\$ -	\$ 1,748,106
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ 1,748,106	\$ -	\$ -	\$ 1,748,106
E. Percentage of Total Funding Requirements for Full Service Partnerships				20%

JAIL TRANSITION AND LINKAGE SERVICES

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$1,748,106.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$1,748,106

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: A-05
 Program Work Plan Name: Jail Transition and Linkage Services
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 3384
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 3384

Fiscal Year: 2007-2008
 Date: 9/8/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Jaime Nahman
 Telephone Number: (213) 738-4142

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ 1,748,106			\$ 1,748,106
6. Total Proposed Program Budget	\$ 1,748,106	\$ -	\$ -	\$ 1,748,106
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ 1,748,106	\$ -	\$ -	\$ 1,748,106
E. Percentage of Total Funding Requirements for Full Service Partnerships				20%

JAIL TRANSITION AND LINKAGE SERVICES

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$1,748,106.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$1,748,106.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: OA-01
 Program Work Plan Name: Older Adults - Full Service Partnerships
 Type of Funding: FSP
 Proposed Total Clients Capacity of Program/Services: 41
 Existing Client Capacity of Program/Services: 0
 Client Capacity of Program/Services Expanded through MHSA: 41

Fiscal Year: 2005-2006
 Date: 9/15/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: A. McConner
 Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services (Service Area Multi-System Clinical Consultations)				
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ 1,520,558
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ 1,520,558
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ 447,600
b. Medicare/Patient Fees/Patient Insurance				\$ 23,558
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ -	\$ -	\$ -	\$ 471,158
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ 471,158
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ -	\$ -	\$ -	\$ 1,049,400
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				100%

**Older Adult CSS Plan
Full Service Partnerships
Work Plan #OA-01**
Budget Narrative – January 2006 – June 2006

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – includes proposed MHSA expenditure of \$1,049,400 and MediCare/Medi-Cal FFP of \$471,158
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	Projected Medicare/Medi-Cal (FFP) Revenue for 100 clients
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – N/A

Note: As we move into the development of new service delivery models for Older Adults, we recognize that estimates of revenue and cost per client may differ from our initial projections. The numbers of clients to be served and associated costs represent our best projections given current available information. Projections of numbers of individuals who will enroll in CSS programs and dollars that will be spent are also based on the assumption that programs will be fully operational early in the first six months of MHSA funding. To the extent that circumstances mitigate against a rapid implementation, projections may need to be reexamined early in the first year of funding.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: OA-01
 Program Work Plan Name: Older Adults - Full Service Partnerships
 Type of Funding: FSP
 Proposed Total Clients Capacity of Program/Services: 205
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 205

Fiscal Year: 2006-2007
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: A. McConner
 Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services (Service Area Multi-System Clinical Consultations)				
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ -			\$ 3,041,115
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$ 3,041,115
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ 895,199
b. Medicare/Patient Fees/Patient Insurance				\$ 47,116
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ -	\$ -	\$ -	\$ 942,315
3. Total Revenues	\$ -	\$ -	\$ -	\$ 942,315
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$ 2,098,800
E. Percentage of Total Funding Requirements for Full Service Partnerships				100%

Older Adult CSS Plan
Full Service Partnerships
Work Plan #OA-01
Budget Narrative – Year 3
July 2007 – June 2008

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – includes proposed expenditure of \$2,098,800 and MediCare/Medi-Cal FFP of \$942,315
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	Projected Medicare/Medi-Cal (FFP) Revenue for 205 clients
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – N/A

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: OA-01
 Program Work Plan Name: Older Adults - Full Service Partnerships
 Type of Funding: FSP
 Proposed Total Clients Capacity of Program/Services: 205
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 205

Fiscal Year: 2007-2008
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: A. McConner
 Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services (Service Area Multi-System Clinical Consultations)				
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ 3,041,115
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ 3,041,115
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ 895,199
b. Medicare/Patient Fees/Patient Insurance				\$ 47,116
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ -	\$ -	\$ -	\$ 942,315
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ 942,315
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ -	\$ -	\$ -	\$ 2,098,800
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				100%

Older Adult CSS Plan
Full Service Partnerships
Work Plan #OA-01
Budget Narrative – Year 2
July 2006 – June 2007

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – includes proposed expenditure of \$2,098,800 and MediCare/Medi-Cal FFP of \$942,315
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	Projected Medicare/Medi-Cal (FFP) Revenue for 205 individuals
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – N/A

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: OA-02
 Program Work Plan Name: Systems Transformation Team
 Type of Funding: SD
 Proposed Total Clients Capacity of Program/Services: N/A
 Existing Client Capacity of Program/Services: N/A
 Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2005-2006
 Date: 9/15/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: A. McConner
 Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)	84,526			\$ 84,526
c. Employee Benefits	25,746			\$ 25,746
d. Total Personnel Expenditures	\$ 110,272	\$ -	\$ -	\$ 110,272
3. Operating Expenditures				
a. Professional Services (Consultations)	22,978			\$ 22,978
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation	2,200			\$ 2,200
d. General Office Expenditures	200			\$ 200
e. Rent, Utilities, and Equipment	4,600			\$ 4,600
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)	24,750			\$ 24,750
h. Total Operating Expenditures	\$ 54,728	\$ -	\$ -	\$ 54,728
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ -
6. Total Proposed Program Budget				
	\$ 165,000	\$ -	\$ -	\$ 165,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ 165,000	\$ -	\$ -	\$ 165,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				0%

**Older Adult CSS Plan
Transformation Design Team
Work Plan OA-02**

Budget Narrative – Year 1
January 2006 – June 2006

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures <ul style="list-style-type: none">a. N/Ab. Clinical Psychologists (2.0 FTE) identify evidence-based practices, develop programs, plan outcome evaluations and develop data for older adult system of care.c. Employee benefits at 30.459%
A.3.	Operating Expenditures <ul style="list-style-type: none">a. Professional Services (Consultations) – Experts with specialized research and program development backgrounds will provide consultation regarding program development, data collection and analysis, and demographic data collection for older adult system of care.b. N/Ac. Travel and Transportation – includes the cost of traveling to professional meetings and to programs within Los Angeles County.d. General office expenditures – includes paper, copying, desk suppliese. Includes computers and other technology needs
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not known, N/A
A.6.	Total Program Budget – includes MHSA funding only.
B.	Revenue – N/A
C.	One-Time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 24%

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
 Program Work Plan #: OA-02
 Program Work Plan Name: Systems Transformation Team
 Type of Funding: SD
 Proposed Total Clients Capacity of Program/Services: N/A
 Existing Client Capacity of Program/Services: N/A
 Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2005 -2006
 Date: 9/15/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: A. McConner
 Telephone Number: (213) 351-5244

Classification	Function	Clients, FM & CG FTEs ^{1/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
		Total Current Existing Positions	-	-	
B. New Additional Positions	Clinical Psychologist II (bi-lingual)		1.00	42,563	\$ 42,563
	Clinical Psychologist II		1.00	41,963	\$ 41,963
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions	-	2		\$ 84,526
C. Total Program Positions		-	2		\$ 84,526

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: OA-02
 Program Work Plan Name: Systems Transformation Team
 Type of Funding: SD
 Proposed Total Clients Capacity of Program/Services: N/A
 Existing Client Capacity of Program/Services: N/A
 Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2006-2007
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: A. McConner
 Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)	169,052			\$ 169,052
c. Employee Benefits	51,491			\$ 51,491
d. Total Personnel Expenditures	\$ 220,543	\$ -	\$ -	\$ 220,543
3. Operating Expenditures				
a. Professional Services (Consultations)	53,237			\$ 53,237
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation	4,400			\$ 4,400
d. General Office Expenditures	400			\$ 400
e. Rent, Utilities, and Equipment	1,920			\$ 1,920
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)	49,500			\$ 49,500
h. Total Operating Expenditures	\$ 109,457	\$ -	\$ -	\$ 109,457
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ -
6. Total Proposed Program Budget				
	\$ 330,000	\$ -	\$ -	\$ 330,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ 330,000	\$ -	\$ -	\$ 330,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				0%

**Older Adult CSS Plan
Transformation Design Team
Work Plan OA-02**

Budget Narrative – Year 3
FY 07-08

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures <ul style="list-style-type: none">a. N/Ab. Clinical Psychologists (2.0 FTE) identify evidence-based practices, develop programs, plan outcome evaluations and develop data for older adult system of care.c. Employee benefits at 30.459%
A.3.	Operating Expenditures <ul style="list-style-type: none">a. Professional Services (Consultations) – Experts with specialized research and program development backgrounds will provide consultation regarding program development, data collection and analysis, and demographic data collection for older adult system of care.b. N/Ac. Travel and Transportation – includes the cost of traveling to professional meetings and to programs within Los Angeles County.d. General office expenditures – includes paper, copying, desk suppliese. Computers and other technology expenditures
A.4.	Program Management – N/A
A.5.	Est. Total Expenditures when service provider is not known – N/A
A.6.	Total Program Budget – includes MHSA funding only.
B.	Revenue – N/A
C.	One-Time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 24%

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: OA-02
 Program Work Plan Name: Systems Transformation Team
 Type of Funding: SD
 Proposed Total Clients Capacity of Program/Services: N/A
 Existing Client Capacity of Program/Services: N/A
 Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2007-2008
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: A. McConner
 Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)	169,052			\$ 169,052
c. Employee Benefits	51,491			\$ 51,491
d. Total Personnel Expenditures	\$ 220,543	\$ -	\$ -	\$ 220,543
3. Operating Expenditures				
a. Professional Services (Consultations)	53,237			\$ 53,237
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation	4,400			\$ 4,400
d. General Office Expenditures	400			\$ 400
e. Rent, Utilities, and Equipment	1,920			\$ 1,920
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)	49,500			\$ 49,500
h. Total Operating Expenditures	\$ 109,457	\$ -	\$ -	\$ 109,457
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ -
6. Total Proposed Program Budget				
	\$ 330,000	\$ -	\$ -	\$ 330,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ 330,000	\$ -	\$ -	\$ 330,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				0%

**Older Adult CSS Plan
Transformation Design Team
Work Plan OA-02**

Budget Narrative – Year 2
FY 06-07

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures <ul style="list-style-type: none">a. N/Ab. Clinical Psychologists (2.0 FTE) identify evidence-based practices, develop programs, plan outcome evaluations and develop data for older adult system of care.c. Employee benefits at 30.459%
A.3.	Operating Expenditures <ul style="list-style-type: none">a. Professional Services (Consultations) – Experts with specialized research and program development backgrounds will provide consultation regarding program development, data collection and analysis, and demographic data collection for older adult system of care.b. N/Ac. Travel and Transportation – includes the cost of traveling to professional meetings and to programs within Los Angeles County.d. General office expenditures – includes paper, copying, desk suppliese. Computers and other technology expenditures
A.4.	Program Management – N/A
A.5.	Est. Total Expenditures when service provider is not known – N/A
A.6.	Total Program Budget – includes MHSA funding only.
B.	Revenue – N/A
C.	One-Time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 24%

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: OA-03
 Program Work Plan Name: Older Adults - Field Capable Clinical Services
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 1,053
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 1,053

Fiscal Year: 2005-2006
 Date: 9/15/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: A. McConner
 Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services (Service Area Multi-System Clinical Consultations)				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ 4,271,011
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ 4,271,011
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ 1,645,077
b. Medicare/Patient Fees/Patient Insurance				\$ 86,583
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ -	\$ -	\$ -	\$ 1,731,661
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ 1,731,661
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ -	\$ -	\$ -	\$ 2,539,350
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				5%

Older Adult CSS Plan
Field Capable Clinical Services
Work Plan #OA-03
Budget Narrative – January 2006 – June 2006

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – MHSA funds of \$2,539,350 and MediCare/Medi-Cal FFP of \$1,731,661
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	Projected Medicare/Medi-Cal (FFP) Revenue for 1053 clients
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 8%

Note: As we move into the development of new service delivery models for Older Adults, we recognize that estimates of revenue and cost per client may differ from our initial projections. The numbers of clients to be served and associated costs represent our best projections given current available information. Projections of numbers of individuals who will enroll in CSS programs and dollars that will be spent are also based on the assumption that programs will be fully operational early in the first six months of MHSA funding. To the extent that circumstances mitigate against a rapid implementation, projections may need to be reexamined early in the first year of funding.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: OA-03
 Program Work Plan Name: Older Adults - Field Capable Clinical Services
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 2,106
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 2,106

Fiscal Year: 2006-2007
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: A. McConner
 Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services (Service Area Multi-System Clinical Consultations)				
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ -			\$ 8,542,021
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$ 8,542,021
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ 3,290,155
b. Medicare/Patient Fees/Patient Insurance				\$ 173,166
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ -	\$ -	\$ -	\$ 3,463,321
3. Total Revenues	\$ -	\$ -	\$ -	\$ 3,463,321
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$ 5,078,700
E. Percentage of Total Funding Requirements for Full Service Partnerships				5%

Older Adult CSS Plan
Field Capable Clinical Services
Work Plan #OA-03
Budget Narrative – Year 2
July 2006 – June 2007

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – includes proposed expenditure of \$5,078,700 and MediCare/Medi-Cal FFP of \$3,463,321
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	Projected Medicare/Medi-Cal (FFP) Revenue for 2106 clients
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 8%

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: OA-03
 Program Work Plan Name: Older Adults - Field Capable Clinical Services
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 2,106
 Existing Client Capacity of Program/Services: 0
 Client Capacity of Program/Services Expanded through MHSA: 2,106

Fiscal Year: 2007-2008
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: A. McConner
 Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services (Service Area Multi-System Clinical Consultations)				
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ 8,542,021
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ 8,542,021
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ 3,290,155
b. Medicare/Patient Fees/Patient Insurance				\$ 173,166
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ -	\$ -	\$ -	\$ 3,463,321
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ 3,463,321
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ -	\$ -	\$ -	\$ 5,078,700
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				5%

Older Adult CSS Plan
Field Capable Clinical Services
Work Plan #OA-03
Budget Narrative – Year 3
July 2007 – June 2008

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – includes proposed expenditure of \$5,078,700 and MediCare/Medi-Cal FFP of \$3,463,321
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	Projected Medicare/Medi-Cal (FFP) Revenue for 2106 clients
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 8%

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: OA-04
 Program Work Plan Name: Older Adult Service Extenders
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 350
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 350

Fiscal Year: 2005-2006
 Date: 9/15/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: A. McConner
 Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ -			\$ 123,750
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$ 123,750
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$ 123,750
E. Percentage of Total Funding Requirements for Full Service Partnerships				50%

**Older Adult CSS Plan
Service Extenders
Work Plan #OA-04**

Budget Narrative January 2006-June 2006

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – \$123,750
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	N/A
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – MHSA funds
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 50%

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: OA-04
 Program Work Plan Name: Service Extenders
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 660
 Existing Client Capacity of Program/Services: 0
 Client Capacity of Program/Services Expanded through MHSA: 660

Fiscal Year: 2006-2007
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: A. McConner
 Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ -			\$ 247,500
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$ 247,500
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$ 247,500
E. Percentage of Total Funding Requirements for Full Service Partnerships				50%

**Older Adult CSS Plan
Service Extenders
Work Plan #OA-04
Budget Narrative Year 2
FY 06-07**

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – includes proposed expenditure of \$247,500
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	N/A
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements –MHSA funds
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 50%

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: OA-04
 Program Work Plan Name: Service Extenders
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 660
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 660

Fiscal Year: 2007-2008
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: A. McConner
 Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				\$ -
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ -			\$ 247,500
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$ 247,500
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$ 247,500
E. Percentage of Total Funding Requirements for Full Service Partnerships				50%

**Older Adult CSS Plan
Service Extenders
Work Plan #OA-04
Budget Narrative Year 3
FY 07-08**

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – includes proposed expenditure of \$247,500
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	N/A
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – MHSA funds
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 50%

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
 Program Work Plan #: OA-04
 Program Work Plan Name: Service Extenders
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: 660
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 660

Fiscal Year: 2007-2008
 Date: 9/15/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: A. McConner
 Telephone Number: (213) 351-5244

Classification	Function	Clients, FM & CG FTEs ^{1/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
		Total Current Existing Positions	-	-	
B. New Additional Positions	Psychiatric Social Worker II		1.00		\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
		Total New Additional Positions	-	1	
C. Total Program Positions		-	1		\$ -

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: OA-05
 Program Work Plan Name: Older Adults - Training
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: N/A
 Existing Client Capacity of Program/Services: N/A
 Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2005-2006
 Date: 9/13/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: A. McConner
 Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures		\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ 99,429
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ 99,429
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			
6. Total Proposed Program Budget				
		\$ -	\$ -	\$ 99,429
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
		\$ -	\$ -	\$ 99,429
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				0%

**Older Adult CSS Plan
Training
Work Plan#OA-05**
Budget Narrative – January 2006-June 2006

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – Includes purchased services of consultants with specialized expertise in Recovery-oriented programs for clients, family members and allied professionals at \$99,429
A.4.	Program Management – N/A
A.5.	N/A
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	New Revenue – N/A
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – MHSA Funds
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 24%

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
 Program Work Plan #: OA-05
 Program Work Plan Name: Older Adults - Training
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: N/A
 Existing Client Capacity of Program/Services: N/A
 Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2005-2006
 Date: 9/13/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: A. McConner
 Telephone Number: (213) 351-5244

Classification	Function	Clients, FM & CG FTEs ^{1/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
		Total Current Existing Positions	-	-	
B. New Additional Positions					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
		Total New Additional Positions	-	-	
C. Total Program Positions		-	-		\$ -

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: OA-05
 Program Work Plan Name: Older Adults - Training
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: N/A
 Existing Client Capacity of Program/Services: N/A
 Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2006-2007
 Date: 9/13/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: A. McConner
 Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ 198,858
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ 198,858
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ 198,858
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ -	\$ -	\$ -	\$ 198,858
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				24%

**Older Adult CSS Plan
Training
Work Plan#OA-05
Budget Narrative – Year 2
July 2006-June 2007**

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – Includes purchased services of consultants with specialized expertise in Recovery-oriented programs for clients, family members and allied professionals at \$198,858
A.4.	Program Management – N/A
A.5.	N/A
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	New Revenue – N/A
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – MHSA Funds
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 24%

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
 Program Work Plan #: OA-05
 Program Work Plan Name: Older Adults - Training
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: N/A
 Existing Client Capacity of Program/Services: N/A
 Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2006-2007
 Date: 9/13/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: A. McConner
 Telephone Number: (213) 351-5244

Classification	Function	Clients, FM & CG FTEs ^{1/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
		Total Current Existing Positions	-	-	
B. New Additional Positions					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
		Total New Additional Positions	-	-	
C. Total Program Positions		-	-		\$ -

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: OA-05
 Program Work Plan Name: Older Adults - Training
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: N/A
 Existing Client Capacity of Program/Services: N/A
 Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2007-2008
 Date: 9/13/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: A. McConner
 Telephone Number: (213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ 198,858
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ 198,858
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ 198,858
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ -	\$ -	\$ -	\$ 198,858
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				24%

**Older Adult CSS Plan
Training
Work Plan#OA-05**

Budget Narrative – Year 3
July 2007-June 2008

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – Includes purchased services of consultants with specialized expertise in Recovery-oriented programs for clients, family members and allied professionals at \$198,858
A.4.	Program Management – N/A
A.5.	N/A
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	New Revenue – N/A
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – MHSA Funds
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 24%

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Los Angeles
 Program Work Plan #: OA-05
 Program Work Plan Name: Older Adults - Training
 Type of Funding: FSP; SD
 Proposed Total Clients Capacity of Program/Services: N/A
 Existing Client Capacity of Program/Services: N/A
 Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2007-2008
 Date: 9/13/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: A. McConner
 Telephone Number: (213) 351-5244

Classification	Function	Clients, FM & CG FTEs ^{1/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
		Total Current Existing Positions	-	-	
B. New Additional Positions					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
		Total New Additional Positions	-	-	
C. Total Program Positions		-	-		\$ -

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: SN-01
 Program Work Plan Name: Service Area Navigator Teams
 Type of Funding: SD
 Proposed Total Clients Capacity of Program/Services: 2390
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 2390

Fiscal Year: 2005-2006
 Date: 9/8/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: D. Innes-Gomberg
 Telephone Number: 562-435-2337

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ 2,450,000			\$ 2,450,000
6. Total Proposed Program Budget	\$ 2,450,000	\$ -	\$ -	\$ 2,450,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ 2,450,000	\$ -	\$ -	\$ 2,450,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

SERVICE AREA NAVIGATOR TEAMS

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$2,450,000.
A.6.	Total Program Budget – See Above
D.	Total Funding Requirements - \$2,450,000.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: SN-01
 Program Work Plan Name: Service Area Navigator Teams
 Type of Funding: SD
 Proposed Total Clients Capacity of Program/Services: 8160
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 8160

Fiscal Year: 2006-2007
 Date: 9/8/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: D. Innes-Gomberg
 Telephone Number: 562-435-2337

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ 4,900,000			\$ 4,900,000
6. Total Proposed Program Budget	\$ 4,900,000	\$ -	\$ -	\$ 4,900,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ 4,900,000	\$ -	\$ -	\$ 4,900,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

SERVICE AREA NAVIGATOR TEAMS

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$4,900,000
A.6.	Total Program Budget – See Above
D.	Total Funding Requirements - \$4,900,000.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: SN-01
 Program Work Plan Name: Service Area Navigator Teams
 Type of Funding: SD
 Proposed Total Clients Capacity of Program/Services: 8160
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 8160

Fiscal Year: 2007-2008
 Date: 9/8/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: D. Innes-Gomberg
 Telephone Number: 562-435-2337

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ 4,900,000			\$ 4,900,000
6. Total Proposed Program Budget	\$ 4,900,000	\$ -	\$ -	\$ 4,900,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ 4,900,000	\$ -	\$ -	\$ 4,900,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

SERVICE AREA NAVIGATOR TEAMS

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$4,900,000
A.6.	Total Program Budget – See Above
D.	Total Funding Requirements - \$4,900,000.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: ACS-01a
 Program Work Plan Name: Alternative Crisis Services - Urgent Care Centers
 Type of Funding: FSP; SD; Medi-Cal (FFP)
 Proposed Total Clients Capacity of Program/Services: 3780
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 3780

Fiscal Year: 2005-2006
 Date: 9/16/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: Kathleen Daly
 Telephone Number: 213-738-3079

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				
b. Travel and Transportation				
c. Housing				
i. Master Leases				
ii. Subsidies				
iii. Vouchers				
iv. Other Housing				
d. Employment and Education Supports				
e. Other Support Expenditures (provide description in budget narrative)				
f. Total Support Expenditures				
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				
b. New Additional Personnel Expenditures (from Staffing Detail)				
c. Employee Benefits				
d. Total Personnel Expenditures				
3. Operating Expenditures				
a. Professional Services				
b. Translation and Interpreter Services				
c. Travel and Transportation				
d. General Office Expenditures				
e. Rent, Utilities, and Equipment				
f. Medication and Medical Supplies				
g. Other Operating Expenses (provide description in budget narrative)				
h. Total Operating Expenditures				
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
				\$ 6,513,762
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ 6,513,762
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)	863,380			\$ 863,380
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ 863,380	\$ -	\$ -	\$ 863,380
3. Total Revenues				
	\$ 863,380	\$ -	\$ -	\$ 863,380
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ (863,380)	\$ -	\$ -	\$ 5,650,382
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				12%

**ALTERNATIVE CRISIS SERVICES:
URGENT CARE CENTERS**

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$6,513,762.
A.6.	Total Program Budget – See Above
B.2.	New Revenue: a. Medi-Cal (FFP only) - \$863,380. This number represents projected FFP revenue for 6 months.
D.	Total Funding Requirements - \$5,650,382.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: ACS-01a
 Program Work Plan Name: Alternative Crisis Services - Urgent Care Centers
 Type of Funding: FSP; SD; Medi-Cal (FFP)
 Proposed Total Clients Capacity of Program/Services: 10800
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 10800

Fiscal Year: 2006-2007
 Date: 9/16/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Kathleen Daly
 Telephone Number: 213-738-3079

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				\$ -
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures				\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				
b. New Additional Personnel Expenditures (from Staffing Detail)				
c. Employee Benefits				
d. Total Personnel Expenditures				
3. Operating Expenditures				
a. Professional Services				
b. Translation and Interpreter Services				
c. Travel and Transportation				
d. General Office Expenditures				
e. Rent, Utilities, and Equipment				
f. Medication and Medical Supplies				
g. Other Operating Expenses (provide description in budget narrative)				
h. Total Operating Expenditures				
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
				\$ 13,795,415
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ 13,795,415
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)	1,894,650			\$ 1,894,650
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ 1,894,650	\$ -	\$ -	\$ 1,894,650
3. Total Revenues				
	\$ 1,894,650	\$ -	\$ -	\$ 1,894,650
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ (1,894,650)	\$ -	\$ -	\$ 11,900,765
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				11%

**ALTERNATIVE CRISIS SERVICES:
URGENT CARE CENTERS**

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$13,795,415.
A.6.	Total Program Budget – See Above
B.2.	New Revenue: a. Medi-Cal (FFP only) - \$1,894,650. This number represents projected FFP revenue for 12 months.
D.	Total Funding Requirements - \$11,900,765.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: ACS-01a
 Program Work Plan Name: Alternative Crisis Services - Urgent Care Centers
 Type of Funding: FSP; SD; Medi-Cal (FFP)
 Proposed Total Clients Capacity of Program/Services: 12960
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 12960

Fiscal Year: 2007-2008
 Date: 9/16/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Kathleen Daly
 Telephone Number: 213-738-3079

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				
b. Travel and Transportation				
c. Housing				
i. Master Leases				
ii. Subsidies				
iii. Vouchers				
iv. Other Housing				
d. Employment and Education Supports				
e. Other Support Expenditures (provide description in budget narrative)				
f. Total Support Expenditures				
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				
b. New Additional Personnel Expenditures (from Staffing Detail)				
c. Employee Benefits				
d. Total Personnel Expenditures				
3. Operating Expenditures				
a. Professional Services				
b. Translation and Interpreter Services				
c. Travel and Transportation				
d. General Office Expenditures				
e. Rent, Utilities, and Equipment				
f. Medication and Medical Supplies				
g. Other Operating Expenses (provide description in budget narrative)				
h. Total Operating Expenditures				
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
				\$ 17,572,485
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ 17,572,485
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)	2,271,720			\$ 2,271,720
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ 2,271,720	\$ -	\$ -	\$ 2,271,720
3. Total Revenues				
	\$ 2,271,720	\$ -	\$ -	\$ 2,271,720
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ (2,271,720)	\$ -	\$ -	\$ 15,300,765
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				9%

ALTERNATIVE CRISIS SERVICES: URGENT CARE CENTERS

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$17,572,485.
A.6.	Total Program Budget – See Above
B.2.	New Revenue: <ul style="list-style-type: none">a. Medi-Cal (FFP only) - \$2,271,720. This number represents projected FFP revenue for 12 months.
D.	Total Funding Requirements - \$15,300,765.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: ACS-01b
 Program Work Plan Name: Countywide Resource Management
 Type of Funding: SD
 Proposed Total Clients Capacity of Program/Services: 2147
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 2147

Fiscal Year: 2005-2006
 Date: 9/8/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: Mary Marx
 Telephone Number: (323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)	95,524			\$ 95,524
c. Employee Benefits	29,094			\$ 29,094
d. Total Personnel Expenditures	\$ 124,618	\$ -	\$ -	\$ 124,618
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ -
6. Total Proposed Program Budget				
	\$ 124,618	\$ -	\$ -	\$ 124,618
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ 124,618	\$ -	\$ -	\$ 124,618
E. Percentage of Total Funding Requirements for Full Service Partnerships				

COUNTYWIDE RESOURCE MANAGEMENT

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.2.	Personnel Expenditures - Includes \$95,524 in new personnel expenditures and \$29,094 in employee benefits, for a total of \$124,618. New Staff will consist of 1.0 FTE Mental Health Clinical District Chief and 1.0 FTE Mental Health Analyst II.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$124,618.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: ACS-01b
 Program Work Plan Name: Countywide Resource Management
 Type of Funding: SD
 Proposed Total Clients Capacity of Program/Services: 5728
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 5728

Fiscal Year: 2006-2007
 Date: 9/8/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Mary Marx
 Telephone Number: (323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)	191,048			\$ 191,048
c. Employee Benefits	58,187			\$ 58,187
d. Total Personnel Expenditures	\$ 249,235	\$ -	\$ -	\$ 249,235
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ -
6. Total Proposed Program Budget				
	\$ 249,235	\$ -	\$ -	\$ 249,235
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ 249,235	\$ -	\$ -	\$ 249,235
E. Percentage of Total Funding Requirements for Full Service Partnerships				

COUNTYWIDE RESOURCE MANAGEMENT

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.2.	Personnel Expenditures - Includes \$191,048 in new personnel expenditures and \$58,187 in employee benefits, for a total of \$249,235. New Staff will consist of 1.0 FTE Mental Health Clinical District Chief and 1.0 FTE Mental Health Analyst II.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$249,235.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: ACS-01b
 Program Work Plan Name: Countywide Resource Management
 Type of Funding: SD
 Proposed Total Clients Capacity of Program/Services: 5,728
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 5,728

Fiscal Year: 2006-2007
 Date: 9/8/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Mary Marx
 Telephone Number: (323) 226-4744

Classification	Function	Clients, FM & CG FTEs ^{1/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
		Total Current Existing Positions	-	0.00	
B. New Additional Positions					
	1. Mental Health Clinical District Chief		1.00	117,941	\$ 117,941
	2. Mental Health Analyst II		1.00	73,107	\$ 73,107
	Total New Additional Positions	0.00	2.00		\$ 191,048
C. Total Program Positions		0.00	2.00		\$ 191,048

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: ACS-01b
 Program Work Plan Name: Countywide Resource Management
 Type of Funding: SD
 Proposed Total Clients Capacity of Program/Services: 5728
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 5728

Fiscal Year: 2007-2008
 Date: 9/8/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Mary Marx
 Telephone Number: (323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)	191,048			\$ 191,048
c. Employee Benefits	58,187			\$ 58,187
d. Total Personnel Expenditures	\$ 249,235	\$ -	\$ -	\$ 249,235
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ -
6. Total Proposed Program Budget				
	\$ 249,235	\$ -	\$ -	\$ 249,235
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ 249,235	\$ -	\$ -	\$ 249,235
E. Percentage of Total Funding Requirements for Full Service Partnerships				

COUNTYWIDE RESOURCE MANAGEMENT

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.2.	Personnel Expenditures - Includes \$191,048 in new personnel expenditures and \$58,187 in employee benefits, for a total of \$249,235. New Staff will consist of 1.0 FTE Mental Health Clinical District Chief and 1.0 FTE Mental Health Analyst II.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$249,235.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: ACS-01b
 Program Work Plan Name: Countywide Resource Management
 Type of Funding: SD
 Proposed Total Clients Capacity of Program/Services: 5,728
 Existing Client Capacity of Program/Services: 5,728
 Client Capacity of Program/Services Expanded through MHSA: 5,728

Fiscal Year: 2007-2008
 Date: 9/8/05
 Page:
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Mary Marx
 Telephone Number: (323) 226-4744

Classification	Function	Clients, FM & CG FTEs ^{1/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
		Total Current Existing Positions	-	0.00	
B. New Additional Positions					
	1. Mental Health Clinical District Chief		1.00	117,941	\$ 117,941
	2. Mental Health Analyst II		1.00	73,107	\$ 73,107
	Total New Additional Positions	0.00	2.00		\$ 191,048
C. Total Program Positions		0.00	2.00		\$ 191,048

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: ACS-01c
 Program Work Plan Name: Residential & Bridging Services
 Type of Funding: SD; County Funds
 Proposed Total Clients Capacity of Program/Services: 2880
 Existing Client Capacity of Program/Services: 0
 Client Capacity of Program/Services Expanded through MHSA: 2880

Fiscal Year: 2005-2006
 Date: 9/8/05
 Page: _____
 Months of Operation: 6
 New Program/Services or Expansion: New
 Prepared by: Mary Marx
 Telephone Number: (323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)	412,480			\$ 412,480
c. Employee Benefits	125,628			\$ 125,628
d. Total Personnel Expenditures	\$ 538,108	\$ -	\$ -	\$ 538,108
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation	7,012			
d. General Office Expenditures	7,500			\$ 7,500
e. Rent, Utilities, and Equipment	47,380			\$ 47,380
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ 61,892	\$ -	\$ -	\$ 61,892
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
6. Total Proposed Program Budget				
	\$ 600,000	\$ -	\$ -	\$ 600,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds	200,000			\$ 200,000
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ 200,000	\$ -	\$ -	\$ 200,000
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ 200,000	\$ -	\$ -	\$ 200,000
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ 400,000	\$ -	\$ -	\$ 400,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

RESIDENTIAL AND BRIDGING SERVICES

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A. 2.	Personnel Expenditures – Expenditure consist of: <ul style="list-style-type: none">a. N/Ab. New Additional Personnel Expenditures – \$412,480. Will cover cost for 8.0 FTE Psychiatric Social Worker II, 2.0 FTE Supervising Psychiatric Social Worker, and 5.0 FTE Community Worker.c. Employee Benefits – Calculated for these staff at a total of \$125,628.d. Total Personnel Expenditure - \$538,108.
A. 3.	Operating Expenditures – Expenditure consist of: <ul style="list-style-type: none">c. Travel and Transportation – \$7,012. This amount includes mileage expenses incurred providing mobile outreach, community access, and community-based services as needed.d. General Office Expenditures – \$7,500. Total includes stationary, paper, writing supplies, folders, binders, desk supplies, chart supplies and similar.e. Rent, Utilities, and Equipment – \$47,380. This amount includes rent and utilities for office space and equipment necessary for office.h. Total Operating Expenditure - \$61,892
A. 6.	Total Proposed Program Budget - \$600,000
B. 1.	Existing Revenue - \$200,000. This amount will be provided with County General Funds.
D.	Total Funding Requirements – \$400,000

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: ACS-01c
 Program Work Plan Name: Residential & Bridging Services
 Type of Funding: SD; County Funds
 Proposed Total Clients Capacity of Program/Services: 7200
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 7200

Fiscal Year: 2006-2007
 Date: 9/8/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Mary Marx
 Telephone Number: (323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)	824,960			\$ 824,960
c. Employee Benefits	251,256			\$ 251,256
d. Total Personnel Expenditures	\$ 1,076,216	\$ -	\$ -	\$ 1,076,216
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation	14,024			
d. General Office Expenditures	15,000			\$ 15,000
e. Rent, Utilities, and Equipment	94,760			\$ 94,760
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ 123,784	\$ -	\$ -	\$ 123,784
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
				\$ -
6. Total Proposed Program Budget				
	\$ 1,200,000	\$ -	\$ -	\$ 1,200,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds	400,000			\$ 400,000
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ 400,000	\$ -	\$ -	\$ 400,000
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues	\$ 400,000	\$ -	\$ -	\$ 400,000
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ 800,000	\$ -	\$ -	\$ 800,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

RESIDENTIAL AND BRIDGING SERVICES

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A. 2.	Personnel Expenditures – Expenditure consist of: <ul style="list-style-type: none">a. N/Ab. New Additional Personnel Expenditures – \$824,960. This total will cover cost for 8.0 FTE Psychiatric Social Worker II, 2.0 FTE Supervising Psychiatric Social Worker, and 5.0 FTE Community Worker.c. Employee Benefits – Calculated for these staff at a total of \$251,256.d. Total Personnel Expenditure - \$1,076,216.
A. 3.	Operating Expenditures – Expenditure consist of: <ul style="list-style-type: none">c. Travel and Transportation – \$14,024. This amount includes mileage expenses incurred providing mobile outreach, community access, and community-based services as needed.d. General Office Expenditures – \$15,000. Total includes stationary, paper, writing supplies, folders, binders, desk supplies, chart supplies and similar.e. Rent, Utilities, and Equipment – \$94,760. This amount includes rent and utilities for office space and equipment necessary for office.h. Total Operating Expenditure - \$123,784
A. 6.	Total Proposed Program Budget - \$1,200,000
B. 1.	Existing Revenue - \$400,000. This amount will be provided with County General Funds.
D.	Total Funding Requirements – \$800,000

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: ACS-01c
 Program Work Plan Name: Residential & Bridging Services
 Type of Funding: SD; County Funds
 Proposed Total Clients Capacity of Program/Services: 7800
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 7800

Fiscal Year: 2007-2008
 Date: 9/8/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Mary Marx
 Telephone Number: (323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)	824,960			\$ 824,960
c. Employee Benefits	251,256			\$ 251,256
d. Total Personnel Expenditures	\$ 1,076,216	\$ -	\$ -	\$ 1,076,216
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation	14,024			
d. General Office Expenditures	15,000			\$ 15,000
e. Rent, Utilities, and Equipment	94,760			\$ 94,760
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ 123,784	\$ -	\$ -	\$ 123,784
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
				\$ -
6. Total Proposed Program Budget				
	\$ 1,200,000	\$ -	\$ -	\$ 1,200,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds	400,000			\$ 400,000
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ 400,000	\$ -	\$ -	\$ 400,000
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues	\$ 400,000	\$ -	\$ -	\$ 400,000
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ 800,000	\$ -	\$ -	\$ 800,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

RESIDENTIAL AND BRIDGING SERVICES

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A. 2.	Personnel Expenditures – Expenditure consist of: <ul style="list-style-type: none">a. N/Ab. New Additional Personnel Expenditures – \$824,960. This total will cover cost for 8.0 FTE Psychiatric Social Worker II, 2.0 FTE Supervising Psychiatric Social Worker, and 5.0 FTE Community Worker.c. Employee Benefits – Calculated for these staff at a total of \$251,256.d. Total Personnel Expenditure - \$1,076,216.
A. 3.	Operating Expenditures – Expenditure consist of: <ul style="list-style-type: none">c. Travel and Transportation – \$14,024. This amount includes mileage expenses incurred providing mobile outreach, community access, and community-based services as needed.d. General Office Expenditures – \$15,000. Total includes stationary, paper, writing supplies, folders, binders, desk supplies, chart supplies and similar.e. Rent, Utilities, and Equipment – \$94,760. This amount includes rent and utilities for office space and equipment necessary for office.h. Total Operating Expenditure - \$123,784
A. 6.	Total Proposed Program Budget - \$1,200,000
B. 1.	Existing Revenue - \$400,000. This amount will be provided with County General Funds.
D.	Total Funding Requirements – \$800,000

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: ACS-01d
 Program Work Plan Name: Enriched Residential Services
 Type of Funding: FSP; SD; Medi-Cal (FFP)
 Proposed Total Clients Capacity of Program/Services: 150
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 150

Fiscal Year: 2006-2007
 Date: 9/8/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Mary Marx
 Telephone Number: (323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)			825,024	\$ 825,024
c. Employee Benefits			197,832	\$ 197,832
d. Total Personnel Expenditures	\$ -	\$ -	\$ 1,022,856	\$ 1,022,856
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures			103,939	\$ 103,939
e. Rent, Utilities, and Equipment			315,000	\$ 315,000
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)			298,205	\$ 298,205
h. Total Operating Expenditures	\$ -	\$ -	\$ 717,144	\$ 717,144
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ -
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ 1,740,000	\$ 1,740,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -		\$ -
2. New Revenue				
a. Medi-Cal (FFP only)			460,000	\$ 460,000
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue			210,000	\$ 210,000
e. Total New Revenues	\$ -	\$ -	\$ 670,000	\$ 670,000
3. Total Revenues				
	\$ -	\$ -	\$ 670,000	\$ 670,000
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ -	\$ -	\$ 1,070,000	\$ 1,070,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

ENRICHED RESIDENTIAL SERVICES

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A. 2.	<p>Personnel Expenditures – Total personnel expenditure is \$1,022,856. This consists of \$825,024 for salaries and \$197,832 in employee benefits. Proposed staff and duties consist of:</p> <ul style="list-style-type: none">a. Licensed Vocational Nurse provides medication support services and medical monitoring for clients.b. Mental Health Workers provide mental health services including individual and group counseling and peer support and advocacy.c. Psychiatric social workers provide mental health assessment, crisis intervention, individual and group therapy.d. Residential manager provides property management and over site.e. Case managers provide discharge planning, case management activities, including benefits establishment, advocacy, and linkage to community services.f. Activity director plans and directs recreational activities for residents.g. Psychiatrist provides medication support and crisis intervention, and individual as appropriate.h. Director plans, directs and supervises the program staff, coordinates services, and ensures the program meets County, State, and Federal regulations.i. Secretary provides clerical support.j. Office Manager directs the clerical staff and maintains records, office and billing procedures.
A. 3.	<p>Operating Expenditures – Total Operating expenditure is \$717,144. This amount includes:</p> <ul style="list-style-type: none">d. General Office Expenditures – \$103,939. This includes stationary, paper, writing supplies, folders, binders, desk supplies, client chart maintenance supplies, mileage, and training.e. Rent, Utilities, and Equipment – \$315,000. Building rental, utilities, furniture, and equipment rental.g. Other Operating Expenses - supplement to facility operational costs associated with providing intensive ARF services - \$298,205
A. 6.	Total Program Budget - \$1,740,000
B.2	New Revenue – Total new revenue totals \$670,000. This includes \$460,000 in new Medi-Cal (FFP only) for 38 clients, and \$210,000 in SSI revenue.
D.	Total Funding Requirements – \$1,070,000.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): LOS ANGELES
 Program Work Plan #: ACS-01d
 Program Work Plan Name: Enriched Residential Services
 Type of Funding: FSP; SD; Medi-Cal (FFP)
 Proposed Total Clients Capacity of Program/Services: 150
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 150

Fiscal Year: 2007-2008
 Date: 9/8/05
 Page: _____
 Months of Operation: 12
 New Program/Services or Expansion: New
 Prepared by: Mary Marx
 Telephone Number: (323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)			825,024	\$ 825,024
c. Employee Benefits			197,832	\$ 197,832
d. Total Personnel Expenditures	\$ -	\$ -	\$ 1,022,856	\$ 1,022,856
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures			103,939	\$ 103,939
e. Rent, Utilities, and Equipment			315,000	\$ 315,000
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)			298,205	\$ 298,205
h. Total Operating Expenditures	\$ -	\$ -	\$ 717,144	\$ 717,144
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			\$ -
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ 1,740,000	\$ 1,740,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -		\$ -
2. New Revenue				
a. Medi-Cal (FFP only)			460,000	\$ 460,000
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue			210,000	\$ 210,000
e. Total New Revenues	\$ -	\$ -	\$ 670,000	\$ 670,000
3. Total Revenues				
	\$ -	\$ -	\$ 670,000	\$ 670,000
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements				
	\$ -	\$ -	\$ 1,070,000	\$ 1,070,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

ENRICHED RESIDENTIAL SERVICES

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A. 2.	<p>Personnel Expenditures – Total personnel expenditure is \$1,022,856. This consists of \$825,024 for salaries and \$197,832 in employee benefits. Proposed staff and duties consist of:</p> <ul style="list-style-type: none">a. Licensed Vocational Nurse provides medication support services and medical monitoring for clients.b. Mental Health Workers provide mental health services including individual and group counseling and peer support and advocacy.c. Psychiatric social workers provide mental health assessment, crisis intervention, individual and group therapy.d. Residential manager provides property management and over site.e. Case managers provide discharge planning, case management activities, including benefits establishment, advocacy, and linkage to community services.f. Activity director plans and directs recreational activities for residents.g. Psychiatrist provides medication support and crisis intervention, and individual as appropriate.h. Director plans, directs and supervises the program staff, coordinates services, and ensures the program meets County, State, and Federal regulations.i. Secretary provides clerical support.j. Office Manager directs the clerical staff and maintains records, office and billing procedures.
A. 3.	<p>Operating Expenditures – Total Operating expenditure is \$717,144. This amount includes:</p> <ul style="list-style-type: none">d. General Office Expenditures – \$103,939. This includes stationary, paper, writing supplies, folders, binders, desk supplies, client chart maintenance supplies, mileage, and training.e. Rent, Utilities, and Equipment – \$315,000. Building rental, utilities, furniture, and equipment rental.g. Other Operating Expenses - supplement to facility operational costs associated with providing intensive ARF services - \$298,205
A. 6.	Total Program Budget - \$1,740,000
B.2	New Revenue – Total new revenue totals \$670,000. This includes \$460,000 in new Medi-Cal (FFP only) for 38 clients, and \$210,000 in SSI revenue.
D.	Total Funding Requirements – \$1,070,000.

EXHIBIT 5c--Mental Health Services Act Community Services and Supports Planning, Outreach and Engagement Budget Worksheet

County(ies): Los Angeles

Fiscal Year: 2005-06

Date: 9/16/05

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)	0.00	0.00	\$ -
b. MHSA Support Staff	0.00	0.00	
c. Other Personnel (list below)			
i. Service Area Planning, Outreach and Engagement Staff	0.00	0.00	
ii. Planning Division/Outcome Measures	0.00	0.00	
iii. Public Information Office	0.00	0.00	
iv. Information Technology	0.00	0.00	
v. Training Bureau	0.00	0.00	\$ -
vi.			
vii.			
d. Total FTEs/Salaries	0.00	0.00	
e. Employee Benefits 30.4%			
f. Total Personnel Expenditures			
2. Operating Expenditures			
a. Professional Services			\$ 317,500
b. Travel and Transportation			
c. General Office Expenditures			
d. Rent, Utilities and Equipment			
e. Other Operating Expenses (provide description in budget narrative)			
f. Total Operating Expenditures			
3. County Allocated Administration			
a. Countywide Administration			
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			
4. Total Proposed County Planning, Outreach and Engagement Budget			
			\$ 317,500
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue			
2. Total Revenues			
C. Start-up and One-Time Implementation Expenditures			
			\$6,000,000
D. Total County Planning, Outcomes, Engagement Funding Requirements			
			\$6,317,500

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: _____

Signature: _____ **DRAFT**

Local Mental Health Director

Executed at _____, California

EXHIBIT 5c--Mental Health Services Act Community Services and Supports Planning, Outreach and Engagement Budget Worksheet

County(ies): Los Angeles

Fiscal Year: 2006-07

Date: 9/16/05

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)	0.00	0.00	\$ -
b. MHSA Support Staff	0.00	3.00	\$ 157,047
c. Other Personnel (list below)			
i. Service Area Planning, Outreach and Engagement	10.00	19.00	\$ 912,531
ii. Outcomes management system	1.00	6.00	\$ 307,812
iii. Public Information	0.00	2.00	\$ 105,417
iv. Information Technology	0.00	2.00	\$ 130,220
v. Training Support	0.00	1.00	\$ 40,448
vi.			
vii.			
d. Total FTEs/Salaries	11.00	33.00	\$ 1,653,474
e. Employee Benefits 30.4%			\$ 502,656
f. Total Personnel Expenditures			\$ 2,156,131
2. Operating Expenditures			
a. Professional Services			\$ 589,434
b. Travel and Transportation			\$ 15,000
c. General Office Expenditures			\$ 65,000
d. Rent, Utilities and Equipment			\$ 448,800
e. Other Operating Expenses (provide description in budget narrative)			\$ 1,225,635
f. Total Operating Expenditures			\$ 2,343,869
3. County Allocated Administration			
a. Countywide Administration			
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			
4. Total Proposed County Planning, Outreach and Engagement Budget			
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue			
2. Total Revenues			
C. Start-up and One-Time Implementation Expenditures			
D. Total County Administration Funding Requirements			
			\$4,500,000

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: _____

Signature _____ **DRAFT**

Local Mental Health Director

Executed at _____, California

EXHIBIT 5c--Mental Health Services Act Community Services and Supports Planning, Outreach and Engagement Budget Worksheet

County(ies): Los Angeles

Fiscal Year: 2007-08

Date: 9/16/05

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)	0.00	0.00	\$ -
b. MHSA Support Staff	0.00	3.00	\$ 157,047
c. Other Personnel (list below)			
i. Service Area Planning, Outreach and Engagement	10.00	19.00	\$ 912,531
ii. Outcomes management system	1.00	6.00	\$ 307,812
iii. Public Information	0.00	2.00	\$ 105,417
iv. Information Technology	0.00	2.00	\$ 130,220
v. Training Support	0.00	1.00	\$ 40,448
vi.			
vii.			
d. Total FTEs/Salaries	11.00	33.00	\$ 1,653,474
e. Employee Benefits 30.4%			\$ 502,656
f. Total Personnel Expenditures			\$ 2,156,131
2. Operating Expenditures			
a. Professional Services			\$ 589,434
b. Travel and Transportation			\$ 15,000
c. General Office Expenditures			\$ 65,000
d. Rent, Utilities and Equipment			\$ 448,800
e. Other Operating Expenses (provide description in budget narrative)			\$ 1,225,635
f. Total Operating Expenditures			\$ 2,343,869
3. County Allocated Administration			
a. Countywide Administration			
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			
4. Total Proposed County Planning, Outreach and Engagement Budget			
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue			
2. Total Revenues			
C. Start-up and One-Time Implementation Expenditures			
D. Total County Administration Funding Requirements			
			\$4,500,000

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: _____

Signature _____ **DRAFT**

Local Mental Health Director

Executed at _____, California

**PLANNING, OUTREACH AND ENGAGEMENT BUDGET NARRATIVE
ON-GOING AND ONE-TIME FUNDS**

The Los Angeles County Department of Mental Health (DMH) plans to allocate \$4,500,000 for the special activities needed to reach underserved and unserved populations. The allocation will fund salaries and employee benefits for thirty eight (38) full time positions (FTE) to be added to the current level of staffing and operating expenditures associated with the function. Of the 38 positions, thirteen (13) are reserved for employment of clients, family members, or caregivers. DMH expects the annual amount to continue through fiscal years 2006-07 through 2007-08 in accordance with currently established Los Angeles County rates for the specific positions to be allocated to this function. The personnel budget assumes that salaries and employee benefits for the current year can be projected for future years without material loss of accuracy. The total amount (5.0 million) represents less than five percent (5%) of the proposed total budget for the Community Services and Supports Plan.

The new positions are necessary for continuing and enhancing planning, outreach and engagement activities that SDMH approved and DMH initiated during the Community Program Planning process. Once the positions are filled, the employees will be assigned full time to activities designed to reach

- community-based organizations including those that are ethnically/racially based or tribal, faith-based, health-care partnerships of all kinds;
- organizations that focus on homeless or incarcerated persons;
- clients and families who can reach out to reluctant potential consumers;
- children and youth who may have serious emotional disorders, particularly through primary care and school-based services, or
- screening services for children and youth.

A1. PERSONNEL EXPENSES

Overall Management – 3.0 FTE (Line Item A.1.b.: MHSA Support Staff)

These positions were approved to provide administrative support for implementation of the Community Program Planning Plan. Continued funding of these positions is necessary for administrative support in the Mental Health Services Act Administrative Unit.

- 1.0 Mental Health Analyst II
- 1.0 Staff Assistant II
- 1.0 Intermediate Typist Clerk

***Service Area Advisory Council and Community Support
Community Consumer/Family Outreach– 19.0 FTE (Line Item A.1.c.i)***

DMH plans to allocate nineteen (19) of the proposed budgeted positions to ensure the participation of consumers, family members, advocates and members of underserved communities in MHSA planning and implementation. The positions will continue community support, community consumer and family outreach, and staff support for the Service Area Advisory Councils (SAACs), as approved in the Community Program Planning Plan:

- 8.0 Mental Health Services Coordinators II
- 8.0 Community Worker I
- 1.0 Mental Health Analyst I
- 2.0 Intermediate Typist Clerks

These employees will provide support to the Service Area Advisory Councils, and organize consumer/family member advisory meetings and focus groups. They will also link consumers, family members and advocates to support services such as transportation, stipend claim filing, childcare, and the like in order to maximize participation of all groups at local community levels.

Outcome Measures - 6.0 FTE (Line Item A.1.c.ii)

DMH plans to allocate six (6) of the proposed budgeted positions to organizing outcome measures and guiding the development, monitoring and implementation system transformation tools. The funding includes continuation of five (5) FTE originally approved for the Community Program Planning Plan:

- 3.0 Research Analyst III
- 1.0 Research Analyst I
- 1.0 Mental Health Services Coordinator I
- 1.0 Sr. Typist Clerk

These employees will determine the objectives of performance outcomes measures, identify measures and analytical methods, provide for the collection, aggregation of measures as approved by SDMH, and conduct the analysis, reporting and development of system transformation plans based on the results.

Public Information - 2.0 FTE (Line Item A.1.c.iii)

DMH plans to allocate two (2) of the proposed budgeted positions to development and implementation of communications strategies designed to attract and involve consumers, family members and residents of underserved communities in the planning and implementation process of the Mental Health Services Act. Successful completion of these activities requires continued funding of the positions that were originally approved for this purpose in the Community Program Planning Plan:

- 1.0 Public Information Officer
- 1.0 Secretary II

Information Technology - 2.0 FTE (Line Item A.1.c.iv)

DMH plans to allocate two (2) of the proposed budgeted positions to manage the increased demand for data extraction and analysis and to maintain a reliable data warehouse that will simplify MHSA reporting requirements: Successful completion and support of these activities requires continuation of the positions that were originally approved for this purpose in the Community Program Planning Plan continue to be needed

- 2.0 Information System Analyst II

Training - 1.0 FTE (Line Item A.1.c.v)

DMH plans to allocate one (1) of the proposed budgeted positions to ensure that the values of the MHSA are reflected in service delivery by supporting the availability of appropriate and adequate training.

- 1.0 Staff Assistant I

The planned DMH training program is extensive and will be fully staffed as it is developed. Both new and existing DMH staff will require significant training to successfully implement programs and transformative services funded through the MHSA. The individual employed as a staff assistant for the training and cultural competency function will help develop and coordinate the new training curricula.

A2. OPERATING EXPENDITURES

a) *Professional Services - \$589,434 (Line Item A.2.a)*

- *Monthly Countywide Planning Meeting Support - \$514,434* for the funding of contracts with various meeting facilitator consultants required to coordinate and organize large countywide meetings and planning activities. These consultants will also provide written follow up reports of the meetings they facilitate and assist in drafting the appropriate components of the various MHSA plans.
- *Operational System Transformation - \$75,000*
Funds will be used to establish service agreements with consultants hired to assist with the DMH Operations Transformation Plan that will be designed to align the systems transformation agenda resulting from the MHSA planning process.

b) *Travel and Transportation - \$15,000*

Funds will be used for travel and transportation expenses incurred by DMH staff traveling to Sacramento and other statewide MHSA related meetings and/or activities.

c) *General Office Expenditures - \$65,000*

Funds will be used for MHSA meeting related expenses such as document copying and reproduction, binders, and postage.

d) *Rent, Utilities and equipment - \$516,800*

Expenditures include rent, utilities/custodial services, photocopier lease, computers/printers, fax machines and phones.

e) *Other Operating Expenditures/Consumer and Family Member Support, and Ethnic Outreach and Engagement – \$1,225,635*

i) Stipends, Wages and Contracts - \$100,000

The guiding principles of the MHSA are built on consumer participation and therefore funding of stipends for those consumers, family member and advocates who attend and participate in MHSA planning activities is essential.

ii) Oral and Written Translation Services - \$250,635

To ensure cultural competence, funds are necessary for the purchase of translation equipment, i.e., transmitters and headphones and the cost of providing oral translation services in 11 threshold languages at MHSA meetings/activities, including focus groups. These funds will also be used for the written translation of MHSA related planning documents into threshold languages.

iii) Travel and Transportation - \$25,000

To defray personal expense and increase the likelihood of consumer, family member and advocate attendance and participation at MHSA planning meetings and activities, these funds will be used to purchase and distribute bus tokens and taxi vouchers. These funds will also be used for consumer, family member and advocate travel expenses such as meals, lodging and/or mileage claims incurred from their participation in out-of-town, statewide planning meetings and activities

iv) Meeting and Community Forum room rental - \$150,000

Funds are to be used to pay for room and site rental for the meetings and/or forums held throughout the County for the Stakeholder delegate meetings and other MHSA related functions. In order to accommodate the hundreds of stakeholders/community who participate in the MHSA activities, large venues must be secured.

- v) *Food/Refreshments - \$100,000*
These funds will be used for the provision of food/refreshments such as coffee, tea, snacks and/or a light meal as appropriate at MHSA planning meetings and activities.

- vi) *Countywide/Service Area Ethnic and Underserved Population Outreach – \$600,000*
Small grants will be provided to community-based organizations to aid DMH in coordinating, organizing and providing community outreach to ethnic and other underserved, hard-to-reach populations.

C. START-UP AND ONE-TIME IMPLEMENTATION EXPENDITURES

DMH is requesting \$6,000,000 in one-time funds for Planning & Outcomes (1,500,000) and Outreach & Engagement (4,500,000) to continue the activities begun during the Community Program Planning phase through FY 2005/06 and for additional Outreach and Engagement activities for ethnic, underserved and partner departments.

The funds requested for *Planning & Outcomes* will be dedicated to hiring and paying for the staff listed in the Personnel Expense section above. The ongoing funds for the staff have been included in the FY 2006/07, and 2007/08 Community Services and Supports Plan. The remainder of the funds will be dedicated to:

- Develop a user- friendly Department of Mental Health web site in the eleven threshold languages - \$500,000
 - Develop and execute a research study to establish an accurate baseline of inmates with mental illness in the jail system - \$250,000
 - Provide training to increase data quality throughout the mental health delivery system in the County (including collection of outcomes) - \$566,617
-
- Staffing (outlined above) \$1,078,065
 - Web site development \$ 500,000
 - Research Project \$ 250,000
 - Training \$ 566,617
 - \$2,394,682

The funds requested for Outreach and Engagement will support the efforts outlined above in e) *Other Operating Expenditures/Consumer and Family Member Support, and Ethnic Outreach and Engagement* for six months (ongoing funding for these activities is included in the 2006/07 and 2007/08 budget in the other operating expenses line item). The following activities will also be funded with one-time funds to lay the framework for sustaining the ongoing Outreach and Engagement activities:

- Conduct a feasibility study for the development, expansion, improvement of Mental Health Court Programs - \$80,000

Los Angeles County Community Services and Supports Plan

- Develop a plan/curriculum for “professionalizing” volunteer staff of family and consumer groups - \$80,000
- Investigate and research data, resources, organizations that aid in creating a true picture of the number and characteristics of Los Angeles County’s uninsured population - \$100,000
- Expand outreach and engagement efforts of client based advocacy organizations - \$50,000
- Develop and implement strategies for conducting outreach to the following populations with co-occurring disorders - \$450,000:
 - Deaf and hearing impaired
 - Developmentally disabled
 - Older adults with health problems
- Engage and build capacity in ethnic, underserved communities to aid the Department in outreaching to these communities, to develop partnerships and to insure inclusion of these communities in the various aspects of the service delivery system and the Mental Health Services Act activities - \$2,500,000
- Provide training and education for housing providers on how to work with individuals with co-occurring disorders – 50,000

• Ongoing Community Engagement	\$ 612,818
• One-time Community Outreach and Engagement	<u>\$3,310,000</u>
	<u>\$3,922,818</u>

TOTAL \$6,317,500

EXHIBIT 5c--Mental Health Services Act Community Services and Supports Administration Budget Worksheet

County(ies): LOS ANGELES (6 mos) Fiscal Year: 2005-06
 Date: 9/16/05

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSa Coordinator(s)	0.00	1.00	\$59,708
b. MHSa Support Staff	7.00	25.00	\$854,263
c. Other Personnel (list below)			
i. Finance	2.00	14.00	\$391,794
ii. Administrative Support (facilities, space, procurement)	0.00	1.00	\$34,970
iii. Contracts	1.00	7.00	\$238,960
iv. Human Resources	1.00	12.00	\$321,512
v.			
vi.			
vii.			
d. Total FTEs/Salaries	11.00	60.00	\$1,901,205
e. Employee Benefits (25%)			\$475,301
f. Total Personnel Expenditures			<u>\$2,376,506</u>
Total Personnel Expenditures less 10% Salary Savings			\$2,138,855
2. Operating Expenditures			
a. Professional Services			\$0
b. Travel and Transportation			\$3,000
c. General Office Expenditures			\$53,733
d. Rent, Utilities and Equipment			\$307,000
e. Other Operating Expenses (provide description in budget narrative)			\$0
f. Total Operating Expenditures			\$363,733
3. County Allocated Administration			
a. Countywide Administration (A-87)(2.5%)			\$62,565
b. Other Administration (provide description in budget narrative)			\$0
c. Total County Allocated Administration			\$62,565
4. Total Proposed County Administration Budget			\$2,565,153
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			\$205,212
b. Other Revenue			\$110,000
2. Total Revenues			\$315,212
C. Start-up and One-Time Implementation Expenditures			\$8,250,000
D. Total County Administration Funding Requirements			\$10,499,941

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSa and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: _____

Signature _____ **DRAFT**

Local Mental Health Director

Executed at _____, California

EXHIBIT 5c--Mental Health Services Act Community Services and Supports Administration Budget Worksheet

County(ies): LOS ANGELES

Fiscal Year: 2006-07

Date: 9/16/05

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSAs Coordinator(s)	0.00	1.00	\$119,415
b. MHSAs Support Staff	7.00	25.00	\$1,708,525
c. Other Personnel (list below)			
i. Finance	2.00	14.00	\$783,588
ii. Administrative Support (facilities, space, procurement)	0.00	1.00	\$69,939
iii. Contracts	1.00	7.00	\$477,919
iv. Human Resources	1.00	12.00	\$643,023
v.			
vi.			
vii.			
d. Total FTEs/Salaries	11.00	60.00	\$3,802,409
e. Employee Benefits (25%)			\$950,602
f. Total Personnel Expenditures			<u>\$4,753,011</u>
Total Personnel Expenditures less 10% Salary Savings			\$4,277,710
2. Operating Expenditures			
a. Professional Services			\$0
b. Travel and Transportation			\$6,000
c. General Office Expenditures			\$107,466
d. Rent, Utilities and Equipment			\$614,000
e. Other Operating Expenses (provide description in budget narrative)			\$0
f. Total Operating Expenditures			\$727,466
3. County Allocated Administration			
a. Countywide Administration (A-87)(2.5%)			\$125,129
b. Other Administration (provide description in budget narrative)			\$0
c. Total County Allocated Administration			\$125,129
4. Total Proposed County Administration Budget			\$5,130,306
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			\$410,424
b. Other Revenue			\$220,000
2. Total Revenues			\$630,424
C. Start-up and One-Time Implementation Expenditures			\$0
D. Total County Administration Funding Requirements			\$4,499,881

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: _____

Signature _____

DRAFT

Local Mental Health Director

Executed at _____, California

EXHIBIT 5c--Mental Health Services Act Community Services and Supports Administration Budget Worksheet

County(ies): LOS ANGELES

Fiscal Year: 2007-08

Date: 9/16/05

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSa Coordinator(s)	0.00	1.00	\$119,415
b. MHSa Support Staff	7.00	25.00	\$1,708,525
c. Other Personnel (list below)			
i. Finance	2.00	14.00	\$783,588
ii. Administrative Support (facilities, space, procurement)	0.00	1.00	\$69,939
iii. Contracts	1.00	7.00	\$477,919
iv. Human Resources	1.00	12.00	\$643,023
v.			
vi.			
vii.			
d. Total FTEs/Salaries	11.00	60.00	\$3,802,409
e. Employee Benefits (25%)			\$950,602
f. Total Personnel Expenditures			<u>\$4,753,011</u>
Total Personnel Expenditures less 10% Salary Savings			\$4,277,710
2. Operating Expenditures			
a. Professional Services			\$0
b. Travel and Transportation			\$6,000
c. General Office Expenditures			\$107,466
d. Rent, Utilities and Equipment			\$614,000
e. Other Operating Expenses (provide description in budget narrative)			<u>\$0</u>
f. Total Operating Expenditures			\$727,466
3. County Allocated Administration			
a. Countywide Administration (A-87)(2.5%)			\$125,129
b. Other Administration (provide description in budget narrative)			<u>\$0</u>
c. Total County Allocated Administration			\$125,129
4. Total Proposed County Administration Budget			\$5,130,306
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			\$410,424
b. Other Revenue			\$220,000
2. Total Revenues			\$630,424
C. Start-up and One-Time Implementation Expenditures			\$0
D. Total County Administration Funding Requirements			\$4,499,881

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSa and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: _____

Signature _____ **DRAFT**

Local Mental Health Director

Executed at _____, California

**ADMINISTRATION BUDGET NARRATIVE
ON-GOING AND ONE-TIME FUNDS**

The Los Angeles County Department of Mental Health (DMH) is requesting \$10,499,941 for Fiscal Year (FY) 2005-06 for 60 positions and related expenditures to facilitate program implementation of the Mental Health Services Act (MHSA) Community Services and Supports Plan for both the directly operated and contracted provider network. The salary expenditures include funding for a Student Worker which is a non-FTE count County position. The costs are based on current County Personnel Salaries and established County rates. The request also includes \$4,499,881 in on-going costs for FYs 2006-07 and 2007-08.

A.1. PERSONNEL EXPENDITURES

The Department will make every effort to hire the targeted number of employees who are mental health clients, who have family members with a history of mental illness, or are caregivers to persons with mental illness.

MHSA Coordinator (1.0)

The DMH will establish a MHSA Project Management Team dedicated to the overall responsibility of managing and coordinating the programmatic implementation of the Community Service and Support Plan. This section will be managed by the following:

- 1.0 Mental Health Clinical District Chief – responsible for overall management

MHSA Support Staff (25.0)

These staff will support the MHSA Coordinator by providing supervision to the Service Area implementation and program coordination staff; developing policies and procedures; providing technical assistance, training, program review, and quality assurance; providing secretarial, administrative, and clerical support; supervising the staff in the Outcome Measures Unit to manage the outcome measure requirements of the MHSA; and organizing the Department's Office of Consumer Affairs, the Office of the Family Advocates, and the Office of the Parent Partners to ensure full participation from the various communities in all aspects of the MHSA. The positions include the following:

- 2.0 Mental Health Clinical Program Head
- 1.0 Chief Research Analyst, Behavioral Sciences
- 1.0 Mental Health Analyst II
- 8.0 Mental Health Education Consultant
- 8.0 Mental Health Services Coordinator II
- 1.0 Senior Secretary III
- 2.0 Secretary III
- 2.0 Intermediate Typist Clerk

Other Personnel (34.0)

Finance (14.0)

The 14.0 positions requested for the Financial Services Bureau operations includes support staff to ensure financial accountability and reporting needs are performed; funding is required to support additional financial accounting, budgeting, reporting, and financial analysis of the MHSA for directly operated clinics, contract providers, and administration. Staff will also serve as liaisons to the MHSA project implementation team as needed. Funding will be allocated to budgeting, general accounting, claims processing, provider reimbursement, cost reporting, settlement, and technical support. The calculation of the number of necessary positions is based on a comparison of current workload to the anticipated increased workload. The positions include the following:

- 6.0 Accountant II
- 4.0 Health Care Financial Analyst
- 2.0 Mental Health Analyst I
- 1.0 Accounting Technician II
- 1.0 Information Systems Coordinator

Administrative Support (1.0)

The Administrative Support Bureau is responsible for the Departments facilities, procurement, security, space, and lease negotiations. With the implementation of MHSA and the expansion of programs, additional facilities will be required to adequately provide services. The one position, Administrative Services Manager I, will be responsible for the coordination of acquiring new facilities, lease negotiations, and building planning/build-out for these new space projects.

Contracts (7.0)

With the implementation of the MHSA phases, the contract staff will provide essential infrastructure support to the Department's program operations by preparing and executing amendments to existing contracts that will be expanding and implementing innovative and/or pilot mental health services. The staff will also be responsible for the development of new contract formats in response to the implementation of these innovative services (including peer support and family education support services) and pilot programs; and execution of new unique agreements with a wide array of service providers, e.g., consultants, universities/educational institutions, housing services. The positions include the following:

- 1.0 Mental Health Analyst III
- 1.0 Mental Health Analyst II
- 4.0 Mental Health Analyst I
- 1.0 Administrative Assistant III

Human Resources (12.0)

It is anticipated that the Department’s workforce will increase dramatically over the next two to three fiscal years with the implementation of MHSA. Additional staff will be required to address the recruitment and processing of new staff, handle payroll issues, and resolve employee/labor relations issues and work related injuries. The recommended positions include the following:

- 4.0 Senior Departmental Personnel Technician
- 1.0 Senior Departmental Personnel Assistant
- 2.0 Departmental Personnel Technician
- 1.0 Departmental Personnel Assistant
- 1.0 Information Systems Analyst Aid
- 2.0 Payroll Clerk II
- 1.0 Senior Typist Clerk
- 1 Student Worker

A.2. OPERATING EXPENDITURES

The Department’s projected expenditures include costs for the acquisition of new space and the operating costs associated with the 60.0 FTEs requested. The following details these expenditures:

	FY 05/06	FYs 06/07 & 07/08
<u>Travel and Transportation</u>	\$ 3,000	\$ 6,000

This request includes travel for the MHSA Coordinator and designated staff to attend meetings in Sacramento and other locations as required. In addition, this includes mileage for the support staff to attend meetings in the community and travel to the programs to conduct trainings and program reviews.

	FY 05/06	FYs 06/07 & 07/08
<u>General Office Expenditures</u>	\$ 53,733	107,466
These expenditures include:		
• Office Supplies	\$ 4,250	8,500
• Security Services	49,483	98,966
<u>Rent, Utilities, and Equipment</u>	\$307,000	614,000
These expenditures include:		
• Rent	\$ 235,000	470,000
• Utilities/Custodial Services	72,000	144,000

B.1. NEW REVENUES

The Department anticipates generating Medi-Cal administrative cost reimbursements, as follows*:

FY 05/06	FYs 06/07 & 07/08
\$ 205,212	410,424

*This is based on an assumption we will be able to recover at least 8% of these administrative costs.

The Department also expects additional Medi-Cal Administrative reimbursement for eligibility services as flows:

FY 05/06	FYs 06/07 & 07/08
\$ 110,00	220,000

C. START-UP AND ONE-TIME IMPLEMENTATION EXPENDITURES

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

	FY 05/06
<u>Information Technology Systems</u>	\$ 3,177,000

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

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

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

Los Angeles County Community Services and Supports Plan

Vehicles \$1,279,000

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

Building and Refurbishments \$3,500,000

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

Flexible Supplemental Funding \$294,000

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

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: OT-01
 Program Work Plan Name: One-time Funding Housing
 Type of Funding: MHSA - One -Time Only
 Proposed Total Clients Capacity of Program/Services: 3870
 Existing Client Capacity of Program/Services: _____
 Client Capacity of Program/Services Expanded through MHSA: 3870

Fiscal Year: 2005-2006
 Date: 9/9/05
 Page: _____
 Months of Operation: _____
 New Program/Services or Expansion: New
 Prepared by: Reina Turner
 Telephone Number: (213) 739-6267

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
				\$ -
6. Total Proposed Program Budget				
	\$ -	\$ -	\$ -	\$ -
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ 11,600,000
D. Total Funding Requirements				
	\$ -	\$ -	\$ -	\$ 11,600,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				

OT-01: ONE-TIME FUNDING HOUSING INITIATIVE BUDGET NARRATIVE

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

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

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

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

It is important to note that in the past decade, Los Angeles County stakeholders have been working collaboratively to develop permanent, supportive, affordable housing for this population and strongly believe that it is an essential key for success with Full Service Partnerships. In Los Angeles County, there are approximately 4,500 such housing units currently available and more than 700 units that will come on-line within

Los Angeles County Community Services and Supports Plan

the next 18 months. However, the need far exceeds the supply. Establishment of this Trust Fund will serve to significantly increase the current stock of permanent, affordable, supportive housing.

We will use \$100,000 of the proposed \$11.6 million one-time resources to fund a strategic planning initiative to develop an on-going approach for responding to local concerns and resistance to the siting of such permanent supportive housing. Called the NIMBY initiative, the purpose of this modest investment is to research and develop effective recommendations

Proposed initial timeline

2005

September	Designate DMH lead manager
October	Prepare request to County Department of Human Resources (DHR) for allocation of items (DMH management staff)
November — December	Conduct preliminary negotiations with Los Angeles County Community Development Commission (CDC) Obtain DHR preliminary review of item allocation request and make suggested revisions Identify temporary space for DMH staff

2006

January	Obtain DHR approval of requested items Appoint Advisory Board
February	Negotiate arrangement with CDC to establish the Trust Fund and obtain Board of Supervisors approval
March	Full implementation

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles
 Program Work Plan #: OT-02
 Program Work Plan Name: One-time Training & Workforce Development
 Type of Funding: One-time
 Proposed Total Clients Capacity of Program/Services: N/A
 Existing Client Capacity of Program/Services: N/A
 Client Capacity of Program/Services Expanded through MHSA: N/A

Fiscal Year: 2005-2006
 Date: 9/13/05
 Page: _____
 Months of Operation: 7
 New Program/Services or Expansion: New
 Prepared by: S. Kerr
 Telephone Number: (213) 738-4108

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits				\$ -
d. Total Personnel Expenditures		\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known				
	\$ -			
6. Total Proposed Program Budget				
		\$ -	\$ -	
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues				
	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures				
	\$ -	\$ -	\$ -	\$ 10,000,000
D. Total Funding Requirements				
		\$ -	\$ -	\$ 10,000,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				
				50%

**OT-02: ONE-TIME FUNDING WORKFORCE TRAINING AND DEVELOPMENT
BUDGET NARRATIVE**

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

The three target groups for this proposal include:

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

1. Target group: People who are not yet working in the mental health system

a. This group:

- Includes people without bachelor degrees as well as people with bachelors degrees
- Will include substantial numbers of people who receive services, family members, including caregivers of young children, and members from underserved populations, including ethnic and racial groups.

b. The outcomes sought for this group as a result of this proposal include:

- A job in the mental health system providing effective mental health services, including but not limited to jobs with:
 - The Department of Mental Health
 - Community-based organizations providing mental health services
 - Contract providers
 - Partner departments and organizations
- Increased understanding and commitment to the concepts of wellness, recovery, and resiliency as part of their work

c. The basic design for this population

- An intensive training and orientation program (or programs) that would include at least 4 basic components:
 - Classes to introduce participants to the essential components of the mental health system, and the essential elements of mental health services grounded in a commitment to wellness, recovery, and resiliency.
 - Experiential learning opportunities for participants to experience first-hand one or more aspects of the mental health system

- Peer and mentoring support to help participants make sense of and learn from their experiences
 - Support for securing a job at the conclusion of the program
 - The exact design of this approach will be determined over the next several months. We will research existing models and programs to insure that we can meet the time constraints associated with the one-time funds.
- d. Estimated budget: \$2.5 million
2. **Target group:** People who are currently working in the mental health system or in partnering organizations, agencies, and departments
- a. This group:
- Includes current staff for LA DMH
 - Includes current staff for partnering organizations, agencies, and departments, including but not limited to:
 - Law enforcement personnel
 - Staff from other County departments, including Probation, Health Services, Department of Children and Family Services, Department of Public Social Services, and others
 - Staff from community agencies, organizations, and contract providers
 - Community based workers—e.g., existing Promotoras and others
 - Includes people with no degrees and practitioners with advanced degrees
 - Will include substantial numbers of people who receive services, family members, including caregivers of young children, and members from underserved populations, including ethnic and racial groups
 - Will prioritize people who are essential in the first phases of implementation for the Community Services and Supports plan
- b. Outcomes sought for this group as a result of this proposal
- Increased understanding and commitment to the concepts of wellness, recovery, and resiliency as part of their work, including their responsibilities implementing parts of the Community Services and Supports plan
 - Recruit people from this group who are willing to sponsor experiential placements and jobs for people from the first target group
- c. The basic design for this population
- A consortium of stakeholders, including people who receive services, family members, including caregivers of young children, ethnic and racial groups, DMH representatives, and representatives from partnering organizations, agencies, and departments, will oversee:
 - The selection and recruitment of people to participate in the various programs and training modules.
 - The identification and selection of programs and training modules to provide the training;
 - The monitoring of learning objectives.

- A group of consultants will be hired to:
 - Identify available programs and training modules;
 - Match priority programs and training modules to the projected participants' needs and develop reasonable learning objectives for the different groups.
 - Various programs and training modules will be identified that can introduce a diverse array of participants to:
 - The fundamental concepts of wellness, recovery, and resiliency;
 - Different cultural conceptions of mental health;
 - Other skills and orientations needed to help effectively implement the Community Services and Support plan.
- d. Estimated budget: \$5 million
3. **Target group:** People who are in degree-granting programs for whom there is a documented urgent need
- a. The group refined
- People in the second year of Social Work school, Marriage and Family Therapy programs, Psychiatric Technician programs who are committed to working in the mental health system
 - People in the first year of these programs who are committed to working in the mental health system
 - People in BA programs committed to working in the mental health system
 - People in psychology degree granting programs who are fluent in one of the 11 threshold languages (other than English) and who are committed to providing mental health services to people in communities who speak that threshold language
- b. Outcomes sought for this group as a result of this proposal
- Increased understanding and commitment to the concepts of wellness, recovery, and resiliency as part of their work
 - Commitments from students who will graduate within the next year (ideal) or the next two years to provide high need services and supports in the mental health system in Los Angeles County
- c. The basic design for this population
- Agreements will be developed between the Department and several schools to provide support to students in exchange for a commitment to work for one or more years in areas of critical need in the mental health system.
 - Some examples of these programs include:
 - Social Work: The social training proposal addresses the Department's immediate need to increase the number of bilingual and multi-cultural social workers throughout the mental health delivery system in order to address the needs of underrepresented groups. Students enrolled in graduate programs in Los Angeles with field placements at DMH directly

operated and contract agencies would receive stipends. Funding for stipends to support trainees with MHSA one-time funds would be converted to ongoing funding through CALSWEC once that plan is finalized by the state. Estimated budget: \$1.2 million

- Marriage and Family: The Marriage and Family Therapy proposal addresses the Department's immediate need to increase the number of bilingual and multicultural mental health providers with an emphasis in working with families. Students enrolled in graduate programs in area universities would be granted stipends for field placements in DMH directly operated or contract agencies. Estimated budget: \$900,000
- Psychiatric Technician: To further address the Department's need for bilingual and multicultural mental health providers, DMH will develop partnerships with Mt. San Antonio and Hacienda La Puente Community Colleges to implement training opportunities for students enrolled in psychiatric technician training programs. Estimate budget: \$168,000
- Psychology: Conversations will begin soon with programs to explore how to identify and provide support to psychologists who are fluent in one of the 11 threshold languages other than English and who are committed to providing mental health services to people in communities who speak that threshold language.

d. Estimated budget: \$2.5 million

4. Total proposed budget: \$10 million