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WORK PLAN	PLAN NAME	DESCRIPTION OF PROGRAM	ESTIMATED # OF PEOPLE TO BE SERVED*
Program Work Plan # C-01	**Children: Full Service Partnerships**	Full Service Partnerships are the heart of the Community Service and Supports plan. Individuals and, where appropriate, their families enroll in a voluntary program with a single point of responsibility to insure that the person(s) receiving services receive the range of supports they need to accelerate their recovery and develop an on-going realization of wellness. Each enrolled individual participates in the development of a plan that is focused on achieving recovery and wellness. Each enrolled individual has a single point of responsibility (case managers for youth and children). Each case manager has a low enough caseload to insure 24/7 availability. Services include linkage to, or provision of, all needed services or benefits as defined by the client and/or family in consultation with the case manager. Services are founded on a "whatever-it-takes" commitment and are judged effective by how well the individuals make progress on concrete outcomes of well-being. **PRIORITY POPULATION:** Children (0 to 15) with severe emotional disturbances and their families who: • Have been or are at risk of being removed from their homes by the County • Are in families affected by substance abuse issues • Are experiencing extreme behaviors at school • Are involved with Probation	1534
Program Work Plan # C-02 C-02	**Children: Family Support Services** **Children: Family Support**	Support the successful achievement of outcomes by providing parents/caregivers of children who are Seriously Emotionally Disturbed (SED) with access to mental health services for themselves. Treatment will be client-driven and integrated with the treatment of the child. Program will have a wellness focus to empower parents/caregivers to live, work, learn, and participate fully in their families and communities. Treatment will incorporate the concept of resiliency. Strength-based approaches and those focusing on enhancing problem-solving skills will be utilized. Developing and/or improving close relationships with family and connecting to community supports will be	1250

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WORK PLAN	PLAN NAME	DESCRIPTION OF PROGRAM	ESTIMATED # OF PEOPLE TO BE SERVED*
(continued)	**Services (con't.)**	emphasized. Values of recovery and resiliency will be promoted and reinforced through training, workshops, on-the-job mentoring, and tracking outcomes. **PRIORITY POPULATION:** Parents and caregivers with mental health needs whose symptoms are interfering with their ability to care for their SED child but who are without other funding sources, are not covered under the Adult System of Care, and for whom collateral services are insufficient.	
Program Work Plan #C-03	**Children: Integrated Mental Health/Co-Occurring Disorders (COD) Services**	A full continuum of services that meets the treatment needs of children and adolescents with COD, and establishes service linkages to help maintain and sustain the child's/youth's recovery as part of services associated with Full Service Partnerships. This program will help children/youth engage in meaningful use of time; enjoy a safe living environment with family and reduce homelessness; establish a network of supportive relationships through prevention services that target risk and resiliency for COD; obtain help in a timely manner and reduce incarceration through prevention and early intervention services; and reduce the need for involuntary services, institutionalization, and out-of-home placements through use of a coordinated/integrated continuum of care for children and youth with COD, including aftercare. **PRIORITY POPULATION:** In order of priority: • Youth with COD in the foster care and juvenile justice systems, homeless youth, trauma survivors and victims, and indigent youth who experience frequent or long-term health crises; • Children and adolescents with SED and a substance abuse disorder, and pregnant women and parents with COD; • Underserved ethnic minority populations, with emphasis on culturally and linguistically appropriate outreach.	724

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Program Work Plan # C-04	**Children: Family Crisis Services - Respite Care**	Respite Care supports the achievement of Full Service Partnership outcomes by providing support to families enrolled in FSP when (1) the caregiver is under significant stress as a result of the responsibility of providing care and (2) continued care-taking without respite care may result in out-of-home placement or a breakdown in family stability. The program advances the goals of reducing institutionalization and out-of-home placement. It also strengthens supportive relationships and promotes safer living environments. This service advances the goals of resilience and recovery in children and youth by improving familial relationships and by facilitating the mentally ill family member's ability to live, learn, work, and participate in the community. **PRIORITY POPULATION:** Families enrolled in Full Service Partnerships when • the caregiver is under significant stress as a result of the responsibility of providing care • continued care-taking without respite care may result in out-of-home placement or a breakdown in family stability.	520
Program Work Plan # T-01	**Transition Age Youth (TAY) Full Service Partnerships**	Full service partnerships are the heart of the Community Service and Supports plan. Individuals and where appropriate their families enroll in a voluntary program with a single point of responsibility to insure that the person(s) receiving services receive the range of supports they need to accelerate their recovery and develop an on-going realization of wellness. Each enrolled individual participates in the development of a plan that is focused on recovery and wellness. Each enrolled individual has a single point of responsibility (case managers for youth and children). Each case manager has a low enough caseload to insure 24/7 availability. Services include linkage to, or provision of, all needed services or benefits as defined by the client and/or family in consultation with the case manager for children/youth. Services are founded on a "whatever-it-takes commitment" and are judged effective by how well the individuals make progress on concrete outcomes of well being.	828

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WORK PLAN	PLAN NAME	DESCRIPTION OF PROGRAM	ESTIMATED # OF PEOPLE TO BE SERVED*
T-01 (Con't.)	**TAY Full Service Partnerships (continued)**	**PRIORITY POPULATION:** Transition Age Youth (16-25) suffering from severe mental health issues, who are: • Struggling with substance abuse disorders • Homeless or at-risk or becoming homeless • Aging out of the children's mental health, child welfare or juvenile justice system • Leaving long-term institutional care • Experiencing their first psychotic break	
Program Work Plan # T-02	**TAY Drop-In Centers**	Drop-in centers are intended as entry points to the mental health system for youth living on the street or in unstable living situations. The target sub-population for drop-in centers is often "service-resistant." Most of these youth have been betrayed by most of the adults in their lives and suffer attachment disorders—significantly complicating efforts to connect them with services. Drop-in centers provide "low demand, high tolerance" environments in which youth can find temporary safety and begin to build trusting relationships with staff and others who can connect youth—to the extent the youth is ready and willing—to services and supports s/he needs. **PRIORITY POPULATION:** Transition Age Youth who are SED or SMI. The vast majority of the target sub-population youth are either former foster youth or youth emancipating from the probation system. Most are disconnected from their families. The unique and separate challenges they face compared to the children and adult populations often interfere with their ability and willingness to connect with the therapeutic and transitional living assistance they need in order to avoid homelessness or lifelong institutionalization in correctional facilities and other involuntary settings.	832

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Program Work Plan # T-03a	**TAY Housing Services Emergency Housing Vouchers**	Housing provides a fundamental element of stability for young people to achieve their goals of wellness and recovery. The lack of affordable housing options, including short-term, long-term, and permanent options, is a profound barrier for transition age youth who need support and services for recovery. To address emergency needs for housing, motel vouchers for TAY who are in need of immediate shelter will be made available. This resource may be used for emergency housing of clients identified during outreach and engagement activities who have not yet enrolled in Full Service Partnerships but could benefit from this level of ongoing support. **PRIORITY POPULATION:** This investment applies primarily to youth ages 18-25, particularly for TAY who are homeless, living on the streets and in dire need of immediate shelter.	432
Program Work Plan #: T-03b	**TAY Housing Services Project-based Subsidies**	Housing provides a fundamental element of stability for young people to achieve their goals of wellness and recovery. The lack of affordable housing options, including short-term, long-term, and permanent options, is a profound barrier for transition age youth who need support and services for recovery. Funding will be provided to property developers or owners to create and/or set aside permanent housing units for the TAY population. The funding will include project-based subsidies and supportive services for the TAY residents. **PRIORITY POPULATION:** This investment applies primarily to youth ages 18-25 who have been in long term institutional settings, e.g., level 14 group homes (including youth who could qualify for level 14 group homes, but were living elsewhere), hospitals, Institutes of Mental Disease, Community Treatment Facilities, jails and Probations camps; TAY who require structured settings; and, TAY who have experienced their first psychotic break.	72

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Program Work Plan #: T-03c	**TAY Housing Services Housing Specialists**	Housing provides a fundamental element of stability for young people to achieve their goals of wellness and recovery. The lack of affordable housing options, including short-term, long-term, and permanent options, is a profound barrier for transition age youth who need support and services for recovery. Additional systems development investments are proposed by funding a team of Housing Specialists to develop local housing resources and assist TAY to secure safe and affordable housing. **PRIORITY POPULATION:** This funding will be used primarily for the development of housing resources for youth ages 18-25 who have been served by emergency vouchers and/or who have recently been discharged from long term institutional settings, those requiring structured living situations and those who may have recently experienced their first psychotic break. These individuals will, in concert with service providers, be assisted to secure appropriate housing resources in support of greater independence in their living situations.	864
Program Work Plan #: T-04 T-04	**Probation Services**	Services in the Probation Camps are critical in assisting this portion of the TAY population with mental health needs to reach their maximum potential rather than continue their involvement in the criminal justice system as adults. The proposed multi-disciplinary, integrated teams will provide an array of services aimed at successfully transitioning youth out of Probation settings. Using a recovery approach, which views mental illness as a condition from which an individual can recover and live a healthy and productive life, these teams will include parents/peer advocates, clinicians, and Probation staff who will provide a variety of treatment and support services including: assessments for mental illness, co-occurring substance abuse issues, and need for medications; ongoing treatment services; peer support; parent support/education; behavior management; and, discharge planning, including benefits establishment and transition planning with linkages to FSPs in the community and to family if appropriate.	208

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WORK PLAN	PLAN NAME	DESCRIPTION OF PROGRAM	ESTIMATED # OF PEOPLE TO BE SERVED*
(continued)	**Probation Services (continued)**	**PRIORITY POPULATION:** Of approximately 13,000 youth screened annually in the Probation Department's Juvenile Halls, almost 30% are in need of ongoing mental health services. These screenings reveal that 70-80% of the youth are substance-involved. Mental health services are provided in 3 Juvenile Halls with an average overall daily population of 1,800 youth, and in 19 camps/centers with an average overall daily population of 1,900 youth.	
Program Work Plan #: A-01	**Adult Full Service Partnerships**	Full service partnerships are the heart of the Community Service and Supports plan. Individuals and where appropriate their families enroll in a voluntary program with a single point of responsibility to insure that the person(s) receiving services receive the range of supports they need to accelerate their recovery and develop an on-going realization of wellness. Each enrolled individual participates in the development of a plan that is focused on recovery and wellness. Each enrolled individual has a single point of responsibility (Personal Service Coordinators for adults). Each PSC has a low enough caseload to insure 24/7 availability. Services include linkage to, or provision of, all needed services or benefits as defined by the client and/or family in consultation with the PSC for adults. Services are founded on a "whatever-it-takes" commitment and are judged effective by how well the individuals make progress on concrete outcomes of well-being. **PRIORITY POPULATION:** Adults (26-59) who have severe and persistent mental illness and who are: • Suffering from substance abuse or other co-occurring disorders, and/or who have suffered trauma • Homeless • Incarcerated • Frequent users of hospitals and emergency rooms • Cycling through different institutional and involuntary settings Cared for by families outside of any institutional setting	1766

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Program Work Plan #: A-02	**Adult Wellness/ Client-Run Centers**	This program promotes recovery and sustained wellness through an emphasis on pro-active behavior, preventative strategies, and self-responsibility. The Wellness Centers provide mental and physical health education, self-help meetings, peer support, and medical and psychiatric support to help program participants continue in their recovery and pursue their goals for a healthy life. The Client Run Centers are committed to increasing the capacity of the community to include all citizens and of clients to become involved in community life through offering a variety of self-help, educational and social/recreational activities. **PRIORITY POPULATION:** These programs offer options to clients who no longer need the intensive services offered by FSP programs, who may be receiving services from less intensive outpatient programs, and who are ready to take increasing responsibility for their own wellness and recovery. The targeted population 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. Attention will be given to developing Centers in areas with unserved/underserved ethnic minority populations that have been underrepresented by client run centers and services.	2400
Program Work Plan #: A-03	**Adult IMD Step-Down Facilities**	Step-Down Facilities will provide supportive, on-site mental health services when necessary, at selected licensed Adult Residential Facilities (ARF), and in some instances, assisted living, congregate housing or other independent living situations affiliated with the ARFs. Implementation of this program will assist clients from institutional and intensive residential settings to safely reside in the community following discharge from highly structured settings. **PRIORITY POPULATION:** The program will serve individuals, 18 years of age and above, many of whom are ready for discharge from Institutions for Mental Disease. Services will target those individuals in higher levels of care who require	180

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A-03 (con't)	**Adult IMD Step-Down Facilities (continued)**	supportive mental health and supportive services to transition from locked or highly structured settings to stable community placement and prepare for more independent community living. The program will also accommodate persons being discharged from acute psychiatric inpatient units and/or intensive residential facilities, and individuals at risk of being placed in these higher levels of care who are appropriate for this service.	
Program Work Plan #: A-04a	**Adult Housing Services: Housing Specialists***	Housing Specialists promote the recovery of individuals with a mental illness, many of whom have co-occurring disorders of mental illness and substance abuse, by helping them obtain and retain housing with a particular emphasis on independent living. The Housing Specialists will collaborate with landlords in the private market and non-profit housing developers, local Housing Authorities, clients, family members and service providers to increase the available housing options, and will promote client choice in housing options. They will be available 24/7 to respond to landlord concerns and client crises. The expected outcomes of this program include a decrease in the number of days individuals are homeless, in shelters and in institutional care and an increase in the number of days individuals are in permanent, safe and affordable housing. **PRIORITY POPULATION:** Adults between the ages of 26 and 59, many of whom are homeless or have a history of homelessness, incarcerated or have a history of incarceration, in locked psychiatric facilities or are at risk of hospitalizations, in adult residential care facilities and other settings which are often temporary, unsafe and unaffordable. Many of these individuals have been traditionally unserved, underserved and inappropriately served. They may have multiple barriers to finding appropriate housing such as poor credit histories, criminal backgrounds, co-occurring substance abuse problems and be in need of supportive services to retain housing.	4160
Program Work	**Adult Housing Services:**	Safe Havens promote the values of wellness and recovery for individuals that	200

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Plan #: A-04b	**Safe Havens**	have a mental illness and meet the definition of chronically homeless, many of whom have a co-occurring substance abuse disorder by helping them obtain and retain housing in a high tolerance, safe and non-threatening environment. Safe Havens provide an additional housing option for individuals who have been unable to use traditional shelter systems. Due to the high level of disability among the targeted population, the program offers diverse, specialized services that are flexible to address the non-linear progression of mental illness and substance addiction. Supportive services are on-site 24/7 to address the needs of the residents and should result in the following outcomes: decreased number of days individuals are homeless, in shelters and in institutional care and increased number of days individuals are in permanent, safe and affordable housing and increased days in which people are employed. The Safe Havens will collaborate with many community agencies/groups such as law enforcement, business associations, and residential and drug and alcohol program providers. Residents will be identified through outreach and engagement. Individuals who were formally homeless will be hired as outreach workers. **PRIORITY POPULATION:** Adults between the ages of 26 and 59 who are chronically homeless, many of whom are isolated, self-neglecting and have long histories of trauma. These individuals typically have a history of incarcerations, hospitalizations, poverty and multiple medical problems. For most of these individuals the traditional mental health system has not been effective. This population has multiple barriers to finding appropriate housing such as poor credit histories, lack of income, criminal backgrounds, and co-occurring substance abuse problems. It includes those who are in need of supportive services in order to retain housing.	
Program Work Plan #: A-05	**Adults Jail Transition and Linkage Services**	Promotes the values of wellness and recovery for individuals that have a mental illness and are involved in the criminal justice system. This program is	3384

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		designed to outreach and engage/enroll incarcerated individuals into appropriate levels of mental health services and supports, including housing and employment services, prior to their release from jail. Collaborations with Jail Mental Health Services, Mental Health Court workers, attorneys, family members, law enforcement, judges, and the workforce investment boards/ Worksource Centers will be key to the success of this program. The goal of these services is to prevent release from the jails into homelessness and to assist individuals in finding jobs thus alleviating the revolving door of incarceration and unnecessary emergency/acute psychiatric inpatient services. Additional goals include linkage with Full Service Partnership programs and providing the supports needed to help people improve their quality of life including a reduction in recidivism. **PRIORITY POPULATION:** Adults between the ages of 26 and 59 who are incarcerated and at risk of repeated incarcerations who have not been linked to or appropriately served by existing community-based mental health programs. These individuals typically have a long history of incarcerations, hospitalizations, unemployment and poverty. For most of these individuals the traditional mental health system has not been effective. This population has multiple barriers to finding appropriate housing such as poor credit histories, lack of income, criminal backgrounds, and co-occurring substance abuse problems. It includes those who are in need of supportive services in order to retain housing and jobs.	
Program Work Plan #: OA-01 OA-01 (con't)	**Older Adult Full Service Partner-ships** **Older Adult Full Service Partner-ships (continued)**	Full service partnerships are the heart of the Community Service and Supports plan. Individuals and where appropriate their families enroll in a voluntary program with a single point of responsibility to insure that the person(s) receiving services receive the range of supports they need to accelerate their recovery and develop an on-going realization of wellness. Each enrolled individual participates in the development of a plan that is focused on recovery and wellness. Each enrolled individual has a single point of responsibility (Personal Service Coordinators for adults). Each PSC has a low enough case	205

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		load to insure 24/7 availability. Services include linkage to, or provision of, all needed services or benefits as defined by the client and/or family in consultation with the PSC. Services are founded on a "whatever-it-takes commitment" and are judged effective by how well the individuals make progress on concrete outcomes of well-being. **PRIORITY POPULATION:** Older Adults (60 years+) who have severe and persistent mental illness and who are: • Not currently being served and have reduced functioning • Homeless or at risk of being homeless • Institutionalized, or at risk of being institutionalized • In nursing homes, or receiving hospital or emergency room services	
Program Work Plan #: OA-02	**Older Adult Transformation Design Team**	Create a true continuum of services for older adults to ensure timely access to needed help: generate and analyze relevant data; collaboratively develop and evaluate new values-driven, evidence-based, culturally relevant, field-capable, promising clinical programs that meet the special needs of older adults. **PRIORITY POPULATION:** Older adults between the ages of 60 and 64, and those who are 65 years and older. As programs develop, specialized services for those who are over 75 of age will become a focus. Older adults who have been traditionally unserved or underserved, including, clients who need much engagement to access and maintain services; individuals who are severely mentally ill and/or isolated, self neglecting, abused, and homeless; undocumented, immigrants and/or monolingual in a language other than English, uninsured, and underinsured.	N/A
Program Work Plan #: OA-03	**Older Adult Field-Capable Clinical Services**	Create field-capable specialized, clinical services for older adults delivered by interdisciplinary teams of professionals trained to work with older adults. These services will be provided in locations preferred by clients in collaboration with other service providers such as primary medical providers.	2106

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		PRIORITY POPULATION: Older adults between the ages of 60 and 64, and those who are 65 years and older. As programs develop, specialized services for those who are over 75 of age will become a focus. Older adults who have been traditionally unserved or underserved, including for example, clients who need much engagement to access and maintain services; individuals who are severely mentally ill and/or isolated, self neglecting, abused, and homeless; undocumented, immigrants and/or monolingual in a language other than English, uninsured, and underinsured.	
Program Work Plan #: OA-04	**Older Adult Service Extenders**	As part of field-capable clinical teams, service extender programs enable peer counselors, peer bridgers, and family members to address the primary concerns of older adult clients and their families in a highly sensitive and culturally appropriate manner in settings that are most comfortable to clients such as homes, residential facilities and community locations. **PRIORITY POPULATION:** Older adults between the ages of 60 and 64, and those who are 65 years and older; as programs develop, specialized services for those who are over 75 of age will become a focus. Older adults who have been traditionally unserved or underserved, including for example, clients who need much engagement to access and maintain services; individuals who are severely mentally ill and/or isolated, self neglecting, abused, and homeless; undocumented, immigrants and/or monolingual in a language other than English, uninsured, and underinsured.	660
Program Work Plan #: OA-05	**Older Adult Training**	Providing transformative education to professionals, peers, family members and community partners to help change attitudes and increase knowledge regarding integrated treatment, recovery, peer support, and emerging best practices. The training focus will include for values-driven and promising clinical services that support client-selected goals for culturally diverse older	N/A

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		adults. Training will be provided to primary care providers and other health providers to increase coordination and integration of mental health, primary care, and other health services. Providers, clients, family members, and community partners will be the focus of training efforts **PRIORITY POPULATION:** Providers, clients, family members, and community partners who deliver services to older adults between the ages of 60 and 64, and those who are 65 years and older will be the priority population for this project. As programs develop, specialized services for those who are over 75 of age will become a focus. Older adults who have been traditionally unserved or underserved, including for example, clients who need much engagement to access and maintain services; individuals who are severely mentally ill and/or isolated, self neglecting, abused, and homeless; undocumented, immigrants and/or monolingual in a language other than English, uninsured, and underinsured.	
Program Work Plan #: ACS-01a	**Alternative Crisis Services: Urgent Care Centers**	The Urgent Care Centers (UCC) will provide intensive crisis services to individuals who would otherwise be brought to the Department of Health Services Psychiatric Emergency Services. While these individuals may not require psychiatric hospitalization or medical care, they are in need of stabilization and linkage to ongoing community-based services. Providing crisis intervention services, including integrated services for co-occurring substance abuse disorders, in a UCC with a focus on recovery and linkage to ongoing community-based services will impact unnecessary and lengthy involuntary inpatient treatment, as well as promote care in voluntary treatment settings that are recovery-oriented.	10800
ACS-01a (con't)	**Alternative Crisis Services: Urgent Care Centers (continued)**	**PRIORITY POPULATION:** Situational characteristics of clients to be served include those who are repetitive and high utilizers of emergency and inpatient services, those with co-occurring substance abuse, those needing medication management, and those whose presenting problems can be met with short-term (under 23 hour) immediate care and linkage to community-	

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		based solutions. Often, these clients will be struggling with a lack of housing.	
Program Work Plan #: ACS-01b	**Alternative Crisis Services: Countywide Resource Management**	This program will provide overall administrative, clinical, integrative, and fiscal management functions for the Department's indigent acute inpatient, long-term institutional, and crisis, intensive, and supportive residential resources, with daily capacity for over 1200 persons. This coordination, linkage and integration of inpatient and residential services throughout the system will enhance the goals of the MHSA by reducing re-hospitalization, incarceration and the need for long-term institutional care, while increasing the potential for community living and recovery. **PRIORITY POPULATION:** The population served by this program is all TAY, adults and older adults who utilize any of the types of facilities and programs listed above. In most instances, the population served will be in preparation for or transitioning to community living or less restrictive facilities. The population served will include persons from all ethnic groups and sexual orientations.	5728
Program Work Plan #: ACS-01c ACS-01c (con't)	**Alternative Crisis Services: Residential & Bridging Services** **Alternative Crisis Services: Residential & Bridging Services (continued)**	The Residential and Bridging Services will provide DMH program liaisons and peer advocates/bridgers to assist in coordinating psychiatric services and supports for individuals being discharged from County hospital psychiatric emergency services and inpatients units, County contracted private acute inpatient beds for uninsured individuals, UCCs, IMDs, crisis residential, intensive residential, and supportive residential, substance abuse, and other specialized programs. The program will promote the expectation that clients must be successfully reintegrated in their communities upon discharge and that all care providers must participate in client transitions to the community. This coordination, linkage and integration of inpatient and residential services	7200

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		will enhance the goals of the MHSA by reducing re-hospitalization, incarceration, and the need for long term institutional care and promote the potential for community living. **PRIORITY POPULATION:** The populations served by this program are children, TAY, adults, and older adults who utilize any of the types of facilities and programs listed above. The populations served will be those requiring assistance in successfully transitioning to community living or less restrictive facilities. The population served will include persons from all ethnic groups and sexual orientations.	
Program Work Plan #: ACS-01d	**Alternative Crisis Services: Enriched Residential Services**	The Enriched Residential Services will provide a short-term, secure 48-bed augmented residential program for individuals who are ready for discharge from higher levels of care. The program is designed to provide community-based, intensive residential services that are focused on breaking the cycle of costly emergency and inpatient care and promoting successful community reintegration. **PRIORITY POPULATION:** The populations to be served by this program are adults and TAY, 18 to 64 years of age, from County hospitals and long-term institutional settings who still require structured, supported residential services and stabilization prior to transitioning to lower levels of community-based care and independent housing. The population served will include persons from all ethnic groups and sexual orientations.	150
Program Work Plan #: POE-01	**Planning, Outreach & Engagement**	The ongoing Planning, Outreach & Engagement activities, which began during the Community Program Planning (CPP) phase, will continue to focus on outreaching to and organizing the multiple communities in Los Angeles County to include perspectives and voices essential for achieving the transformation of the mental health system. Strong emphasis will be placed on outreach and engagement of underserved and unserved ethnic populations. Our goal is to create a permanent infrastructure that supports the commitment to forming	N/A

*Estimated # of people to be served are unduplicated within each plan. One unique client may be seen in more than one plan.

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
COMMUNITY SERVICES AND SUPPORTS PLAN - PROGRAM DESCRIPTIONS
(PROPOSED FOR FISCAL YEAR 2006-07)

WORK PLAN	PLAN NAME	DESCRIPTION OF PROGRAM	ESTIMATED # OF PEOPLE TO BE SERVED*
		partnerships with historically disenfranchised communities, faith based organizations, schools, community-based agencies and other County Departments to achieve the promise of the Mental Health Services Act.	
Program Work Plan #: ADM-01	**Administration**	The funding requested for positions and related expenditures are crucial to facilitate program implementation of the Mental Health Services Act Community Services & Supports Plan for both the directly operated and contracted provider network.	N/A

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