



WELLNESS • RECOVERY • RESILIENCE

Mental Health Services Act (MHSA): A Decade of Implementation

Status of MHSA Programs for Children and TAY
Presented for the Los Angeles County
Commission on Children and Families



Robin Kay, Ph.D.
LACDMH Acting Director



MHSA Overview

- ❖ Proposition 63 passed by voters in November, 2004
- ❖ 1% income tax on individuals making more than \$1 million
- ❖ Requires stakeholder process and input to design programs for those who are unserved, underserved or inappropriately served
- ❖ Act requires dedicated funding for 5 program categories:
 - ◆ Community Services and Supports (CSS)
 - ◆ Prevention & Early Intervention (PEI)
 - ◆ Innovations (INN)
 - ◆ Workforce, Education & Training (WET)
 - ◆ Capital Facilities and Information Technology (Cap/IT)

MHSA Overview

Community Services & Supports (CSS)

- ◆ For adults with Serious Mental Illness (SMI) or children and youth with Serious Emotional Disturbance (SED)
- ◆ Requires that at least 51% of funding is dedicated to Full Service Partnerships (FSP)
- ◆ Flexible funding for essential needs for those enrolled in FSP
- ◆ Ongoing funding 80% of the MHSA funds

Prevention and Early Intervention (PEI)

- ◆ For those experiencing early symptoms of mental illness
- ◆ Requires that at least 51% of the funding is for serving children, youth and their families. In L.A. County, the stakeholders approved 67%.
- ◆ Focus on evidence-based practices and collection of outcome measures
- ◆ On-going funding 20% of the MHSA funds

MHSA Overview

Innovations (INN)

- ◆ Funding cycle is 3-4 years
- ◆ Opportunity to study new interventions/strategies
- ◆ Innovations 1 demonstrated success of 3 types of integrated mental health-health-substance use disorder treatment
- ◆ Innovations 2 in development, focus is on trauma and community capacity building.
- ◆ Maybe be funded with CSS and PEI funds.

Workforce, Education & Training (WET)

- ◆ Funded MSW/MFT stipends, peer training, family member training, loan forgiveness, etc.
- ◆ One time allocation to be spent over a 10 year span.
- ◆ Expires in June 30, 2018.
- ◆ WET programs maybe be funded beyond June 30, 2018 from 20% of the MHSA dollars through the stakeholder process.

Capital Facilities & Technology (Cap/IT)

- ◆ 10 year plan; funds IBHIS, contractors' Electronic Medical Record (EMR), client access to records
- ◆ Cap/IT programs maybe be funded beyond June 30, 2018 from 20% of the MHSA dollars through the stakeholder process.

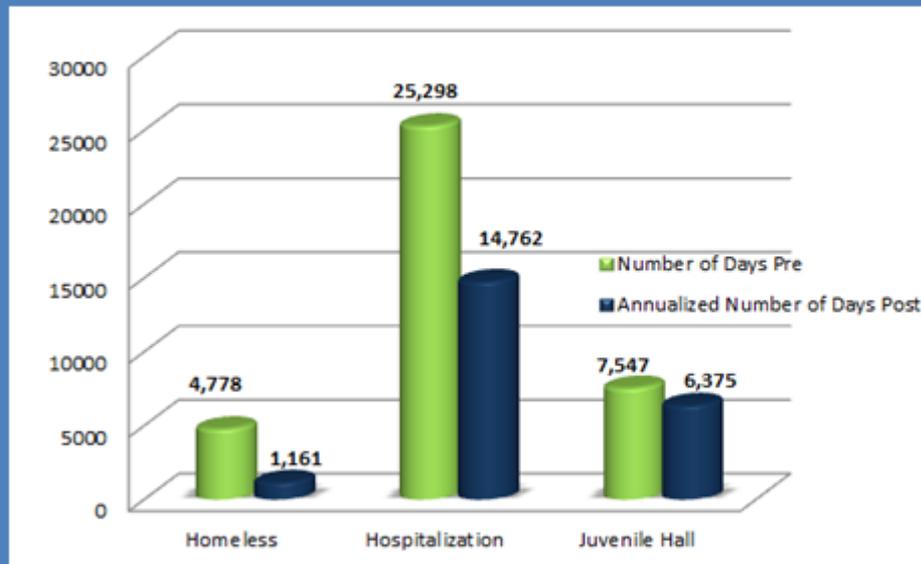
MHSA Services for Children: CSS FY 2014-15

Full Service Partnership (FSP)

- ◆ 2,265 children served
- ◆ Gross Child FSP Cost: \$31.6 million
- ◆ Priority populations include
 - Aged 0-5 at risk of pre-school expulsion, or with parent with SED/SMI or co-occurring disorder
 - Child/youth detained or at risk of detention by DCFS
 - Child/youth experiencing suspension, expulsion, violent behaviors, drug possession or suicidal/homicidal ideation at school
 - Child/youth involved with probation, on psychotropic medication and transitioning to less structured home/community setting

Child FSP Outcomes

Child FSP Clients Spent Fewer Days Homeless, Hospitalized, and in Juvenile Hall Post-Partnership



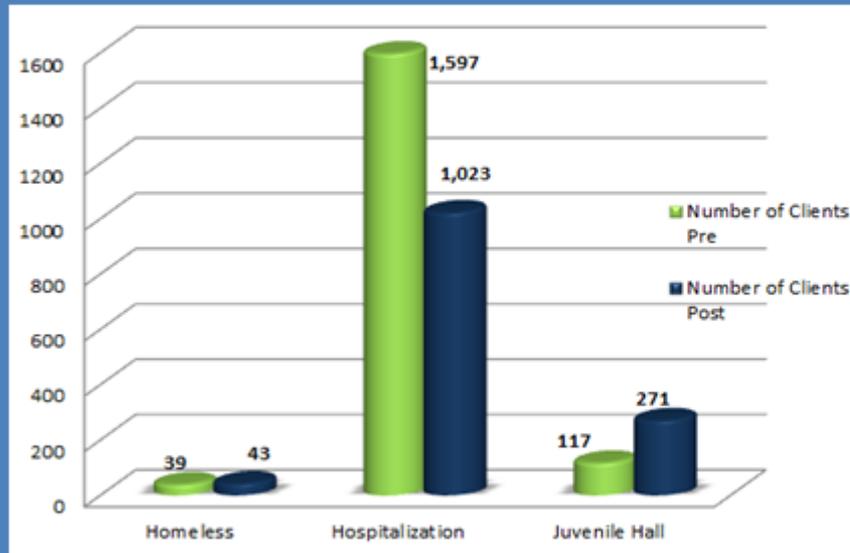
- ⇒ 76% reduction in days homeless post-partnership
- ⇒ 42% reduction in days hospitalized post-partnership
- ⇒ 16% reduction in days in juvenile hall post-partnership

Number of Baselines Included: 7,849
Number Clients Included: 7,679

Data for clients served through June 30, 2015.

Child FSP Outcomes

Fewer Child FSP Clients Were Hospitalized Post-Partnership



- ⇒ 10% increase in the number of clients homeless post-partnership
- ⇒ 36% reduction in the number of clients hospitalized post-partnership
- ⇒ 132% increase in the number of clients in juvenile hall post-partnership

**

Number of Baselines Included: 7,849
Number Clients Included: 7,679

Data for clients served through June 30, 2015.

* There was a 10% increase in the number of clients homeless post-partnership. Data indicates 39 child FSP clients (approximately 0.51% of the child baselines included) reported being homeless 365 days prior to partnership and 43 child FSP clients (approximately 0.56% of the child baselines included) after partnership was established.

** There was a 132% increase in the number of clients in juvenile hall post-partnership. Data indicates 117 child FSP clients (approximately 2% of the child baselines included) reported being in juvenile hall 365 days prior to partnership and 271 child FSP clients (approximately 4% of the child baselines included) after partnership was established.

MHSA Services for Children: CSS

Intensive Field Capable Clinical Services (IFCCS)

- ◆ For children in specialized foster care
- ◆ Specialized Capacity in FY 14/15 to serve 100 children and youth
- ◆ Specialized Contracts being amended by July, 2016 for expansion to 1,000 slots
- ◆ Gross Child IFCCS Allocation (FY 16-17): \$27.6 million

Field Capable Clinical Services (FCCS)

- ◆ Clinical services delivered in settings preferred by families
- ◆ 9,135 children served
- ◆ Outcomes: greater relationships formed with caring adults, increased involvement in age-appropriate activities and community involvement

IFCCS & FCCS

- ◆ Gross Child IFCCS and FCCS Cost: \$50.9 million

MHSA Services for Children: CSS

- ❖ Field Capable Clinical Services
- ❖ Clinical interventions delivered in settings preferred by or accessible to families such as schools, homes, medical HUBs
- ❖ Priority Populations include:
 - ◆ Foster care or at risk of foster placement
 - ◆ Co-occurring substance use, developmental, medical conditions
 - ◆ Risk of school failure
 - ◆ Involved with/or risk of involvement with juvenile justice
 - ◆ Trauma experience
 - ◆ FSP not appropriate or available
 - ◆ History of psychiatric hospitalizations or risk of hospitalization
 - ◆ Serious risk of suicide

MHSA Funds Spent on Children with Open DCFS Cases

Calendar Year 2015

MHSA Plan	Children Served	Average Cost Per Client	Total Cost
FSP	432	\$ 9,115	\$ 3,937,680
IFCCS	177	\$ 27,468	\$ 4,861,836
Wrap	1,003	\$ 17,767	\$ 17,820,301

Fiscal Year 2014-15

MHSA Plan	Children Served	Average Cost Per Client	Total Cost
PEI	35,204	\$ 4,406	\$ 155,112,009

MHSA Services for TAY: CSS

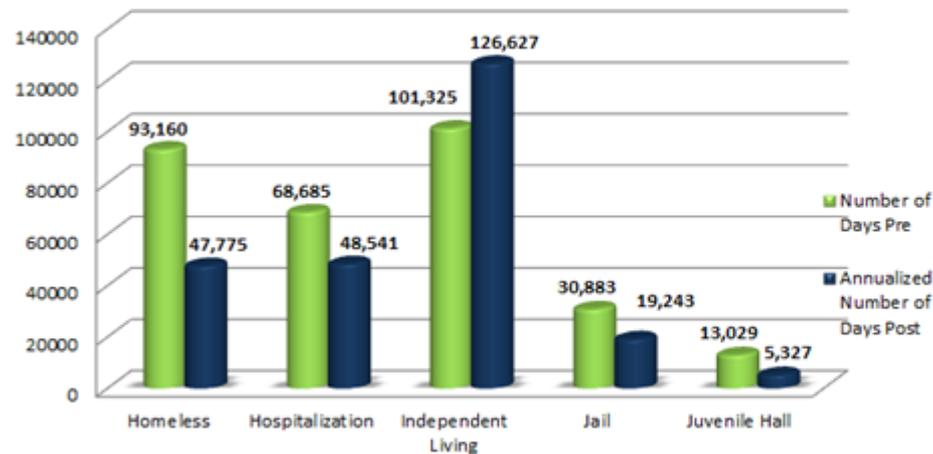
- ❖ Full Service Partnership
- ❖ Priority Population: Serious emotional disturbance or SMI +
 - ◆ Aging out of child welfare or juvenile justice system
 - ◆ Leaving long-term institutional care
 - ◆ Experiencing first psychotic break
 - ◆ Co-occurring substance use disorder + any of above
 - ◆ Homeless or currently at risk of homelessness

MHSA Services for TAY: CSS

- ❖ Full Service Partnership (cont.)
- ❖ 1,774 TAY served
- ❖ \$20 million Gross Cost
- ❖ Increased FSP capacity to serve TAY in Independent Living Programs (ILP)
- ❖ Completed the Telephonic Client Satisfaction Survey of TAY FSP Clients – 84% of those surveyed (n = 244) indicated being satisfied with their FSP services

TAY FSP Outcomes

TAY FSP Clients Spent Fewer Days Homeless, Hospitalized, and in Jail/Juvenile Hall and More Days Living Independently Post-Partnership



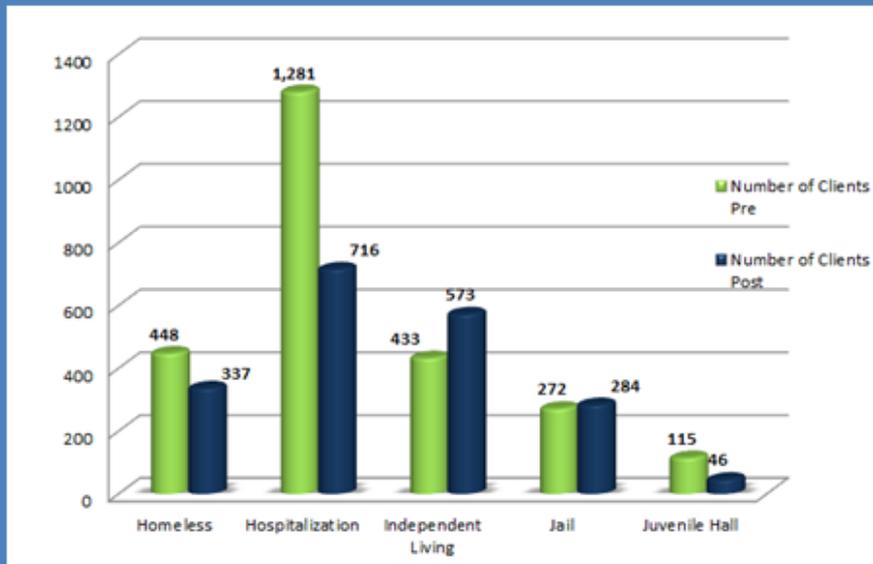
- ⇒ 49% reduction in days homeless post-partnership
- ⇒ 29% reduction in days hospitalized post-partnership
- ⇒ 38% reduction in days in jail post-partnership
- ⇒ 59% reduction in days in juvenile hall post-partnership
- ⇒ 25% increase in the number of days living independently

Number of Baselines Included: 3,888
Number Clients Included: 3,797

Data for clients served through June 30, 2015.

TAY FSP Outcomes

Fewer TAY FSP Clients Were Homeless, Hospitalized and in Juvenile Hall and More Clients Lived Independently Post-Partnership



- ⇒ 25% reduction in the number of clients homeless post-partnership
- ⇒ 44% reduction in the number of clients hospitalized post-partnership
- ⇒ 4% increase in the number of clients in jail post-partnership
- ⇒ 60% reduction in the number of clients in juvenile hall post-partnership
- ⇒ 32% increase in the number of clients living independently

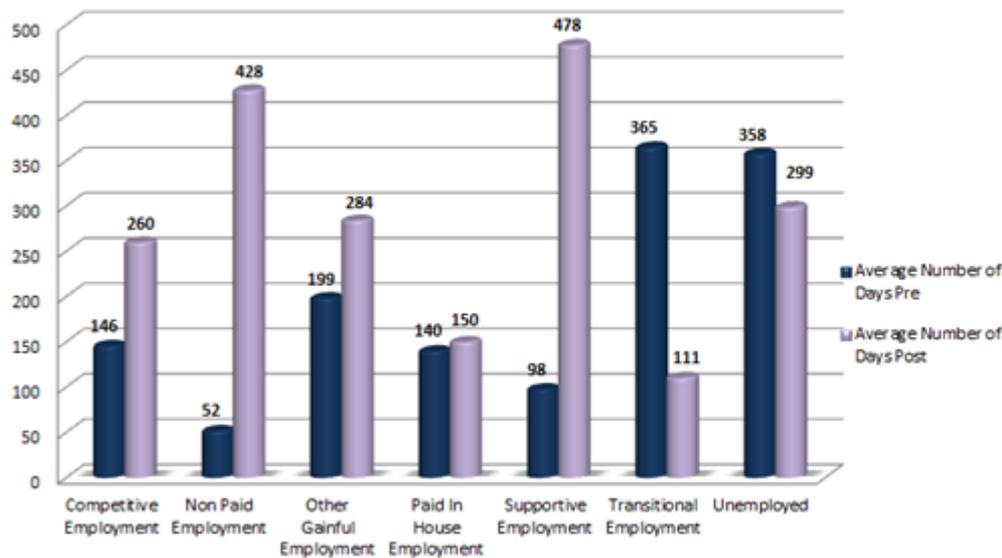
Number of Baselines Included: 3,888
Number Clients Included: 3,797

Data for clients served through June 30, 2015.

* There was a 4% increase in the number of clients incarcerated post-partnership. Data indicates 272 TAY FSP clients (approximately 7% of the TAY baselines included) reported being in jail 365 days prior to partnership and 284 TAY FSP clients (approximately 7% of the TAY baselines included) after partnership was established.

TAY FSP Employment Outcomes

TAY FSP Clients, on Average, Spent Fewer Days Unemployed and More Days in Employment Post-Partnership



- ⇒ 78% increase in the number of days spent in competitive employment
- ⇒ 726% increase in the number of days spent in non-paid employment
- ⇒ 43% increase in the number of days spent in other gainful employment
- ⇒ 388% increase in the number of days spent in supportive employment
- ⇒ 70% decrease in the number of days spent in transitional employment

Number of Baselines Included: 1,295

Data for clients served through June 30, 2015.

Clients can participate in more than one employment category at a time.

MHSA Services for TAY: CSS

- ❖ Field Capable Clinical Services
- ❖ 2,760 TAY Served
- ❖ \$12.9 million Gross Cost
- ❖ Individuals ages 16-25 who have SED or SMI and/or COD
 - ◆ Need mental health services but unwilling to go to clinic setting
 - ◆ At transition points (to adult mh, from congregate care etc.)
 - ◆ Mental health needs can be met in community settings
 - ◆ Those who can live independently with services and supports in the community

MHSA Services for TAY: CSS

FY 2014-15

- ❖ TAY Drop-in Centers: Entry points for youth who have SED or SMI and are living on the street or in unstable situations
- ❖ 935 TAY Served
- ❖ \$651,934 Gross Cost
- ❖ Currently three Centers; will increase to 8 (1 per Service Area)
- ❖ TAY Drop-in Centers offer
 - ◆ Low-demand, high tolerance settings in which youth can find temporary safety and basic supports
 - ◆ Increased access to services including showers, meals, housing, linkage to mental health and substance use disorder treatment

MHSA Services for TAY: CSS

❖ **Enhanced Emergency Shelter Program**

- ◆ Emergency shelter for TAY that are homeless
- ◆ Provide extra supervision and linkage with other needed services
- ◆ 6 shelters
- ◆ 253 admissions
- ◆ \$905,207 Gross Cost

❖ **Project-based operating subsidies for Permanent Housing**

- Address long-term housing needs of TAY who can live independently
- Serves 72 TAY in permanent housing units

MHSA Services for TAY: CSS

Probation Camps (clients served by MHSA funded staff)

- ◆ 873 client contacts
- ◆ \$1.6 million Gross Cost
- ◆ Provides an array of mental health services, including:
 - Assessment
 - Individual, Group, and Family Therapy
 - Medication Support
 - Aftercare and Transition Services
- ◆ Interventions include evidence-based practices (Aggression Replacement Training; Adapted Dialectical Behavior Therapy; and Seeking Safety)

MHSA Services for Children and TAY: Prevention & Early Intervention

Programs and Projects

- ◆ School-based services
- ◆ Family education, training and support
- ◆ At-risk family services
- ◆ Trauma recovery services, including veterans
- ◆ Primary care and behavioral health
- ◆ Early care and support for TAY
- ◆ Juvenile Justice
- ◆ Early care and support for older adults
- ◆ Improving access to underserved populations
- ◆ Services for Native Americans

Fiscal Year 2014-15

- ◆ 10,613 children served
- ◆ Gross TAY PEI Cost: \$44.3 million

MHSA Services for Children and TAY: PEI

Symptom improvement exceeded 40% after completing treatment such as the following:

- ◆ Severe Behaviors/Conduct Disorders

- Brief Strategic Family Therapy
- Multisystemic Therapy

- ◆ Parenting Difficulties

- Parent-Child Interaction Therapy
- Triple P Positive Parenting Program

- ◆ Multiple Challenges

- Managing and Adapting Practice

- ◆ Trauma

- Alternatives for families – CBT
- Child Parent Psychotherapy

MHSA Services for Children and TAY: Innovations 2

- ❖ Focus on Trauma, Community Resilience and Sustainability
- ❖ Children 0-5 and School-age children
 - ◆ Screening for trauma
 - ◆ Building trauma-informed pre-schools and day care/school classrooms
 - ◆ Referral to treatment as needed
- ❖ TAY
 - ◆ Reaching out to TAY who are homeless or at risk of homelessness
 - ◆ Creating safe places to re-engage youth who are disenfranchised
 - ◆ Peer involvement

PEI EBP Matrix

(Please see handout)