COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH PROGRAM SUPPORT BUREAU - MHSA IMPLEMENTATION AND OUTCOMES DIVISION

Proposal for Use of Unallocated Funds MHSA Community Services and Supports (CSS) Plan

Implementation (Estimated) Date

* Indicates new work plan

 $\sqrt{\rm Indicates}$ program start date

Programs have been identified for immediate implementation. These programs will be adopted via a mid-year adjustment to the MHSA Three Year Program and Expenditure Plan, Fiscal Years 2014-15 through 2016-17.

Programs not highlighted will be adopted via a mid-year adjustment to the MHSA Annual Update, Fiscal Year 2015-16.

| 2015 | | | | | 2016 | | | | | | | | | | | |
|--------------|-----------------------------|---------------------------|----------------|---------------|--------------|----------------------------|--------------|--------------------------|--------------|--------------|-----|-----|-----|-----|-----|-----|
| Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | Мау | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| ONE-TIME | INVESTMENT | rs | | | | | | | | | | | | | | |
| MHSA Hous | sing Program | n: Money wi | ill be transfe | erred to Cali | ifornia Hous | ing Finance | Agency | | | | | | | | | |
| | | | | | | | | | | \checkmark | | | | | | |
| MSHA Hous | sing Trust Fu | nd: Provide | e supportive | services a | nd/or other | housing sup | oports | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Los Angele | <mark>s Lesbian Ga</mark> | <mark>iy Bisexua</mark> l | Transgend | er Center's | Recognize, | <mark>Intervene</mark> , S | upport, and | <mark>l Empower (</mark> | RISE) Projec | t | | | | | | |
| | | | | | | | | | | | | | | | | |
| Pilot Emplo | oyment Progra | am - Wellne | ess Centers | | | | | | | | | | | • | | |
| | Ū | | | | | | | | | | | | | | | |
| Assisted O | utpatient Trea | atment Eva | luation | | | | | | | | • | | | | | |
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| 0110.011 | | 10 | | | V | | | | | | | | | | | |
| | | | | Decar II | . (100) | | Uer | | | | | | | | | |
| Katie A. – F | CCS expansi | ion for Inte | nsive Care (| Coordinatio | n (ICC) and | Intensive In- | -Home | | | 1 | | | | | | |
| | | | | | | | | | | | | | | | | |
| Katie A. – I | ntensive Care | e Coordinat | tion Service | s for FSP | | | | | | | | | | | | |
| | | | | \checkmark | | | | | | | | | | | | |
| Health Neig | ghborhood an | d Faith Ou | treach and (| Coordinatio | n | | | | | | | | | | | |
| | | | | | \checkmark | | | | | | | | | | | |
| Client Supp | oortive Servic | es Funds-S | SB82 Mobile | Triage Tea | m | | | | | | | | | | | |
| \checkmark | | | | | | | | | | | | | | | | |
| Housing fo | <mark>r Clients - SB</mark> | 82 Progran | n | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Expansion | of FCCS Cap | acity | | | | | | | | | | | | | | |
| _ | _ | _ | _ | | | _ | \checkmark | _ | _ | _ | _ | _ | _ | _ | _ | |
| FCCS Servi | ice Expansio | <mark>n in Skid R</mark> | ow | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Increased o | capacity to ou | utreach, eng | gage and se | rve Under-F | Represented | d Ethnic Pop | oulations (U | REP) commu | unities | | | | | | | |
| | | \checkmark | | | | | | | | | | | | | | |
| Service Red | direction from | n PEI to FC | CS | | | | | | | | | | | | | |
| | | | | 1 | | | 1 | | | | | | | | | |

| | \checkmark | | | | | |
|-----------------------------------|--------------|--|--|--|--|--|
| Forensic Full Service Partnership | | | | | | |
| | \checkmark | | | | | |
| Men's Jail Integration Program | | | | | | |
| | \checkmark | | | | | |
| Law Enforcement Team* | | | | | | |
| | \checkmark | | | | | |
| TAY Drop-In Center Expansion | | | | | | |
| | \checkmark | | | | | |