DMH →

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ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

31 APR 08 2008

SACHI A. HAMAI
EXECUTIVE OFFICER

April 8, 2008

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

DEPARTMENT OF MENTAL HEALTH: APPROVAL OF THE ONE-TIME FUNDS EXPANSION PLAN UNDER THE MENTAL HEALTH SERVICES ACT COMMUNITY SERVICES AND SUPPORTS PLAN (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve, in substantially similar form, the attached One-Time Funds Expansion Plan (Expansion Plan) under the Mental Health Services Act (MHSA) Community Services and Supports (CSS) Plan in the amount of $17,773,000 for submission to the California Department of Mental Health (CDMH) and authorize the Director of Mental Health, or his designee, to make minor modifications to the plan in response to comments from CDMH.

2. Authorize the Director of Mental Health or his designee to sign and execute any amendments necessary to the County's agreement with the State of California to include the funding and to accept these funds upon receipt from the State.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

Approval of the recommended actions will allow the Department of Mental Health (DMH) to submit the proposed Expansion Plan (see Attachment I) to CDMH to receive the additional MHSA one-time CSS funds in the amount of $17,773,000.

The proposed Expansion Plan would be used to expand Full Service Partnership Programs for Transition Aged Youth, Adults and Older Adults, to expand Wellness Centers and Client Run Centers, and to fund outreach and engagement activities targeted specifically to serve the homeless population that was formerly served under the Integrated Services for Homeless Adults with Serious Mental Illness, commonly referred to as the AB 2034 program.

In approving the State's 2007-08 Fiscal Year Budget, the Governor "blue penciled" the AB 2034 program, which served individuals who are homeless and have severe mental illness. This action eliminated funding for the program retroactively to July 1, 2007, resulting in a loss of $17,174,000 of State General Funds to the County.

At the same time, CDMH indicated that it would likely release additional one-time MHSA CSS funding to counties in order to assist them in transitioning clients into other programs under the counties' MHSA CSS Plans. The Department, working with its contract providers, began identifying clients and the appropriate MHSA program to which they should be transferred. Based on this information, clients are being reclassified to the appropriate MHSA programs based on the needs of the client. The effective date of the client reclassification is July 1, 2007.

On October 18, 2007, CDMH notified the County that its one-time allocation was $17,773,000. The amount included $17,253,000 for one time expansion of the CSS Plan and $520,000 specifically given to Los Angeles County to provide for statewide data collection, analysis and technical support in the transition year to be able to track final outcomes on the former AB 2034 clients. The County provided this service under the former AB 2034 program through a contract with National Mental Health Association of Greater Los Angeles. Accordingly, the Expansion Plan includes $520,000 for this purpose, as well as $1,683,408 for two years of continued funding, at a reduced level, for programmatic staff of the former AB 2034 program, who are coordinating the activities necessary to transition clients and to assist in managing the expanded MHSA programs.

Implementation of Strategic Plan Goals

The recommended Board actions are consistent with the principles of the Countywide Strategic Plan's Organizational Goal No. 1, "Service Excellence," Goal No. 3, "Organizational Effectiveness," and Goal No. 7, "Health and Mental Health." Board approval will allow the County to receive Expansion Plan funding released by the State to assist clients who were formerly served through the AB 2034 program.

FISCAL IMPACT/FINANCING

The Fiscal Year 2007-08 Adopted Budget included $25,908,515 for the AB 2034 Program. This includes $2,017,403 for salaries and employee benefits and services and supplies related to consultant services for training and outcome data. The Adopted Budget also included $23,891,112 for the contract providers of the AB 2034 program. The funding for the contract providers included $15,156,597 in State funds, $7,465,979 in Federal Financial Participation, $795,537 in County General Funds (CGF) and $472,999 in MHSA funds allocated for AB 2034 bridge funding.

The transition of clients into MHSA-funded programs will thus result in CGF savings of $795,537. Contract providers will be allowed to use the AB 2034 CGF to offset CGF curtailments scheduled for Fiscal Years 2007-08 and 2008-09.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

In accordance with the State's guidelines for the funds, on February 8, 2008 DMH posted the proposed Expansion Plan for the required 30 days public comment period. Six comments were received during the public comment period. The required summary of these comments and responses thereto has been incorporated into the Expansion Plan as required.

CONTRACTING PROCESS

DMH provided AB 2034 services through 14 legal entity providers. Of these, all but one currently provides some MHSA services under their existing contract. Upon Board and State approval of the Expansion Plan, contract amendments will be executed under existing delegated authority to re-categorize, effective July 1, 2007, the clients and the funding source under which services are provided.

IMPACT ON CURRENT SERVICES

Board approval of the proposed actions will effectuate the smooth transition of clients and contractors from the previous AB 2034 program to MHSA-funded programs.

CONCLUSION

The Department of Mental Health will need one copy of the adopted Board letter. It is requested that the Executive Officer, Board of Supervisors, notify the Department of Mental Health's Contracts Development and Administration Division at (213) 738-4684 when this document is available.

Respectfully submitted,

WILLIAM T FUJIOKA
Chief Executive Officer

WTF:SRH:SAS
MLM:DAS:bjs

Attachment

c: County Counsel
Director, Department of Mental Health
Chairperson, Mental Health Commission

040808_DMH_Expansion Plan

MENTAL HEALTH SERVICES ACT
COMMUNITY SERVICES AND SUPPORT PLAN

PROPOSED ONE-TIME FUNDS EXPANSION PLAN

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH

April 8, 2008

INTRODUCTION AND OVERVIEW

On February 14, 2006, the California Department of Mental Health (SDMH) approved the Los Angeles County Department of Mental Health (DMH) Mental Health Services Act (MHSA)–Community Services and Supports (CSS) Plan, which was comprised of 28 separate work plans. Subsequently, SDMH awarded DMH approximately $276,561,824 in MHSA CCS funding for Fiscal Years (FY) 2005-06, 2006-07 and 2007-08. In November 2007, SDMH approved DMH's Growth Funding Plan for $30,853,300 to expand the Department's CSS Plan for Full Service Partnership (FSP), System Development, and Outreach & Engagement programs beginning FY 2007-08.

Pursuant to the October 18, 2007 SDMH Information Notice 07-21, DMH is requesting an amendment to its MHSA Agreement to include $17,773,000 in one-time funds to be used to expand DMH's CSS Plan for FSPs, Wellness Centers and Outreach & Engagement programs. Each of these programs has been identified through the stakeholder process as being a critical element in the plan to address the needs of individuals with the most severe and persistent mental illnesses or serious emotional disturbances, and to support their resilience, recovery and wellness.

Following is a description of the Department's proposed MHSA expansion plan. The State's questions/requirements for the plan are in bold and the Department's responses follow.

PROCESS TO UPDATE LOS ANGELES COUNTY'S THREE-YEAR PROGRAM AND EXPENDITURE PLAN

The county must submit to DMH an update to its Three-Year Program and Expenditure Plan that is signed by the County Mental Health Director. The update must include:

A list of the proposed new and/or expanded programs/services, identified by the service category under which the program/service will be funded;

The table below summarizes the proposed expansion, to be funded with one-time funds that will strengthen Los Angeles County's CSS Plan.

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

SUMMARY OF PROPOSED EXPANSION

Work Plan #	Work Plan Name	Description of Proposed Expansion	# To Be Served	Proposed/ Effective Date	Funding Request
FULL SERVICE PARTNERSHIP EXPANSION					
A-01	Adult Full Service Partnerships (FSPs)	Increase in Adult FSP slots available to contract agencies in Service Areas 1-8.	1,216	April 15, 2008	$13,151,566
T-01	Transitional Aged Youth (TAY) FSPs	Increase in TAY FSP slots available to contract agencies in Service Areas 4, 5, and 8.	54	April 15, 2008	$485,221
OA-01	Older Adult FSPs	Increase in Older Adult FSP slots available to contract agencies in Service Areas 2 and 5	23	April 15, 2008	$234,424
TOTAL			1,293		**$13,871,211**
GENERAL SYSTEM DEVELOPMENT EXPANSION					
A-02	Adult Wellness/Client-Run Centers	Expand Wellness/Client Run Center services in Service Areas 1-8 for consumers in more advanced stages of recovery	458	April 15, 2008	$879,738
POE-01	Outreach and Engagement	Expand field-based outreach and engagement services to adults that are homeless and have a mental illness in Service Area 4	290	April 15, 2008	$816,500
TOTAL			748		**$ 1,696,238**
ADMINISTRATIVE COSTS					
	Outcome Data and Evaluation	Data collection, analysis and on-going technical support for expanded MHSA programs under this funding. This is one-time funding.		April 15, 2008	$520,000
	Administrative Overhead for Fiscal Years 2008-09 and 2009-10	Administrative overhead for expanded services.		April 15, 2008	$1,685,551
TOTAL					**$ 2,205,551**
TOTAL FUND REQUESTED			2,041		**$ 17,773,000**

A description of each program/service, including the population to be served, number of consumers served, services to be provided, and methods of service delivery.

The tables below describe each program, including the population and number of consumers to be served, the services to be provided and the method of service delivery.

COMMUNITY SERVICES AND SUPPORTS PLAN – EXPANSION PROGRAM SUMMARY	
Program Work Plan #: A-01	**Program Work Plan Name: ADULT FULL SERVICE PARTNERSHIPS (FSP) – Additional FSP Slots for Service Areas 1- 8**
Net Cost per Client	**$10,815**
Effective Date	**April 15, 2008**
Description of Proposed Program Expansion	Adult FSP programs serve specific high-need and high-risk individuals. The foundation of FSPs is doing "whatever it takes" to help people on their path to recovery and wellness. FSP programs embrace consumer-driven services and supports, with each consumer choosing services based on individual needs. 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. Adult FSP programs assist with housing, employment and education in addition to providing mental health services and integrated treatment for individuals who have a co-occurring mental health and substance abuse disorder. Services can be provided to individuals in their homes, the community and other locations. Peer and caregiver support groups are available. Embedded in FSP programs s is a commitment to deliver services in ways that are culturally and linguistically competent and appropriate. This expansion will allow 1,216 additional consumers to receive FSP services.
Program Justification	Additional Adult FSP slots across all Service Areas are needed due to an unanticipated increase in the number of adults who require FSP services.
Priority Population to be Served	Adults (ages 26-59) who have a severe and persistent mental illness and who are: ➢ Homeless ➢ Incarcerated ➢ Cycling through institutional care, including Institutions for Mental Disease and State Hospitals ➢ Frequent users of psychiatric hospitals and emergency rooms. ➢ Recipients of services from Urgent Care Centers and Psychiatric Emergency Services ➢ Family dependent

COMMUNITY SERVICES AND SUPPORTS PLAN – EXPANSION PROGRAM SUMMARY	
Program Work Plan #: T-01	**Program Work Plan Name: TRANSITIONAL AGE YOUTH (TAY) FULL SERVICE PARTNERSHIPS (FSP) – Additional FSP Slots for Service Areas 4, 5, and 8**
Net Cost per Client	**$8,986**
Effective Date	**April 15, 2008**
Description of Proposed Program Expansion	TAY FSP programs serve specific high-need and high-risk consumers. The foundation of FSP programs is doing "whatever it takes" to help individuals on their path to recovery and wellness to achieve positive outcomes. FSP programs embrace consumer driven services and supports, with each consumer choosing services based on individual needs. 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. FSP programs assist with housing, employment and education in addition to providing mental health services and integrated treatment for individuals who have a co-occurring mental health and substance abuse disorder. TAY FSP programs place an emphasis on providing an array of community and social integration services and assisting consumers with the development of basic independent living skills. Services can be provided to individuals in their homes, at school, the community and other locations. Peer and caregiver support groups are available. Embedded in FSPs is a commitment to deliver services in ways that are culturally and linguistically competent and appropriate. This expansion will allow 54 additional consumers to receive TAY FSP services.
Program Justification	Additional FSP slots in Service Areas 4, 5 and 8 are needed due to an unanticipated increase in the number of transitional age youth who require FSP services.
Priority Population to be Served	Transitional Age Youth (ages 16-25) who have a severe mental health illness and who are: ➢ Struggling with substance abuse disorders ➢ Homeless or at-risk of becoming homeless ➢ Aging out the children's mental health, child welfare or juvenile justice system ➢ Leaving long-term institutional care ➢ Experiencing their first psychotic break

COMMUNITY SERVICES AND SUPPORTS PLAN – EXPANSION PROGRAM SUMMARY	
Program Work Plan #: OA-01	**Program Work Plan Name: OLDER ADULT FULL SERVICE PARTNERSHIPS (FSP) – Additional FSP Slots for Service Areas 2 and 5**
Net Cost per Client	**$10,192**
Effective Date	**April 15, 2008**
Description of Proposed Program Expansion	Older adult FSP programs serve specific high-need and high-risk individuals. The foundation of FSPs is doing "whatever it takes" to help individuals on their path to recovery and wellness. FSPs embrace consumer driven services and supports, with each consumer choosing services based on individual needs. 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. Older Adult FSP programs address the multi-faceted needs of older adults in the areas of mental health, substance abuse, health and hygiene, benefits establishment, housing, transportation and nutrition. Older adult FSP programs work collaboratively with primary health care providers and with caregivers. Services can be provided to individuals in their homes, the community and other locations such as nursing homes and senior centers. Embedded in FSPs is a commitment to deliver services in ways that are culturally and linguistically competent and appropriate. This expansion will allow 23 additional consumers to receive FSP services.
Program Justification	Additional Older Adult FSP slots in Service Areas 2 and 5 are needed due to an unanticipated increase in the number of older adults who require FSP services.
Priority Population to be Served	Older Adults (ages 60 and above) who have a severe and persistent mental illness and who are: ➢ Not currently being served and/or who have reduced functioning ➢ Homeless or at risk of being homeless ➢ Institutionalized or at risk of being institutionalized ➢ In nursing homes ➢ Recipients hospital or emergency room services

COMMUNITY SERVICES AND SUPPORTS PLAN – EXPANSION PROGRAM SUMMARY	
Program Work Plan #: A-02	**Program Work Plan Name: ADULT WELLNESS/CLIENT- RUN CENTERS** **Additional wellness services for Service Areas 1- 8**
Net Cost per Client	**$1,921**
Effective Date	**April 15, 2008**
Description of Proposed Program Expansion	Wellness/Client-Run Centers enhance services for consumers who are in advanced stages of recovery. These Centers provide opportunities for consumers to develop non-institutional support mechanisms, reduce stigma, and decrease reliance on mental health and other related systems, all critical elements of success as they strengthen their self-reliance. Wellness/Client-Run Centers offer a variety of self-help, education and social/recreational activities. Wellness/Client-Run Centers also address both mental and physical health needs with an emphasis on proactive behavior and preventative strategies. This expansion will allow 458 additional consumers to receive these services that are critical to the recovery process.
Program Justification	Expansion of Wellness/Client-Run Centers is needed in Service Areas 1- 8 due to an unanticipated increase in the number of adults who can benefit from the wellness focused services.
Priority Population to be Served	Adults who are no longer in need of the intensive services offered by an FSP or other less intensive outpatient programs, and who are ready to take increased responsibility for their own wellness and recovery. The priority populations will include ethnic populations who may be more responsive to services in health care settings, individuals with co-occurring chronic or life-threatening medical conditions and individuals who are frequent users of hospital emergency rooms.

COMMUNITY SERVICES AND SUPPORTS PLAN – EXPANSION PROGRAM SUMMARY	
Program Work Plan #: POE-01	**Program Work Plan Name: PLANNING, OUTREACH AND ENGAGEMENT** **Additional outreach and engagement services for Service Area 4**
Net Cost per Client	**$2,816**
Effective Date	**April 15, 2008**
Description of Proposed Program Expansion	Additional field–based outreach and engagement services are needed to serve 290 unserved/underserved individuals who are homeless, living in homeless encampments, freeway underpasses, on sidewalks and other locations. The program will do "what ever it takes" to ensure these individuals are connected to mental health and supportive services including recovery and wellness focused services.
Program Justification	Expansion of the program is required due to an unanticipated immediate need to provide outreach and engagement to the Downtown Skid Row area which has a concentration of unserved/underserved homeless mentally ill adults.
Priority Population to be Served	Homeless mentally ill adults

An explanation of how each program/service relates to the issues identified in the Community Program Planning Process, including how each program/service will reduce or eliminate the disparities identified in the CSS assessment in the County's existing Three-Year Program and Expenditure Plan

DMH's initial community planning process recognized and prioritized the need to provide services to people in our communities who are the most severely challenged by mental health issues, including adults, transitional age youth (TAY) and older adults with severe and persistent mental illnesses or severe emotional disturbances who are risk of homelessness, jail or being institutionalized as a result of their mental illness. Concurrently, there was recognition that additional services would improve the quality of individuals' lives. Not only would there be a reduction in homelessness, incarceration in jails/juvenile halls, institutionalization, involuntary services and out-of home placements, but there would be an increase in the meaningful use of time and capabilities including engagement in education, vocational training, employment, and social and community activities. The estimated number of TAY, adults and older adults in need of these services in Los Angeles County was 43,000.

Several service options were identified to address the unmet needs of these individuals. Outreach and Engagement services were included as a means to connect with individuals receiving little or no services and to establish essential trusting relationships between the provider and the individual. Full Service Partnership (FSP) programs were viewed as the vehicle to providing the unique and intensive services that many of these individuals needed. Wellness Centers were seen as necessary to support consumers who no longer required the intensive services of an FSP program but who would benefit from a service that concurrently addresses physical and mental health needs. Wellness Centers provide informal and peer-provided supports essential for sustaining long-term recovery and wellness. Underlying the identification of each service was the need to ensure that the expansion of services would eliminate disparities in accessibility, availability and appropriateness of mental health services for various ethnic minority groups.

There has been an unanticipated increase in the number of individuals in need of FSP Programs, Wellness Centers and Outreach and Engagement services. Expansion of these programs will provide the services necessary to address this need, to reduce the risk of homelessness, jail and institutionalization among these individuals and to improve the quality of their lives. These services are consistent with DMH's commitment to recovery and wellness and to achieve positive outcomes for individuals receiving mental health services.

An assessment of the County's capacity to implement the proposed programs/services including the factors listed in Section 3650(a)(1) of the CCR

DMH has the capacity to implement the proposed expansion of programs/services in this funding request as evidenced by the following:

- ADULT INTENSIVE SERVICES: DMH has a long history of developing and implementing innovative mental health programs to address the needs of persons with severe and persistent mental illnesses, including persons who have not responded well to traditional outpatient services and experienced homelessness, incarcerations and institutionalization as a result. In 1993 the Department implemented the PARTNERS programs that provided innovative, comprehensive, integrated services to adults with serious and persistent mental illness who had high use of public mental health resources. In 1998 the Department began the Adult Targeted Case Management Services (ATCMS) Program which also prioritized adult consumers who had high use of public mental health services, particularly those being discharged from institutional care. Like the FSP program, these programs had low consumer-to-staff ratios that allowed more frequent consumer contact, including seeing consumers outside the clinic setting and 24/7 crisis availability. Starting in 2002, DMH began converting the PARTNERS programs to Assertive Community Treatment (ACT) programs that used evidence-based practices to improve the lives of enrolled individuals and outcomes measures to determine the programs' success. In 1999, Los Angeles was one of three counties to pilot programs under Assembly Bill (AB) 34, and subsequently implemented the highly successful AB 2034 program that served as a model for FSP programs. Outreach and engagement services have been an essential component of all intensive services programs.

- CHILDREN'S/TAY INTENSIVE SERVICES: The Department has a substantial history of providing intensive services to children and TAY through CSOC, Wraparound and Therapeutic Behavioral Services.

- FIELD-BASED SERVICES FOR OLDER ADULTS: The Los Angeles County Department of Mental Health has many years of experience in successfully providing field-based services by multidisciplinary staff to older adults through the G.E.N.E.S.I.S. program, especially serving the homebound, frail and isolated older adults.

- CONSUMER-RUN SERVICES: DMH has emphasized the inclusion of consumer run and peer support services for many years, and dedicated MHSA funding to implement Wellness Centers employing both peer advocate and professionally trained staff. The Department has long been a proponent of consumer-run services, as evidenced by its endorsement of the consumer-run "Project Return:

The Next Step" and "SHARE!" programs that offer social supports provided by peers. Approximately eight years ago DMH instituted an Office of Consumer Affairs, with a consumer as the director and staff specifically dedicated to supporting consumer empowerment and advocacy.

- CSS PLAN: DMH implemented its three-year CSS Plan which includes TAY, Adult and Older Adult FSP Programs, Wellness/Consumer Run Centers and Outreach and Engagement.

- CSS PROGRESS REPORTS: DMH has submitted CSS implementation progress reports.

- PROGRESS GOALS AND REPORTS: DMH has submitted all quarterly progress goals and reports.

A statement explaining how the requirements of the Community Program Planning Process in Section 3300 of the CCR were met

Our request for the use of one-time funds to expand the programs/services described in this funding request is based upon the input and recommendations of the stakeholders who developed DMH's three-year CSS Plan, and from stakeholders' input into developing the FY 2007-08 Growth Funding Plan. Participants in the stakeholder's process included people receiving mental health services, family members, community leaders, community service providers, DMH staff, representatives from other County Departments and many others. People of all ages including youth, adults and older adults participated in the planning process. The stakeholders included members of the African American, Armenian, American Indian, Cambodian, Chinese, Hispanic, Korean, Latino, Persian, Russian, Tongan, and Western European communities and many other ethnic and racial communities. Over 11,000 individuals participated in developing DMH's three-year CSS Plan. FSPs, Wellness Centers and Outreach and Engagement services were endorsed by stakeholders in both the three-year CSS Plan and the FY 2007-08 Growth Funding Plan.

Documentation of the local review process required by Section 3315

PUBLIC REVIEW

The proposed request for one-time funds expansion plan pursuant to the State Department of Mental Health (DMH) Information Notice 07-21 dated October 18, 2007 was posted on the Los Angeles County Department of Mental Health website at http://dmh.lacounty.info/stp/ on February 8, 2008. The 30-day public review and comment period ended on March 9, 2008. The plan was distributed and discussed with Department's System Leadership Team comprised of Department staff and stakeholders and the Mental Health Commission. The Board of Supervisors, MHSA delegates and stakeholders including the Underrepresented Ethnic Populations group members were notified that the proposed request for one-time funds expansion plan was posted on the Department website.

Stakeholders and other community members were invited to provide input, recommendations and comments on the one-time funds expansion plan by sending e-mails to MHSApubliccomment@dmh.lacounty.gov, by submitting written comments to Los Angeles County Department of Mental Health, Adult Systems of Care Countywide Programs, Attention: Dr. Maria Funk, 695 S. Vermont Avenue, 8th Floor, Los Angeles, CA 90005, or by fax to (213) 637-2336. (See Appendix for a copy of the comment form.)

STAKEHOLDER INPUT, RECOMMENDATIONS AND COMMENTS

Six public comments were received. Recommendations were made that more funding be allocated to older adult and infant services. It was also suggested that individuals with co-occurring disorders be included as a focal population and that the Department review current outreach and engagement practices that may create barriers to those with co-occurring substance abuse and mental health disorder. There was also a recommendation to include consumers and family members as speakers/trainers in the Certificated Training Curriculum and to provide stipends for their participation.

DMH acknowledges the input, recommendations and comments received from the stakeholders. This plan was based on an unanticipated increase in the number of clients who had age and service specific needs based on the loss of AB 2034 funding. The plan includes the focal populations approved by local stakeholders during the original CSS planning process which did not separate those with co-occurring disorders as a separate focal population but acknowledged that all of the identified focal populations would include those individuals with co-occurring disorders. DMH will consider incorporating the input, recommendations and comments that were received in the development of future planning for MHSA funds including Prevention and Early Intervention and Workforce, Education and Training.

Certification by the County Mental Health Director that the County will comply with the non-supplant requirements of Section 3410 of the CCR

See Appendix

For each new CSS program(s) or service(s) not already included in its existing Three-Year Program and Expenditure Plan, in addition to the elements set forth in section 3650(a)(6), the update shall also include:

Not applicable to this funding request. No new programs/services proposed.

When the update expands an existing program, the following information shall also be included:

A brief description of proposed program expansion (e.g., population to be served, increased number of clients served, new services added, new methods of service delivery etc), the amount of funding being requested, and the proposed effective date.

Charts and narrative above provide the information for this section of the funding request.

The net cost per client resulting from the proposed expansion. If the net cost per client is greater than the originally approved program, the County must also complete and submit a revised MHSA CSS Budget Worksheet (Exhibit 5b, DMH Letter No.: 05-05, page 53), and the Detailed Staffing Worksheet (Exhibit 5b, DMH Letter No.: 05-05, page 57), along with a budget narrative for the proposed expanded program. If the net cost per client for the expanded program is the same or less, there is no need to resubmit the Budget Worksheets.

Not applicable, the net cost per client is not greater than the originally approved programs.

EXHIBIT 2 SECTION

Community Services and Supports Program Workplan Listing

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

Fiscal Year : **2007-2008**

County:	Los Angeles	TOTAL FUNDS REQUESTED By Fund Type				FUNDS REQUESTED By Age Group			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
	TAY								
T-01	TAY Full Service Partnerships	$485,221			$485,221		$485,221		
	Sub-total	$485,221			$485,221		$485,221		
	ADULTS								
A-01	Adult Full Service Partnerships	$ 13,151,566			$ 13,151,566			$13,151,566	
A-02	Wellness/Client Run Centers		$879,738		$ 879,738			$ 879,738	
	Sub-total	$13,151,566	$879,738		$ 14,031,304			$14,031,304	
	OLDER ADULT								
OA-01	Older Adult Full Service Partnerships	$234,424			$234,424				$ 234,424
	Sub-total	$234,424			$ 234,424				$234,424
	CROSS CUTTING								
POE-01	Planning, Outreach & Engagement			$816,500	$ 816,500			$816,500	
	Sub-total			$816,500	$816,500			$816,500	
	TOTAL	$13,868,888	$ 879,738	$816,500	$15,565,126		$ 485,221	$14,847,804	$234,424

EXHIBIT 6 SECTION

Revised target numbers for workplans:
FSP-01
GSD-01

EXHIBIT 6: ONE-TIME FUNDS EXPANSION PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County:	Los Angeles County
Program Work Plan #'s:	T-01
Program Work Plan Name:	TAY FSP's
Fiscal Year: *(please complete one per fiscal year)*	FY 2007-08

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
TAY FSP total: 54	Transition Age Youth (16-25), who have SED or SMI, including those with substance abuse disorders, who are/have been: ❖ Homeless or at-risk ❖ Aging out of the children's mental health, child welfare or juvenile justice system ❖ Leaving long-term institutional care ❖ Experiencing their first psychotic break	54		54		54		54		54	

EXHIBIT 6: ONE-TIME FUNDS EXPANSION PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County:	Los Angeles County
Program Work Plan #'s:	A-01, A-02
Program Work Plan Name:	Adult: FSP; Wellness/Client-Run Centers
Fiscal Year: *(please complete one per fiscal year)*	FY 2007-08

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Adults FSP total: 1,216	Adults (26- 59) who have SMI, including people suffering from a co-occurring disorder and/or who have suffered severe trauma, and are: ❖ Homeless, In jail ❖ Frequent users of hospitals and emergency rooms ❖ In other institutional settings ❖ W/families, outside of any system	1,216		1,216		1,216		1,216		1,216	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total #'s to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
SD total: 458	A-02: Wellness/Client-run centers	458		458		458		458		458	

EXHIBIT 6: ONE-TIME FUNDS EXPANSION PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County:	Los Angeles County
Program Work Plan #'s:	OA-01
Program Work Plan Name:	OA: FSP's
Fiscal Year: *(please complete one per fiscal year)*	FY 2007-08

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Older Adults FSP total: 23	Older Adults (60 years+) with SMI who are: ❖ Not currently being served and have reduced functioning ❖ Homeless ❖ At risk of being homeless, institutionalized, nursing home care, hospitalization or emergency room services ❖ Underserved older adults at risk of any of the above	23		23		23		23		23	

EXHIBIT 6: ONE-TIME FUNDS EXPANSION PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County:	Los Angeles County
Program Work Plan #'s:	POE-01
Program Work Plan Name:	Outreach and Engagement
Fiscal Year: *(please complete one per fiscal year)*	FY 2007-08

Outreach & Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total #'s to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
O&E total: 290	POE-01: Planning, Outreach, & Engagement	290		290		290		290		290	

APPENDIX