

MENTAL HEALTH SERVICES ACT

ANNUAL UPDATE

FISCAL YEAR 2010-2011



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

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

Revision Date: September 8, 2010

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
MHSA ANNUAL UPDATE FY 2010-2011
TABLE OF CONTENTS**

Exhibit A:	Community Summary Sheet.....	3
Exhibit B:	County Certification.....	4
Exhibit C:	Community Program Planning and Local Review Process.....	5
Exhibit C1:	Implementation Progress Report for FY 2008-2009 Activities.....	14
Exhibit D:	Work Plan Descriptions for Previously Approved Programs.....	18
	Community Service and Supports (CSS)	
	Workforce Education and Training (WET) Work Plans	
	Prevention and Early Intervention (PEI) Work Plans	
	Innovation (INN) Work Plans	
Exhibit D1:	Elimination of Program/Project.....	196
	CSS	
	WET	
	Capital Facilities and Technological Needs (CFTN)	
Exhibit E:	MHSA Summary Funding Request for FY 2010-2011.....	201
	E1: CSS Budget Summary	
	E2: WET Budget Summary	
	E3: CFTN Budget Summary	
	E4: PEI Budget Summary	
	E5: INN Budget Summary	
Exhibit F:	New Program/Project Budget Detail/Narrative.....	207
	F1: CSS/WET New Program Descriptions	
	F3: Technological Needs New and Existing Project Description	

COUNTY SUMMARY SHEET

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

County:		Los Angeles																				
		<i>Exhibits</i>																				
		A	B	C	C1	D	D1*	E	E1	E2	E3	E4	E5	F**	F1**	F2**	F3**	F4**	F5**	G***	H****	
For each annual update/update:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>														
Component	Previously Approved	New																				
<input checked="" type="checkbox"/> CSS	\$ 237,397,890	\$ 37,616,500			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> WET	\$ 3,177,089	\$ 50,440,530			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
<input type="checkbox"/> CF	\$ -	\$ -					<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>						
<input checked="" type="checkbox"/> TN		\$ 28,576,585					<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> PEI	\$ 139,874,175	\$ -			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>		<input type="checkbox"/>					<input type="checkbox"/>			
<input checked="" type="checkbox"/> INN	\$ -	\$ 74,277,108				<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>		
Total	\$ 380,449,154	\$ 190,910,723																				
Dates of 30-day public review comment period:		March 9, 2010 - April 7, 2010																				
Date of Public Hearing*****:		April 8, 2010																				
Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:		August 31, 2010																				

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

COUNTY CERTIFICATION

REVISED

County: Los Angeles

County Mental Health Director	Project Lead
Name: Marvin J. Southard, DSW	Name: Debbie Innes-Gomberg, Ph.D.
Telephone Number: (213) 738-4601	Telephone Number: (213) 251-6817
E-mail: msouthard@dmh.lacounty.gov	E-mail: digomberg@dmh.lacounty.gov
Mailing Address: County of Los Angeles – Department of Mental Health MHSA Implementation Unit 695 S. Vermont Ave., 15 th floor Los Angeles, CA 90005	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

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

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

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

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

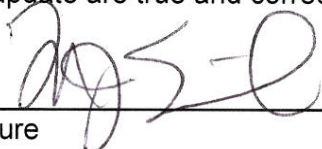
The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

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

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

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

Director of Mental Health


Signature 8-12-10
Date

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

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: LOS ANGELES

Date: August 9, 2010

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

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

Community Program Planning
<p>1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.</p> <p>The Department’s process for developing the FY 2010/11 Annual Update included a series of planning meetings with departmental staff responsible for the implementation of MHSA funded components and work plans as well as review with Board of Supervisors Deputies and presentation to the stakeholder group. Activities leading to the development of this report include the following:</p> <ul style="list-style-type: none"> • DMH internal MHSA Implementation Meetings • Gathering of data and information by MHSA project/component leads led by the MHSA Implementation Team • Presentation at the BOS Agenda Review meeting on February 24, 2010 • Stakeholder Meeting - Presentation to Systems Leadership Team (SLT) (March 5, 2010) • 30 day public posting, review and comment period (March 9, 2010 – April 7, 2010) • Public Hearing (April 8, 2010)
<p>2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.</p> <p>System Leadership Team (SLT)</p> <p>The role of the SLT is to support the Department in system transformation and monitoring MHSA implementation. This includes the following responsibilities:</p> <ul style="list-style-type: none"> • Develop process and structural frameworks to support overall system transformation (e.g., performance measures; budget dilemmas). • Monitor progress on implementation of MHSA Plans (e.g., track performance, identify design issues, initiate workgroups, etc.). • Provide feedback to Department on proposed MHSA Plan extensions or revisions. • Work with Department and consultant to develop agendas for Delegates meetings. • Comment on workgroup recommendations before Department makes final decisions. • The SLT membership includes more than 15 distinct entities from across the County of Los Angeles. Each entity infuses their own perspective and advocacy expertise, solidifying a diverse team that represents the uniqueness of our county. A complete roster of our System Leadership Team, with an entity listing, is included in our Attachments.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

<p>3. If eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.</p>
<p>Programs to be eliminated include: Safe Havens; Respite Care and WET (Learning Net; Psychiatric Residency Program; intern trainings); Telepsychiatry Feasibility Study. Program elimination involved the participation of the WET Advisory Committee (for WET programs only) and the SLT (for all other programs). On March 5, 2010, the SLT endorsed the plan to eliminate these programs.</p>
<p>Local Review Process</p>
<p>4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.</p>
<p>LAC-DMH obtained stakeholder input through various review and comment sessions allowing all stakeholders, providers and the general public the opportunity to express their questions and concerns and provide their feedback on the MHSA Annual Update. Opportunities for stakeholders to provide their input and express their concerns include:</p> <ul style="list-style-type: none"> • Engagement in a document review and comment session at the Department’s System Leadership Team (SLT) Meeting on Friday, March 5, 2010 • Engagement in a 30-day public comment and review period of the document from Tuesday, March 9, 2010 – Wednesday, April 7, 2010 • Engagement in the public hearing will be conducted by the Mental Health Commission on Thursday, April 8, 2010. Fliers announcing the public hearing will be distributed through press release, websites, stakeholder meetings, Service Area Advisory Committee (SAAC) meetings, and mailings to Board of Supervisors; information will be available in Spanish, Korean, visually impaired, and any other language group that RSVP’d to the Public Hearing.
<p>5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.</p>
<p>Concerns were mainly about the proposed elimination of Respite Care and Safe Havens that were never implemented and where the eliminated funds will go. The funds will go into the Prudent Reserve to offset FY 2010/11 CSS funding reductions.</p> <p>The Mental Health Commission expressed a desire to be more fully informed as to the contents of the Annual Update prior to the Public Hearing. The Department will brief the executive committee of the Mental Health Commission prior to the submission of next year’s Annual Update for public comment.</p> <p>See attached detailed comment summary.</p>

**COUNTY OF LOS ANGELES—DEPARTMENT OF MENTAL HEALTH
PUBLIC HEARING**

Thursday, April 8, 2010 from 11:30 AM-3:30 PM
Wilshire Plaza Hotel, Grand Ballroom
3515 Wilshire Blvd., Los Angeles, CA 90010

Public comments were transcribed as written on the public comment sheets without editing. Names and titles were included for individuals who included that information on their public comment card.

I. County of Los Angeles MHSa Capital Facilities Plan: Needs Components Proposal

A. Presentation: Katrin Aslanian-Vartan

Los Angeles County Department of Mental Health

1. Please refer to the PowerPoint presentation for more details.

2. Public Comments:

- a. Comment: Terry Lewis, Commission Member - Expand Wellness Centers to include enterprise for clients: i.e. Thrift Store co-located. Partners would be community agencies and private entities. Goal: A client-run 501(c) 3. Funds would be used to offset consumer-funded events and conference costs.
- b. Comment: Darla Baker, LACCC/Core - Let's please make sure that with all the renovations and new facilities, that disabilities are accommodated. Bathrooms, excellent running elevators, lower receptionist window for wheelchairs. Thank you.
- c. Comment: Trailers in camps for TAY. Increase infrastructure on a permanent basis.
- d. Comment: George Caballero, LAC Health Commission - Why aren't Wellness Centers identified as Target Populations for older adults?
- e. Comment: Susan Rajlal, Mental Health Commission - Approve of plan process. But why isn't 550 S. Vermont on the planned list?
- f. Comment: Ruth Padilla - Why aren't any of the facilities targeting children and adolescent youth?
- g. Comment: Victoria Emerictz, LACCC/SAAC II - Specific requirements: facilities acquired or renovated by Capital Facilities, must be used for MHSa programs/services. It is considered a county asset after 20 years. A woman later also stated that after it is reverted to LAC, then it should go back to all facilities in LA County.
- h. Comment: Delores Huffman, Commission Board - This plan was well thought out. Having the conference center built in a centralized location. Hopefully, we can utilize these funds before

2018. Don't allow funds to go back to the State. Facilities must accommodate needs of clients.

- i. Comment: Maria N. Tan, LACCC – Accessibility, for people with physical disabilities. Client-run programs to move people to work. Expansion of FCC's to serve children, teens, and adults if possible. At 550, service under the supervision of social workers is now being provided, and I would like to continue my reviews of the Annex DMH building. Thanks.
- j. Comment: Marilyn Ovalle, Amanecer CCS - Will there be anything for school base connection or help in relation to our youth in connection to PEI or community base services? The school systems are in crisis. Is sup plantation an issue with this?
- k. Comment: What will happen if money isn't spent by 2018, and is it so bad if it isn't spent?
- l. Comment: Build as large as you can now! The Department and consumer will continue to adapt and adjust through Innovations and we should have growth built into buildings and acquisitions.
- m. Comment: Before it's too late build clinics and facilities on top of transit malls. Can't anybody project Department needs, and build towards future needs? Consumer needs are increasing as consumers' age.
- n. Comment: Dorothy Banks, West Central DMH Volunteer - No more space for growth? I would like to see in the future, clients being included with input/participation in the proposal plans.
- o. Comment: How are the MHSA funds going specifically toward the implementation of the recovery of consumers?
- p. Comment: What is DMH doing about empowering consumers?
- q. Comment: The installation of a new building is a good idea. The location should be centrally located.
- r. Comment: Rosita Garcia, Latino Client Coalition - I believe we have a lot of necessities, that we should use unspent money instead of sending it back to the State. Currently the priority should be to build new centers.

II. Fiscal Year 2010/11 MHSA Annual Update Summary Plan

A. Presentation: Kara Taguchi, Psy. D., Program Head
Los Angeles County Department of Mental Health

1. Please refer to the PowerPoint presentation for more details.

2. Public Comments:

- a. Comment: Dorothy Banks, West Central DMH Volunteer - With the change in group therapy and no longer one-on-one sessions believed to be due to a shortage of therapists, I think it is a good idea to eliminate the WET-Psychiatric Residency Program to redirect it to the recruitment of the MH psychiatrists. I would like to see one-on-one continue because there are so many people that's not ready to participate in a group setting and they never recover. Let's not forget them.
- b. Comment: Darla Baker, LACCC/Core - Best of luck on submission for report plan. More money for CSS (table 21, Ex. E-1) should go to children and TAY. Funds for Safe Havens should not be eliminated.
- c. Comment: Delores Huffman, Commission Member - It's a disappointment to hear these programs will be eliminated.
- d. Comment: Delores Huffman, Commission Member - Will the unspent funds be directed towards other programs or will the money go back to the State, or the prudent reserve?
- e. Comment: Maria N. Tan, LACCC - Is it possible to redirect some of the funding to training professionals and peers with corresponding job placement?
- f. Comment: Ruth Tiscareno, Parent - Respite Care is so very needed. I am very surprised that it is being terminated. I don't understand why. We had families waiting to be contracted, and it was for parents who had children or youth connected to mental health, not only in MHSA (children or TAY).
- g. Comment: Ruth Tiscareno, Parent – Correction on types of Respite and for whom?
- h. Comment: Terry Lewis, Commission Member - Even if DMH is not able to meet its deadline of State guidelines, as a mandated oversight body, notification should be immediate and in writing from the director. This action will ensure that there is an audit of the process, and DMH and the commission will be in compliance.
- i. Comment: Larry Gasco, MH Commission - I am very dissatisfied with the annual update plan and the fact that the MH Commission was not briefed in a timely fashion as to what options were considered and how the conclusions were reached. I was very close to voting against the plan. Briefing of the Commission should come before the Deputies briefing.
- j. Comment: George Caballero, LAC MH Commission - The demand for mental health professionals seems to justify the support of WET training for interns/students rather than eliminate the funding. Training current DMH staff only adds responsibilities

to a staff that is already overwhelmed with large caseloads and the like.

- k. Comment: Ruth Padilla - It seems like a waste in not providing training for internal students. I understand “the sign of the times” is the department’s inability to hide, but times are changing. We’d be better off prepared to have trained professionals than in a position of not establishing an opportunity and investment for future clinicians.
- l. Comment: Victoria Emerictz, SAAC II Peer Advocacy - If elimination is based on the state of the economy, why not use the term, ‘temporarily eliminated,’ so as to retain the hope for those truly needing Respite Care. Respite Care needs renovations.
- m. Comment: Susan Rajlal, MH Commission - Regarding elimination of Safe Havens, where did the money go and what alternatives have been developed to meet the needs of the people this program was designed for?
- n. Comment: Susan Rajlal, MH Commission - It is unclear as to where these funds were transferred. Is it posted somewhere for public review?
- o. Comment: Susan Rajlal, MH Commission - What will DMH be providing for Respite Care? For instance, for MI foster children?
- p. Comment: What’s going to happen to the people who depend on low-income supportive housing that are being eliminated?
- q. Comment: We don’t have much low-income housing opportunities. If you eliminate the low-income housing it will further reduce the opportunities to obtain housing. This is especially true for the Latino community.
- r. Comment: Mark Karwatz, LACCC - Proposal for a program that is supported by the Veteran’s Administration. DMH should possibly look into growing own food.

III. Motion to Close Public Hearing & Approve Review

A. Jerry Lubin, Member of the Mental Health Commission

- 1. Motion was made to approve both plans and submit to the state. The motion was seconded for a positive vote. The motion was carried unanimously to approve and submit plans.

System Leadership Team

NAME	DEPARTMENT	PHONE	EMAIL
Baldizon, Carmen	Parent Advocate - DMH	(213) 738-3472	fbaldizon@dmh.lacounty.gov
Bond, Catherine	LACCC (Los Angeles County Client Coalition)	(559) 300-8677	cbond702002@yahoo.com
Curry, Trish	Commission for Children and Families	(213) 974-1558 (626) 441-5602	trishacurry2@earthlink.net
Dalton, Karen	LA County Sheriff	(213) 893-5882	ksdalton@lasd.org
Diaz, Carmen	United Advocates for Children and Families	(213) 351-7788	cdiaz@dmh.lacounty.gov
Franklin, Tracy	Office of Admin Deputy - DMH	(213) 738.2897	tfranklin@dmh.lacounty.gov
Garcia, Angelica	Project Return, Peer Support Network	(323) 346-0960 ext. 226	agarcia@mhala.org
Gordon, Andrea	LA County Probation	(323) 730-4547	andrea.gordon@probation.lacounty.gov
Hollman, Ruth	SHARE	(310) 305-8878	ruth@shareselfhelp.org
Hurst, Lawrence	DMH/Skid Row	(213) 633-2903	lhurst@dmh.lacounty.gov
Jackson, Cynthia	Heritage Clinic, Center for Aging Resources	(626) 577-8480	cjackson@cfar1.org
Jane, Jose	SIEU Local 721	(213) 580-3736	Jane.Jose@seiu721.org
Kahn, Mariko	Pacific Asian Counseling Services	(310) 337-1550 x2018	mkahn@pacsla.org

System Leadership Team

NAME	DEPARTMENT	PHONE	EMAIL
Lamon, Eddie	Community Advocate, SAAC VI	(310) 608-1597	<u>NONE</u>
Lowery, Mollie	Housing	(213) 215-1309	mollielowery@hotmail.com
Lubin, Jerry	Chair/AICP MH Commissioner	(310) 820-1181	jerry917@earthlink.net
March, Stella	NAMI	(310) 472-4297	smarch@nami.org
McKenna, Teddy	Local 2712	(213) 252-1382	L2712@afscme36.org
Myrick, Keris	Project Return, Peer Support Network	(626) 975.7563	keris_myrick@yahoo.com
Pelsman, Mara	CEO - Gateways Hospital	(323) 644-2000 x274	mpelsman@gatewayshospital.org
Pir, Tara	IMCES	(213) 381-1250	tarapirimces@msn.com
Preis, James	Mental Health Advocacy Services, Inc.	(213) 389-2077	jpreis@mhas-la.org
Rivera, Stephen	MHC - FSP	(213) 688-4811	srivera@dmh.lacounty.gov
Saltzer, Bruce	ACHSA	(213) 250-5030	bsaltzer@achsa.net
Sokalski, James	CEO	(213) 974-1274	jsokalski@ceo.lacounty.gov
Sugita, Wayne	Public Health	(626) 299-4571	wsugita@ph.lacounty.gov

System Leadership Team

NAME	DEPARTMENT	PHONE	EMAIL
Van Horn, Richard	Mental Health Association in LA County	(562) 285-1330 x253	rvanhorn@mhala.org
Vega, Eduardo	Empowerment & Advocacy Division	(213) 251-6580	evega@dmh.lacounty.gov
Vidaurri, Edward	DMH	(213) 738-3765	evidaurri@dmh.lacounty.gov

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

County: Los Angeles

Date: September 8, 2010

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

CSS, WET and PEI

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

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

The Fiscal Year saw a steady progressive increase in the number of clients receiving services at Wellness Centers, resulting in an 89% increase in the number of duplicated clients receiving services at adult Wellness Centers.

FCCS programs demonstrated dramatic growth in the number of clients served during the fiscal year:

- Child FCCS- 911% increase in the number of duplicated clients served, as reported in Exhibit 6.
- TAY FCCS- 304% increase in the number of duplicated clients served, as reported in Exhibit 6.
- Adult FCCS- 185% increase in the number of duplicated clients served, as reported in Exhibit 6.

Such transformation has resulted in more comprehensive recovery and resiliency focused networks of services in local communities. Increasing FCCS service capacity has resulted in the ability to step clients down from FSP programs and to engage and serve clients in field settings.

By the end of Fiscal Year 2008/09 FSP programs reached 89-91% of their service capacity. Most other CSS programs either met or exceeded their targets.

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

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

Key challenges include:

- Creating service continuity across programs. As MHPA programs become a larger and more significant part of our systems of care and replace less effective service modes funded through curtailed realignment, services must be aligned with one another to create a continuum, progressing toward wellness, recovery and increased resiliency.
- The need for a unified outcome evaluation across levels of service. At present with only outcomes designated for FSP, it is difficult to measure the impact of services without a unified cross-county set of performance expectations.
- As MHPA programs reach capacity, our county is working to enhancing system capacity and creating client flow strategies. These efforts are negatively impacted by the relative absence of the first two challenges described above.

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

- A major barrier to transitioning clients out of FSP programs into lower levels of service is that housing subsidies are tied to the FSP program and not to the client. Recommendation that this be changed.
- Achieving a balance between a large unmet need for FSP and other MHSA-funded services while taking steps to reduce ethnic disparities in service utilization results in clients that are unable to be served yet meet criteria for services.

Workforce Education and Training (WET)

Los Angeles County's WET plan was approved in April 8, 2009. Due to approval coming late in the Fiscal Year, programs that had been funded by WET during FY 07-08 continued through FY 08-09. The programs that were continued were the Public Mental Health Workforce Immersion to MHSA, Intensive Mental Health Recovery Specialist Program, Mental Health Peer Support Training, Faculty Immersion to MHSA, and the Stipend Program. Beginning May 2009, WET Administration became staffed with additional staff members. These staff members have assisted in the development of multiple Requests for Services (RFS), solicitation documents required for bidding of WET contracted services.

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

While all MHSA services focus on reducing racial/ethnic disparities and providing services to unserved and underserved populations, FSP program data illustrates this most significantly. 47% of enrolled FSP clients have not been previously served, while 50% of those enrolled have been under-served, leaving the remaining 3% inappropriately served. Overall, 97% of FSP clients represent unserved or underserved populations.

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

In an effort to enhance the ability of the Asian Pacific Islander (API) FSP programs to accept clients with various linguistic needs, the Department pooled the slots for API Alliance FSP programs for each designated age group. This allowed the API Alliance to utilize unoccupied slots across the county as API clients were identified for FSP programs, contributing to a reduction in disparities.

While age groups vary, FSP programs achieved between 53 and 77% of the target set for Latino clients, between 47-59% of the target set for Asian Pacific Islander clients and exceeded targets set for African American and American Indian clients.

Workforce Education and Training (WET)

A major goal of the WET Plan continues to be bridging the cultural and linguistic gaps between the public mental health system and its consumers. All WET programs established during FY 07-08 continued throughout FY 08-09. These programs included:

- #3a – Transformation Academy Without Walls (Public Mental Health Workforce Immersion to MHSA) – This 3-day training is designed to enhance the knowledge of the public mental health workforce by immersing them in the tenets of MHSA and providing lessons on how to integrate MHSA into their work with consumers. Consumers on the road to recovery provide a portion of the instructional materials. The importance of cultural competency and understanding one's clients as an individual is the first lesson taught during this course. During FY 08-09, 109 staff members of the public mental health workforce were trained.
- #8 – Intensive Mental Health Recovery Specialist Training Program – Consist of a 12 to 16 week training for consumers, family members and individuals with an educational attainment of a high school diploma or Bachelors degree, interested in employment within the public mental health system. This program provides didactic and experiential components relevant to recovery oriented treatment. The majority of the participants identified themselves as consumers or individuals with life experience. Applicants who are from ethnic minorities and/or speak a threshold language are given priority. The FY 2008-09 training sessions graduated 169 individuals, with

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

73% of those either working or actively interviewing in the public mental health system. Demographic data reflects that participants included: 54% consumers; 33% family members; 88% ethnic minorities; and 39% speak a language other than English.

Please Note: Participants in this training program are not guaranteed a paid position in the public mental health system, but their completion does make them eligible to apply for employment in the public mental health system. Unfortunately, the current economy has limited the number of available positions

#9 – Expanded Employment Professional Advancement Opportunities for Consumers in the Public Mental Health System (Peer Training) - The Peer Support Training Program is targeted to consumers interested in employment in a Peer Advocate role. Applicants who are from ethnic minority communities and/or speak a threshold language are given priority. This accelerated training is completed in 15 days, and the curriculum consists of such areas as group facilitation, active listening, advocacy and basic work skills. Participants will be certified to apply for Peer Advocate positions upon successful completion of the course. During FY 08-09, this training was attended by 60 participants. Of 57 participants who disclosed their ethnicity, 47 or 82% identified themselves as ethnic minority.

Please Note: Participants in this training program are not guaranteed a paid position in the public mental health system, but their completion does make them eligible to apply for employment in the public mental health system. Unfortunately, the current economy has limited the number of available positions.

#15 – Partnership with Educational Institutions to Increase the Number of Professionals in the Public Mental Health System (Faculty Immersion to MHSA) - This immersion training is delivered to faculty and their students in order to present MHSA and its core tenets to potentially future staff of the mental health system. Faculty members are encouraged to receive one-on-one consultation services to enhance their curriculum by incorporating MHSA values. While providing on-going consultation with faculty, in-class presentations to the students are also carried out throughout the academic year. The importance of cultural competency and understanding one’s clients as an individual and that recovery is possible are integral components of this program. During FY 2008-09 this training provided consultation to 19 educational institutes, varying from High Schools to Graduate Schools in the Los Angeles area. A total of 728 faculty and students received consultation or in-class presentations.

#21 – Stipend Program for Psychologists, MSWs, MFTs, Psychiatric Nurse Practitioners and Psychiatric Technicians - The MSW/MFT Stipend Programs provides up to \$18,500 for 2nd year MSW/MFT students who are committed to employment in a hard to fill area of Los Angeles County. Priority is given to those that are bilingual and/or represent underserved/unserved communities. Students enter a contractual obligation to work for one year in an area of Los Angeles County that has been designated as Hard-To-Fill by DMH’s Executive Management Team. Those unable to secure employment to fulfill their commitment obligation are required to refund the stipend award. During FY 2008-09, 50 MSW stipends were awarded, with 98% of the awardees possessing bilingual capabilities and 71% actively employed. During the same period, 72 MFT stipends were awarded, with 78% possessing bilingual capabilities and 86% actively employed.

Please Note: Participants in this training program are not guaranteed a paid position in the public mental health system, but their completion does make them eligible to apply for employment in the public mental health system. Unfortunately, the current economy has limited the number of available positions.

Once the WET Plan was approved, LA County DMH moved forward and recruited qualified personnel to create a fully staffed WET Administration Team (Program #1).

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

Age Group	CSS	PEI	WET	
	# of individuals	# of individuals (for universal prevention, use estimated #)	Funding Category	# of individuals
Child and Youth	2,840	0	Workforce Staff Support	0
Transition Age Youth	6,082	0	Training/Technical Assist.	109
Adult	28,341	0	MH Career Pathway	957
Older Adult	2,761	0	Residency & Internship	0
Cross Cutting ¹	85,235	0	Financial Incentive	122

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

Race/Ethnicity ²				
White	9,314	0		
African/American	14,362	0	☐ WET not implemented in 08/09	
Asian/Pacific Islander	2,868	0	¹ Services are provided across all age groups. Services are billed to Mode 45 and include planning outreach and engagement, Systems Navigators and Alternative Crisis Services. ² Race/Ethnicity and Primary Language data are only collected for clients with an open episode in the Integrated System.	
Native	211	0		
Hispanic	12,654	0		
Multi		0		
Other	1,919	0		
Other Cultural Groups				
LGBTQ	Information not available			
Other	Information not available			
Primary Language ²				
English	29,239	0		
Spanish	5,737	0		
Vietnamese	440	0		
Cantonese	175	0		
Mandarin	183	0		
Tagalog	144	0		
Cambodian	769	0		
Hmong	11	0		
Russian	45	0		
Farsi	88	0		
Arabic	26	0		
Other	1,573	0		
PEI				
4. Please provide the following information for each PEI Project: a) The problems and needs addressed by the Project. b) The type of services provided. c) Any outcomes data, if available. (Optional) d) The type and dollar amount of leveraged resources and/ or in-kind contributions (if applicable).				
N/A				

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>Full Service Partnerships (FSPs) are comprised of resiliency-focused services created in collaboration with family/caretakers and a multidisciplinary team that develops and implements an individualized plan. Child FSPs deliver intensive mental health services and supports to children ages 0-15 who are high-need, high-risk Seriously Emotionally Disturbed (SED) children and their families/caretakers. Focal populations include children 0-5 with a serious emotional disturbance, children with a mental illness involved with DCFS, schools or the probation system. Of the 1,579 children currently enrolled 133 children are white (including middle eastern and eastern European), 991 are Latino, 354 are African American, 70 are Asian and 6 identify as "other."</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

Program Number/Name: C-02 Family Support Services

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

Select one:

- CSS
- WET
- PEI
- INN

County: Los Angeles

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

Date: September 2, 2010

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$471,068</td> <td style="text-align: center;">0</td> <td style="text-align: center;">100%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$471,068	0	100%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$471,068	0	100%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

Select one:

- CSS
- WET
- PEI
- INN

County: Los Angeles

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

Date: September 2, 2010

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$1,508,277</td> <td style="text-align: center;">\$2,760,762</td> <td style="text-align: center;">83.04%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$1,508,277	\$2,760,762	83.04%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$1,508,277	\$2,760,762	83.04%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

Program Number/Name: T-03 TAY Housing Services

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

Select one:

- CSS
- WET
- PEI
- INN

County: Los Angeles

Program Number/Name: T-04 Probation Camp Services

Date: September 2, 2010

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

PREVIOUSLY APPROVED PROGRAM

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

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

PREVIOUSLY APPROVED PROGRAM

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

Select one:

- CSS
- WET
- PEI
- INN

County: Los Angeles

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

Date: September 2, 2010

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;">FY 09/10 funding</th> <th style="width: 30%;">FY 10/11 funding</th> <th style="width: 40%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$680,581</td> <td style="text-align: center;">\$1,287,812</td> <td style="text-align: center;">89.22%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$680,581	\$1,287,812	89.22%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$680,581	\$1,287,812	89.22%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

Select one:

- CSS
- WET
- PEI
- INN

County: Los Angeles

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

Date: September 2, 2010

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

Select one:

- CSS
- WET
- PEI
- INN

County: Los Angeles

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

Date: September 2, 2010

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

Program Number/Name: A-04 Adult Housing Services

Date: September 2, 2010

elect one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$4,093,590</td> <td style="text-align: center;">\$3,149,169</td> <td style="text-align: center;">23%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$4,093,590	\$3,149,169	23%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$4,093,590	\$3,149,169	23%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
.										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	Description of Previously Approved Programs to be consolidated. Include in your description: <ul style="list-style-type: none"> a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and c) Provide the rationale for consolidation. 									

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$11,524,908</td> <td style="text-align: center;">\$17,698,362</td> <td style="text-align: center;">53.57%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$11,524,908	\$17,698,362	53.57%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$11,524,908	\$17,698,362	53.57%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	Description of Previously Approved Programs to be consolidated. Include in your description: <ul style="list-style-type: none"> a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation. 									

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

Select one:

- CSS
- WET
- PEI
- INN

County: Los Angeles

Program Number/Name: OA-02 Transformation Design Team

Date: September 2, 2010

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>An individual must be either 60 years of age and above or be a “transitional age adult (55-59 years) and have a serious and persistent mental illness or have a less severe or persistent Axis I disorder that is resulting in a functional impairment or that places the Older Adult at risk of losing or not attaining a life goal, for example risk of losing safe and stable living arrangement, risk of losing or inability to access services, risk of losing independence.</p> <p>Services provided include: outreach and engagement, bio-psychosocial assessment, individual and family treatment, medication support, linkage and case management support, treatment for co-occurring disorders, peer counseling, family education and support. FCCS will directly respond to and address the needs of unserved/underserved older adults by providing screening, assessment, linkage, medication support, and geropsychiatric consultation.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

Select one:

- CSS
- WET
- PEI
- INN

County: Los Angeles

Program Number/Name: OA-04 OA Service Extenders

Date: September 2, 2010

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Service Extenders are peers in recovery, family members or other individuals interested in providing services to older adults as part of the multi-disciplinary FCCS teams. 110 individuals are targeted for providing these services.										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	Description of Previously Approved Programs to be consolidated. Include in your description: <ul style="list-style-type: none"> a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and c) Provide the rationale for consolidation. 									

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

Program Number/Name: OA-05 OA Training

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

Program Number/Name: SN-01: Systems Navigators

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$6,738,414</td> <td style="text-align: center;">\$9,232,131</td> <td style="text-align: center;">37.01%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$6,738,414	\$9,232,131	37.01%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$6,738,414	\$9,232,131	37.01%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

Select one:

- CSS
- WET
- PEI
- INN

County: Los Angeles

Program Number/Name: ACS-01 Alternative Crisis Services

Date: September 2, 2010

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>Alternate Crisis Services (ACS) provides a comprehensive range of services and supports for mentally ill individuals that are designed to provide alternatives to emergency room care, acute inpatient hospitalization and institutional care, reduce homelessness, and prevent incarceration. These programs are essential to crisis intervention and stabilization, service integration and linkage to community-based programs, e.g. Full Service Partnerships (FSP) and Assertive Community Treatment Programs (ACT), housing alternatives and treatment for co-occurring substance abuse. ACS provides these services and supports to individuals of all genders, race/ethnicities, languages spoken, and those 18 years of age and older.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

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

Prevention and Early Intervention (PEI) Trainings

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

Outreach and Engagement strategies for PEI consumer trainings

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

Existing Programs to be Consolidated

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

Program Number/Name: 3 – Transformation Academy Without Walls

Date: September 2, 2010

Select one:

- CSS
 WET
 PEI
 INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

Program Number/Name: 5 – Recovery Oriented Supervision Trainings

Date: September 2, 2010

Select one:

- CSS
 WET
 PEI
 INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

Program Number/Name: 6 – Interpreter Training Program

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

Program Number/Name: 7 – Training for Community Partners

Date: September 2, 2010

Select one:

- CSS
 WET
 PEI
 INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
 WET
 PEI
 INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

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

Date: September 8, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4. a)	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;">FY 09/10 funding</th> <th style="width: 30%;">FY 10/11 funding</th> <th style="width: 40%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$841,607</td> <td style="text-align: center;">\$531,071</td> <td style="text-align: center;">(37%)</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$841,607	\$531,071	(37%)
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$841,607	\$531,071	(37%)								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	Description of Previously Approved Programs to be consolidated. Include in your description: <ul style="list-style-type: none"> a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and c) Provide the rationale for consolidation. 									

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
 WET
 PEI
 INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

Select one:

- CSS
- WET
- PEI
- INN

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

Date: September 2, 2010

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;">FY 09/10 funding</th> <th style="width: 30%;">FY 10/11 funding</th> <th style="width: 40%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$567,047</td> <td style="text-align: center;">\$378,031</td> <td style="text-align: center;">(33%)</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$567,047	\$378,031	(33%)
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$567,047	\$378,031	(33%)								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

Program Number/Name: 12 – Mental Health Career Advisors

Date: September 2, 2010

Select one:

- CSS
 WET
 PEI
 INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
 WET
 PEI
 INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET																				
Previously Approved																				
No.	Question	Yes	No																	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2																
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3																
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4																
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly																
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below. <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 80%;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$200,000 *</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">(100%)</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$200,000 *	\$0	(100%)										
FY 09/10 funding	FY 10/11 funding	Percent Change																		
\$200,000 *	\$0	(100%)																		
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>																			
<p>This program was placed on “hold” due to the current fiscal environment; this program is projected to be executed during FY 2013-2014 and 2014-2015. Total program allocation remains unchanged. The proposed annual allocation for this program is:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>FY 10-11</th> <th>FY 11-12</th> <th>FY 12-13</th> <th>FY 13-14</th> <th>FY 14-15</th> <th>FY 15-16</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>Allocation</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>\$200,000</td> <td>\$200,000</td> <td>\$0</td> <td>\$400,000</td> </tr> </tbody> </table>						FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16	TOTAL	Allocation	\$0	\$0	\$0	\$200,000	\$200,000	\$0	\$400,000
	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16	TOTAL													
Allocation	\$0	\$0	\$0	\$200,000	\$200,000	\$0	\$400,000													
<p>This program is intended to recruit professionals into the public mental health workforce, which includes development and execution of a marketing strategy.</p> <p>Objectives:</p> <ol style="list-style-type: none"> To collaborate with an academic institution, research institute or think tank to conduct market research and then formulate advertising strategies based on that research to attract more mental health professionals. To implement advertising strategies countywide with the outcome of increasing the public mental health workforce. To identify strategies to target bilingual staff and staff serving ethnic minority communities. 																				
Existing Programs to be Consolidated																				
No.	Question	Yes	No																	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above																
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1																

PREVIOUSLY APPROVED PROGRAM

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

Prevention and Early Intervention

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

Existing Programs to be Consolidated

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

PREVIOUSLY APPROVED PROGRAM

	c) Provide the rationale for consolidation

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

Select one:

- CSS
 WET
 PEI
 INN

County: Los Angeles

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

Date: September 2, 2010

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

Program Number/Name: 16 – Recovery Oriented Internship Development

Date: September 2, 2010

Select one:

- CSS
 WET
 PEI
 INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

Program Number/Name: 19 – Tuition Reimbursement Program

Date: September 2, 2010

Select one:

- CSS
 WET
 PEI
 INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

Select one:

- CSS
- WET
- PEI
- INN

County: Los Angeles

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

Date: September 2, 2010

CSS and WET																						
Previously Approved																						
No.	Question	Yes	No																			
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2																		
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3																		
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4																		
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly																		
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below. <table border="1" style="margin-left: 20px; width: 60%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$1,481,824 *</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">(100%)</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$1,481,824 *	\$0	(100%)												
FY 09/10 funding	FY 10/11 funding	Percent Change																				
\$1,481,824 *	\$0	(100%)																				
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>This program's total allocation remains at \$5,927,296, but annual allocation has been reduced to fund this program for five years in lieu of the four years originally proposed. Due to time limitations, this program is on hold and will commence FY 11-12 through FY 15-16. The proposed annual allocation for this program is:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th></th> <th>FY 10-11</th> <th>FY 11-12</th> <th>FY 12-13</th> <th>FY 13-14</th> <th>FY 14-15</th> <th>FY 15-16</th> <th>FY 16-17</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>Allocation</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$1,185,459</td> <td style="text-align: center;">\$1,185,459</td> <td style="text-align: center;">\$1,185,459</td> <td style="text-align: center;">\$1,185,459</td> <td style="text-align: center;">\$1,185,460</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$5,927,296</td> </tr> </tbody> </table> <p>Objectives:</p> <ol style="list-style-type: none"> 1. To fund TBD slots per year with priority given to bilingual staff and/or staff willing to work with underrepresented communities in the County. 2. To allocate 50% of the slots to directly operated program and 50% to contracted agencies. 3. Upon successful graduation, individuals will be eligible to apply for such positions in directly operated and contract agencies. 					FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 16-17	TOTAL	Allocation	\$0	\$1,185,459	\$1,185,459	\$1,185,459	\$1,185,459	\$1,185,460	\$0	\$5,927,296
	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 16-17	TOTAL														
Allocation	\$0	\$1,185,459	\$1,185,459	\$1,185,459	\$1,185,459	\$1,185,460	\$0	\$5,927,296														
Existing Programs to be Consolidated																						
No.	Question	Yes	No																			
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above																		
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1																		
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1																		
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1																		
5.	Description of Previously Approved Programs to be consolidated. Include in your description:																					

PREVIOUSLY APPROVED PROGRAM

	<p>a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.</p>
--	--

Prevention and Early Intervention

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

Existing Programs to be Consolidated

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

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

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
 WET
 PEI
 INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

Program Number/Name: 22 – Loan Forgiveness Programs

Date: September 2, 2010

Select one:

- CSS
 WET
 PEI
 INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

Select one:

- CSS
- WET
- PEI
- INN

County: Los Angeles

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

Date: September 2, 2010

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

Program Number/Name: PEI-1 School Based Services

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

Select one:

- CSS
- WET
- PEI
- INN

County: Los Angeles

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

Date: September 2, 2010

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

Select one:

- CSS
- WET
- PEI
- INN

County: Los Angeles

Program Number/Name: PEI-4 Trauma Recovery Services

Date: September 2, 2010

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 25%;">FY 09/10 funding</th> <th style="width: 25%;">FY 10/11 funding</th> <th style="width: 50%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

Select one:

- CSS
- WET
- PEI
- INN

County: Los Angeles

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

Date: September 2, 2010

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

Program Number/Name: PEI-7 Juvenile Justice

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

Select one:

- CSS
- WET
- PEI
- INN

County: Los Angeles

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

Date: September 2, 2010

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

Select one:

- CSS
- WET
- PEI
- INN

County: Los Angeles

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

Date: September 2, 2010

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

Program Number/Name: PEI-10 American Indian Project

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

Program Number/Name: Integrated Mobile Health Team Model

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;">FY 09/10 funding</th> <th style="width: 30%;">FY 10/11 funding</th> <th style="width: 40%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

Program Number/Name: Integrated Clinic Model

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

County: Los Angeles

Program Number/Name: Integrated Peer-Run Model

Date: September 2, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

Select one:

- CSS
- WET
- PEI
- INN

County: Los Angeles

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

Date: September 2, 2010

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

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

ELIMINATION OF PROGRAM/PROJECT

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
- WET
- CF
- TN
- PEI¹
- INN

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

Work plan title:
(C-04) CHILDREN'S RESPITE CARE SERVICES

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

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

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

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

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

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

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

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

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

ELIMINATION OF PROGRAM/PROJECT

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
- WET
- CF
- TN
- PEI¹
- INN

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

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

ELIMINATION OF PROGRAM/PROJECT

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
- WET
- CF
- TN
- PEI¹
- INN

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

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

ELIMINATION OF PROGRAM/PROJECT

County: Los Angeles

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

Date: September 2, 2010

Select one:

- CSS
- WET
- CF
- TN
- PEI¹
- INN

<p>1. Clearly identify the program/project proposed for elimination.</p> <p>Promoting MHSA philosophies and values of recovery, resilience and wellness is essential in the training and mentoring of all licensed clinicians. Trainings for students are a way of promoting these important values while also preparing the students to embrace a recovery-based model of service delivery. Many graduate degree programs have already implemented this type of training; e.g., graduate social work students concentrating in public mental health are offered a curriculum embracing a comprehensive range of competencies consonant with the MHSA including recovery, wellness, culturally and linguistic services, etc. Existing partnerships among the universities, field placement faculty, and internship training site personnel will continue to be utilized while others would be established as necessary to accomplish such expectations.</p>
<p>2. Describe the rationale for eliminating the program/project.</p> <p>This program is being eliminated because the objectives are consistent with Program # 15– Partnership with Educational Institutions to Increase the Number of Professionals in the Public Mental Health System.</p>
<p>3. Describe how the funding for the eliminated program/project will be used.</p> <p>Funding allocation has been shifted to Program #15 – Partnership with Educational Institutions to Increase the Number of Professionals in the Public Mental Health System.</p>

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

ELIMINATION OF PROGRAM/PROJECT

County: Los Angeles

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

Date: June 15, 2010

Select one:

- CSS
- WET
- CF
- TN
- PEI¹
- INN

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

Los Angeles County Department of Mental Health (LAC-DMH) is proposing the elimination of project number LA-08, "Telepsychiatry Feasibility Study and Recommendations Project". This Telepsychiatry project was approved by California Department of Mental Health (CDMH) on June 19, 2009 in the amount of \$322,000 for Direct project costs in Fiscal Year 09-10. In addition to the direct project costs approved, \$40,614 of Administrative Costs associated with this project was approved by CDMH, for a total approved project cost of \$362,614. None of the funds approved for this project have been expended.

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

The Telepsychiatry Feasibility Study and Recommendations Project plan was written in the Spring of 2008 and vetted through the stakeholder process in August 2008. Funding for the project was approved by CDMH in June 2009 and the project was funded in July 2009. In the nearly 2-years that has passed since the project plan was written, a number of key events have occurred that have obviated the need for conducting a feasibility study. These key events as follows:

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

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

The \$362,614 (direct + administrative costs) previously awarded for the eliminated Telepsychiatry Feasibility Study and Recommendations Project (LA-08) will be used to fund a new Telepsychiatry Implementation project. These previously approved funds will cover all project activities for FY 10-11 and the remainder (\$3,009) will partially offset costs for FY 11-12. Additional funds (\$200,292) are requested for FY 11-12 and FY 12-13 to complete the project. Total project cost including previously awarded funds is \$562,906.

Implementation of Telepsychiatry was not included within the scope of LA-08. However, implementation of Telepsychiatry was included within the scope of Enclosure 1, Technological Needs Component Proposal, approved by CDMH on February 23, 2009.

The Telepsychiatry Implementation project represents an expansion of the current Telepsychiatry point-to-point pilot program that was funded through resources other than MHSa Technological Needs funds. The expansion will include a multi-point solution at a minimum of 8 endpoints via a secure County network infrastructure. Additionally, this project will include the use of a Telepsychiatry consultant who will assist LAC-DMH identify key policy and procedural issues for the expanded Telepsychiatry program, and develop work flows to ensure operational efficiency. A more detailed description of the Telepsychiatry Implementation project is provided in Exhibit F-3 of the 2010-2011 Annual Plan.

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

County: Los Angeles

Date: 9/8/2010

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2010/11 Planning Estimates						
1. Published Planning Estimate	\$222,154,900			\$63,637,400	\$34,184,400	
2. Transfers						
3. Adjusted Planning Estimates	\$222,154,900					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11	\$275,014,390	\$53,617,619	\$28,576,585	\$139,874,175	\$74,277,108	
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
** a. Unexpended FY 06/07 Funds		\$0				
b. Unexpended FY 2007/08 Funds ^{a/}	\$0	\$19,181,138	\$0			
** c. Unexpended FY 2008/09 Funds	\$5,806,002		\$0	\$67,313,834	\$20,294,900	
** d. Adjustment for FY 2009/2010	\$0	\$3,432,297	\$0	-\$42,993,242	-\$4,501,932	
e. Total Net Available Unexpended Funds	\$5,806,002	\$15,748,841	\$0	\$110,307,076	\$24,796,832	
4. Total FY 2010/11 Funding Request	\$269,208,388	\$37,868,778	\$28,576,585	\$29,567,099	\$49,480,276	
C. Funds Requested for FY 2010/11						
1. Previously Approved Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates		\$2,243,898				
b. Unapproved FY 07/08 Planning Estimates ^{a/}	\$40		\$28,392,014			
c. Unapproved FY 08/09 Planning Estimates	\$39		\$0			
d. Unapproved FY 09/10 Planning Estimates				\$29,567,099	\$0	
e. Unapproved FY10/11 Planning Estimates	\$191,768,527			\$0	\$0	
Sub-total	\$191,768,606	\$2,243,898	\$28,392,014	\$29,567,099	\$0	
f. Local Prudent Reserve	\$0					
2. New Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates		\$24,933,376				
b. Unapproved FY 07/08 Planning Estimates ^{a/}		\$10,691,504	\$184,671			
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates					\$15,295,876	
e. Unapproved FY10/11 Planning Estimates	\$30,386,373				\$34,184,400	
Sub-total	\$30,386,373	\$35,624,880	\$184,671	\$0	\$49,480,276	
f. Local Prudent Reserve						
3. FY 2010/11 Total Allocation ^{b/}	\$222,154,979	\$37,868,778	\$28,576,685	\$29,567,099	\$49,480,276	

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

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

Note :B.3.b.-Unexpended FY 2007/08 Funds for WET -Unexpended Funds of FY 2008/09 Revenue Expenditure Report is \$20, 981,138 including FY 08/09 WET Regional Partnership allocation which is \$1,800,000

B.3.c.-Unexpended FY 2008/09 Funds for PEI-Unexpended Funds of FY 2008/09 Revenue Report is \$100,461,486 including \$33,147,652 Approved Prudent Reserve for FY 07/08 Unspent PEI funds per MHSOAC Letter dated on June, 3, 2010

B.3.d.-Adjustment for FY 2009/2010-\$47,053,409 for CSS will be covered by FY 2009/10 balance; please see the calculation for B.3.d. below.

	CSS	WET	CFTN	PEI	INN
FY 2009/10 State Approved Amount	255,155,500	-	-	56,326,159	4,999,024
FY 2009/10 Expenditure (based on FY 09/10 Closing)	(208,102,091)	(3,432,297)	-	(13,332,917)	(497,092)
Balance	\$ 47,053,409	\$ (3,432,297)	\$ -	\$ 42,993,242	\$ 4,501,932

CSS BUDGET SUMMARY

County: Los Angeles

Date: 8/10/2010

CSS Programs		FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult
Previously Approved Programs										
1.	Children's Full Service Partnerships	\$8,394,517	\$8,394,517	\$0	\$0	\$8,394,517				
2.	Family Support Services	\$4,949,103	\$4,949,103	\$0	\$0	\$4,949,103				
3.	TAY Full Service Partnerships	\$14,370,644	\$14,370,644	\$0	\$0		\$14,370,644			
4.	Drop-in Centers	\$500,000	\$200,000	\$300,000	\$0		\$500,000			
5.	TAY Housing Services	\$1,729,958	\$536,287	\$536,287	\$657,384		\$1,729,958			
6.	Probation Camp Services	\$4,096,446	\$1,024,112	\$3,072,334	\$0		\$4,096,446			
7.	Adult Full Service Partnerships	\$53,089,445	\$53,089,445	\$0	\$0			\$53,089,445		
8.	Wellness/Client Run Centers	\$57,535,411	\$20,137,394	\$37,398,017	\$0			\$57,535,411		
9.	IMD Step Down Facilities	\$4,541,966	\$3,406,475	\$1,135,491	\$0			\$4,541,966		
10.	Jail transition & Linkage Services	\$6,030,802	\$3,015,401	\$3,015,401	\$0			\$6,030,802		
11.	Older Adult Full Service Partnerships	\$3,058,805	\$3,058,805	\$0	\$0				\$3,058,805	
12.	Transformation Design Team	\$451,558	\$0	\$451,558	\$0				\$451,558	
13.	Field-Capable Clinical Services	\$11,008,884	\$2,752,221	\$8,256,663	\$0				\$11,008,884	
14.	OA Service Extenders	\$247,500	\$0	\$247,500	\$0				\$247,500	
15.	OA Training	\$198,858	\$47,726	\$151,132	\$0				\$198,858	
16.	Planning, Outreach, Engagement	\$14,214,473	\$0	\$11,087,289	\$3,127,184	\$2,558,605	\$2,416,460	\$7,675,815	\$1,563,593	
17.	Alternative Crisis Services	\$30,965,073	\$10,837,776	\$20,127,297	\$0	\$1,548,254	\$7,121,967	\$18,888,694	\$3,406,158	
18.	Subtotal: Programs ^{a/}	\$215,383,443	\$125,819,906	\$85,778,969	\$3,784,568	\$0	\$17,450,479	\$30,235,475	\$147,762,133	\$19,935,356
19.	Plus up to 15% County Administration	\$22,014,447								
20.	Plus up to 10% Operating Reserve	\$0								
21.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve	\$237,397,890								
New Programs										
1.	Children-Field-Capable Clinical Services	\$2,760,762	\$828,229	\$1,932,533	\$0	\$2,760,762				
2.	TAY-Field-Capable Clinical Services	\$1,287,812	\$386,344	\$901,468	\$0		\$1,287,812			
3.	Adult Housing Services	\$3,149,169	\$629,834	\$2,519,335	\$0			\$3,149,169		
4.	Adult-Field-Capable Clinical Services	\$17,698,362	\$6,194,427	\$11,503,935	\$0			\$17,698,362		
5.	Service Area Navigator Teams	\$9,232,131	\$6,462,492	\$2,769,639	\$0	\$3,969,816	\$3,785,174	\$1,477,141		
6.										
7.	Subtotal: Programs ^{a/}	\$34,128,236	\$14,501,326	\$19,626,910	\$0	\$0	\$6,730,578	\$5,072,986	\$22,324,672	\$0
8.	Plus up to 15% County Administration	\$3,488,264								
9.	Plus up to 10% Operating Reserve	\$0								
10.	Subtotal: New Programs/County Admin./Operating Reserve	\$37,616,500								
11.	Total MHSA Funds Requested for CSS	\$275,014,390								

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

56.20%

Additional funding sources for FSP requirement:

County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. In addition, the funding amounts must match the Annual Cost Report. Refer to DMH FAQs at http://www.dmh.ca.gov/Prop_63/MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf

CSS Majority of Funding to FSPs

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

County: Los Angeles

Date: 8/10/2010

Workforce Education and Training			FY 10/11 Requested MHA Funding	Estimated MHA Funds by Category				
No.	Name	Workforce Staffing Support		Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive	
Previously Approved Programs								
1.	1	Workforce Education and Training Coordination	\$2,291,490	\$2,291,490				
2.	15	Professionals in the Public Mental Health System	\$531,330		\$531,330			
3.	Subtotal: Previously Approved Programs		\$2,822,820	\$2,291,490	\$0	\$0	\$0	
4.	Plus up to 15% County Administration		\$128,501					
5.	Plus up to 10% Operating Reserve		\$225,768					
6.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$3,177,089					
New Programs								
1.	3	Transformation Academy Without Walls	\$1,270,110		\$1,270,110			
2.	5	Recovery Oriented Supervision Trainings	\$714,990		\$714,990			
3.	6	Interpreter Training Program	\$270,000		\$270,000			
4.	7	Training for Community Partners	\$600,000		\$600,000			
5.	8	Intensive Mental Health Recovery Specialist Training Program	\$3,055,950		\$3,055,950			
6.	9	Expanded Employment and Professional Advancement Opportunities for Consumers in the Public Mental Health System	\$3,186,428		\$3,186,428			
7.	10	Expanded Employment and Professional Advancement Opportunities for Parent Advocates, Child Advocates, and Caregivers in the Public Mental Health System	\$3,223,980		\$3,223,980			
8.	11	Expanded Employment and Professional Advancement Opportunities for Family Member Advocates in the Public Mental Health System	\$2,268,188		\$2,268,188			
9.	12	Mental Health Career Advisors	\$4,603,252		\$4,603,252			
10.	13	High School Through University Mental Health Pathway	\$625,000		\$625,000			
11.	14	Market Research and Advertising Strategies for Recruitment of Professionals in the Public Mental Health System	\$400,000		\$400,000			
12.	16	Recovery Oriented Internship Development	\$2,168,260			\$2,168,260		
13.	19	Tuition Reimbursement Program	\$4,233,780				\$4,233,780	
14.	20	Associate and Bachelor Degree - 20/20 and/or 10/30 Program	\$5,927,296				\$5,927,296	
15.	21	Stipend Program for Psychologists, MSWs, MFTs, Psychiatric Nurse Practitioners and Psychiatric Technicians	\$7,354,000				\$7,354,000	
16.	22	Loan Forgiveness Programs	\$4,914,800				\$4,914,800	
17.			\$0					
18.			\$0					
19.			\$0					
20.	Subtotal: WET New Programs		\$44,816,034	\$0	\$2,855,100	\$17,362,798	\$2,168,260	\$22,429,876
21.	Plus up to 15% County Administration		\$2,040,129					
22.	Plus up to 10% Operating Reserve		\$3,584,367					
23.	Subtotal: New Programs/County Admin./Operating Reserve		\$50,440,530					
24.	Total MHA Funds Requested		\$53,617,619					

Percentage

4.6%

7.6%

Percentage

4.6%

7.6%

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

County: Los Angeles

Date: 8/10/2010

Capital Facilities and Technological Needs Work Plans/Projects				TOTAL FY 10/11 Required MHSA Funding	Type of Project	
No.	Name	New (N) Existing (E)	Capital Facilities		Technological Needs	
1.	LA-03	Integrated Behavioral Health Information System	E	\$19,120,292		Technological Needs
2.	LA-04	Contract Provider Technology	E	\$0		Technological Needs
3.	LA-05	Consumer/Family Access to Computer Resources	E	\$2,113,158		Technological Needs
4.	LA-06	Personal Health Record - Awareness and Education	E	\$115,000		Technological Needs
5.	LA-07	Data Warehouse Re-Design	E	\$1,284,851		Technological Needs
6.		Telepsychiatry and Videoconferencing Implementation	N	\$184,671		Technological Needs
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.	Subtotal: Work Plans/Projects			\$22,817,972	\$0	\$0
27.	Plus up to 15% County Administration			\$5,758,613		
28.	Plus up to 10% Operating Reserve					
29.	Total MHSA Funds Requested			\$28,576,585		

Percentage
25.2%
#VALUE!

PEI BUDGET SUMMARY

County: Los Angeles

Date: 8/10/2010

PEI Programs			FY 10/11 Requested MHSAs Funding	Estimated MHSAs Funds by Type of Intervention		Estimated MHSAs Funds by Age Group				
No.	Name	Prevention		Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult		
Previously Approved Programs										
1.	ES-1	PEI Early Start-Suicide Prevention	\$3,338,100	\$1,669,050	\$1,669,050	\$715,689	\$1,094,897	\$586,504	\$941,010	
2.	ES-2	PEI Early Start-School Mental Health Initiative	\$4,062,767	\$3,047,076	\$1,015,691	\$1,149,763	\$2,109,388	\$736,986	\$66,630	
3.	ES-3	PEI Early Start-Anti-Stigma Discrimination	\$2,884,400	\$2,595,960	\$288,440	\$721,100	\$721,100	\$721,100	\$721,100	
4.	PEI-1	School-based Services	\$8,606,785	\$3,241,353	\$5,365,432	\$7,924,392	\$682,393	\$0	\$0	
5.	PEI-2	Family Education and Support Services	\$11,324,296	\$7,206,177	\$4,118,119	\$10,006,763	\$1,317,533	\$0	\$0	
6.	PEI-3	At-risk Family Services	\$10,780,932	\$4,935,046	\$5,845,886	\$9,003,198	\$0	\$1,777,734	\$0	
7.	PEI-4	Trauma Recovery Services	\$26,790,611	\$420,605	\$26,370,006	\$8,416,031	\$4,034,407	\$7,458,465	\$6,881,708	
8.	PEI-5	Primary Care & Behavioral Health	\$5,475,984	\$1,926,224	\$3,549,760	\$510,418	\$53,474	\$3,515,085	\$1,397,007	
9.	PEI-6	Early Care & Support for TAY	\$9,017,928	\$3,662,366	\$5,355,562	\$0	\$9,017,928	\$0	\$0	
10.	PEI-7	Juvenile Justice Services	\$10,663,120	\$696,957	\$9,966,163	\$3,093,355	\$7,569,765	\$0	\$0	
11.	PEI-8	Early Care & Support for Older Adults	\$9,026,660	\$3,331,257	\$5,695,403	\$0	\$0	\$0	\$9,026,660	
12.	PEI-9	Improving Access for Underserved Populations	\$7,243,176	\$2,947,936	\$4,295,240	\$1,185,719	\$1,141,026	\$4,734,302	\$182,129	
13.	PEI-10	American Indian Project	\$990,000	\$495,000	\$495,000	\$495,000	\$495,000	\$0	\$0	
14.										
15.			\$0							
16.	Subtotal: Programs*		\$110,204,759	\$36,175,007	\$74,029,752	\$43,221,428	\$28,236,911	\$19,530,176	\$19,216,244	Percentage
17.	Plus up to 15% County Administration		\$16,794,009							15%
18.	Plus up to 10% Operating Reserve		\$12,875,407							10.1%
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$139,874,175							
New Programs										
1.			\$0							
2.			\$0							
3.			\$0							
4.			\$0							
5.			\$0							
6.	Subtotal: Programs*		\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% County Administration									#VALUE!
8.	Plus up to 10% Operating Reserve									#VALUE!
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$0							
10.	Total MHSAs Funds Requested for PEI		\$139,874,175							

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years =

65%

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

FY 2010/11

INN BUDGET SUMMARY

EXHIBIT E5

County: Los Angeles

Date: 8/10/2010

INN Programs			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Age Group (if applicable)				
No.	Name	Children and Youth		Transition Age Youth	Adult	Older Adult		
Previously Approved Programs								
1.								
2.								
3.								
4.								
5.								
16.	Subtotal: Programs		\$0	\$0	\$0	\$0	\$0	Percentage
17.	Plus up to 15% County Administration							#DIV/0!
18.	Plus up to 10% Operating Reserve							#VALUE!
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$0					
New Programs								
1.	Integrated Clinic Model		\$11,812,117					
2.	Integrated Mobil Health Team Model		\$13,143,270					
3.	Community-Designed Integrated Services Management Model (ISM)		\$25,957,128					
4.	Integrated Peer-Run Model		\$7,901,787					
5.			\$0					
6.	Subtotal: Programs		\$58,814,302	\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% County Administration		\$8,752,532					15%
8.	Plus up to 10% Operating Reserve		\$6,710,274					9.9%
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$74,277,108					
10.	Total MHSA Funds Requested for INN		\$74,277,108					

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

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: CSS -Children-Field-Capable Clinical Services C-05

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*			\$9,374,280	\$9,374,280
8. Total Proposed Expenditures	\$0	\$0	\$9,374,280	\$9,374,280
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: CSS -Children-Field-Capable Clinical Services C-05

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)			\$4,646,828	\$4,646,828
b. State General Funds			\$1,966,690	\$1,966,690
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$6,613,518	\$6,613,518
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$2,760,762	\$2,760,762

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

Justification: Contract Providers selected by Los Angeles County.

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

2010/11 ANNUAL UPDATE

CSS NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

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

Date: September 3, 2010

EXPENDITURES

A. Expenditures

Community Services and Supports

The only change in this program is an increase in total annual funding by 83%. Program services will remain as previously approved.

Community Mental Health Contract Providers

7. Other Expenditures encompasses the personnel and operating expenditures for contracted mental health agencies in the amount of **\$9,374,280**.

Total

8. Total Proposed Expenditures is **\$9,374,280**.

B. Revenues

Community Mental Health Contract Providers

1. New Revenues include Medi-Cal (\$13,828,342) and State General Funds (\$1,966,690)

2. Total Revenues is **\$6,613,518**.

C. Total Funding Requested is \$2,760,762.

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: CSS-TAY-Field-Capable Clinical Services T-05

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures	\$190,761			\$190,761
4. Operating Expenditures	\$156,999			\$156,999
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*			\$3,225,274	\$3,225,274
8. Total Proposed Expenditures	\$347,760	\$0	\$3,225,274	\$3,573,034
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: CSS-TAY-Field-Capable Clinical Services T-05

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)	\$74,863		\$1,586,110	\$1,660,973
b. State General Funds	\$741		\$622,415	\$623,156
c. Other Revenue	\$1,093			\$1,093
2. Total Revenues	\$76,697	\$0	\$2,208,525	\$2,285,222
C. TOTAL FUNDING REQUESTED	\$271,063	\$0	\$1,016,749	\$1,287,812

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

Justification: Contract Providers selected by Los Angeles County.

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

CSS NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

Program Number/Name: T-05 Transitional Age Youth Field Capable Clinical Services

Date: September 3, 2010

EXPENDITURES

A. Expenditures

Community Services and Supports

The only change in this program is an increase in total annual funding by 89%. Program services will remain as previously approved.

County Mental Health Department

3. Personnel expenditures in the amount of \$190,761 will be used to fund the infrastructure and administration of the program.

4. Operating expenditures in the amount of \$156,999 will be used to fund the services and supplies for the infrastructure/administrative positions.

Community Mental Health Contract Providers

7. Other Expenditures encompasses the personnel and operating expenditures for contracted mental health agencies in the amount of \$3,225,274.

Total

8. Total Proposed Expenditures is **\$3,573,034**

B. Revenues

County Mental Health Department

1. New Revenues include Medi-Cal, \$604,915, State General Funds, \$2,766 and Other Revenues, \$9,580.

2. Total Revenues is **\$76,697**

Community Mental Health Contract Providers

1. New Revenues include Medi-Cal, \$13,828,342.

2. Total Revenues is **\$2,208,525**

C. Total Funding Requested:

County Mental Health Department

Total Funding Requested is **\$271,063**

Community Mental Health Contract Providers

Total Funding Requested is **\$1,016,749**

Total Funding Requested is \$1,287,812

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: CSS- Adult Housing Services A-04

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures	\$1,516,163			\$1,516,163
4. Operating Expenditures	\$189,000			\$189,000
5. Estimated Expenditures when service provider is not known			\$1,397,000	\$1,397,000
6. Non-recurring expenditures				\$0
7. Other Expenditures*			\$47,006	\$47,006
8. Total Proposed Expenditures	\$1,705,163	\$0	\$1,444,006	\$3,149,169
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: CSS- Adult Housing Services A-04

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$1,705,163	\$0	\$1,444,006	\$3,149,169

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

Justification: Contract Providers selected by Los Angeles County.

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

CSS NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

Program Number/Name: A-04 Adult Housing Services

Date: September 3, 2010

EXPENDITURES

A. Expenditures

Community Services and Supports

The only change in this program is a decrease in funding by 23%. Program services will remain as previously approved.

County Mental Health Department

3. Personnel expenditures in the amount of \$1,516,163 will be used to fund the infrastructure and administration of the program.

4. Operating expenditures in the amount of \$189,000 will be used to fund the services and supplies for the infrastructure/administrative positions.

8. The total proposed expenditures are \$1,705,163 for the Los Angeles County Department of Mental Health.

Community Mental Health Contract Providers

5. Estimated Expenditures when service provider is not known – these dollars, \$1,397,000 will be used to support the Adult Housing Services.

7. Other Expenditures encompasses the personnel and operating expenditures for contracted housing agencies in the amount of \$47,006.

8. The total proposed expenditures are \$1,444,006 for community mental health contract providers.

The total proposed expenditures are \$3,149,169.

C. Total Funding Requested:

County Mental Health Department

Total Funding Requested is **\$1,705,163.**

Community Mental Health Contract Providers

Total Funding Requested is **\$1,444,006.**

The total funding requested is \$3,149,169.

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: CSS-Adult-Field-Capable Clinical Services A-06

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures	\$2,309,009			\$2,309,009
4. Operating Expenditures	\$1,268,802			\$1,268,802
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*			\$28,566,154	\$28,566,154
8. Total Proposed Expenditures	\$3,577,811	\$0	\$28,566,154	\$32,143,965
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: CSS-Adult-Field-Capable Clinical Services A-06

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)	\$604,915		\$13,828,342	\$14,433,257
b. State General Funds	\$2,766			\$2,766
c. Other Revenue	\$9,580			\$9,580
2. Total Revenues	\$617,261	\$0	\$13,828,342	\$14,445,603
C. TOTAL FUNDING REQUESTED	\$2,960,550	\$0	\$14,737,812	\$17,698,362

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

Justification: Contract Providers selected by Los Angeles County.

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

CSS NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

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

Date: September 3, 2010

EXPENDITURES

A. Expenditures

Community Services and Supports

The only change in this program is an increase in total annual funding by 53%. Program services will remain as previously approved.

County Mental Health Department

3. Personnel expenditures in the amount of \$2,309,009 will be used to fund the infrastructure and administration of the program.

4. Operating expenditures in the amount of \$1,268,802 will be used to fund the services and supplies for the infrastructure/administrative positions.

Community Mental Health Contract Providers

7. Other Expenditures encompasses the personnel and operating expenditures for contracted mental health agencies in the amount of \$28,566,154.

Total

8. Total Proposed Expenditures is **\$32,143,965**

B. Revenues

County Mental Health Department

1. New Revenues include Medi-Cal, \$604,915, State General Funds, \$2,766 and Other Revenues, \$9,580.

2. Total Revenues is **\$617,261**

Community Mental Health Contract Providers

1. New Revenues include Medi-Cal, \$13,828,342.

2. Total Revenues is **\$13,828,342**

C. Total Funding Requested:

County Mental Health Department

Total Funding Requested is **\$2,960,550**

Community Mental Health Contract Providers

Total Funding Requested is **\$14,737,812**

Total Funding Requested is \$17,698,362

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: CSS-Service Area Navigator Teams SN-01

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures	\$8,316,003			\$8,316,003
4. Operating Expenditures	\$976,689			\$976,689
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*			\$0	\$0
8. Total Proposed Expenditures	\$9,292,692	\$0	\$0	\$9,292,692
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: CSS-Service Area Navigator Teams SN-01

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)	\$47,945		\$0	\$47,945
b. State General Funds	\$12,037			\$12,037
c. Other Revenue	\$579			\$579
2. Total Revenues	\$60,561	\$0	\$0	\$60,561
C. TOTAL FUNDING REQUESTED	\$9,232,131	\$0	\$0	\$9,232,131

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

CSS NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

Program Number/Name: SN-01 – Service Area Navigator Teams

Date: September 3, 2010

EXPENDITURES

A. Expenditures

Community Services and Supports

The only change in this program is a decrease in total annual funding by 37%. Program services will remain as previously approved.

County Mental Health Department

3. Personnel expenditures in the amount of \$8,316,003 will be used to fund the infrastructure and administration of the program.
4. Operating expenditures in the amount of \$976,689 will be used to fund the services and supplies for the infrastructure/administrative positions.
8. Total Proposed Expenditures is **\$9,292,692**.

B. Revenues

County Mental Health Department

1. New Revenues include Medi-Cal, \$47,945, State General Funds, \$12,037 and Other Revenues, \$579.
2. Total Revenues is **\$60,561**.

C. Total Funding Requested is \$9,232,131

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET -Transformation Academy Without Walls - 3

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures			\$1,270,110	\$1,270,110
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$1,270,110	\$1,270,110
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET -Transformation Academy Without Walls - 3

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$1,270,110	\$1,270,110

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

WET NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

Program Number/Name: 3 – Transformation Academy Without Walls

Date: September 8, 2010

EXPENDITURES

A. Transformation Academy Without Walls

The only change in this program component is a decrease in total annual funding by 33%. Program services will remain as previously approved. This program is comprised of two components; Public Mental Health Workforce Immersion to MHSA and Licensure Workshops.

All services will be delivered by a contract provider.

Public Mental Health Workforce Immersion to MHSA - \$112,500 Annually

1. Administrative Costs: \$22,500 – Estimated allocation for administrative overhead.
2. Training Services: \$76,400 – Funds the 3 day immersive training for 120 staff members currently working in the public mental health workforce.
3. Duplication of Material: \$3,600 – Training materials to be distributed to training participants.
4. Consultation and Program Evaluation: \$10,000 – Provides consultation to maintain curriculum current from year to year and ensures program outcomes are properly collected and reported at completion of each fiscal year.

Licensure Workshops - \$99,185 Annually

1. Administrative Costs: \$19,837 – Estimated allocation for administrative overhead.
2. Training Curriculum Development: \$9,000 – 40 hours for contractor(s) to develop MSW curriculum, 40 hours to develop MFT and 40 hours to develop psychologists' curriculum.
3. Training Services: \$56,948 – Funds 2 trainings for unlicensed psychologists (40 participants), 4 trainings for unlicensed social workers (80 participants) and 8 trainings for unlicensed MFT's (160 participants). Each training will be, at minimal, 14 hours.
4. Duplication of Material: \$8,400 – Training materials to be distributed to training participants.
5. Consultation and Program Evaluation: \$5,000 – Provides consultation to maintain curriculum relevant to current appropriate state board licensure examinations from year to year as well as ensure program outcomes are properly collected and reported at completion of each fiscal year.

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-Recovery Oriented Supervision Trainings - 5

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures			\$714,990	\$714,990
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$714,990	\$714,990
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-Recovery Oriented Supervision Trainings - 5

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$714,990	\$714,990

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

WET NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

Program Number/Name: 5 – Recovery Oriented Supervision Training

Date: September 8, 2010

EXPENDITURES

The program was initially allocated \$100,000 per year until FY 12-13. Additional funds were added to develop a more comprehensive training and to allow sufficient follow up consultation for participants.

All services will be delivered by a contract provider.

Recovery Oriented Supervision Training - \$119,165 Annually

1. Administrative Costs: \$17,815 – Estimated allocation for administrative overhead.
2. Training Curriculum Development: \$11,261 – Funds development and production of all training materials.
3. Training Services: \$80,079 – Funds 8 comprehensive trainings to be delivered to a total of 240 participants.
4. Consultation and Program Evaluation: \$10,010 – Provides follow up consultation, at one and three months after completion of training, to trained participants as well as ensures program outcomes are properly collected and reported at completion of each fiscal year.

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-Interpreter Training Program - 6

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures			\$270,000	\$270,000
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$270,000	\$270,000
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-Interpreter Training Program - 6

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$270,000	\$270,000

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

WET NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

Program Number/Name: 6 – Interpreter Training Program

Date: September 8, 2010

EXPENDITURES

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

All services will be delivered by a contract provider.

Interpreter Training Program - \$45,000 Annually

1. Administrative Costs: \$9,000 – Estimated allocation for administrative overhead.
2. Training Curriculum Development: \$3,000 – Funds development of training curriculum.
3. Phase I (Interpreter Training)
 - a. Training Services: \$17,200 – Funds three 3-day trainings for 90 interpreters.
 - b. Duplication of Materials: \$4,500 – Development and reproduction of all training materials for interpreters.
4. Phase II (Monolingual, English speaking Clinician Training)
 - a. Training Services: \$5,000 – Funds three 1-day trainings for 90 providers who utilize interpreters.
 - b. Duplication of Materials: \$3,600 – Development and reproduction of all training materials for providers who utilize interpreters.
5. Phase III - Consultation and Program Evaluation: \$2,700 – Provides follow up consultation, one month after completion of training, to trained participants as well as ensures program outcomes are properly collected and reported at completion of each fiscal year.

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-Training for Community Partners - 7

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures			\$600,000	\$600,000
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$600,000	\$600,000
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-Training for Community Partners - 7

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$600,000	\$600,000

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

WET NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

Program Number/Name: 7 – Training for Community Partners

Date: September 8, 2010

EXPENDITURES

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

All services will be delivered by a contract provider.

Training for Community Partners - \$100,000 Annually

1. Administrative Costs: \$15,000 – Estimated allocation for administrative overhead.
2. Consultation with 8 Services Areas: \$22,199 – Funds consultation with all 8 service areas in LA County to assess need for community trainings related to mental health issues.
3. Training Curriculum Development: \$12,487 – Contractor will develop customized training curriculum specific to each service areas' needs.
4. Training Services: \$45,092 – Delivery of customized training curriculum to each of the 8 service areas, plus 2 to be held for a countywide audience. Each training session will accommodate 30 participants.
5. Duplication of Materials: \$2,889 – Development and reproduction of all training materials for participants.
6. Consultation and Program Evaluation: \$2,333 – Ensures program outcomes are properly collected and reported at completion of each training session.

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-Intensive Mental Health Recovery Specialist Training Program - 8

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures			\$3,055,950	\$3,055,950
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$3,055,950	\$3,055,950
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-Intensive Mental Health Recovery Specialist Training Program - 8

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$3,055,950	\$3,055,950

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

WET NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

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

Date: September 8, 2010

EXPENDITURES

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

All services will be delivered by a contract provider.

Intensive Mental Health Recovery Specialist Training Program - \$509,325 Annually

1. Administrative Costs: \$73,720 – Estimated allocation for administrative overhead.
2. Training Curriculum Development: \$57,979 – Funds development of training curriculum with feedback from members of the public mental health system, including DMH, its contracted agencies, consumers, family members, parents, etc.
3. Training Services (Didactic and Experiential): \$172,637 and \$196,646 – Delivery of approximately 19 trainings, each over a span of several weeks. Each training session will accommodate approximately 32 participants.
4. Duplication of Materials: \$8,343 – Development and reproduction of all training materials.

County: Los Angeles

Date: 8/10/2010

WET-Expanded Employment and Professional Advancement Opportunities for Consumers in the Public Mental Health System - 9

Program/Project Name and #: _____

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures			\$3,186,428	\$3,186,428
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$3,186,428	\$3,186,428
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-Expanded Employment and Professional Advancement Opportunities for Consumers in the Public Mental Health System - 9

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$3,186,428	\$3,186,428

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

WET NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

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

Date: September 8, 2010

EXPENDITURES

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

All services will be delivered by a contract provider.

Expanded Employment and Professional Advancement Opportunities for Consumers in the Public Mental Health System - \$531,071 Annually

1. Administrative Costs: \$80,607 – Estimated allocation for administrative overhead.
2. Training Curriculum Development: \$26,505 – Funds development of training curriculum with input from members of the public mental health system, including DMH, its contracted agencies, consumers, family members, parents, etc.
3. Training Services: \$182,685 – Delivery of approximately 9 training sessions, each over a span of several weeks. Each training session will accommodate approximately 20 participants. A total of 155 consumers are expected to complete the training.
4. Duplication of Materials: \$7,570 – Development and reproduction of all training materials.
5. Training Coordinator and Mental Health Services Coordinator: \$79,083 and \$72,015 respectively– Contracted personnel will act as liaisons between the public mental health system and mental health consumers and staff who identify themselves as consumers.
6. Stipends: \$77,085 – Stipends available to participants.
7. Consultation and Program evaluation: \$5,521 – Funds designated primarily for data collection, analysis and reporting at the end of each fiscal year.

County: Los Angeles

Date: 8/10/2010

WET-Expanded Employment and Professional Advancement Opportunities for Parent Advocates, Child Advocates, and Caregivers in the Public Mental Health System - 10

Program/Project Name and #: _____

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures			\$3,223,980	\$3,223,980
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$3,223,980	\$3,223,980
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

WET-Expanded Employment and Professional Advancement Opportunities for Parent Advocates, Child Advocates, and Caregivers in the Public Mental Health System - 10

Program/Project Name and #: _____

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$3,223,980	\$3,223,980

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

Justification: _____

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

WET NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

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

Date: September 8, 2010

EXPENDITURES

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

All services will be delivered by a contract provider.

Expanded Employment and Professional Advancement Opportunities for Parent Advocates, Child Advocates and Caregivers in the Public Mental Health System - \$537,330 Annually

1. Administrative Costs: \$80,600 – Estimated allocation for administrative overhead.
2. Training Services (For Future Trainers): \$116,826 – Funds development of curriculum and training materials as well as delivery of training services to future trainers (Train the Trainers).
3. Training Personnel: \$176,724 – Contracted consultants who will provide on-going support and consultation to training participants to help create a support system of parent advocates, child advocates and caregivers.
4. Participation Stipends: \$163,180 – Stipends for participation.

County: Los Angeles

Date: 8/10/2010

WET-Expanded Employment and Professional Advancement Opportunities for Family Member Advocates in the Public Mental Health System - 11

Program/Project Name and #: _____

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures			\$2,268,188	\$2,268,188
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$2,268,188	\$2,268,188
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-Expanded Employment and Professional Advancement Opportunities for Family Member Advocates in the Public Mental Health System - 11

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$2,268,188	\$2,268,188

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

WET NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

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

Date: September 8, 2010

EXPENDITURES

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

All services will be delivered by a contract provider.

Expanded Employment and Professional Advancement Opportunities for Family Members in the Public Mental Health System - \$378,031 Annually

1. Administrative Costs: \$56,705 – Estimated allocation for administrative overhead.
2. Training Personnel: \$135,686 – Contracted consultants who will provide on-going support and consultation to training participants to help create a support system for family members.
3. Training Services: \$136,000 - Funds development of curriculum and training materials as well as delivery of training services to 240 participants.
4. Participation Stipends: \$49,640 – Stipends for participation.

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-Mental Health Career Advisors - 12

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures			\$4,603,252	\$4,603,252
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$4,603,252	\$4,603,252
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-Mental Health Career Advisors - 12

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$4,603,252	\$4,603,252

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

WET NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

Program Number/Name: 12 – Mental Health Career Advisors

Date: September 8, 2010

EXPENDITURES

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

All services will be delivered by a contract provider.

Mental Health Career Advisors - \$767,209 Annually

1. Administrative Costs: \$115,081 – Estimated allocation for administrative overhead.
2. Consumer Employment Development Specialist: \$266,111 – Contracted consultants specialized in employment of consumer who will provide on-going support and consultation to consumers interested in joining the public mental health system.
3. Training Personnel: \$71,018 - Fund consultant to seek, coordinate and deliver any available community training resources for the public mental health workforce.
4. Community Worker/Client Mentors: \$314,999 – Funds 8 contracted consultants to assist approximately 600 participants in planning and achieving career goals.

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-High School Through University
Mental Health Pathway - 13

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures			\$625,000	\$625,000
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$625,000	\$625,000
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-High School Through University
Mental Health Pathway - 13

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$625,000	\$625,000

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

WET NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

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

Date: September 8, 2010

EXPENDITURES

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

All services will be delivered by a contract provider.

High School through University Mental Health Pathways - \$104,167 Annually

1. Administrative Costs: \$15,625 – Estimated allocation for administrative overhead.
2. Community Forums: \$9,524 – Secure sites to hold 2 community conference with local high schools interested in implementing a collaboration.
3. Partnership Identification Structure: \$6,845 – Contractor will work with interested schools to begin partnership.
4. On-Site Academy Coordination: \$40,833 – Contractor to provide consultants to work with faculty at high schools during program implementation.
5. Immersion Training Travel for Academy/Sponsor's Lead Staff: \$4,048 – Funds for high schools' staff to attend MHSA Immersion training.
6. Curriculum Workshop Planning: \$6,786 – Work with faculty to initially incorporate MHSA values into course syllabus.
7. Professional Development: \$10,119 – Consultants will provide ongoing support and curriculum planning to participating teachers.
8. Instructional Materials: \$5,357 – All materials required by academy. Academy specific supplies for faculty and students.
9. Guest Speakers and Site Visits: \$1,488: Honorariums for guest speakers to present to faculty and students.
10. Guidance Counseling/Recruitment of Academy: \$3,542 – Consultant hours to work with local mental health agencies where students can witness the recovery process first hand.

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-Market Research and Advertising
Strategies for Recruitment of Professionals
in the Public Mental Health System - 14

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures			\$400,000	\$400,000
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$400,000	\$400,000
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-Market Research and Advertising
Strategies for Recruitment of Professionals
in the Public Mental Health System - 14

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$400,000	\$400,000

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

WET NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

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

Date: September 8, 2010

EXPENDITURES

The program was initially allocated \$200,000 annually, during FYs 2008-2009 and 2009-2010. The economic downturn forced this program to be placed on hold. This program is projected to be implemented during FYs 2013-2014 and 2014-2015.

All services will be delivered by a contract provider.

Market Research and Advertising Strategies for Recruitment of Professionals in the Public Mental Health System - \$200,000 Annually for FY's 2013-2014 and 2014-2015 only.

1. Administrative Costs: \$30,000 – Estimated allocation for administrative overhead.
2. Consultation with 8 Service Areas: \$33,600 (FY 2013-2014 only) – Meet separately with each Service Area to assess their specific recruitment needs.
3. Marketing Plan Development: \$33,600 (FY 2013-2014 only) – Development of 8 unique marketing plans to address each service area's specific recruitment needs.
4. Implementation of Advertising Strategies: \$102,800 during FY 2013-2014 and \$156,000 during FY 2014-2015 – Implementation of customized advertising strategies throughout the County. Advertising to include multiple media, such as print, electronic, radio, etc.
5. Consultation and Evaluation: \$14,000 during FY 2014-2015 only – At the end of the two year project, consultant will evaluate and report on the success of the program.

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-Recovery Oriented Internship Development -16

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures			\$2,168,260	\$2,168,260
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$2,168,260	\$2,168,260
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-Recovery Oriented Internship
Development -16

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$2,168,260	\$2,168,260

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

WET NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

Program Number/Name: 16 – Recovery Oriented Internship Development

Date: September 8, 2010

EXPENDITURES

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

All services will be delivered by a contract provider.

Recovery Oriented Internship Development - \$361,377 Annually

1. Administrative Costs: \$53,910 – Estimated allocation for administrative overhead.
2. Training Curriculum Development: \$24,500 – Development of curriculum focused on training supervisors who supervise interns. Curriculum will focus on integrating MHSA tenets into internships.
3. Training Services: \$22,400 – Delivery of training services to supervisors responsible for providing supervision to interns.
4. Duplication of Materials: \$4,267 – Development and duplication of training materials for supervisors and interns.
5. Intern Stipends: \$230,400 – Provides stipends to participants.
6. Consultation and Evaluation: \$25,900 – Ongoing consultation and support to supervisors. Provide funds for evaluation and final reporting of program outcomes at the end of each fiscal year.

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-Tuition Reimbursement Program - 19

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures* (Tuition Reimbursement)			\$4,233,780	\$4,233,780
13. Total Proposed Expenditures	\$0	\$0	\$4,233,780	\$4,233,780
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-Tuition Reimbursement Program - 19

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$4,233,780	\$4,233,780

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

Justification: Tuition Reimbursement

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

WET NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

Program Number/Name: 19 – Tuition Reimbursement Program

Date: September 8, 2010

EXPENDITURES

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

All services will be delivered by a contract provider.

Tuition Reimbursement Program - \$705,630 Annually

1. Administrative Costs: \$105,845 – Estimated allocation for administrative overhead.
2. Tuition Reimbursement: \$599,785 – Provides an average tuition reimbursement amount of \$3,000 to approximately 200 staff members of the public mental health system interested in gaining additional education that benefits the system.

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-Associate and Bachelor Degree - 20/20 and/or 10/30 Program - 20

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds			\$5,927,296	\$5,927,296
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$5,927,296	\$5,927,296
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-Associate and Bachelor Degree - 20/20 and/or 10/30 Program - 20

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$5,927,296	\$5,927,296

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

Justification: Tuition Reimbursement

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

WET NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

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

Date: September 8, 2010

EXPENDITURES

This program's total allocation remains at \$5,927,296, but annual allocation has been reduced to fund this program for five years in lieu of the four years originally proposed. Due to time limitations, this program is on hold and will commence FY 11-12 through FY 15-16.

All services will be delivered by a contract provider.

Associate and Bachelor Degree – 20/20 and/or 10/30 Program - \$1,185,459 Annually

1. Administrative Costs: \$177,819 – Estimated allocation for administrative overhead.
2. Tuition Reimbursement: \$1,007,640 – Reimbursement award amounts will vary from \$16,465 to \$32,929. A total of approximately 60 slots will be available. Awards will be distributed with a contractual obligation to work for one year in a hard to fill area of the County.

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: MSWs, MFTs, Psychiatric Nurse Practitioners and Psychiatric Technicians - 21

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds			\$7,354,000	\$7,354,000
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$7,354,000	\$7,354,000
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: MSWs, MFTs, Psychiatric Nurse Practitioners and Psychiatric Technicians - 21

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$7,354,000	\$7,354,000

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

Justification: Tuition Reimbursement

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

WET NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

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

Date: September 8, 2010

EXPENDITURES

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

All services will be delivered by a contract provider.

Stipend Program for Psychologists, MSWs, MFTs, Psychiatric Nurse Practitioners, and Psychiatric Technicians - \$1,225,667 Annually

1. Administrative Costs: \$183,850 – Estimated allocation for administrative overhead.
2. Stipends: \$1,039,317 – Approximately 70 stipends will be awarded. Amount will vary from \$8,000 to \$18,500. Final distribution allocation per work classification has not been finalized. Stipend awards will be distributed with a contractual obligation to work for one year in a hard to fill area of the County.
3. Consultation and Program Evaluation: \$2,500 – Program criteria consultation and final reporting of outcomes.

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-Loan Forgiveness Programs - 22

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds			\$4,914,800	\$4,914,800
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$4,914,800	\$4,914,800
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: WET-Loan Forgiveness Programs - 22

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$4,914,800	\$4,914,800

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

Justification: Tuition Reimbursement

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

WET NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

Program Number/Name: 22 – Loan Forgiveness Program

Date: September 8, 2010

EXPENDITURES

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

All services will be delivered by a contract provider.

Loan Forgiveness Program - \$819,133 Annually

1. Administrative Costs: \$122,870 – Estimated allocation for administrative overhead.
2. Loan Payments: \$696,263 – Approximately 70 awards will be distributed. Average amount will be approximately \$10,000. Awards will be distributed with a contractual obligation to work for one year in a hard to fill area of the County.

County: Los Angeles

Date: 6/14/2010

Program/Project Name and #: Integrated Behavioral Health Information System LA-03

Existing Project

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel	\$14,109,595			\$14,109,595
2. Hardware	\$288,000			\$288,000
3. Software	\$123,600			\$123,600
4. Contract Services	\$4,599,097			\$4,599,097
5. Other Expenditures*	\$0			\$0
6. Total Proposed Expenditures	\$19,120,292	\$0	\$0	\$19,120,292
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 6/14/2010

Program/Project Name and #: Integrated Behavioral Health Information System LA-03

Existing Project

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$19,120,292	\$0	\$0	\$19,120,292

Excludes \$3,194,091 of Administrative Cost

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Gordon Bunch

Telephone Number: (213) 251-6413

County: Los Angeles

Date: 6/14/2010

Program/Project Name and #: Contract Provider Technology Project LA-04

Existing Project

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel	\$0			\$0
2. Hardware	\$0			\$0
3. Software	\$0			\$0
4. Contract Services	\$0			\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 6/14/2010

Program/Project Name and #: Contract Provider Technology Project LA-04

Existing Project

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$0	\$0

Excludes \$1,977,472 of Administrative Cost

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Gordon Bunch

Telephone Number: (213) 251-6413

County: Los Angeles

Date: 6/14/2010

Program/Project Name and #: Consumer/Family Access To Computer Resources LA-05

Existing Project

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel	\$0			\$0
2. Hardware	\$0	\$250,000		\$250,000
3. Software	\$0	\$50,000		\$50,000
4. Contract Services	\$0	\$1,813,158		\$1,813,158
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$2,113,158	\$0	\$2,113,158
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 6/14/2010

Program/Project Name and #: Consumer/Family Access To Computer Resources LA-05

Existing Project

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$2,113,158	\$0	\$2,113,158

Excludes \$351,562 of Administrative Cost

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Gordon Bunch

Telephone Number: (213) 251-6413

County: Los Angeles

Date: 6/14/2010

Program/Project Name and #: Personal Health Record Awareness and Educator LA-06

Existing Project

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel	\$0	\$0		\$0
2. Hardware	\$0	\$0		\$0
3. Software	\$0	\$0		\$0
4. Contract Services	\$0	\$115,000		\$115,000
5. Other Expenditures*		\$0		\$0
6. Total Proposed Expenditures	\$0	\$115,000	\$0	\$115,000
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 6/14/2010

Program/Project Name and #: Personal Health Record Awareness and Educator LA-06

Existing Project

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$115,000	\$0	\$115,000

Excludes \$18,421 of Administrative Cost

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Gordon Bunch

Telephone Number: (213) 251-6413

County: Los Angeles

Date: 6/14/2010

Program/Project Name and #: Data Warehouse Redesign LA-07

Existing Project

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel	\$0	\$979,851		\$979,851
2. Hardware	\$0	\$120,000		\$120,000
3. Software	\$0	\$60,000		\$60,000
4. Contract Services	\$0	\$125,000		\$125,000
5. Other Expenditures*		\$0		\$0
6. Total Proposed Expenditures	\$0	\$1,284,851	\$0	\$1,284,851
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 6/14/2010

Program/Project Name and #: Data Warehouse Redesign LA-07

Existing Project

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$1,284,851	\$0	\$1,284,851

Excludes \$201,447 of Administrative Cost

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Gordon Bunch

Telephone Number: (213) 251-6413

County: Los Angeles

Date: 6/14/2010

Program/Project Name and #: Telepsychiatry Implementation New Project

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel	\$0			\$0
2. Hardware	\$0			\$0
3. Software	\$88,959			\$88,959
4. Contract Services	\$95,712			\$95,712
5. Other Expenditures*	\$0			\$0
6. Total Proposed Expenditures	\$184,671	\$0	\$0	\$184,671
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 6/14/2010

Program/Project Name and #: Telepsychiatry Implementation New Project

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$184,671	\$0	\$0	\$184,671

Excludes \$15,621 of Administrative Cost

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Gordon Bunch

Telephone Number: (213) 251-6413

**Enclosure 3
Exhibit 4
Budget Summary
For Technological Needs Project Proposal**

County Name: Los Angeles

Project Name: Integrated Behavior Health Information System (LA-03) Existing Project

(List Dollars in Thousands)

Category	(1) 08/09	(2) 09/10	(3) 10/11	(4) Future Years	(5) Total One-time Costs (1+2+3+4)	(6) Estimated Annual Ongoing Costs*
Personnel			5,031,293	9,078,302	14,109,595	
Total Staff (Salaries and Benefits)			5,031,293	9,078,302		
Hardware			288,000	0	288,000	
From Exhibit 2						
Total Hardware			288,000	0	288,000	
Software			123,600	0	123,600	
From Exhibit 2						
Total Software			123,600	0	123,600	
Contract Services (list services to be provided)						
See budget justification for list			3,074,308	1,524,789	4,599,097	
Total Contract Services			3,074,308	1,524,789	4,599,097	
Administrative Overhead			1,146,644	2,047,447	3,194,091	
Other Expenses (Describe)			0	0	0	
Total Costs (A)			9,663,845	12,650,538	22,314,383	
Total Offsetting Revenues (B) **						
MHSA Funding Requirements (A-B)			9,663,845	12,650,538	22,314,383	

* Annual Costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.

** For Projects providing services to Multiple-Program Clients (e.g., Mental Health and Alcohol and Drug Program clients), Attach a Description of Estimated Benefits and Project Costs allocated to Each Program.

Notes:

Integrated Behavior Health Information System - Budget Justification FY 10 - 11

Personnel: \$5,031,293

Personnel costs include 26 information technology positions and 3 clerical positions. Most positions are budgeted at 1.0 full time equivalent and costs include employee benefits. Information technology positions include:

- 6 Information Systems Analyst II
- 2 Information Systems Manager I
- 3 Information Technology Specialist I
- 8 IT Technical Support Analyst II
- 1 Operation Systems Analyst
- 2 Principal Application Developers
- 6 Principal Information Systems Analysts
- 1 Principal Operating systems Analyst
- 1 Principal network Systems Administrator
- 1 Senior Application Developer
- 8 Senior Information Systems Analysts
- 1 Senior IT Technical Support Analyst
- 4 Operating Systems Analysts

Clerical Positions Include:

- 2 Senior Secretary III
- 1 Senior Typist Clerk

Hardware: \$288,000

These costs include desktop computers for providers of MHSA services at DMH clinics including wiring and where necessary and wireless access points where that technology is to be used.

Software: \$123,600

Funding will support the cost of interface engine software (\$123,600).

Contract Services: \$3,074,308

These costs include IBHIS vendor costs, software maintenance, hardware maintenance, ISD midrange computing costs and IBHIS operating costs, Interface Engine training, Pharmacy Integration, and Credentialing Integration.

Administrative Overhead: \$1,146,644

Total Budget (FY 10-11): \$9,663,845

Integrated Behavior Health Information System - Budget Justification, Future Years (FY 11-12 through FY 12-13)

Personnel: \$9,078,302

Personnel costs include 26 information technology positions and 3 clerical positions. Most positions are budgeted at 1.0 full time equivalent and costs include employee benefits. Information technology positions include:

- 6 Information Systems Analyst II
- 2 Information Systems Manager I
- 3 Information Technology Specialist I
- 8 IT Technical Support Analyst II
- 1 Operation Systems Analyst

2 Principal Application Developers
6 Principal Information Systems Analysts
1 Principal Operating systems Analyst
1 Principal network Systems Administrator
1 Senior Application Developer
8 Senior Information Systems Analysts
1 Senior IT Technical Support Analyst
4 Operating Systems Analysts

Clerical Positions Include:

2 Senior Secretary III
1 Senior Typist Clerk

Contract Services: \$1,524,789

These costs include IBHIS custom programming and configuration costs, EDI implementation support for contract providers and other system integrations, hardware maintenance, and ISD midrange computing costs and IBHIS operating costs.

Administrative Overhead: \$2,047,447

Total Budget (Future Years): \$12,650,538

Grand Total Direct Cost (All Years):	\$19,120,292 [Reference Exhibit F]
Grand Total Administrative Cost (All Years):	\$ 3,194,091
Grand Total	\$ 22,314,383 [Reference Exhibit 4 Budget Summary]

Enclosure 3
Exhibit 4

Budget Summary

For Technological Needs Project Proposal

County Name: Los Angeles

Project Name: Contract Provider Technology Project (LA-04) Existing Project

(List Dollars in Thousands)

Category	(1) 08/09	(2) 09/10	(3) 10/11	(4) Future Years	(5) Total One-time Costs (1+2+3+4)	(6) Estimated Annual Ongoing
Personnel			0	0	0	
Total Staff (Salaries and Benefits)			0	0		
Hardware			0	0	0	
From Exhibit 2						
Total Hardware			0	0	0	
Software			0	0	0	
From Exhibit 2						
Total Software			0	0	0	
Contract Services (list services to be provided)			0	0	0	
Total Contract Services			0	0	0	
Administrative Overhead			781,313	1,196,159	1,977,472	
Other Expenses (Describe)						
Total Costs (A)			781,313	1,196,159	1,977,472	
Total Offsetting Revenues (B) **						
MHSA Funding Requirements (A-B)			781,313	1,196,159	1,977,472	

* Annual Costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.

** For Projects providing services to Multiple-Program Clients (e.g., Mental Health and Alcohol and Drug Program clients), Attach a Description of Estimated Benefits and Project Costs allocated to Each Program.

Notes:**Contract Provider Technology Project - Budget Justification FY 10 - 11****Administrative Overhead: \$781,313**

Administrative overhead costs support the CPTP Unit staff which consists of one Information Technology Specialist I, two Senior Information Systems Analysts, and one Administrative Assistant II. Additionally administrative overhead supports other support staff whose efforts on the project are part-time.

Total Budget (FY 10-11): \$781,313**Contract Provider Technology Project - Budget Justification, Future Years (FY 11-12 through FY 12-13*)****Administrative Overhead: \$1,196,159****Total Budget (FY 10-11): \$1,196,159**

Grand Total Direct Cost (All Years):	\$0	[Reference Exhibit F]
Grand Total Administrative Cost (All Years)	\$1,977,472	
Grand Total	\$1,977,472	[Reference Exhibit 4 Budget Summary]

**Enclosure 3
Exhibit 4**

Budget Summary

For Technological Needs Project Proposal

County Name: Los Angeles

Project Name: Consumer/Family Access to Computer Resources Project (LA-05) Existing Project

(List Dollars in Thousands)

Category	(1) 08/09	(2) 09/10	(3) 10/11	(4) Future Years	(5) Total One-time Costs (1+2+3+4)	(6) Estimated Annual Ongoing
Personnel			0	0	0	
Total Staff (Salaries and Benefits)			0	0		
Hardware			150,000	100,000	250,000	
From Exhibit 2						
Total Hardware			150,000	100,000	250,000	
Software			20,000	30,000	50,000	
From Exhibit 2						
Total Software			20,000	30,000	50,000	
Contract Services (list services to be provided)			750,000	1,063,158	1,813,158	
See budget justification for list						
Total Contract Services			750,000	1,063,158	1,813,158	
Administrative Overhead			169,279	182,282	351,561	
Other Expenses (Describe)			0	0	0	
Total Costs (A)			1,089,279	1,375,440	2,464,719	
Total Offsetting Revenues (B) **						
MHSA Funding Requirements (A-B)			1,089,279	1,375,440	2,464,719	

* Annual Costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.

** For Projects providing services to Multiple-Program Clients (e.g., Mental Health and Alcohol and Drug Program clients), Attach a Description of Estimated Benefits and Project Costs allocated to Each Program.

Notes:**Consumer/Family Access To Computer Resources Project - Budget Justification FY 10 - 11****Hardware: \$150,000**

Funds will support the purchase of desktop computers and other peripheral devices as needed to set up computer workstations dedicated for consumer/family use at designated locations. Hardware will be purchased intermittently to support a phased implementation approach.

Software: \$20,000

Funds will support software license costs for various software programs for consumer/family use. Software will be purchased intermittently to support a phase implementation approach.

Contract Services: \$750,000

Funds will be used to support vendor services to manage the deployment of consumer/family computer resources, conduct computer trainings, and manage ongoing operations of the consumer/family resource project.

Administrative Overhead: \$169,279

Administrative overhead costs support the Project Manager and other part-time support staff.

Total Budget (FY 10-11): \$1,089,279**Consumer/Family Access To Computer Resources Project - Budget Justification, Future Years (FY 11-12 through FY 12-13)****Hardware: \$100,000**

Funds will support the purchase of desktop computers and other peripheral devices as needed to set up computer workstations dedicated for consumer/family use at designated locations. Hardware will be purchased intermittently to support a phased implementation approach.

Software: \$30,000

Funds will support software license costs for various software programs for consumer/family use. Software will be purchased intermittently to support a phase implementation approach.

Contract Services: \$1,063,158

Funds will be used to support vendor services to manage the deployment of consumer/family computer resources, conduct computer trainings, and manage ongoing operations of the consumer/family resource project.

Administrative Overhead: \$182,282

Administrative overhead costs support the Project Manager and other part-time support staff.

Total Budget (Future Years): \$1,375,440

Grand Total Direct Cost (All Years):	\$2,113,158	[Reference Exhibit F]
Grand Total Administrative Cost (All Years):	\$ 351,561	
Grand Total	\$2,464,719	[Reference Exhibit 4 Budget Summary]

**Enclosure 3
Exhibit 4**

Budget Summary

For Technological Needs Project Proposal

County Name: Los Angeles

Project Name: Personal Health Record Awareness and Education Project (LA-06) Existing Project

(List Dollars in Thousands)

Category	(1) 08/09	(2) 09/10	(3) 10/11	(4) Future Years	(5) Total One-time Costs (1+2+3+4)	(6) Estimated Annual Ongoing
Personnel			0	0	0	
Total Staff (Salaries and Benefits)			0	0		
Hardware			0	0	0	
From Exhibit 2						
Total Hardware			0	0	0	
Software			0	0	0	
From Exhibit 2						
Total Software			0	0	0	
Contract Services (list services to be provided)			115,000	0	115,000	
See budget justification for list						
Total Contract Services			115,000	0	115,000	
Administrative Overhead			18,421	0	18,421	
Other Expenses (Describe)			0	0	0	
Total Costs (A)			133,421	0	133,421	
Total Offsetting Revenues (B) **						
MHSA Funding Requirements (A-B)			133,421	0	133,421	

* Annual Costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.

** For Projects providing services to Multiple-Program Clients (e.g., Mental Health and Alcohol and Drug Program clients), Attach a Description of Estimated Benefits and Project Costs allocated to Each Program.

Notes:

Personal Health Record Awareness and Education Project - Budget Justification FY 10 - 11

Contract Services: \$115,000

Funds will be used to support the remainder (\$115,000) of the PHR Awareness and Education consultant engagement which is budgeted at \$500,000 for the term of the engagement. Funds for the initial term of the engagement were awarded in the FY 09-10 period in the amount of \$385,000.

LAC-DMH, CIOB and the Empowerment and Advocacy Division including the Consumer Office of Recovery and Empowerment and the Office of the Family Advocate will collaborate in the development of the scope of work and selection of the consultant. The consultant will develop written and online PHR awareness and education materials. Online materials will include both written and video content. Content will be developed with two specific target audiences, consumer/family and the mental health services provider.

Administrative Overhead: \$18,421

Administrative overhead costs support part-time project management resources.

Total Budget (FY 10-11): \$133,421

Grand Total Direct Cost (All Years):	\$115,000	[Reference Exhibit F]
Grand Total Administrative Cost (All Years):	\$ 18,421	
Grand Total	\$133,421	[Reference Exhibit 4 Budget Summary]

Enclosure 3
Exhibit 4

Budget Summary

For Technological Needs Project Proposal

County Name: Los Angeles

Project Name: Data Warehouse Redesign (LA-07) Existing Project

(List Dollars in Thousands)

Category	(1) 08/09	(2) 09/10	(3) 10/11	(4) Future Years	(5) Total One-time Costs (1+2+3+4)	(6) Estimated Annual Ongoing Costs*
Personnel			339,482	640,369	979,851	
Total Staff (Salaries and Benefits)			339,482	640,369		
Hardware			40,000	80,000	120,000	
From Exhibit 2						
Total Hardware			40,000	80,000	120,000	
Software			20,000	40,000	60,000	
From Exhibit 2						
Total Software			20,000	40,000	60,000	
Contract Services (list services to be provided)						
See budget justification for list			125,000	0	125,000	
Total Contract Services			125,000	0	125,000	
Administrative Overhead			76,728	124,719	201,447	
Other Expenses (Describe)			0	0	0	
Total Costs (A)			601,210	885,088	1,486,298	
Total Offsetting Revenues (B) **						
MHSA Funding Requirements (A-B)			601,210	885,088	1,486,298	

* Annual Costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.

** For Projects providing services to Multiple-Program Clients (e.g., Mental Health and Alcohol and Drug Program clients), Attach a Description of Estimated Benefits and Project Costs allocated to Each Program.

Notes:

Data Warehouse Redesign - Budget Justification FY 10 - 11

Personnel: \$339,482

Personnel costs include 2 full-time information technology positions and 3 part-time information technology positions.

Full-Time Positions:

1 Information Technology Specialist I

The Information Technology Specialist I will serve as the Project Manager. This position will work closely with the Data Warehouse consultant to evaluate the current structure of the existing data warehouse and develop the framework for the re-designed data warehouse. The Information Technology Specialist I will chair a Data Standards Committee comprised of subject matter experts within the LAC-DMH enterprise to review current data systems to develop and document data standards and new reporting requirements. This position will supervise the Information Systems Analyst II.

1 Information Systems Analyst II

In the first year of this project, the ISA-II will provide administrative support to the Data Standards Committee, assist the Project Manager with management of the consultant engagement, and document data requirements and data standards for the re-designed data warehouse. In the second year of this project, the ISA-II will provide technical support functions to implement the new data warehouse architecture.

Part-Time Positions:

1 Information Technology Specialist I (30%)

This position will function as the lead for business intelligence and reporting and serve as a technical advisor to the project on data standards and available software tools to support the project. This position will assist the consultant's evaluation of the existing data warehouse architecture and current enterprise data reporting requirements. Additionally, this position will serve as Co-chair of the Data Standards Committee.

1 Information Technology Manager III (20%)

This position is the Associate Chief Information Officer and will work closely with the Data Warehouse Project Manager to ensure appropriate integration of the Data Warehouse Project with the Integrated Behavioral Health System Project and other current and future projects in the DMH-CIOB project portfolio that will need to interface with the new Data Warehouse.

1 Information Systems Manager I (10%)

This position will provide technical oversight of the project and work closely with the Project Manager and the Data Warehouse design consultant to ensure appropriate integration of data sources, and review design specifications. This position will work closely with the Data Warehouse design consultant to ensure that the data warehouse design efficiently and effectively integrates with existing data systems and planned network systems architecture.

Hardware: \$40,000

Funds will support annual hardware maintenance costs associated with production and back-up servers.

Software: \$20,000

Funds will support annual software maintenance costs associated with production and back-up servers.

Contract Services: \$125,000

Funds will support the second year of a two-year data warehouse design consultant. The consultant will serve as the principal architect of the redesigned data warehouse.

Administrative Cost: \$76,728

Total Budget (FY 10-11): \$601,210

Data Warehouse Redesign - Budget Justification, Future Years (FY 11-12 through FY 12-13)

Personnel: \$640,369

Personnel costs and roles will be consistent with those described in FY 10-11 with one exception. The Information Systems Manager III will be reduced to (0.15) FTE for the FY 11-12 and FY 12-13 budget period.

Hardware: \$80,000

Funds will support annual hardware maintenance costs associated with production and back-up servers for a period of two years at \$40,000 per year.

Software: \$40,000

Funds will support annual software maintenance costs associated with production and back-up servers for a period of two years at \$20,000 per year.

Administrative Cost: \$124,719

Total Budget (Future Years): \$885,088

Grand Total Direct Cost (All Years):	\$1,284,851	[Reference Exhibit F]
Grand Total Administrative Cost (All Years):	\$ 201,447	
Grand Total	\$1,486,298	[Reference Exhibit 4 Budget Summary]

Enclosure 3
Exhibit 4

Budget Summary

For Technological Needs Project Proposal

County Name: Los Angeles

Project Name: Telepsychiatry Implementation - New Project (Replacing LA-08)

(List Dollars in Thousands)

Category	(1) 08/09	(2) 09/10	(3) 10/11	(4) Future Years	(5) Total One-time Costs (1+2+3+4)	(6) Estimated Annual Ongoing Costs*
Personnel			0	0	0	
Total Staff (Salaries and Benefits)			0	0		
Hardware			0	0	0	
From Exhibit 2						
Total Hardware			0	0	0	
Software			0	88,959	88,959	
From Exhibit 2						
Total Software			0	88,959	88,959	
Contract Services (list services to be provided)						
See budget justification for list			0	95,712	95,712	
Total Contract Services			0	95,712	95,712	
Administrative Overhead			0	15,621	15,621	
Other Expenses (Describe)			0	0	0	
Total Costs (A)			0	200,292	200,292	
Total Offsetting Revenues (B) **						
MHSA Funding Requirements (A-B)			0	200,292	200,292	

* Annual Costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.

** For Projects providing services to Multiple-Program Clients (e.g., Mental Health and Alcohol and Drug Program clients), Attach a Description of Estimated Benefits and Project Costs allocated to Each Program.

Notes:

Telepsychiatry Implementation - Budget Justification FY 10 - 11

Hardware \$138,136

Teleconferencing equipment will be purchased to allow psychiatrists to evaluate and interview clients with audio and visual interaction, improving accuracy of diagnoses and treatment plan development in collaboration with the client, thereby further improving treatment plan and medication adherence. Proposed standard equipment includes a 37.5 inch monitor configured with integrated audio-video capability and mobile cart, at an estimated cost of \$16,000 for each of eight (8) service sites, for a one-time total cost of \$128,000 in Fiscal Year One (FY 10-11).

It is anticipated that the County's existing wide area network (WAN) will require an initial upgrade to T1 bandwidth to allow real-time streaming of the audio and visual transmission between the provider and client sites. The upgrade is estimated to cost \$1,267 per site, for a one-time cost of \$10,163 in Fiscal Year One (FY 10-11).

Software \$45,984

Teleconferencing software will be purchased and licensed through the County's Internal Services Department (ISD) for eight (8) sites at a cost of \$479 per site per month. The annual cost is estimated to be \$45,984 for eight (8) sites.

Contract Services \$147,856

Telepsychiatric Consultant: A telepsychiatric services consultant with implementation expertise will be engaged to research national best practices in the use of telepsychiatry. The consultant will advise in the development of practitioner training materials, policies and procedures, advise on clinical issues identified during initial implementation, and document any operational or policy issues that may need to be resolved. Cost for the consultant will be a one-time cost of \$100,000 in Fiscal Year One (FY 10-11).

WAN/T1 Costs: Recurring operating costs will include provision of WAN/T1 services between the eight (8) service sites. The estimated cost of WAN/T1 services to two (2) mental health centers in Northern Los Angeles County is \$746 per site per month (\$8,952 per year). The estimated cost of WAN/T1 services to six (6) centers in urban and suburban underserved locations is \$416 per site per month (\$4,992 per year). The estimated annual cost is therefore \$47,856 for eight (8) sites.

Administrative Overhead: \$27,629

Total Budget (FY 10-11): \$359,605

Budget Adjustment* (\$362,614) [Funds awarded for Project #LA-08 for 09/10 budget period]

Total Budget (FY 10-11): \$00.00

Telepsychiatry Implementation - Budget Justification, Future Years (FY 11-12 through FY 12-13)

Software \$88,959

The annual cost is estimated to be \$45,984 for eight (8) sites, or a combined total of \$91,968 for fiscal years 11-12 and 12-13. Software costs are adjusted by \$3,009 due to remainder of funds awarded for Project #LA-08 that were not calculated in the fiscal year 10-11 budget adjustment above.*

Contract Services \$95,712

Recurring operating costs will include provision of WAN/T1 services between the eight (8) service sites. The estimated cost of WAN/T1 services to two (2) mental health centers in Northern Los Angeles County is \$746 per site per month (\$8,952 per year). The estimated cost of WAN/T1 services to six (6) centers in urban and suburban underserved locations is \$416 per site per month (\$4,992 per year). The estimated annual cost is therefore \$47,856 for eight (8) sites, or \$95,712 for fiscal years 11-12 and 12-13.

Administrative Overhead: \$15,621

Administrative overhead is estimated at \$7,810.50 annually in the remaining two years of this three-year project for a total of \$15,621 for fiscal years 11-12 and 12-13.

Total Budget (Future Years): \$200,292

Grand Total Direct Cost (All Years):	\$184,671	[Reference Exhibit F]
Grand Total Administrative Cost (All Years):	\$ 15,621	
Grand Total	\$200,292	[Reference Exhibit 4 Budget Summary]

COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W.
Director

ROBIN KAY, Ph.D.
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director



BOARD OF SUPERVISORS
GLORIA MOLINA
MARK RIDLEY-THOMAS
ZEV YAROSLAVSKY
DON KNABE
MICHAEL D. ANTONOVICH

DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.gov>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: Gordon Bunch (213) 251-6413
Email: GBunch@dmh.lacounty.gov

August 9, 2010

TO: Gina Gonzales
California Department of Mental Health
Information Technology – MHSA Services Unit
1600 9th Street – Room
Sacramento, CA 95814

FROM: Robert Greenless, Ph.D. 
Los Angeles County Department of Mental Health
Chief Information Office Bureau
695 South Vermont Avenue – 7th Floor
Los Angeles, CA 90005

SUBJECT: MHSA TECHNOLOGICAL NEEDS PLAN – REQUEST FOR REMAINDER OF APPROVED PLAN FUNDS NOT PREVIOUSLY DISTRIBUTED

Within the Fiscal Year 10-11 Annual Plan, Los Angeles County Department of Mental Health (LAC-DMH) is requesting the remainder of approved MHSA Technological Needs Plan (IT-Plan) funds in the amount of \$28,576,585. Fully securing the entire approved IT-Plan amount should be beneficial to LAC-DMH in obtaining local Board of Supervisor (Board) approval of the Integrated Behavioral Health Information System vendor later this fiscal year. It is expected that the Board will be more comfortable approving a long-term contract with an electronic health record vendor if LAC-DMH can demonstrate receipt of all approved IT-Plan funds.

Your consideration of this request is greatly appreciated.

RG:GB

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: INN-Integrated Clinic Model

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures* (Tuition Reimbursement)				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: INN-Integrated Clinic Model

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures			\$11,587,687	\$11,587,687
4. Training Consultant Contracts			\$1,287,521	\$1,287,521
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$12,875,208	\$12,875,208
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)			\$1,063,091	\$1,063,091
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$1,063,091	\$1,063,091
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$11,812,117	\$11,812,117

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

INN NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

Program Number/Name: INN – Integrated Clinic Model

Date: September 3, 2010

EXPENDITURES

**A. Expenditures
Innovation (INN)**

Community Mental Health Contract Providers

3. Non-recurring expenditures– these dollars (\$11,587,687) will be used to support the model by funding a service provider management team, staffing, services, administrative structure and client flow.

4. Training Consultant Contracts will be \$1,287,521.

7. The total proposed expenditures are \$12,875,208 for community mental health contract providers.

B. Revenues

Community Mental Health Contract Providers

1. New Revenues include Medi-Cal(\$1,063,091)

2. Total Revenues is **\$1,063,091**

C. Total Funding Requested is \$11,812,117.

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: INN-Integrated Mobil Health Team Model

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures* (Tuition Reimbursement)				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: INN-Integrated Mobil Health Team Model

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures			\$13,779,619	\$13,779,619
4. Training Consultant Contracts			\$1,531,069	\$1,531,069
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$15,310,688	\$15,310,688
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)			\$2,167,418	\$2,167,418
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$2,167,418	\$2,167,418
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$13,143,270	\$13,143,270

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

INN NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

Program Number/Name: INN – Integrated Mobil Health Team Model

Date: September 3, 2010

EXPENDITURES

**A. Expenditures
Innovation (INN)**

Community Mental Health Contract Providers

3. Non-recurring expenditures– these dollars, (\$13,779,619) will be used to fund County contracted mobile, multi-disciplinary teams.

4. Training Consultant Contracts will be \$1,531,069.

7. The total proposed expenditures are \$15,310,688 for community mental health contract providers.

B. Revenues

Community Mental Health Contract Providers

1. New Revenues include Medi-Cal(\$2,167,418)

2. Total Revenues is **\$2,167,418**

C. Total Funding Requested is \$13,143,270.

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: INN-Community-Designed Integrated Services Management Model (ISM)

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures* (Tuition Reimbursement)				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: INN-Community-Designed Integrated Services Management Model (ISM)

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures			\$23,361,415	\$23,361,415
4. Training Consultant Contracts			\$2,595,713	\$2,595,713
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$25,957,128	\$25,957,128
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$25,957,128	\$25,957,128

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

2010/11 ANNUAL UPDATE

INN NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

Program Number/Name: INN – Community Designed Integrated Services Management Model

Date: September 3, 2010

EXPENDITURES

**A. Expenditures
Innovation (INN)**

Community Mental Health Contract Providers

3. Non-recurring expenditures– these dollars (\$23,361,415) will be used to support the holistic model of care.

4. Training Consultant Contracts will be \$2,595,713.

7. The total proposed expenditures are \$25,957,128 for community mental health contract providers.

C. Total Funding Requested is \$25,957,128.

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: INN-Integrated Peer-Run Model

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures* (Tuition Reimbursement)				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Los Angeles

Date: 8/10/2010

Program/Project Name and #: INN-Integrated Peer-Run Model

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures			\$7,111,608	\$7,111,608
4. Training Consultant Contracts			\$790,179	\$790,179
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$7,901,787	\$7,901,787
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$7,901,787	\$7,901,787

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Debbie Innes-Gomberg

Telephone Number: 213-251-6817

INN NEW PROGRAM BUDGET NARRATIVE

County: Los Angeles

Program Number/Name: INN – Peer Run Model

Date: September 3, 2010

EXPENDITURES

**A. Expenditures
Innovation (INN)**

Community Mental Health Contract Providers

3. Non-recurring expenditures– these dollars (\$7,111,608) will be used to support peer staffing, and the administrative and supervision of peers.

4. Training Consultant Contracts will be \$790,179.

7. The total proposed expenditures are **\$7,901,787** for community mental health contract providers.

C. Total Funding Requested is \$7,901,787.

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: A-04 Adult Housing Services

Date: September 2, 2010

Check boxes that apply:

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

CSS Only

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

NEW PROGRAMS ONLY

CSS and WET

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

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

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

This is technically considered a new program because of the decrease in funding by 23%. The decrease in funding is the result of eliminating the Safe Havens program. Temporary shelter services will continue to be provided to unserved male and female adults with a mental illness as a means to engage them in the mental health system.

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

The proposed program maintains a commitment to recovery and wellness. Establishing safe and permanent housing contributes greatly to recovery. This program reflects a commitment to the conviction that recovery is possible, encourages individuals to share responsibility to support one another; and provides meaningful and appropriate support to individuals and families every step along the pathway to recovery and wellness.

CSS Only

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

The target population is unserved male and female adults with a mental illness seeking temporary, transitional and permanent housing.

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

Adult housing services include administrative oversight of housing specialists who not only provide housing services for homeless individuals and families, but also for those living in institutional settings, Sober Living Homes and other community placements that seek to live in a more independent living situation.

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

N/A

CSS and WET NEW PROGRAM DESCRIPTION

--

WET Only
1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.
N/A
CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)
1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.
<p>Temporary shelter services will be provided to unserved male and female adults with a mental illness as a means to engage them in the mental health system. The services provided will include a safe and clean place to live, general oversight on a 24-hour basis, three meals each day, appropriate clothing, showers, access to laundry facilities, linens and toiletries. Once these individuals are engaged in the mental health system, additional supports and services, including housing services, can be provided that will assist these individuals to achieve their goals of wellness and recovery.</p> <p>The funding allocated to Adult Housing Services programs countywide decreased by 23%. The decrease in funding is the result of eliminating the Safe Havens program.</p>
2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.
<p>The decrease in funding is 23% and a result of eliminating Safe Havens that provide a safe environment for chronically homeless individuals with mental illness and possible co-occurring substance abuse disorder to seek refuge. The Los Angeles County Department of Mental Health (LACDMH) has been unable to find a qualified contractor. The Department issued a Request For Proposals (RFP) on July 17, 2007 to identify a qualified contractor to provide Safe Haven services. LACDMH received only one (1) response to the RFP. The respondent was not qualified to provide Safe Haven services. Stakeholders were provided an opportunity to participate in the decision.</p>

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: A-06 Adult FCCS

Date: September 2, 2010

Check boxes that apply:

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

CSS Only

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

NEW PROGRAMS ONLY

CSS and WET

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

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

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

This program is considered a new program because it has expanded in funding by 53%. This only reflects a change in the funding allocated and an increase in the number of clients served and not any change to the service package or provider expectations.

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

FCCS are field based services that provide opportunities for engagement and allow for services to be provided in a natural, community-based setting which contributes to the recovery and wellness. FCCS programs provide specialized mental health services delivered by a team of professional and Para-professional staff. The focus of FCCS is working with community partners to provide a wide range of services that meet individual needs. The FCCS program is designed to provide services to individuals who are isolated, unwilling or unable to access traditional mental health outpatient services due to location/distance barriers, physical disabilities, or because of the stigma associated with receiving clinic-based services.

CSS Only

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

No changes were made to the target population for Adult FCCS.

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

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

CSS and WET NEW PROGRAM DESCRIPTION

<ul style="list-style-type: none"> • Have experienced trauma or are currently in abusive relationships • Are at serious risk of suicide • Have co-occurring substance abuse, developmental, medical or cognitive disorder • Are isolated or homebound perhaps cared for by an aging parent
<p>2. Describe the County’s capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).</p>
<p>LA County has the capacity and will serve the projected number of clients.</p>
<p>3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.</p>
<p>N/A</p>

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

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: C-05 Child FCCS

Date: August 9, 2010

Check boxes that apply:

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

CSS Only

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

NEW PROGRAMS ONLY

CSS and WET

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

Children's Field Capable Clinical Services (FCCS) program provides an array of resiliency-oriented, field-based and engagement-focused mental health services to children and families. Children's FCCS programs provide specialized mental health services delivered by a team of professional and Para-professional staff. The focus of FCCS is working with community partners to provide a wide range of services that meet individual needs. The program is designed to provide services to individuals who are isolated, unwilling or unable to access traditional mental health outpatient services due to location/distance barriers, physical disabilities, or because of the stigma associated with receiving clinic-based services.

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

This program is considered a new program because it has expanded in funding by 83%. This only reflects a change in the funding allocated and an increase in the number of clients served and not any change to the service package or provider expectations.

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

FCCS are field based services that provide opportunities for engagement and allow for services to be provided in a natural, community-based setting which contributes to the client's resiliency and wellness. FCCS are responsive and appropriate to the cultural and linguistic needs of the children/youth and their families and are supported by promising and/or evidence-based practice, wherever and whenever possible.

CSS Only

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

No changes were made to the target population for children's FCCS.

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

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

CSS and WET NEW PROGRAM DESCRIPTION

<p>2. Describe the County’s capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).</p> <p>LA County has the capacity and will serve the projected number of clients. Providers will utilize field-based outreach and engagement strategies to serve the projected number of clients.</p>
<p>3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.</p> <p>N/A</p>

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

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: T-05 TAY FCCS

Date: September 2, 2010

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

CSS Only

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

NEW PROGRAMS ONLY

CSS and WET

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

The Transitional Age Youth Field Capable Clinical Services (FCCS) program provides an array of resiliency-oriented, field-based and engagement-focused mental health services to transition age youth and their families. The TAY FCCS program provides specialized mental health services delivered by a team of professional and Para-professional staff. The focus of FCCS is working with community partners to provide a wide range of services that meet individual needs. The TAY FCCS program is designed to provide services to individuals who are isolated, unwilling or unable to access traditional mental health outpatient services due to location/distance barriers, physical disabilities, or because of the stigma associated with receiving clinic-based services.

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

This program is considered a new program because it has expanded in funding by 89%. This only reflects a change in the funding allocated and an increase in the number of clients served and not any change to the service package or provider expectations.

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

FCCS are field based services that provide opportunities for engagement and allow for services to be provided in a natural, community-based setting which contributes to the recovery and wellness. FCCS programs provide specialized mental health services delivered by a team of professional and Para-professional staff. The focus of FCCS is working with community partners to provide a wide range of services that meet individual needs. The FCCS program is designed to provide services to individuals who are isolated, unwilling or unable to access traditional mental health outpatient services due to location/distance barriers, physical disabilities, or because of the stigma associated with receiving clinic-based services.

CSS Only

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

No changes were made to the target population for transition age youth's FCCS.

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

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

CSS and WET NEW PROGRAM DESCRIPTION

<p>2. Describe the County’s capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).</p>
<p>Providers were given an opportunity to transform less effective, realignment funded programs to FCCS, resulting in an 89% increase in funding for transition age youth’s FCCS countywide. This only reflects a change in the funding allocated and an increase in the number of clients served and not any change to the service package or provider expectations. LA County has the capacity and will serve the projected number of clients.</p>
<p>3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.</p>
<p>N/A</p>

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

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

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

Date: August 9, 2010

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

CSS Only

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

NEW PROGRAMS ONLY

CSS and WET

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

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

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

This program is considered a new program because it has expanded in funding by 37%. This only reflects a change in the funding allocated and an increase in the number of clients served and not any change to the service package or provider expectations.

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

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

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

CSS Only

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

No changes were made to the target population for the Service Area Navigators. The population to be served are mental health consumers, families and the community at large within each service area that are seeking information on mental health services.

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

CSS and WET NEW PROGRAM DESCRIPTION

Code § 5847).
Navigators will focus on community resource development and provider network building as well as assist providers to create client flow through services, thereby increasing capacity.
3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.
N/A

WET Only
1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.
N/A

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

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: 3 – Transformation Academy Without Walls

Date: September 8, 2010

Check boxes that apply:

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

CSS Only

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

NEW PROGRAMS ONLY

CSS and WET

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

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

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

Objectives:

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

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

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

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

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

CSS Only

CSS and WET NEW PROGRAM DESCRIPTION

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

CSS and WET NEW PROGRAM DESCRIPTION

WET Only

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

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

Public Mental Health workforce Immersion to MHSA will be delivered to 120 participants.
 Licensure Workshops will be delivered to 280 participants.

A. Public Mental Health Workforce Immersion to MHSA	
Administrative Costs*	\$ 22,500
Training Services	76,400
Duplication of Materials	3,600
Consultation and Program Evaluation	10,000
B. Licensure Workshops	
Administrative Costs*	19,837
Training Curriculum Development (For MSWs, MFTs, and Psychologists)	9,000
Training Services (Specific to each discipline)	56,948
Duplication of Materials	8,400
Consultation and Program Evaluation	5,000
TOTAL **	\$ 211,685

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

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

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

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

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

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

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

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

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

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: 5 – Recovery Oriented Supervision Training

Date: September 8, 2010

Check boxes that apply:

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

CSS Only

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

NEW PROGRAMS ONLY

CSS and WET

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

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

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

Objectives:

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

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

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

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

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

CSS and WET NEW PROGRAM DESCRIPTION

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

CSS and WET NEW PROGRAM DESCRIPTION

WET Only											
1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.											
<p>The program was initially allocated \$100,000 per year until FY 12-13. The expanded allocation will allow for a comprehensive training with follow up consultation taking place one and three months after the initial training. The programs will provide 8 trainings for 240 participants (30 participants each training).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Administrative Cost *</td> <td style="text-align: right;">\$ 17,815</td> </tr> <tr> <td>Training Curriculum Development</td> <td style="text-align: right;">11,261</td> </tr> <tr> <td>Training Services</td> <td style="text-align: right;">80,079</td> </tr> <tr> <td>Consultation and Program Evaluation</td> <td style="text-align: right;">10,010</td> </tr> <tr> <td style="text-align: right;">TOTAL**</td> <td style="text-align: right;">\$ 119,165</td> </tr> </table> <p>* If outsourced, this is based on the maximum allowable administrative rate for contracted entities. Actual rate will be evaluated and negotiated. **This is the annual allocation from FY 10-11 through FY 15-16. The amount requested on Exhibit E-2 reflects total funding required for this period.</p>		Administrative Cost *	\$ 17,815	Training Curriculum Development	11,261	Training Services	80,079	Consultation and Program Evaluation	10,010	TOTAL**	\$ 119,165
Administrative Cost *	\$ 17,815										
Training Curriculum Development	11,261										
Training Services	80,079										
Consultation and Program Evaluation	10,010										
TOTAL**	\$ 119,165										
CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)											
1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.											
<p>This program will develop the skill sets of supervisors in the mental health workforce so that through strength-based and recovery oriented supervision they become the catalyst to integrate the philosophy, principles and practices of the Recovery Vision throughout the public mental health system</p> <p>Proposed Changes: Expanded by 19% to accurately reflect projected cost.</p>											
2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.											
<p>Expanded by 19% to accurately reflect projected cost.</p> <p>The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.</p>											

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: 6 – Interpreter Training Program

Date: September 8, 2010

Check boxes that apply:

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

CSS Only

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

NEW PROGRAMS ONLY

CSS and WET

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

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

Description:

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

Objectives:

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

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

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

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

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

CSS and WET NEW PROGRAM DESCRIPTION

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

CSS and WET NEW PROGRAM DESCRIPTION

WET Only

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

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

The programs will fund 3 trainings for interpreters and 3 trainings for providers. A total of 180 participants will be trained (90 interpreters and 90 mono-lingual providers).

Administrative Costs *	\$	9,000
Training Curriculum Development		3,000
Phase I (Interpreter Training)		
Training Services		17,200
Duplication of Materials		4,500
Phase II (Monolingual, English-speaking Providers Training)		
Training Services		5,000
Duplication of Materials		3,600
Phase III		
Consultation and Program Evaluation		2,700
	TOTAL **	\$ 45,000

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

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

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

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

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

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

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

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

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

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: 7 – Training for Community Partners

Date: September 8, 2010

Check boxes that apply:

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

CSS Only

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

NEW PROGRAMS ONLY

CSS and WET

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

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

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

Objectives:

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

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

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

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

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

CSS Only

CSS and WET NEW PROGRAM DESCRIPTION

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

CSS and WET NEW PROGRAM DESCRIPTION

WET Only

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

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

This program will provide training for 300 participants.

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

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

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

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

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

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

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

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

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

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

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

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

Date: September 8, 2010

Check boxes that apply:

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

CSS Only

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

NEW PROGRAMS ONLY

CSS and WET

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

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

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

Objectives:

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

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

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

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

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

CSS Only

CSS and WET NEW PROGRAM DESCRIPTION

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

CSS and WET NEW PROGRAM DESCRIPTION

WET Only

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

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

This program will provide 19 trainings to 600 participants.

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

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

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

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

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

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

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

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

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

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

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

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

Check boxes that apply:
 CSS New
 WET Consolidation
 Expansion
 Reduction

Date: September 8, 2010

CSS Only

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

NEW PROGRAMS ONLY

CSS and WET

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

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

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

Objectives:

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

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

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

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

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

CSS and WET NEW PROGRAM DESCRIPTION

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

CSS and WET NEW PROGRAM DESCRIPTION

WET Only

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

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

This program will provide 9 trainings for 155 consumers.

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

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

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

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

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

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

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

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

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

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

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

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

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

Date: September 8, 2010

CSS Only

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

NEW PROGRAMS ONLY

CSS and WET

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

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

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

Objectives:

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

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

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

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

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

CSS and WET NEW PROGRAM DESCRIPTION

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

CSS and WET NEW PROGRAM DESCRIPTION

WET Only

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

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

The training will be delivered to 700 participants.

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

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

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

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

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

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

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

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

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

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

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

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

Check boxes that apply:
 CSS New
 WET Consolidation
 Expansion
 Reduction

Date: September 8, 2010

CSS Only

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

NEW PROGRAMS ONLY

CSS and WET

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

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

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

Objectives:

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

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

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

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

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

CSS Only

CSS and WET NEW PROGRAM DESCRIPTION

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

CSS and WET NEW PROGRAM DESCRIPTION

WET Only											
1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.											
<p>The program was initially allocated \$567,047 per year until FY 12-13. The reduced allocation will fund this program through the lifetime of WET.</p> <p>The training will be delivered to 240 participants.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Administrative Cost*</td> <td style="text-align: right;">\$ 56,705</td> </tr> <tr> <td>Training Personnel: Salaries, Employee Benefits and Services and Supplies</td> <td style="text-align: right;">135,686</td> </tr> <tr> <td>Training Services</td> <td style="text-align: right;">136,000</td> </tr> <tr> <td>Participation Stipends</td> <td style="text-align: right;">49,640</td> </tr> <tr> <td style="text-align: right;">TOTAL**</td> <td style="text-align: right;">\$ 378,031</td> </tr> </table> <p>* If outsourced, this is based on the maximum allowable administrative rate for contracted entities. Actual rate will be evaluated and negotiated.</p> <p>**This is the annual allocation from FY 10-11 though FY 15-16. The amount requested on Exhibit E-2 reflects total funding required for this period.</p>		Administrative Cost*	\$ 56,705	Training Personnel: Salaries, Employee Benefits and Services and Supplies	135,686	Training Services	136,000	Participation Stipends	49,640	TOTAL**	\$ 378,031
Administrative Cost*	\$ 56,705										
Training Personnel: Salaries, Employee Benefits and Services and Supplies	135,686										
Training Services	136,000										
Participation Stipends	49,640										
TOTAL**	\$ 378,031										
CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)											
1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.											
<p>Family Member's concern, commitment and support of wellness and resiliency for loved ones are an important part of the recovery process. The proposed trainings would prepare family members of consumers to develop or augment skills related to community outreach, advocacy and leadership and decrease barriers to employment. These trainings would include such topics as public speaking, navigating systems, and resource supports for consumers and families. Priority will be given to those family members coming from targeted communities particularly those culturally and linguistically underserved in the County of Los Angeles (i.e., Spanish speaking, Asian Pacific Islanders, etc.). Upon completion of the training, family member advocates would be eligible to apply for employment in the public mental health workforce.</p> <p>Proposed Changes: Reduced annual allocation 33%. The reduced allocation will fund this program through the lifetime of WET.</p>											
2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.											
<p>The program was initially allocated \$567,047 per year until FY 12-13. The reduced allocation will fund this program through the lifetime of WET.</p> <p>The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.</p>											

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: 12 – Mental Health Career Advisors

Date: September 8, 2010

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

CSS Only

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

NEW PROGRAMS ONLY

CSS and WET

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

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

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

Objectives:

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

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

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

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

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

CSS Only

CSS and WET NEW PROGRAM DESCRIPTION

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

CSS and WET NEW PROGRAM DESCRIPTION

WET Only

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

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

This program will provide services to a projected 600 employees.

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

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

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

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

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

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

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

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

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

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

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

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

Date: September 8, 2010

Check boxes that apply:

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

CSS Only

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

NEW PROGRAMS ONLY

CSS and WET

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

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

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

Objectives:

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

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

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

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

CSS and WET NEW PROGRAM DESCRIPTION

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

WET Only

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

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

The program will deliver services to approximately 200 students.

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

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

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

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

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

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

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

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

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

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

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

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

Date: September 8, 2010

Check boxes that apply:

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

CSS Only

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

NEW PROGRAMS ONLY

CSS and WET

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

This program was placed on “hold” due to the current fiscal environment; this program is projected to be executed during FYs 2013-2014 and 2014-2015.

Description: Given the severe shortage in the County of Los Angeles’ public mental health workforce and the significant need for professionals to service the seriously mental ill population, recruitment is a priority. Market research and advertising strategies can assist in defining ways of attracting and targeting new professionals into the public mental health field. To this date, no formal market research has been completed to address these issues. This action would establish a collaboration with an academic institution, research institute or think tank to conduct market research and then formulate advertising strategies based on that research. Studies would include designing research to target attracting more bilingual staff, as well as staff to serve ethnic minority communities, addressing cultural variances and access factors. Indirectly, these efforts may also support the retention of current staff or encourage their further professional development.

Objectives:

1. To collaborate with an academic institution, research institute or think tank to conduct market research and then formulate advertising strategies based on that research to attract more mental health professionals.
2. To implement advertising strategies countywide with the outcome of increasing the public mental health workforce.
3. To identify strategies to target bilingual staff and staff serving ethnic minority communities.

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

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

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

This program is intended to recruit professionals into the public mental health workforce, which includes development and execution of a marketing strategy. A majority of hard to fill areas of Los Angeles County consist of unserved/underserved and monolingual, non-English speaking communities.

CSS and WET NEW PROGRAM DESCRIPTION

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

CSS and WET NEW PROGRAM DESCRIPTION

WET Only

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

The program was initially allocated \$200,000 annually, during FYs 2008-2009 and 2009-2010. The economic downturn forced this program to be placed on hold. This program is projected to be implemented during FYs 2013-2014 and 2014-2015.

	FY 2013-2014	FY 2014-2015
Administrative Costs*	\$ 30,000	\$ 30,000
Consultation With 8 Service Areas	33,600	-
Marketing Plan Development (Customized for all 8 Service Areas)	33,600	-
Implementation of Advertising Strategies**	102,800	156,000
Consultation and Evaluation	-	14,000
TOTAL	\$ 200,000	\$ 200,000

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

** This includes public information to be distributed through radio, print and internet.

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

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

Given the severe shortage in the County of Los Angeles' public mental health workforce and the significant need for professionals to service the seriously mental ill population, recruitment is a priority. Market research and advertising strategies can assist in defining ways of attracting and targeting new professionals into the public mental health field. To this date, no formal market research has been completed to address these issues. This action would establish a collaboration with an academic institution, research institute or think tank to conduct market research and then formulate advertising strategies based on that research. Studies would include designing research to target attracting more bilingual staff, as well as staff to serve ethnic minority communities, addressing cultural variances and access factors. Indirectly, these efforts may also support the retention of current staff or encourage their further professional development.

Proposed Changes: Placed program on hold until FYs 2013-2014 and 2014-2015. Total allocation remains unchanged.

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

The program was initially allocated \$200,000 annually, during FYs 2008-2009 and 2009-2010. The economic downturn forced this program to be placed on hold. This program is projected to be implemented during FYs 2013-2014 and 2014-2015.

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

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: 16 – Recovery Oriented Internship Development

Date: September 8, 2010

Check boxes that apply:

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

CSS Only

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

NEW PROGRAMS ONLY

CSS and WET

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

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

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

Objectives:

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

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

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

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

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

CSS Only

CSS and WET NEW PROGRAM DESCRIPTION

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

WET Only

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

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

The program will provide services to 200 interns.

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

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

** Training will target supervisors who will supervise interns.

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

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

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

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

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

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

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

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

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: 19 – Tuition Reimbursement Program

Date: September 8, 2010

Check boxes that apply:

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

CSS Only

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

NEW PROGRAMS ONLY

CSS and WET

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

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

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

Objectives:

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

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

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

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

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

CSS Only

CSS and WET NEW PROGRAM DESCRIPTION

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

CSS and WET NEW PROGRAM DESCRIPTION

WET Only							
1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.							
<p>The program was initially allocated \$1,058,445 per year through FY 12-13. The reduced allocation will fund this program through the lifetime of WET.</p> <p>The program will provide financial incentives to a projected 200 participants.</p> <table border="1" data-bbox="172 591 1423 689"> <tr> <td>Administrative Cost*</td> <td>\$ 105,845</td> </tr> <tr> <td>Tuition Reimbursements</td> <td>599,785</td> </tr> <tr> <td style="text-align: right;">TOTAL**</td> <td>\$ 705,630</td> </tr> </table> <p>* If outsourced, this is based on the maximum allowable administrative rate for contracted entities. Actual rate will be evaluated and negotiated.</p> <p>**This is the annual allocation from FY 10-11 though FY 15-16. The amount requested on Exhibit E-2 reflects total funding required for this period.</p>		Administrative Cost*	\$ 105,845	Tuition Reimbursements	599,785	TOTAL**	\$ 705,630
Administrative Cost*	\$ 105,845						
Tuition Reimbursements	599,785						
TOTAL**	\$ 705,630						
CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)							
1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.							
<p>The County of Los Angeles' needs assessment revealed significant occupational shortages of licensed and unlicensed mental health professionals and paraprofessionals. This program specifically targets individuals interested in pursuing careers in the mental health field including AA, BA and graduate level degrees. This tuition reimbursement program will provide up to \$5,000 dollars per year for tuition expenses for those individuals interested in entering or enhancing skills for the mental health field who meet certain criteria designed to fill gaps of greatest need. This program will include consumers, family members and parent advocates and professionals from both directly operated and contract agencies. Tuition reimbursement students will be expected to make a commitment to work in the public mental health system. Additionally, those candidates who are bilingual/bicultural and/or willing to commit to working with unserved and underserved communities in the County will be given priority for the program.</p> <p>Proposed Changes: Reduced annual allocation by 33%. The reduced allocation will fund this program through the lifetime of WET.</p>							
2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.							
<p>The program was initially allocated \$1,058,445 per year through FY 12-13. The reduced allocation will fund this program through the lifetime of WET.</p> <p>The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.</p>							

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

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

Date: September 8, 2010

Check boxes that apply:

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

CSS Only

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

NEW PROGRAMS ONLY

CSS and WET

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

This program's total allocation remains at \$5,927,296, but annual allocation has been reduced to fund this program for five years in lieu of the four years originally proposed. Due to time limitations, this program is on hold and will commence FY 11-12 through FY 15-16. The proposed annual allocation for this program is:

	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 16-17	TOTAL
Allocation	\$0	\$1,185,459	\$1,185,459	\$1,185,459	\$1,185,459	\$1,185,460	\$0	\$5,927,296

Description: This program specifically targets individuals currently working in public mental health who are interested in advancing their career in mental health by obtaining either an AA or a BA level degree. The program will pay for a portion of their salaries in order to allow students to meet academic responsibilities by combining hours of work with hours of education (20 hours school/20 hours work or 10 hours school/30 hours work). Participating students must commit to a minimum number of employment years in public mental health (comparable to the number of years financially supported by the program) after successful completion of the respective program. Priority will be given to staff that are bilingual and/or willing to work with underrepresented communities in the County.

Objectives:

- To fund TBD slots per year with priority given to bilingual staff and/or staff willing to work with underrepresented communities in the County.
- To allocate 50% of the slots to directly operated program and 50% to contracted agencies.
- Upon successful graduation, individuals will be eligible to apply for such positions in directly operated and contract agencies.

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

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

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

This program is intended for individuals currently working in public mental health who are interested in advancing their career in mental health by obtaining either an AA or a BA level degree. Participating students must commit to a minimum number of employment years in public mental health (comparable to the number of years financially subsidized by the program) after successful completion of the respective degree program. Priority will be given to staff that are bilingual and/or willing to work with underrepresented communities in the County. A majority of hard to fill areas of Los Angeles County consist of unserved/underserved and monolingual, non-English speaking communities.

CSS and WET NEW PROGRAM DESCRIPTION

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

CSS and WET NEW PROGRAM DESCRIPTION

WET Only	
1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.	
This program's total allocation remains at \$5,927,296, but annual allocation has been reduced to fund this program for five years in lieu of the four years originally proposed. Due to time limitations, this program is on hold and will commence FY 11-12 through FY 15-16. The proposed annual allocation for this program is:	
Administrative Cost*	\$ 177,819
Funding to cover salaries for employees enrolled in this program**	1,007,640
TOTAL	\$ 1,185,459
* If outsourced, this is based on the maximum allowable administrative rate for contracted entities. Actual rate will be evaluated and negotiated.	
** Reimbursement amounts will range from \$16,465 to \$32,929. A total of approx. 60 slots will be available.	
CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)	
1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.	
This program specifically targets individuals currently working in public mental health who are interested in advancing their career in mental health by obtaining either an AA or a BA level degree. The program will pay for a portion of their salaries in order to allow students to meet academic responsibilities by combining hours of work with hours of education (20 hours school/20 hours work or 10 hours school/30 hours work). Participating students must commit to a minimum number of employment years in public mental health (comparable to the number of years financially supported by the program) after successful completion of the respective program. Priority will be given to staff that are bilingual and/or willing to work with underrepresented communities in the County.	
Proposed Changes: Placed program on hold until FYs 2011-2012 through 2015-2016. Total program allocation remains unchanged.	
2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.	
This program's total allocation remains at \$5,927,296, but annual allocation has been reduced to fund this program for five years in lieu of the four years originally proposed. Due to time limitations, this program is on hold and will commence FY 2011-2012 through FY 2015-2016.	
The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.	

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

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

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

Date: September 8, 2010

CSS Only

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

NEW PROGRAMS ONLY

CSS and WET

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

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

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

Objectives:

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

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

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

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

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

CSS Only

CSS and WET NEW PROGRAM DESCRIPTION

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

CSS and WET NEW PROGRAM DESCRIPTION

WET Only

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

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

The program will provide financial incentives to approximately 70 participants.

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

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

Actual rate will be evaluated and negotiated.

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

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

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

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

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

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

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

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

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

CSS and WET NEW PROGRAM DESCRIPTION

County: Los Angeles

Program Number/Name: 22 – Loan Forgiveness Programs

Date: September 8, 2010

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

CSS Only

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

NEW PROGRAMS ONLY

CSS and WET

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

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

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

Objectives:

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

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

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

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

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

CSS Only

CSS and WET NEW PROGRAM DESCRIPTION

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

CSS and WET NEW PROGRAM DESCRIPTION

WET Only							
1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.							
<p>The program was initially allocated \$1,228,700 through FY 12-13. The reduced allocation will fund this program through the lifetime of WET.</p> <p>The program will provide financial incentives to approximately 70 participants.</p> <table border="1" style="margin-left: 40px;"> <tr> <td>Administrative Cost*</td> <td style="text-align: right;">\$ 122,870</td> </tr> <tr> <td>Loan Payments**</td> <td style="text-align: right;">696,263</td> </tr> <tr> <td style="text-align: right;">TOTAL***</td> <td style="text-align: right;">\$ 819,133</td> </tr> </table> <p>* If outsourced, this is based on the maximum allowable administrative rate for contracted entities. Actual rate will be evaluated and negotiated. ** Tuition reimbursements amounts will average \$10,000. ***This is the annual allocation from FY 10-11 through FY 15-16. The amount requested on Exhibit E-2 reflects total funding required for this period.</p>		Administrative Cost*	\$ 122,870	Loan Payments**	696,263	TOTAL***	\$ 819,133
Administrative Cost*	\$ 122,870						
Loan Payments**	696,263						
TOTAL***	\$ 819,133						
CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)							
1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.							
<p>Striving to meet MHSA expectations of a linguistically and culturally competent workforce, Los Angeles County will explore loan forgiveness programs as a supplement to the State's loan forgiveness programs to be developed. Based on specific geographic, cultural and linguistic needs unique to Los Angeles County, the Oversight Committee will review the need and efficacy for such a program, for which classifications of workers, and how best to complement and not supplant existing loan forgiveness strategies.</p> <p>Proposed Changes: Reduced annual allocation by 33%. The reduced allocation will fund this program through the lifetime of WET.</p>							
2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.							
<p>The program was initially allocated \$1,228,700 per year through FY 12-13. The reduced allocation will fund this program through the lifetime of WET.</p> <p>The program services remain consistent as previously approved by the WET Advisory Committee, SLT and the Stakeholders. A mandatory 30-day public posting was followed with a public hearing.</p>							

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: Los Angeles

Select one:

New

Existing

Project Number/Name: LA- 03 Integrated Behavioral Health Information System

Date: June 1, 2010

TECHNOLOGICAL NEEDS NEW PROJECT

Check at least one box from each group that describes this MHSa Technological Needs project

- New system
- Increases the number of users of an existing system
- Extends the functionality of an existing system
- Supports goal of modernization/transformation
- Supports goal of client and family empowerment

Indicate the type of MHSa Technological Needs Project

Electronic Health Record (EHR) system projects (check all that apply). If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at:
http://www.dmh.ca.gov/Prop_63/MHSA/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf

- Infrastructure, security, and privacy
- Practice Management
- Clinical Data Management
- Computerized Provider Order Entry
- Full Electronic Health Record (EHR) with interoperability components (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies)

Client and family empowerment projects

- Client/Family access to computing resources projects
- Personal Health Record (PHR) system projects
- Online information resource projects (expansion/leveraging information-sharing services)

Other technological needs projects that support MHSa operations

- Telemedicine and other rural/underserved service access methods
- Pilot projects to monitor new programs and service outcome Improvement
- Data Warehousing projects/decision support
- Imaging/Paper conversion projects
- Other

Indicate the Technological Needs project implementation approach

- Custom application: Name of Consultant or Vendor (If applicable) _____
- Commercial Off-The-Shelf (COTS) System: Name of Vendor _____
- Product Installation: Name of Consultant and/or Vendor (If Applicable) _____
- Software Installation: Name of Vendor _____

Technological Needs New Project Description

1. Provide a summary of the TN Project:

2. Describe how this project is critical for accomplishing the County's and Department's MHSa goals and objectives.

3. Describe how the proposed technology of this project can be integrated with existing systems to achieve the Integrated Information Systems Infrastructure (IISI).

4. List the inventory of new software, hardware, and licenses to be purchased for this project.

5. Attach a detailed project plan for this project.

Anticipated Start Date: [_____] Anticipated End Date: [_____]

6. Have you completed a detailed Work Flow Analysis of the current system? If yes, please provide a brief summary of the current system’s workflow. If no, please explain why one has not been completed and when you intend on completing it.

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

8. If this project is an EHR related project, checkmark all components in the Major Milestones for this project.

Needs Assessment and Vendor Selection

- Needs Assessment
- Vendor Selection Process

Infrastructure

An interoperable EHR requires a secure network structure for sharing information

- Infrastructure

Practice Management (Web-Based Vendor)

Formulates the criteria needed to provide critical support for practice management functions to increase productivity, improve financial performance, financial management, and compliance programs.

- Electronic Registration
- Electronic Scheduling
- Billing Interface with State
- Billing Interface with Contract Providers

Clinical Data Management (EHR “Lite” Clinical Notes and History)

Clinical documentation such as assessment; treatment notes; and other clinical measures, which includes data elements and corresponding definitions that can be used in the measurement of patient clinical management and outcomes, and for research and assessment.

- Assessment and Treatment Plan
- Document Imaging
- Clinical Notes Module

Computerized Provider Order Entry (CPOE) - (Ordering and Viewing / E-Prescribing and Lab)

Optimizing physician ordering of medications, laboratory tests with interactive decision support system.

- Lab - Internal
- Lab - External
- Pharmacy - Internal
- Pharmacy – External
- Lab and Pharmacy - Both

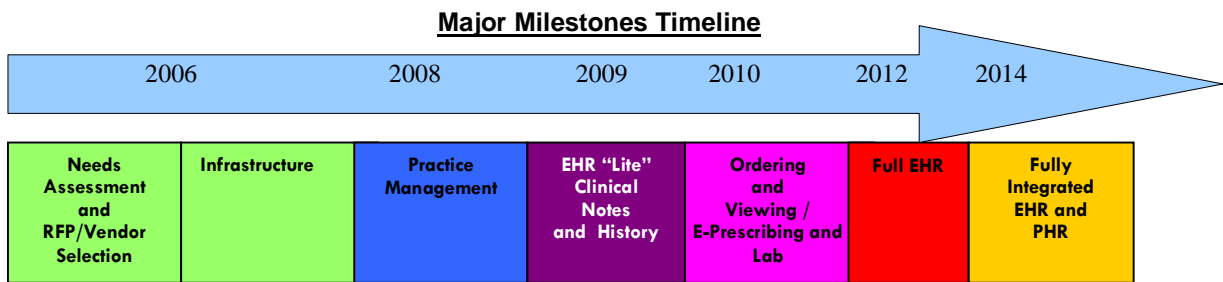
Interoperability Components (Data Transfer - Connectivity and Language Standards)

The ability of the system to transfer data outside the County clinic.	
<input type="checkbox"/>	Messaging – Data transfer between different systems with different data standards.
<input type="checkbox"/>	Record Exchange – Data transfer between two systems that share a common structural design.
<input type="checkbox"/>	Messaging and Record Exchange - Both

Fully Integrated EHR and PHR	
Full EHR and PHR: Full EHR functionality and interoperability with a Personal Health Record system.	
<input type="checkbox"/>	Fully Integrated EHR and PHR

Other	
<input type="checkbox"/>	Other:

9. If this is your first project work plan submission for an EHR related project or if your major milestones timeline has changed since your last submission, complete a proposed implementation timeline with the following major milestones:



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

Project Risk Assessment				
Category	Factor	Rating	Score	
Estimated Cost of Project	Over \$5 million	6		
	Over \$3 million	4		
	Over \$500,000	2		
	Under \$500,000	1		
Project Manager Experience				
Like Projects completed in a "Key Staff" Role	None	3		
	One	2		
	Two or More	1		
Team Experience				
Like Projects Completed by at least 75% of Key Staff	None	3		
	One	2		
	Two or More	1		
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network/Cabling	1	
		Distributed Network	2	
Data Center/Network Operations Center		3		
Software	Custom Development	5		

*Commercial Off-The-Shelf Software	Architecture	Browser/Thin Client based	1	
		Two-Tier (Client / Server)	2	
		Multi-Tier (Client & Web, Database, Application, etc., Servers)	3	

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

11. If this is your first project work plan submission or if any information in the County's personnel analysis has changed since your last submission, complete a new County Personnel Analysis (management and staff) below.

Major Information Technology Positions	Estimated # FTE Authorized	Position hard to fill? 1 = Yes 0 = No	# FTE Estimated to meet need in addition to # FTE authorized
(1)	(2)	(3)	(4)
A. Information Technology Staff (direct service):			
Chief Technology/Information Officer			
Hardware Specialist			
Software Specialist			
Other Technology Staff			
Subtotal A			
B. Project Managerial and Supervisory:			
CEO or manager above direct supervisor			
Supervising Project Manager			
Project Coordinator			
Other Project Leads			
Subtotal B			
C. Technology Support Staff:			
Analysts, tech support, and quality assurance			
Education and training			
Clerical, secretary, and administrative assistants			
Other support staff (non-direct services)			
Subtotal C			
TOTAL COUNTY TECHNOLOGY WORKFORCE:			
Total (A +B+C)			

12. If this is your first project work plan submission for an EHR related project or if any information in your vendor selection criteria has changed since your last submission, describe your criteria for selecting an EHR vendor (such as RFP).

13. Do you certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met? Yes No

TECHNOLOGICAL NEEDS EXISTING PROJECT

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

1. Provide a brief summary of the TN project and its current status:

The Integrated Behavioral Health Information System (IBHIS) will provide integrated clinical, administrative and financial functionality to LAC-DMH in its role as a provider of mental health services and in its role as the Local Plan Administrator. The IBHIS will provide LAC-DMH clinicians access to consumer clinical records regardless of where each consumer was seen previously in the LAC-DMH network. Clinicians will have access to medication history information, recent assessments, laboratory and psychological test results, and, when appropriate, clinician notes from prior visits.

The two overarching transformational goals of MHPA are; 1) modernization and transformation of clinical and administrative information systems to improve quality of care, operational efficiency, and cost effectiveness; and 2) increasing consumer and family empowerment by providing the tools for secure consumer and family access to health information within a wide variety of public and private settings. The essential information technology project that will facilitate achievement of those goals is migration to a paperless health care record environment by obtaining a software application that will enable the Department to meet federal and state mandates for an Electronic Health Record (EHR).

LAC-DMH lacks comprehensive, integrated, and accessible clinical information systems to support the effective and efficient delivery of behavioral health services. Assessment, care planning, and documentation of clinical services delivery are performed manually. To track and monitor care, LAC-DMH prepares multiple paper forms, logs and charts, and enters data into multiple, non-integrated spreadsheets and stand-alone applications. These manual processes consume a large portion of our clinician's time and limit the number of consumers that clinicians can assist in a day. Clinician productivity and effectiveness could be significantly improved by access to current and comprehensive clinical information for consumers and basic, automated clinical tools for effective planning and management of consumer care.

The need for an IBHIS is especially critical in Los Angeles County where geographic size and a complex network of service providers presents unique challenges to service coordination. The LAC-DMH delivery system is spread out over four-thousand (4,000) square miles with over one-hundred (100) Directly Operated provider sites/programs and approximately five-hundred (500) Contract Providers of varying size. Consumers can, and often do, receive care at more than one location within the system. When a consumer receives care at multiple locations, especially in emergency situations, the clinicians would ideally have access to all of the available information about the consumer's diagnoses, previous treatments, and current medications. While the clinicians are able to determine electronically whether a consumer has previously received care within the LAC-DMH system, very little other information is available electronically for review at all sites because clinical information is currently kept in paper charts at each clinic site. And what minimal clinical information is available in electronic form is not reliably accessible by field staff.

The IBHIS is expected to provide LAC-DMH clinicians direct access to current consumer clinical records regardless of where each consumer was seen previously in the LAC-DMH network. The clinicians should have immediate access to medication history information, recent assessments, treatment plans, laboratory and psychological test results, and, when appropriate, clinical notes from prior visits.

The IBHIS project also advances the goals of MHPA by providing a better means by which clinical outcomes may be measured, routinely reported, and used to improve MHPA programs and services. The clinical and administrative information that is expected to be captured by the IBHIS should feed a Data Warehouse that can provide mandated reports such as Client Service Index and MHPA outcome measures, and also support custom ad-hoc reports. Having these data readily available is expected to assist the planning of future service delivery initiatives.

The IBHIS, once implemented, will advance consumer/family empowerment by making it possible to, when elected by the consumer, deliver a selected subset of IBHIS data to a consumer-controlled Personal Health Record (PHR). Consumers will have much more complete information about their care available to them in a form that allows them to share it safely with other health care providers, their families, or anyone else they choose. Consumers will also benefit by having less fragmented service delivery when moving between service locations, ease of scheduling services, improved continuity of care, and better protection of their personal health information.

Lastly, multiple County departments and agencies collect and rely upon clinical data similar to that used by LAC-DMH for the overlapping consumer populations. Sharing of data is currently limited, fragmented, and labor intensive. As such, the IBHIS project supports Goal 7 of the Los Angeles County Strategic Plan, "Health and Mental Health," in which County is seeking to establish a consumer-centered, information-based health and mental health delivery system that provides cost-effective and quality services across County departments.

Currently, LAC-DMH is in the second phase of vendor proposal evaluation. Vendor responses to the IBHIS RFP were submitted in February 2010.

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

The goals, objectives, and cost estimates of this project have not changed. This request is to continue the project consistent with the multi-year plan that was approved by CDMH in April 2009.

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

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

Explanation:

None of the above applies. As stated in Question 2, above, this request is to continue the project consistent with the multi-year plan that was approved by CDMH in April 2009.

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

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

Explanation:

None of the above applies. As stated in Question 2, above, this request is to continue the project consistent with the multi-year plan that was approved by CDMH in April 2009.

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

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

Explanation:

This request is to continue the project consistent with the multi-year plan that was approved by CDMH in April 2009.

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

Given that the project scope, goals and objectives, and estimated costs have not changed, no stakeholder input other than that provided during the development of the plan approved by CDMH in April 2009 was required.

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

All documents in the funding request are true and correct.

Chief Information Officer (Print)

Signature

Date

_____ HIPAA Privacy/Security Officer (Print)	_____ Signature	_____ Date
---	--------------------	---------------

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: Los Angeles

Select one:

New

Existing

Project Number/Name: LA- 04 Contract Provider Technology Project

Date: June 1, 2010

TECHNOLOGICAL NEEDS NEW PROJECT

Check at least one box from each group that describes this MHSa Technological Needs project

- New system
- Increases the number of users of an existing system
- Extends the functionality of an existing system
- Supports goal of modernization/transformation
- Supports goal of client and family empowerment

Indicate the type of MHSa Technological Needs Project

Electronic Health Record (EHR) system projects (check all that apply). If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at:

http://www.dmh.ca.gov/Prop_63/MHSA/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf

- Infrastructure, security, and privacy
- Practice Management
- Clinical Data Management
- Computerized Provider Order Entry
- Full Electronic Health Record (EHR) with interoperability components (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies)

Client and family empowerment projects

- Client/Family access to computing resources projects
- Personal Health Record (PHR) system projects
- Online information resource projects (expansion/leveraging information-sharing services)

Other technological needs projects that support MHSa operations

- Telemedicine and other rural/underserved service access methods
- Pilot projects to monitor new programs and service outcome Improvement
- Data Warehousing projects/decision support
- Imaging/Paper conversion projects
- Other

Indicate the Technological Needs project implementation approach

- Custom application: Name of Consultant or Vendor (If applicable) _____
- Commercial Off-The-Shelf (COTS) System: Name of Vendor _____
- Product Installation: Name of Consultant and/or Vendor (If Applicable) _____
- Software Installation: Name of Vendor _____

Technological Needs New Project Description

1. Provide a summary of the TN Project:
2. Describe how this project is critical for accomplishing the County's and Department's MHSa goals and objectives.
3. Describe how the proposed technology of this project can be integrated with existing systems to achieve the Integrated Information Systems Infrastructure (IISI).
4. List the inventory of new software, hardware, and licenses to be purchased for this project.

5. Attach a detailed project plan for this project.

Anticipated Start Date: [_____] Anticipated End Date: [_____]

6. Have you completed a detailed Work Flow Analysis of the current system? If yes, please provide a brief summary of the current system’s workflow. If no, please explain why one has not been completed and when you intend on completing it.

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

8. If this project is an EHR related project, checkmark all components in the Major Milestones for this project.

Needs Assessment and Vendor Selection

- Needs Assessment
- Vendor Selection Process

Infrastructure

An interoperable EHR requires a secure network structure for sharing information

- Infrastructure

Practice Management (Web-Based Vendor)

Formulates the criteria needed to provide critical support for practice management functions to increase productivity, improve financial performance, financial management, and compliance programs.

- Electronic Registration
- Electronic Scheduling
- Billing Interface with State
- Billing Interface with Contract Providers

Clinical Data Management (EHR “Lite” Clinical Notes and History)

Clinical documentation such as assessment; treatment notes; and other clinical measures, which includes data elements and corresponding definitions that can be used in the measurement of patient clinical management and outcomes, and for research and assessment.

- Assessment and Treatment Plan
- Document Imaging
- Clinical Notes Module

Computerized Provider Order Entry (CPOE) - (Ordering and Viewing / E-Prescribing and Lab)

Optimizing physician ordering of medications, laboratory tests with interactive decision support system.

- Lab - Internal
- Lab - External
- Pharmacy - Internal
- Pharmacy – External
- Lab and Pharmacy - Both

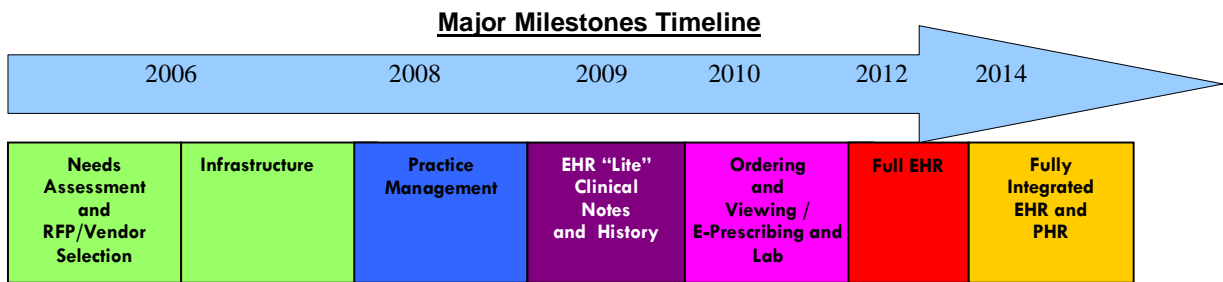
Interoperability Components (Data Transfer - Connectivity and Language Standards)

The ability of the system to transfer data outside the County clinic.	
<input type="checkbox"/>	Messaging – Data transfer between different systems with different data standards.
<input type="checkbox"/>	Record Exchange – Data transfer between two systems that share a common structural design.
<input type="checkbox"/>	Messaging and Record Exchange - Both

Fully Integrated EHR and PHR	
Full EHR and PHR: Full EHR functionality and interoperability with a Personal Health Record system.	
<input type="checkbox"/>	Fully Integrated EHR and PHR

Other	
<input type="checkbox"/>	Other:

9. If this is your first project work plan submission for an EHR related project or if your major milestones timeline has changed since your last submission, complete a proposed implementation timeline with the following major milestones:



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

Project Risk Assessment				
Category	Factor	Rating	Score	
Estimated Cost of Project	Over \$5 million	6		
	Over \$3 million	4		
	Over \$500,000	2		
	Under \$500,000	1		
Project Manager Experience				
Like Projects completed in a "Key Staff" Role	None	3		
	One	2		
	Two or More	1		
Team Experience				
Like Projects Completed by at least 75% of Key Staff	None	3		
	One	2		
	Two or More	1		
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network/Cabling	1	
		Distributed Network	2	
Data Center/Network Operations Center		3		
Software	Custom Development	5		

*Commercial Off-The-Shelf Software	Architecture	Browser/Thin Client based	1	
		Two-Tier (Client / Server)	2	
		Multi-Tier (Client & Web, Database, Application, etc., Servers)	3	

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

11. If this is your first project work plan submission or if any information in the County's personnel analysis has changed since your last submission, complete a new County Personnel Analysis (management and staff) below.

Major Information Technology Positions	Estimated # FTE Authorized	Position hard to fill? 1 = Yes 0 = No	# FTE Estimated to meet need in addition to # FTE authorized
(1)	(2)	(3)	(4)
A. Information Technology Staff (direct service):			
Chief Technology/Information Officer			
Hardware Specialist			
Software Specialist			
Other Technology Staff			
Subtotal A			
B. Project Managerial and Supervisory:			
CEO or manager above direct supervisor			
Supervising Project Manager			
Project Coordinator			
Other Project Leads			
Subtotal B			
C. Technology Support Staff:			
Analysts, tech support, and quality assurance			
Education and training			
Clerical, secretary, and administrative assistants			
Other support staff (non-direct services)			
Subtotal C			
TOTAL COUNTY TECHNOLOGY WORKFORCE:			
Total (A +B+C)			

12. If this is your first project work plan submission for an EHR related project or if any information in your vendor selection criteria has changed since your last submission, describe your criteria for selecting an EHR vendor (such as RFP).

13. Do you certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met? Yes No

TECHNOLOGICAL NEEDS EXISTING PROJECT

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

1. Provide a brief summary of the TN project and its current status:

The LAC-DMH provider network includes Contract Providers delivering mental health services. The Contract Provider Technology Project is an umbrella project encompassing a mix of technology projects within the range of projects identified in the MHSA Capital Facilities and Technological Needs Guidelines. This umbrella project is intended to provide a means for contract providers within the LAC-DMH provider network to obtain the funding necessary to fully participate in the IISI and address their technological needs consistent with the MHSA Capital Facilities and Technological Needs Guidelines.

To guide Contract Providers in determining their information technology project priorities, LAC-DMH has identified as the first priority, the electronic exchange of clinical, financial and administrative information with the County's new IBHIS. In order to support this priority, contract providers will need to assess their readiness, define business requirements, review available options, select an approach, implement the approach and continue to manage and upgrade their solution over time to meet new standards and requirements.

The electronic exchange of data will allow providers to capture digital information at the source, and allow data sharing with other contract provider agencies, Los Angeles County, across Counties, the State and the Federal level. More timely information will be available to provide better integrated and coordinated services to the consumers of the County. All data exchanged will be based on available standards.

Through the Contract Provider Technology Project, LAC-DMH proposes to distribute MHSA information technology funds to over 125 Contract Providers for the following types of technology projects:

- 1) Electronic Health Record (EHR) System Projects including hardware and software to support field-based services, remote access to EHR, and EHR training;
- 2) Electronic Data Interchange (EDI) Projects;
- 3) Consumer/Family Access to Computer Resources Projects;
- 4) Personal Health Record Projects;
- 5) Online Information Resource Projects;
- 6) Telemedicine and other rural/underserved access methods projects;
- 7) Pilot Projects to monitor new programs and service outcome improvement;
- 8) Data Warehousing/Decision Support Projects; and
- 9) Imaging/Paper Conversion Projects.

Additionally, LAC-DMH will support Contract Provider requests for Treatment Planning Libraries that are consistent with MHSA treatment models, automation of eligibility verification, forms translations, and software and hardware to support e-signatures.

LAC-DMH has developed a review process to evaluate all technology project proposals submitted by Contract Providers within the LAC-DMH enterprise. Contract Providers will be required to submit project proposals describing project goals and objectives, indicate high-level project milestones, and provide project budgets (Attachment 9: MHSA Technology Program Contract Provider Project Proposal Process). All projects must meet the MHSA goals of modernization/transformation or consumer/family empowerment within a framework of an Integrated Information System Infrastructure. Contract Providers must choose from the project types outlined above. The first priority is EDI. LAC-DMH has discouraged requests for funding to support custom software development for EHR/EDI projects. A review team comprised of LAC-DMH, CIOB staff will review all Contract Provider project proposals.

Currently, LAC-DMH has executed 3 funding agreements with contract providers to provide funding for Electronic Health Record Systems projects. Five additional funding agreements are pending full execution. Review of project proposals is ongoing.

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

The goals, objectives, and cost estimates of this project have not changed. This request is to continue the project consistent with the multi-year plan that was approved by CDMH in June 2009.

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

2010/11 ANNUAL UPDATE

EXHIBIT F3

a. <input type="checkbox"/> Project manager performance b. <input type="checkbox"/> Project staffing c. <input type="checkbox"/> Requirements not completely defined d. <input type="checkbox"/> Change in scope e. <input type="checkbox"/> Difficulties in customizing COTS f. <input type="checkbox"/> Delay in project start date g. <input type="checkbox"/> Completion date has lapsed h. <input type="checkbox"/> Change in Vendor/contract services cost	i. <input type="checkbox"/> Change in cost of materials (hardware, software, etc.) j. <input type="checkbox"/> Personnel cost increase k. <input type="checkbox"/> Delay in RFP process l. <input type="checkbox"/> Insufficient management support m. <input type="checkbox"/> Training issues n. <input type="checkbox"/> Other
---	--

Explanation:
 None of the above applies. As stated in Question 2, above, this request is to continue the project consistent with the multi-year plan that was approved by CDMH in June 2009.

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

a. <input type="checkbox"/> Hire additional staff or other personnel b. <input type="checkbox"/> Acquire new contract services (vendors) c. <input type="checkbox"/> Expand existing contract scope of work d. <input type="checkbox"/> Acquire new hardware (provide list below) e. <input type="checkbox"/> Expand existing infrastructure f. <input type="checkbox"/> Acquire new software (provide list below)	g. <input type="checkbox"/> Expand existing software h. <input type="checkbox"/> Acquire other materials i. <input type="checkbox"/> Training costs j. <input type="checkbox"/> Other
---	--

Explanation:
 None of the above applies. As stated in Question 2, above, this request is to continue the project consistent with the multi-year plan that was approved by CDMH in June 2009.

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

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

Explanation:
 This request is to continue the project consistent with the multi-year plan that was approved by CDMH in June 2009.

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

Given that the project scope, goals and objectives, and estimated costs have not changed, no stakeholder input other than that provided during the development of the plan approved by CDMH in June 2009 was required.

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

All documents in the funding request are true and correct.

 Chief Information Officer (Print)

 HIPAA Privacy/Security Officer (Print)

 Signature Date

 Signature Date

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: Los Angeles

Select one:
 New
 Existing

Project Number/Name: LA- 05 Consumer/Family Access To Computer Resources

Date: June 1, 2010

TECHNOLOGICAL NEEDS NEW PROJECT
Check at least one box from each group that describes this MHSa Technological Needs project
<input type="checkbox"/> New system <input type="checkbox"/> Increases the number of users of an existing system <input type="checkbox"/> Extends the functionality of an existing system <input type="checkbox"/> Supports goal of modernization/transformation <input type="checkbox"/> Supports goal of client and family empowerment
Indicate the type of MHSa Technological Needs Project
Electronic Health Record (EHR) system projects (check all that apply). If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at: http://www.dmh.ca.gov/Prop_63/MHSa/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf
<input type="checkbox"/> Infrastructure, security, and privacy <input type="checkbox"/> Practice Management <input type="checkbox"/> Clinical Data Management <input type="checkbox"/> Computerized Provider Order Entry <input type="checkbox"/> Full Electronic Health Record (EHR) with interoperability components (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies)
Client and family empowerment projects <input type="checkbox"/> Client/Family access to computing resources projects <input type="checkbox"/> Personal Health Record (PHR) system projects <input type="checkbox"/> Online information resource projects (expansion/leveraging information-sharing services)
Other technological needs projects that support MHSa operations <input type="checkbox"/> Telemedicine and other rural/underserved service access methods <input type="checkbox"/> Pilot projects to monitor new programs and service outcome Improvement <input type="checkbox"/> Data Warehousing projects/decision support <input type="checkbox"/> Imaging/Paper conversion projects <input type="checkbox"/> Other
Indicate the Technological Needs project implementation approach
<input type="checkbox"/> Custom application: Name of Consultant or Vendor (If applicable) _____ <input type="checkbox"/> Commercial Off-The-Shelf (COTS) System: Name of Vendor _____ <input type="checkbox"/> Product Installation: Name of Consultant and/or Vendor (If Applicable) _____ <input type="checkbox"/> Software Installation: Name of Vendor _____
Technological Needs New Project Description
1. Provide a summary of the TN Project:
2. Describe how this project is critical for accomplishing the County's and Department's MHSa goals and objectives.
3. Describe how the proposed technology of this project can be integrated with existing systems to achieve the Integrated Information Systems Infrastructure (IISI).
4. List the inventory of new software, hardware, and licenses to be purchased for this project.

5. Attach a detailed project plan for this project.

Anticipated Start Date: [_____] Anticipated End Date: [_____]

6. Have you completed a detailed Work Flow Analysis of the current system? If yes, please provide a brief summary of the current system’s workflow. If no, please explain why one has not been completed and when you intend on completing it.

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

8. If this project is an EHR related project, checkmark all components in the Major Milestones for this project.

Needs Assessment and Vendor Selection

- Needs Assessment
- Vendor Selection Process

Infrastructure

An interoperable EHR requires a secure network structure for sharing information

- Infrastructure

Practice Management (Web-Based Vendor)

Formulates the criteria needed to provide critical support for practice management functions to increase productivity, improve financial performance, financial management, and compliance programs.

- Electronic Registration
- Electronic Scheduling
- Billing Interface with State
- Billing Interface with Contract Providers

Clinical Data Management (EHR “Lite” Clinical Notes and History)

Clinical documentation such as assessment; treatment notes; and other clinical measures, which includes data elements and corresponding definitions that can be used in the measurement of patient clinical management and outcomes, and for research and assessment.

- Assessment and Treatment Plan
- Document Imaging
- Clinical Notes Module

Computerized Provider Order Entry (CPOE) - (Ordering and Viewing / E-Prescribing and Lab)

Optimizing physician ordering of medications, laboratory tests with interactive decision support system.

- Lab - Internal
- Lab - External
- Pharmacy - Internal
- Pharmacy – External
- Lab and Pharmacy - Both

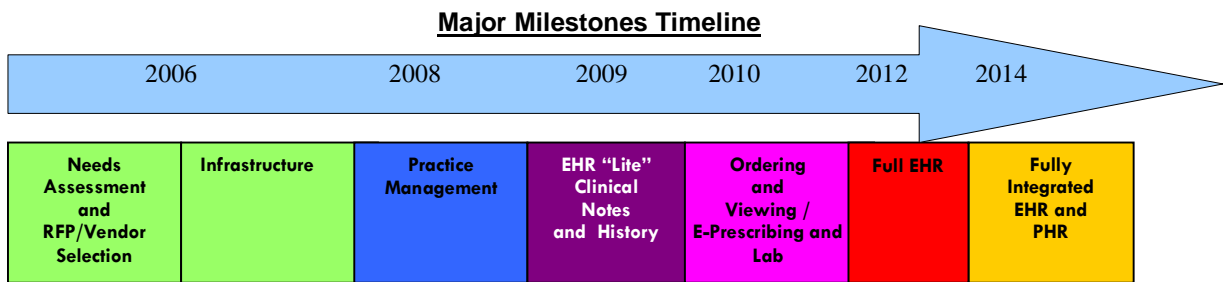
Interoperability Components (Data Transfer - Connectivity and Language Standards)

The ability of the system to transfer data outside the County clinic.	
<input type="checkbox"/>	Messaging – Data transfer between different systems with different data standards.
<input type="checkbox"/>	Record Exchange – Data transfer between two systems that share a common structural design.
<input type="checkbox"/>	Messaging and Record Exchange - Both

Fully Integrated EHR and PHR	
Full EHR and PHR: Full EHR functionality and interoperability with a Personal Health Record system.	
<input type="checkbox"/>	Fully Integrated EHR and PHR

Other	
<input type="checkbox"/>	Other:

9. If this is your first project work plan submission for an EHR related project or if your major milestones timeline has changed since your last submission, complete a proposed implementation timeline with the following major milestones:



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

Project Risk Assessment				
Category	Factor	Rating	Score	
Estimated Cost of Project	Over \$5 million	6		
	Over \$3 million	4		
	Over \$500,000	2		
	Under \$500,000	1		
Project Manager Experience				
Like Projects completed in a "Key Staff" Role	None	3		
	One	2		
	Two or More	1		
Team Experience				
Like Projects Completed by at least 75% of Key Staff	None	3		
	One	2		
	Two or More	1		
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network/Cabling	1	
		Distributed Network	2	
Data Center/Network Operations Center		3		
Software	Custom Development	5		

*Commercial Off-The-Shelf Software	Architecture	Browser/Thin Client based	1	
		Two-Tier (Client / Server)	2	
		Multi-Tier (Client & Web, Database, Application, etc., Servers)	3	

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

11. If this is your first project work plan submission or if any information in the County's personnel analysis has changed since your last submission, complete a new County Personnel Analysis (management and staff) below.

Major Information Technology Positions	Estimated # FTE Authorized	Position hard to fill? 1 = Yes 0 = No	# FTE Estimated to meet need in addition to # FTE authorized
(1)	(2)	(3)	(4)
A. Information Technology Staff (direct service):			
Chief Technology/Information Officer			
Hardware Specialist			
Software Specialist			
Other Technology Staff			
Subtotal A			
B. Project Managerial and Supervisory:			
CEO or manager above direct supervisor			
Supervising Project Manager			
Project Coordinator			
Other Project Leads			
Subtotal B			
C. Technology Support Staff:			
Analysts, tech support, and quality assurance			
Education and training			
Clerical, secretary, and administrative assistants			
Other support staff (non-direct services)			
Subtotal C			
TOTAL COUNTY TECHNOLOGY WORKFORCE:			
Total (A +B+C)			

12. If this is your first project work plan submission for an EHR related project or if any information in your vendor selection criteria has changed since your last submission, describe your criteria for selecting an EHR vendor (such as RFP).

13. Do you certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met? Yes No

TECHNOLOGICAL NEEDS EXISTING PROJECT

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

1. Provide a brief summary of the TN project and its current status:

The Consumer/Family Access to Computer Resources Project is intended to:

- 1) Promote consumer/family growth and autonomy by increasing access to computer resources, relevant health information, and trainings;
- 2) Provide basic computer skills training to consumers allowing them to effectively utilize the computer resources made available to them; and
- 3) Provide appropriate access to technical assistance resources when needed.

The proposed project will support local MHSA programs in the following ways:

- Provide consumers with access to computer resources and tools that can be used to foster more informed interactions with their providers and support more consumer-driven service delivery
- Provide consumers and their families with access to information that will promote wellness, recovery, and resiliency
- Facilitate using on-line consumer satisfaction surveys and program needs assessments to obtain more timely and accurate feedback on MHSA program initiatives
- Facilitate access to on-line training resources that may promote the well-being of consumers and family by enabling them to acquire skills that improve their opportunities for gainful employment

Currently, the Project Manager, JC DuVall is evaluating potential locations for the deployment of consumer/family computer resources and seeking additional guidance from stakeholders.

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

The goals, objectives, and cost estimates of this project have not changed. This request is to continue the project consistent with the multi-year plan that was approved by CDMH in June 2009.

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

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

Explanation:

None of the above applies. As stated in Question 2, above, this request is to continue the project consistent with the multi-year plan that was approved by CDMH in June 2009.

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

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

Explanation:

None of the above applies. As stated in Question 2, above, this request is to continue the project consistent with the multi-year plan that was approved by CDMH in June 2009.

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

- | | |
|---|--|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> Project organization b. <input type="checkbox"/> Project management resources c. <input type="checkbox"/> Support resources d. <input type="checkbox"/> Development and maintenance resources e. <input type="checkbox"/> Quality assurance testing resources | <ul style="list-style-type: none"> j. <input type="checkbox"/> Project phasing k. <input type="checkbox"/> Change management plan l. <input type="checkbox"/> Risk management plan m. <input type="checkbox"/> Contract services costs n. <input type="checkbox"/> Hardware costs |
|---|--|

2010/11 ANNUAL UPDATE

EXHIBIT F3

f. <input type="checkbox"/> Project plan dates (schedule)	o. <input type="checkbox"/> Software costs
g. <input type="checkbox"/> Project scope	p. <input type="checkbox"/> Personnel costs
h. <input type="checkbox"/> Project roles and responsibilities	q. <input type="checkbox"/> Other costs
i. <input type="checkbox"/> Project monitoring and oversight	r. <input type="checkbox"/> Training provisions
	s. <input checked="" type="checkbox"/> None

Explanation:
 This request is to continue the project consistent with the multi-year plan that was approved by CDMH in June 2009.

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

Given that the project scope, goals and objectives, and estimated costs have not changed, no stakeholder input other than that provided during the development of the plan approved by CDMH in June 2009 was required.

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

All documents in the funding request are true and correct.

 Chief Information Officer (Print)

 Signature Date

 HIPAA Privacy/Security Officer (Print)

 Signature Date

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: Los Angeles

Select one:
 New
 Existing

Project Number/Name: LA- 06 Personal Health Record Awareness & Education

Date: June 1, 2010

TECHNOLOGICAL NEEDS NEW PROJECT
Check at least one box from each group that describes this MHSa Technological Needs project
<input type="checkbox"/> New system <input type="checkbox"/> Increases the number of users of an existing system <input type="checkbox"/> Extends the functionality of an existing system <input type="checkbox"/> Supports goal of modernization/transformation <input type="checkbox"/> Supports goal of client and family empowerment
Indicate the type of MHSa Technological Needs Project
Electronic Health Record (EHR) system projects (check all that apply). If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at: http://www.dmh.ca.gov/Prop_63/MHSA/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf
<input type="checkbox"/> Infrastructure, security, and privacy <input type="checkbox"/> Practice Management <input type="checkbox"/> Clinical Data Management <input type="checkbox"/> Computerized Provider Order Entry <input type="checkbox"/> Full Electronic Health Record (EHR) with interoperability components (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies)
Client and family empowerment projects <input type="checkbox"/> Client/Family access to computing resources projects <input type="checkbox"/> Personal Health Record (PHR) system projects <input type="checkbox"/> Online information resource projects (expansion/leveraging information-sharing services)
Other technological needs projects that support MHSa operations <input type="checkbox"/> Telemedicine and other rural/underserved service access methods <input type="checkbox"/> Pilot projects to monitor new programs and service outcome Improvement <input type="checkbox"/> Data Warehousing projects/decision support <input type="checkbox"/> Imaging/Paper conversion projects <input type="checkbox"/> Other
Indicate the Technological Needs project implementation approach
<input type="checkbox"/> Custom application: Name of Consultant or Vendor (If applicable) _____ <input type="checkbox"/> Commercial Off-The-Shelf (COTS) System: Name of Vendor _____ <input type="checkbox"/> Product Installation: Name of Consultant and/or Vendor (If Applicable) _____ <input type="checkbox"/> Software Installation: Name of Vendor _____
Technological Needs New Project Description
1. Provide a summary of the TN Project:
2. Describe how this project is critical for accomplishing the County's and Department's MHSa goals and objectives.
3. Describe how the proposed technology of this project can be integrated with existing systems to achieve the Integrated Information Systems Infrastructure (IISI).
4. List the inventory of new software, hardware, and licenses to be purchased for this project.

5. Attach a detailed project plan for this project.

Anticipated Start Date: [_____] Anticipated End Date: [_____]

6. Have you completed a detailed Work Flow Analysis of the current system? If yes, please provide a brief summary of the current system’s workflow. If no, please explain why one has not been completed and when you intend on completing it.

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

8. If this project is an EHR related project, checkmark all components in the Major Milestones for this project.

Needs Assessment and Vendor Selection

- Needs Assessment
- Vendor Selection Process

Infrastructure

An interoperable EHR requires a secure network structure for sharing information

- Infrastructure

Practice Management (Web-Based Vendor)

Formulates the criteria needed to provide critical support for practice management functions to increase productivity, improve financial performance, financial management, and compliance programs.

- Electronic Registration
- Electronic Scheduling
- Billing Interface with State
- Billing Interface with Contract Providers

Clinical Data Management (EHR “Lite” Clinical Notes and History)

Clinical documentation such as assessment; treatment notes; and other clinical measures, which includes data elements and corresponding definitions that can be used in the measurement of patient clinical management and outcomes, and for research and assessment.

- Assessment and Treatment Plan
- Document Imaging
- Clinical Notes Module

Computerized Provider Order Entry (CPOE) - (Ordering and Viewing / E-Prescribing and Lab)

Optimizing physician ordering of medications, laboratory tests with interactive decision support system.

- Lab - Internal
- Lab - External
- Pharmacy - Internal
- Pharmacy – External
- Lab and Pharmacy - Both

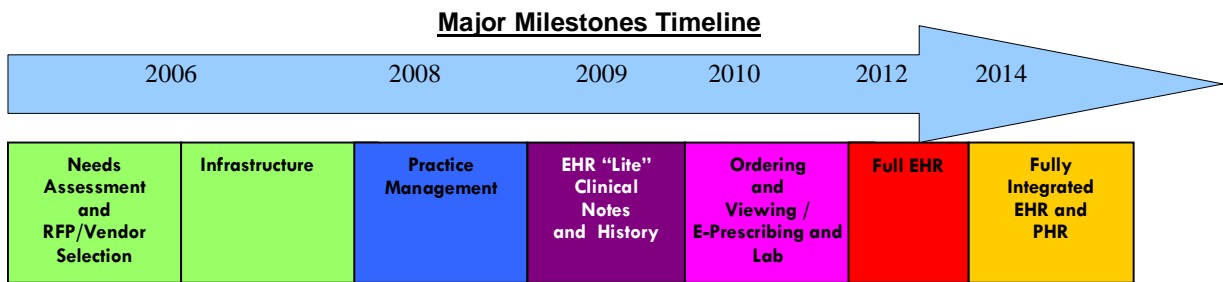
Interoperability Components (Data Transfer - Connectivity and Language Standards)

The ability of the system to transfer data outside the County clinic.	
<input type="checkbox"/>	Messaging – Data transfer between different systems with different data standards.
<input type="checkbox"/>	Record Exchange – Data transfer between two systems that share a common structural design.
<input type="checkbox"/>	Messaging and Record Exchange - Both

Fully Integrated EHR and PHR	
Full EHR and PHR: Full EHR functionality and interoperability with a Personal Health Record system.	
<input type="checkbox"/>	Fully Integrated EHR and PHR

Other	
<input type="checkbox"/>	Other:

9. If this is your first project work plan submission for an EHR related project or if your major milestones timeline has changed since your last submission, complete a proposed implementation timeline with the following major milestones:



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

Project Risk Assessment				
Category	Factor	Rating	Score	
Estimated Cost of Project	Over \$5 million	6		
	Over \$3 million	4		
	Over \$500,000	2		
	Under \$500,000	1		
Project Manager Experience				
Like Projects completed in a "Key Staff" Role	None	3		
	One	2		
	Two or More	1		
Team Experience				
Like Projects Completed by at least 75% of Key Staff	None	3		
	One	2		
	Two or More	1		
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network/Cabling	1	
		Distributed Network	2	
Data Center/Network Operations Center		3		
Software	Custom Development	5		

*Commercial Off-The-Shelf Software	Architecture	Browser/Thin Client based	1	
		Two-Tier (Client / Server)	2	
		Multi-Tier (Client & Web, Database, Application, etc., Servers)	3	

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

11. If this is your first project work plan submission or if any information in the County's personnel analysis has changed since your last submission, complete a new County Personnel Analysis (management and staff) below.

Major Information Technology Positions	Estimated # FTE Authorized	Position hard to fill? 1 = Yes 0 = No	# FTE Estimated to meet need in addition to # FTE authorized
(1)	(2)	(3)	(4)
A. Information Technology Staff (direct service):			
Chief Technology/Information Officer			
Hardware Specialist			
Software Specialist			
Other Technology Staff			
Subtotal A			
B. Project Managerial and Supervisory:			
CEO or manager above direct supervisor			
Supervising Project Manager			
Project Coordinator			
Other Project Leads			
Subtotal B			
C. Technology Support Staff:			
Analysts, tech support, and quality assurance			
Education and training			
Clerical, secretary, and administrative assistants			
Other support staff (non-direct services)			
Subtotal C			
TOTAL COUNTY TECHNOLOGY WORKFORCE:			
Total (A +B+C)			

12. If this is your first project work plan submission for an EHR related project or if any information in your vendor selection criteria has changed since your last submission, describe your criteria for selecting an EHR vendor (such as RFP).

13. Do you certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met? Yes No

TECHNOLOGICAL NEEDS EXISTING PROJECT

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

1. Provide a brief summary of the TN project and its current status:

LAC-DMH will develop written and on-line PHR awareness and education materials. Online materials will include both written and video content. LAC-DMH expects to use the resources of an experienced consultant to develop the project materials. Content will be developed with two specific target audiences, consumer/family and mental health service providers.

The proposed PHR Education and Awareness Project will support local MHSAs goals and programs in the following ways:

- Increase consumer awareness of PHR(s) as a tool for promoting wellness and recovery
- Inform consumers of the range of PHR(s) available to them so they can make informed choices about a PHR
- For those consumers who choose to use a PHR, it is anticipated that use of a PHR will improve consumer/family communication with providers of mental health services
- For those consumers who choose to use a PHR, the PHR will provide a means for consumers to share their recovery with others in their support network
- Educate mental health service providers about PHR(s) and how they can be used as a tool to enhance the consumer/provider therapeutic relationship and potentially improve consumer outcomes

MHSA information technology funds will be used to support the development of written and online PHR awareness and education materials. Online materials will include both written and video content. LAC-DMH will use the resources of an experienced consultant to develop the project materials. LAC-DMH, CIOB and the Empowerment and Advocacy Division including the Consumer Office of Recovery and Empowerment and the Office of the Family Advocate will collaborate in the development of the scope of work and selection of the consultant. Content will be developed with two specific target audiences, consumer/family and the mental health services provider. Stakeholders feel strongly that PHR awareness and education efforts must include both audiences in order to receive the desired benefits of an effective PHR program that maximally supports a collaborative therapeutic relationship.

The following content will be included:

- What is a PHR
- What PHR software solutions are currently available
- Using the Network of Care PHR
- Security, privacy, and confidentiality considerations
- How to initiate discussions with consumers about maintaining a PHR
- Reviewing a PHR with a consumer as part of the therapeutic process
- Sharing information in a PHR with providers and significant others
- What is an Electronic Health Record (EHR)
- How data collected in an EHR can be fed to a PHR
- Adding Advance Psychiatric Directives to a PHR

Through the Consumer/Family Access to Computer Resources project, there will be considerable opportunity to incorporate the PHR training materials into the basic computer skills trainings that will be provided as part of the computer access project. In the basic computer skills training, consumers will be directed to the Network of Care PHR to teach the following basic skills:

- Creating a user name and password
- Using a Mouse
- Field navigation
- Navigation to the web-based Network of Care PHR
- Entering and Saving data
- Screen Printing
- Saving to Favorites

LAC-DMH in conjunction with stakeholders considered a number of factors in determining that a PHR awareness and education project would be the best initial course of action for working toward increased consumer/family comfort with and knowledge of PHR(s):

- It was apparent from stakeholder focus groups that a sizeable number of consumers may have little to no basic knowledge of PHR(s) and the PHR options currently available
- Even those consumers who may have some knowledge of PHR(s) may not know how they might benefit from

using a PHR or may not understand how data maintained in a PHR can be secured against unauthorized access

- Management of a PHR, especially a robust PHR as articulated in the MHTA Capital Facilities and Technological Needs Guidelines, will require a level of computer skills above what many consumers/family members may possess
- Standards for data transfer and the technology to develop a robust PHR are maturing but are not yet at a level of maturity to realize the vision of a PHR as articulated in the MHTA Capital Facilities and Technological Needs Guidelines
- Adding functionality to Network of Care such as uploading information from electronic health records must necessarily follow implementation of the IBHIS for LAC-DMH consumers

No activity on this project has begun. LAC-DMH anticipates assigning a Project Manager to this project and initiating project activities in Fiscal Year 10-11.

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

The goals, objectives, and cost estimates of this project have not changed. This request is to implement the project consistent with the multi-year plan that was approved by CDMH in June 2009.

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

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

Explanation:

None of the above applies. As stated in Question 2, above, this request is to implement the project consistent with the multi-year plan that was approved by CDMH in June 2009.

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

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

Explanation:

None of the above applies. As stated in Question 2, above, this request is to implement the project consistent with the multi-year plan that was approved by CDMH in June 2009.

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

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

Explanation:

This request is to implement the project consistent with the multi-year plan that was approved by CDMH in June 2009.

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

Given that the project scope, goals and objectives, and estimated costs have not changed, no stakeholder input other than that provided during the development of the plan approved by CDMH in June 2009 was required.

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSa Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

All documents in the funding request are true and correct.

Chief Information Officer (Print)	Signature	Date
HIPAA Privacy/Security Officer (Print)	Signature	Date

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: Los Angeles

Select one:
 New
 Existing

Project Number/Name: LA- 07 Data Warehouse Redesign

Date: June 1, 2010

TECHNOLOGICAL NEEDS NEW PROJECT	
Check at least one box from each group that describes this MHSa Technological Needs project	
<input type="checkbox"/> New system <input type="checkbox"/> Increases the number of users of an existing system <input type="checkbox"/> Extends the functionality of an existing system <input type="checkbox"/> Supports goal of modernization/transformation <input type="checkbox"/> Supports goal of client and family empowerment	
Indicate the type of MHSa Technological Needs Project	
Electronic Health Record (EHR) system projects (check all that apply). If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at: http://www.dmh.ca.gov/Prop_63/MHSa/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf	
<input type="checkbox"/> Infrastructure, security, and privacy <input type="checkbox"/> Practice Management <input type="checkbox"/> Clinical Data Management <input type="checkbox"/> Computerized Provider Order Entry <input type="checkbox"/> Full Electronic Health Record (EHR) with interoperability components (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies)	
Client and family empowerment projects	
<input type="checkbox"/> Client/Family access to computing resources projects <input type="checkbox"/> Personal Health Record (PHR) system projects <input type="checkbox"/> Online information resource projects (expansion/leveraging information-sharing services)	
Other technological needs projects that support MHSa operations	
<input type="checkbox"/> Telemedicine and other rural/underserved service access methods <input type="checkbox"/> Pilot projects to monitor new programs and service outcome Improvement <input type="checkbox"/> Data Warehousing projects/decision support <input type="checkbox"/> Imaging/Paper conversion projects <input type="checkbox"/> Other	
Indicate the Technological Needs project implementation approach	
<input type="checkbox"/> Custom application: Name of Consultant or Vendor (If applicable) _____ <input type="checkbox"/> Commercial Off-The-Shelf (COTS) System: Name of Vendor _____ <input type="checkbox"/> Product Installation: Name of Consultant and/or Vendor (If Applicable) _____ <input type="checkbox"/> Software Installation: Name of Vendor _____	
Technological Needs New Project Description	
1. Provide a summary of the TN Project:	
2. Describe how this project is critical for accomplishing the County's and Department's MHSa goals and objectives.	
3. Describe how the proposed technology of this project can be integrated with existing systems to achieve the Integrated Information Systems Infrastructure (IISI).	
4. List the inventory of new software, hardware, and licenses to be purchased for this project.	

5. Attach a detailed project plan for this project.
 Anticipated Start Date: [] Anticipated End Date: []

6. Have you completed a detailed Work Flow Analysis of the current system? If yes, please provide a brief summary of the current system’s workflow. If no, please explain why one has not been completed and when you intend on completing it.

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

8. If this project is an EHR related project, checkmark all components in the Major Milestones for this project.

Needs Assessment and Vendor Selection	
<input type="checkbox"/>	Needs Assessment
<input type="checkbox"/>	Vendor Selection Process

Infrastructure	
An interoperable EHR requires a secure network structure for sharing information	
<input type="checkbox"/>	Infrastructure

Practice Management (Web-Based Vendor)	
Formulates the criteria needed to provide critical support for practice management functions to increase productivity, improve financial performance, financial management, and compliance programs.	
<input type="checkbox"/>	Electronic Registration
<input type="checkbox"/>	Electronic Scheduling
<input type="checkbox"/>	Billing Interface with State
<input type="checkbox"/>	Billing Interface with Contract Providers

Clinical Data Management (EHR “Lite” Clinical Notes and History)	
Clinical documentation such as assessment; treatment notes; and other clinical measures, which includes data elements and corresponding definitions that can be used in the measurement of patient clinical management and outcomes, and for research and assessment.	
<input type="checkbox"/>	Assessment and Treatment Plan
<input type="checkbox"/>	Document Imaging
<input type="checkbox"/>	Clinical Notes Module

Computerized Provider Order Entry (CPOE) - (Ordering and Viewing / E-Prescribing and Lab)	
Optimizing physician ordering of medications, laboratory tests with interactive decision support system.	
<input type="checkbox"/>	Lab - Internal
<input type="checkbox"/>	Lab - External
<input type="checkbox"/>	Pharmacy - Internal
<input type="checkbox"/>	Pharmacy – External
<input type="checkbox"/>	Lab and Pharmacy - Both

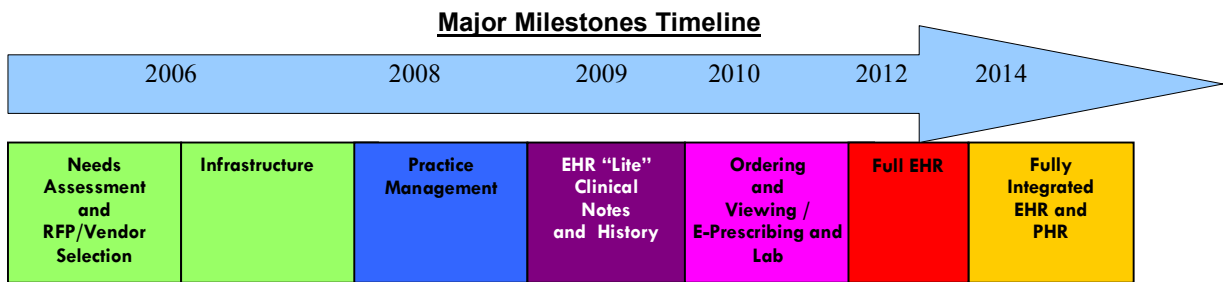
Interoperability Components (Data Transfer - Connectivity and Language Standards)	
--	--

The ability of the system to transfer data outside the County clinic.	
<input type="checkbox"/>	Messaging – Data transfer between different systems with different data standards.
<input type="checkbox"/>	Record Exchange – Data transfer between two systems that share a common structural design.
<input type="checkbox"/>	Messaging and Record Exchange - Both

Fully Integrated EHR and PHR	
Full EHR and PHR: Full EHR functionality and interoperability with a Personal Health Record system.	
<input type="checkbox"/>	Fully Integrated EHR and PHR

Other	
<input type="checkbox"/>	Other:

9. If this is your first project work plan submission for an EHR related project or if your major milestones timeline has changed since your last submission, complete a proposed implementation timeline with the following major milestones:



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

Project Risk Assessment				
Category	Factor	Rating	Score	
Estimated Cost of Project	Over \$5 million	6		
	Over \$3 million	4		
	Over \$500,000	2		
	Under \$500,000	1		
Project Manager Experience				
Like Projects completed in a "Key Staff" Role	None	3		
	One	2		
	Two or More	1		
Team Experience				
Like Projects Completed by at least 75% of Key Staff	None	3		
	One	2		
	Two or More	1		
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network/Cabling	1	
		Distributed Network	2	
Data Center/Network Operations Center		3		
Software	Custom Development	5		

*Commercial Off-The-Shelf Software	Architecture	Browser/Thin Client based	1	
		Two-Tier (Client / Server)	2	
		Multi-Tier (Client & Web, Database, Application, etc., Servers)	3	

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

11. If this is your first project work plan submission or if any information in the County's personnel analysis has changed since your last submission, complete a new County Personnel Analysis (management and staff) below.

Major Information Technology Positions	Estimated # FTE Authorized	Position hard to fill? 1 = Yes 0 = No	# FTE Estimated to meet need in addition to # FTE authorized
(1)	(2)	(3)	(4)
A. Information Technology Staff (direct service):			
Chief Technology/Information Officer			
Hardware Specialist			
Software Specialist			
Other Technology Staff			
Subtotal A			
B. Project Managerial and Supervisory:			
CEO or manager above direct supervisor			
Supervising Project Manager			
Project Coordinator			
Other Project Leads			
Subtotal B			
C. Technology Support Staff:			
Analysts, tech support, and quality assurance			
Education and training			
Clerical, secretary, and administrative assistants			
Other support staff (non-direct services)			
Subtotal C			
TOTAL COUNTY TECHNOLOGY WORKFORCE:			
Total (A +B+C)			

12. If this is your first project work plan submission for an EHR related project or if any information in your vendor selection criteria has changed since your last submission, describe your criteria for selecting an EHR vendor (such as RFP).

13. Do you certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met? Yes No

TECHNOLOGICAL NEEDS EXISTING PROJECT

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

1. Provide a brief summary of the TN project and its current status:

Implementation of the electronic health record necessitates re-designing the current LAC-DMH data warehouse. MHPA programs (Prevention and Early Intervention, Workforce Education and Training, and Innovation) will bring in new data that must be stored in the data warehouse. The LAC-DMH data warehouse is expected to be the primary, if not the only, source for all State mandated reports produced by LAC-DMH. It will be the one place where IBHIS data is brought together with data from contract provider systems, other DMH systems, and possibly even data from other County agencies to provide a view of Departmental activity across programs, across organizational units, and across time. This project will prepare LAC-DMH for warehousing new clinical, administrative, and financial data sources as well as establish appropriate resources for warehousing legacy data.

Ready access to digitally captured information is vital to the accomplishment of the transformational goals of MHPA and to monitoring progress towards transformational goals over time. Mental health program planning and development, outcomes assessment, quality improvement, coordination with Contract Providers, implementation of evidence-based practices, and cost-efficient streamlined business processes cannot be fully realized without structured improvements in the processes for consolidating, storing, and reporting information from disparate data sources.

The LAC-DMH data warehouse is not just an internal behind-the-scenes data tool for LAC-DMH. Data from the data warehouse is and will be provided securely and routinely to LAC-DMH Contract Providers and other stakeholders. Contract Providers use the data to, among other things, reconcile their internal records with LAC-DMH records.

LAC-DMH is expected to be the primary, if not the only, source for all State mandated reports produced by LAC-DMH. It will be the one place where IBHIS data is brought together with data from Contract Provider systems, other DMH systems, and possibly even data from other County agencies to provide a view of Departmental activity across programs, across organizational units, and across time. While it may be possible for LAC-DMH and its various partners to transform mental health service delivery without the re-designed LAC-DMH data warehouse, it is very hard to imagine that the transformation could be demonstrated without the implementation of a re-designed LAC-DMH data warehouse.

No activity on this project has begun. LAC-DMH anticipates assigning a Project Manager to this project and initiating project activities in Fiscal Year 10-11.

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

The goals, objectives, and cost estimates of this project have not changed. This request is to implement the project consistent with the multi-year plan that was approved by CDMH in June 2009.

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

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

Explanation:
None of the above applies. As stated in Question 2, above, this request is to implement the project consistent with the multi-year plan that was approved by CDMH in June 2009.

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

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

Explanation:
None of the above applies. As stated in Question 2, above, this request is to implement the project consistent with the multi-year plan that was approved by CDMH in June 2009.

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

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

Explanation:
 This request is to implement the project consistent with the multi-year plan that was approved by CDMH in June 2009.

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

Given that the project scope, goals and objectives, and estimated costs have not changed, no stakeholder input other than that provided during the development of the plan approved by CDMH in June 2009 was required.

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

All documents in the funding request are true and correct.

 Chief Information Officer (Print)

 Signature Date

 HIPAA Privacy/Security Officer (Print)

 Signature Date

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: Los Angeles

Select one:
 New
 Existing

Project Number/Name: Telepsychiatry Implementation Project (New)

Date: June 15, 2010

TECHNOLOGICAL NEEDS NEW PROJECT

Check at least one box from each group that describes this MHSa Technological Needs project

- New system
- Increases the number of users of an existing system
- Extends the functionality of an existing system
- Supports goal of modernization/transformation
- Supports goal of client and family empowerment

Indicate the type of MHSa Technological Needs Project

Electronic Health Record (EHR) system projects (check all that apply). If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at:
http://www.dmh.ca.gov/Prop_63/MHSA/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf

- Infrastructure, security, and privacy
- Practice Management
- Clinical Data Management
- Computerized Provider Order Entry
- Full Electronic Health Record (EHR) with interoperability components (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies)

Client and family empowerment projects

- Client/Family access to computing resources projects
- Personal Health Record (PHR) system projects
- Online information resource projects (expansion/leveraging information-sharing services)

Other technological needs projects that support MHSa operations

- Telemedicine and other rural/underserved service access methods
- Pilot projects to monitor new programs and service outcome Improvement
- Data Warehousing projects/decision support
- Imaging/Paper conversion projects
- Other

Indicate the Technological Needs project implementation approach

- Custom application: Name of Consultant or Vendor (If applicable) _____
- Commercial Off-The-Shelf (COTS) System: Name of Vendor _____
- Product Installation: Name of Consultant and/or Vendor (If Applicable) TBD
- Software Installation: Name of Vendor _____

Technological Needs New Project Description

1. Provide a summary of the TN Project:

This project is intended to replace project number LA-8 "Telepsychiatry Feasibility Study and Recommendations Project". Funding approved for the eliminated Telepsychiatry Feasibility Study and Recommendations Project will be used to fund a new Telepsychiatry Implementation project. Implementation of Telepsychiatry was not included within the scope of LA-08. However, implementation of Telepsychiatry was included within the scope of Enclosure 1, Technological Needs Component Proposal, approved by CDMH on February 23, 2009.

The Telepsychiatry Implementation project represents an expansion of the current Telepsychiatry point-to-point pilot program that was funded through resources other than MHSa Technological Needs funds. The expansion will include a multi-point solution at a minimum of 8 endpoints via a secure County network infrastructure. Additionally, this project will include the use of a Telepsychiatry consultant who will assist LAC-DMH identify key policy and procedural issues for the expanded Telepsychiatry program, and develop work flows to ensure operational efficiency.

The \$362,614 (\$322,000 Direct + \$42,614 Administrative costs) previously awarded for the eliminated Telepsychiatry Feasibility Study and Recommendations Project (LA-08) will be used to fund a new Telepsychiatry Implementation

project. These previously approved funds will cover all project activities for FY 10-11 and the remainder (\$3,009) will partially offset costs for FY 11-12. Additional funds (\$200,292) are requested for FY 11-12 and FY 12-13 to support ongoing costs. Total project cost including previously awarded funds is \$562,906.

2. Describe how this project is critical for accomplishing the County's and Department's MHSA goals and objectives.

Los Angeles County encompasses over 4,000 square miles of service area, from sparsely populated geographies which are considerable distances from public health and mental health services to heavily populated areas with historically underserved populations.

LAC-DMH is committed to providing services broadly and equitably, including offering psychiatric services at remote sites and in facilities for which hiring has been historically difficult. As part of its ongoing efforts to address service disparities LAC-DMH proposes to expand its existing single-provider, point-to-point telepsychiatry pilot program to a system of networked facilities allowing numerous psychiatrists to provide services to clients at a minimum of eight (8) remote or underserved facilities. Initially identified sites include Palmdale or Antelope Valley Mental Health Centers, urban areas and other underserved portions of the County.

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

3. Describe how the proposed technology of this project can be integrated with existing systems to achieve the Integrated Information Systems Infrastructure (IISI).

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

4. List the inventory of new software, hardware, and licenses to be purchased for this project.

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

5. Attach a detailed project plan for this project.

Anticipated Start Date: [04/05/10] Anticipated End Date: [02/02/11]

A preliminary summary project schedule includes the following tasks, milestones and dates:

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

6. Have you completed a detailed Work Flow Analysis of the current system? If yes, please provide a brief summary of the current system's workflow. If no, please explain why one has not been completed and when you intend on completing it.

A Work Flow Analysis has not been conducted. LAC-DMH will conduct an "As-Is" analysis during Task 4 above,

“Analysis of Business & Technical Requirements”, and a “To-Be” analysis will be conducted during Task 5 above, “Technical Design”.

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

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

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

8. If this project is an EHR related project, checkmark all components in the Major Milestones for this project.

Needs Assessment and Vendor Selection	
<input type="checkbox"/>	Needs Assessment THIS PROJECT IS NOT AN EHR RELATED PROJECT
<input type="checkbox"/>	Vendor Selection Process

Infrastructure	
An interoperable EHR requires a secure network structure for sharing information	
<input type="checkbox"/>	Infrastructure

Practice Management (Web-Based Vendor)	
Formulates the criteria needed to provide critical support for practice management functions to increase productivity, improve financial performance, financial management, and compliance programs.	
<input type="checkbox"/>	Electronic Registration
<input type="checkbox"/>	Electronic Scheduling
<input type="checkbox"/>	Billing Interface with State
<input type="checkbox"/>	Billing Interface with Contract Providers

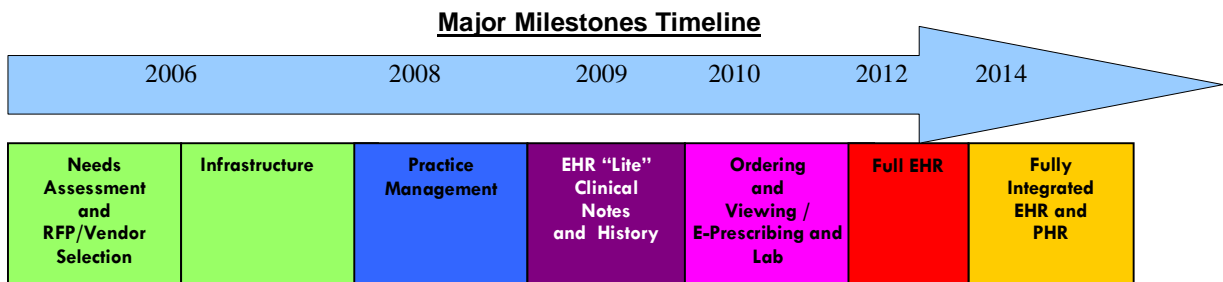
Clinical Data Management (EHR “Lite” Clinical Notes and History)	
Clinical documentation such as assessment; treatment notes; and other clinical measures, which includes data elements and corresponding definitions that can be used in the measurement of patient clinical management and outcomes, and for research and assessment.	
<input type="checkbox"/>	Assessment and Treatment Plan
<input type="checkbox"/>	Document Imaging
<input type="checkbox"/>	Clinical Notes Module

Computerized Provider Order Entry (CPOE) - (Ordering and Viewing / E-Prescribing and Lab)	
Optimizing physician ordering of medications, laboratory tests with interactive decision support system.	
<input type="checkbox"/>	Lab - Internal
<input type="checkbox"/>	Lab - External
<input type="checkbox"/>	Pharmacy - Internal
<input type="checkbox"/>	Pharmacy – External
<input type="checkbox"/>	Lab and Pharmacy - Both

Interoperability Components (Data Transfer - Connectivity and Language Standards)	
The ability of the system to transfer data outside the County clinic.	
<input type="checkbox"/>	Messaging – Data transfer between different systems with different data standards.

<input type="checkbox"/>	Record Exchange – Data transfer between two systems that share a common structural design.
<input type="checkbox"/>	Messaging and Record Exchange - Both
Fully Integrated EHR and PHR	
Full EHR and PHR: Full EHR functionality and interoperability with a Personal Health Record system.	
<input type="checkbox"/>	Fully Integrated EHR and PHR
Other	
<input type="checkbox"/>	Other:

9. If this is your first project work plan submission for an EHR related project or if your major milestones timeline has changed since your last submission, complete a proposed implementation timeline with the following major milestones:



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

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

	Application, etc., Servers)	
--	-----------------------------	--

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

11. If this is your first project work plan submission or if any information in the County's personnel analysis has changed since your last submission, complete a new County Personnel Analysis (management and staff) below.

Major Information Technology Positions	Estimated # FTE Authorized	Position hard to fill? 1 = Yes 0 = No	# FTE Estimated to meet need in addition to # FTE authorized
(1)	(2)	(3)	(4)
A. Information Technology Staff (direct service):			
Chief Technology/Information Officer			
Hardware Specialist			
Software Specialist			
Other Technology Staff			
Subtotal A			
B. Project Managerial and Supervisory:			
CEO or manager above direct supervisor			
Supervising Project Manager			
Project Coordinator			
Other Project Leads			
Subtotal B			
C. Technology Support Staff:			
Analysts, tech support, and quality assurance			
Education and training			
Clerical, secretary, and administrative assistants			
Other support staff (non-direct services)			
Subtotal C			
TOTAL COUNTY TECHNOLOGY WORKFORCE:			
Total (A +B+C)			

12. If this is your first project work plan submission for an EHR related project or if any information in your vendor selection criteria has changed since your last submission, describe your criteria for selecting an EHR vendor (such as RFP).

13. Do you certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met? Yes [] No []

TECHNOLOGICAL NEEDS EXISTING PROJECT

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

1. Provide a brief summary of the TN project and its current status:

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

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

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

Explanation:

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

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

Explanation:

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

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

Explanation:

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

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

All documents in the funding request are true and correct.

_____ Chief Information Officer (Print)	_____ Signature Date
_____ HIPAA Privacy/Security Officer (Print)	_____ Signature Date



Los Angeles County Mental Health Commission

MHSA Oversight and Accountability

550 South Vermont Avenue, 12th Floor
Los Angeles, California 90020
TEL: (213) 738-4772 ~ FAX (213) 738-2120
Email: mentalhealthcommission@dmh.lacounty.gov
Website: <http://dmh.lacounty.info/mhc>

Board of Supervisors

Gloria Molina
First District
Mark Ridley-Thomas
Second District
Zev Yaroslavsky
Third District
Don Knabe
Fourth District
Michael D. Antonovich
Fifth District

Executive Committee

Jerry Lubin, AICP
Chair
Larry Gasco, PhD, LCSW
Vice Chair
Greg Thompson, LCSW
Executive Committee Secretary
Frank C. Baron
CALMHB/C Representative
Delores Huffman
Member-at-Large
Helen Wolff, MD, MPH
Member-at-Large
Victoria A. Sofro
Member-at-Large
Barry Perrou, PsyD
Past Chairman

Commissioners

FIRST DISTRICT
Howard Askins, MD, JD
George Caballero, LCSW
Carlos Sosa, MSW

SECOND DISTRICT
Lana A. Brody, MA
Delores Huffman
Hayward McNeill, MPH

THIRD DISTRICT
Frank C. Baron
Arnold L. Gilberg, MD, PhD
Jerry Lubin, AICP

FOURTH DISTRICT
Greg Thompson, LCSW
Ilean Rabens, MA
Larry Gasco, PhD, LCSW

FIFTH DISTRICT
Barry Perrou, PsyD
Victoria A. Sofro
Helen B. Wolff, MD, MPH

HEALTH DEPUTY, 5th DISTRICT
Phillip Chen

EXECUTIVE DIRECTOR
Terry G. Lewis—Nwachie, MS

COMMISSION SECRETARY
Canetana Hurd, BS

April 8, 2010

Marvin J. Southard, DSW
Director, Department of Mental Health
550 S. Vermont Ave., 12th Floor
Los Angeles, CA 90012

Dear Dr. Southard:

MENTAL HEALTH SERVICES ACT (MHSA) MANDATED PUBLIC HEARING Annual Update Plan Fiscal Year (FY) 2010/2011

Thursday, April 8, 2010, the Los Angeles County Mental Health Commission hosted a mandatory MHSA public hearing. The purpose of the public hearing was to formally present a draft proposal of the MHSA Annual Update Plan for Fiscal Year (FY) 2010/2011. The hearing provided an open forum for comments and suggestions regarding the plan. All comments will be summarized and submitted with the April 15, 2010 letter to the State.


MHSA Annual Update Plan –

- Pursuant to the California Code of Regulations (CCR), title 9, sections 3300, 3310, subdivision (d), and 3315, subdivision (a), the FY 2010/2011 annual update shall be developed with the participation of stakeholders. Funding requests for FY 2010/11 are provided for the Community Services and Supports (CSS), Workforce Education and Training (WET), Capital Facilities and Technological Needs (CFTN), Prevention and Early Intervention (PEI), and Innovation (INN) components.

The hearing was attended by over 100 constituents, including clients, family members and local political activists. Spanish and Korean translators were available to ensure that those constituents could actively participate in the hearings. American Sign Language services were also available where requested.

After the concluding comments from hearing attendees, the Los Angeles County Mental Health Commission unanimously passed a motion that approved the Annual Update Plan FY 2010/2011.

Sincerely,



Jerry Lubin
Chair

JL:TGLN:al

al/mhsa/approval-Annual Update Plan