

# **Mental Health Services Act (MHSA) 3 Year Program & Expenditure Plan Fiscal years 2017-18 through 2019-20 Summary**

Debbie Innes-Gomberg, Ph.D.

January 18, 2017



WELLNESS • RECOVERY • RESILIENCE

# Purpose and Facts

- The Mental Health Services Act stipulates that counties shall prepare and submit an MHSA Three-Year Program and Expenditure Plan with Annual Updates
- The Plan requires a 30 day public comment period and a public hearing
- Mental Health Director and County Auditor Controller Certification as to compliance with laws and regulations
- The plan must be approved by the Mental Health Commission and adopted by the Board of Supervisors
- Information and data presented is from the prior Fiscal Year 2015-16

# Content of Three Year Program & Expenditure Plan

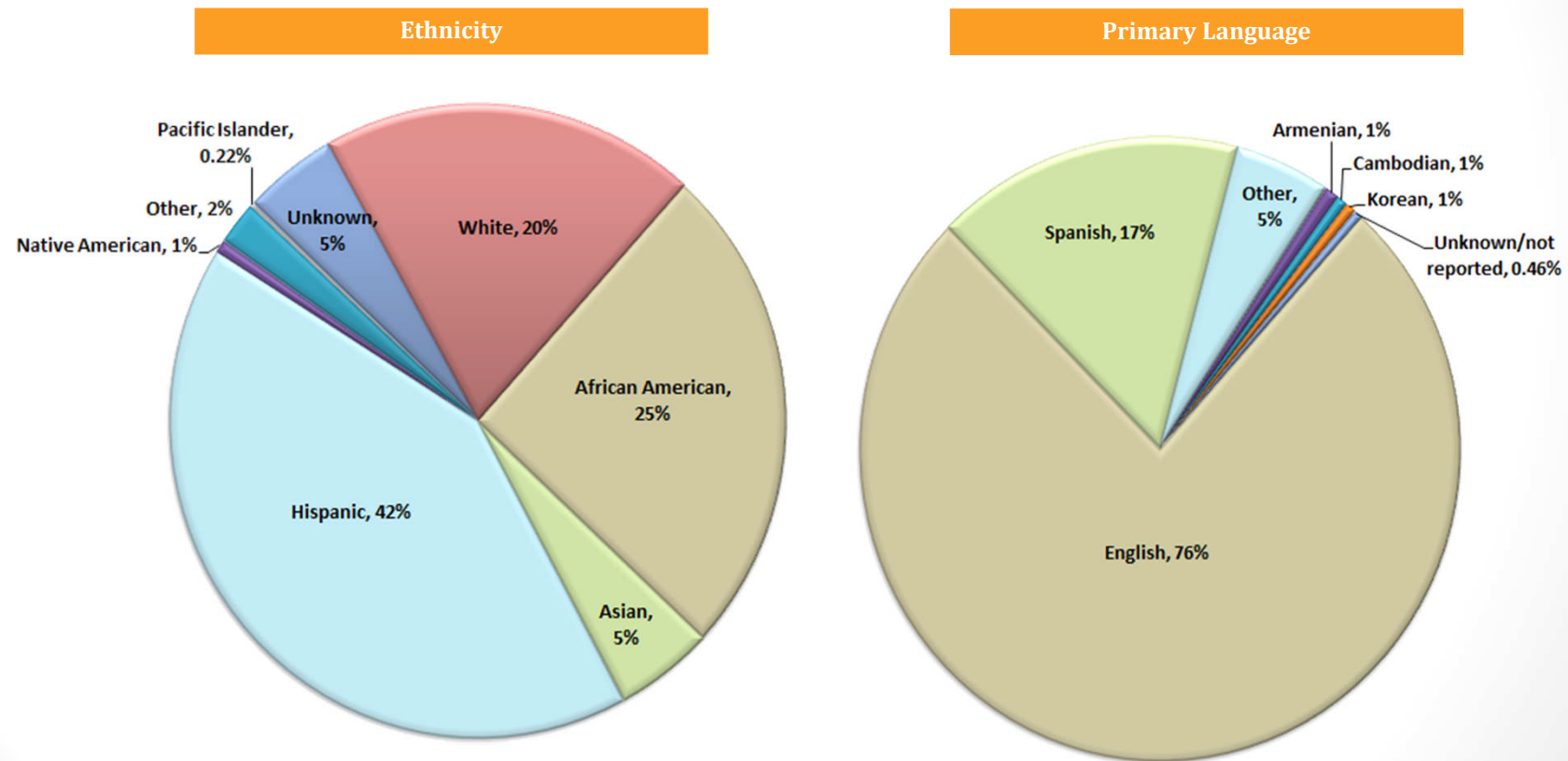
- Executive Summary
- Community Services and Supports (CSS) plan programs
  - Unique clients served
  - Average cost per client
  - Program outcomes
  - CSS work plan consolidation
- Prevention and Early Intervention (PEI) programs
  - Unique clients served, countywide and by service area
  - Primary language and ethnicity, countywide and by service area
  - Average cost per practice
  - Outcomes per practice
  - PEI plan modification
- Innovation
- WET
- Capital Facilities and Technological Needs
- Budget

# Key Dates

December 21, 2016	Presentation of the Three Year Program & Expenditure Plan to the System Leadership Team (SLT)
	Public posting for 30 days
January 26, 2017	Mental Health Commission Review of 3 Year Plan
	Public Hearing convened by the Mental Health Commission
March 23, 2017	Mental Health Commission deliberation on approval of the Three Year Program & Expenditure Plan

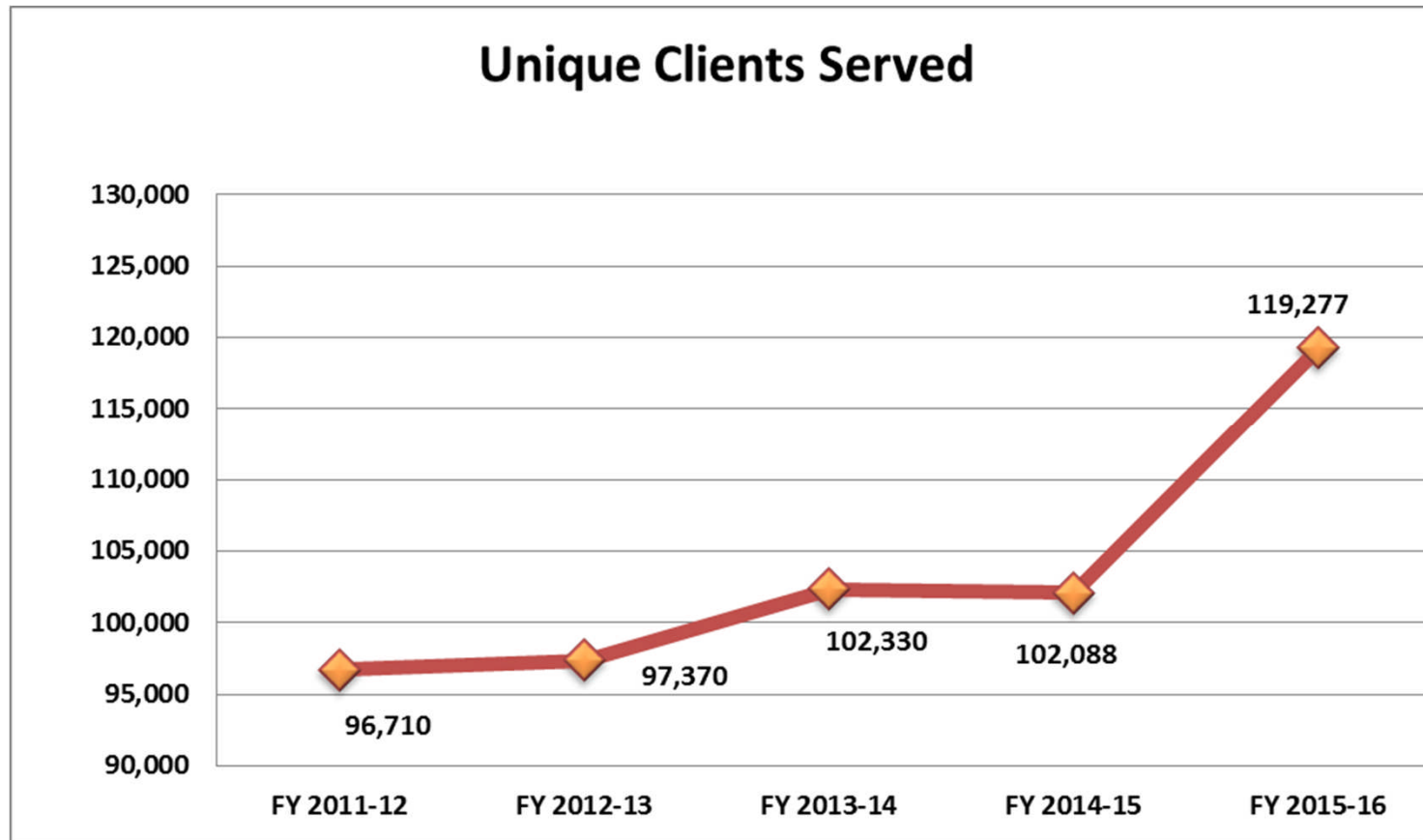
# Community Services and Supports (CSS) Plan

- Unique clients receiving a direct mental health service: **119,277**



- Clients with no previous MHSA CSS service: **47,957**

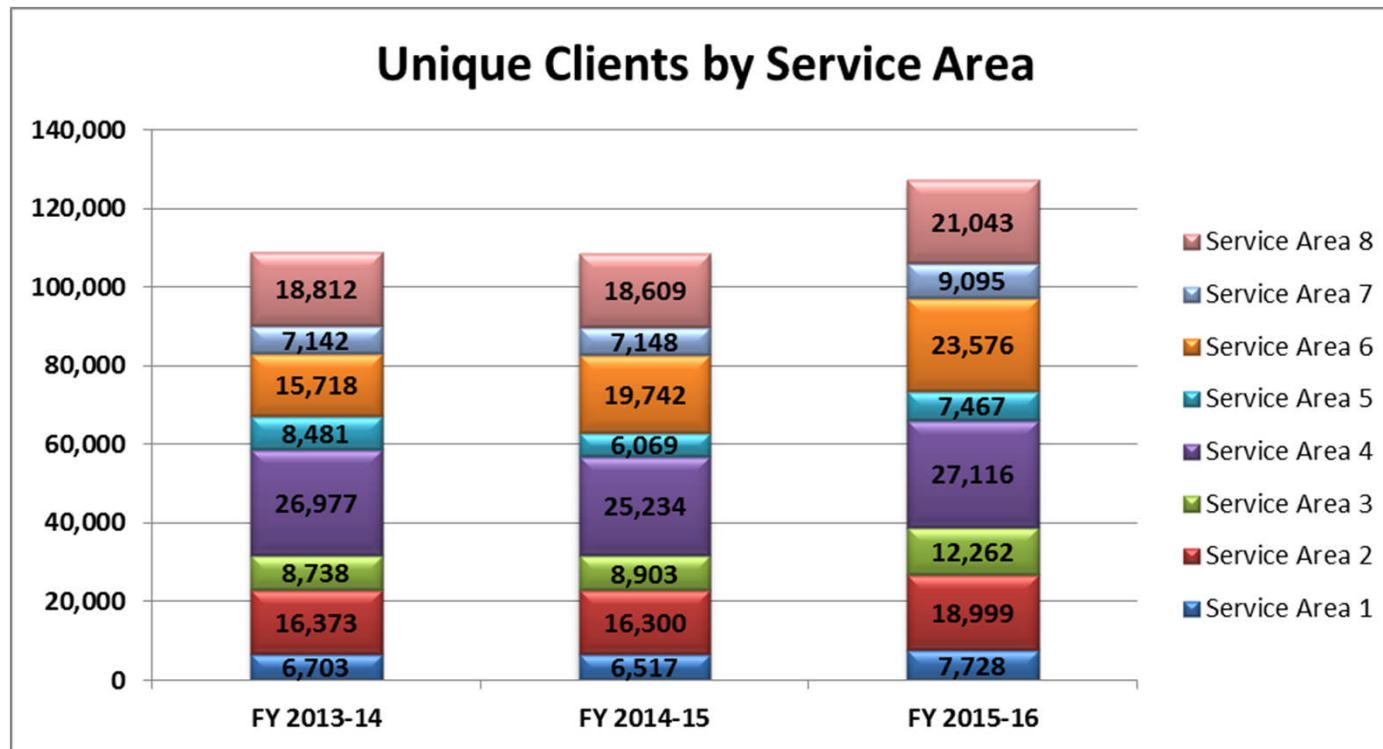
# CSS Unique Clients Served by FY



# CSS Services by Service Area

Service Area	Unique Clients Served	New Clients Served
1	7,728	4,471
2	18,999	7,963
3	12,262	5,815
4	27,116	13,045
5	7,467	3,627
6	23,576	11,862
7	9,095	3,883
8	21,043	9,436

# CSS Unique Client Counts by Service Area by FY



Increase in the number of unique clients served for each Service Area for FY 2015-16 when compared to FY 2014-15



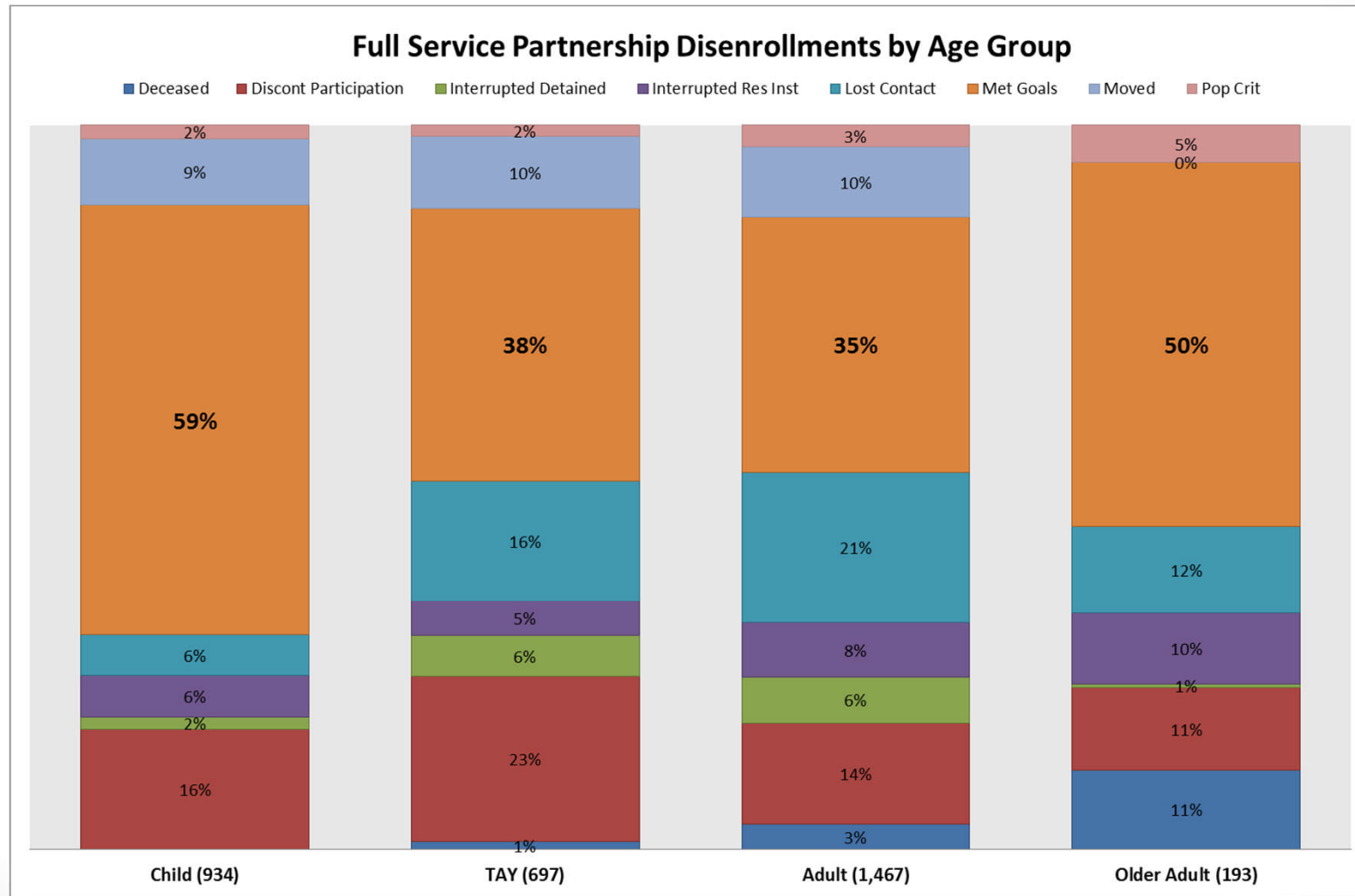
# Full Service Partnership (FSP)

Age Group	Unique Clients Served	Average Cost/Client*	Slots Allocated
Child	2,170	\$14,064	1,771
Child Wraparound	893	\$17,553	524
TAY	1,681	\$12,021	1,315
TAY Wraparound	205	\$13,741	225
Adult	5,591	\$11,463	5,705**
Older Adult	1,043	\$9,092	839

\*Cost is based on Mode 15 services, not inclusive of community outreach services or client supportive services expenditures.

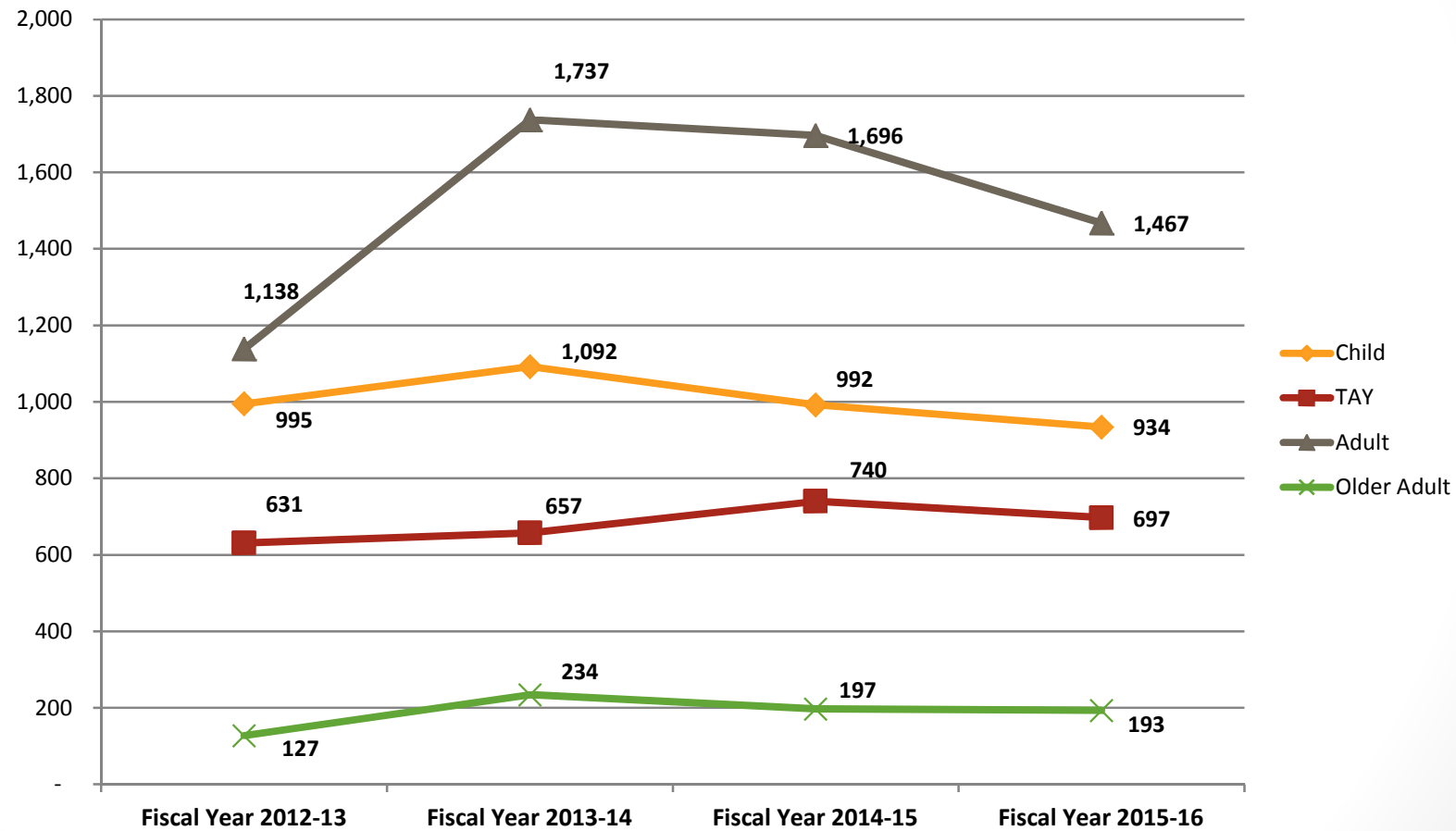
\*\*Slots include Adult FSP, IMHT-FSP and AOT-LA FSP.

# FSP Disenrollment –FY 2015-16



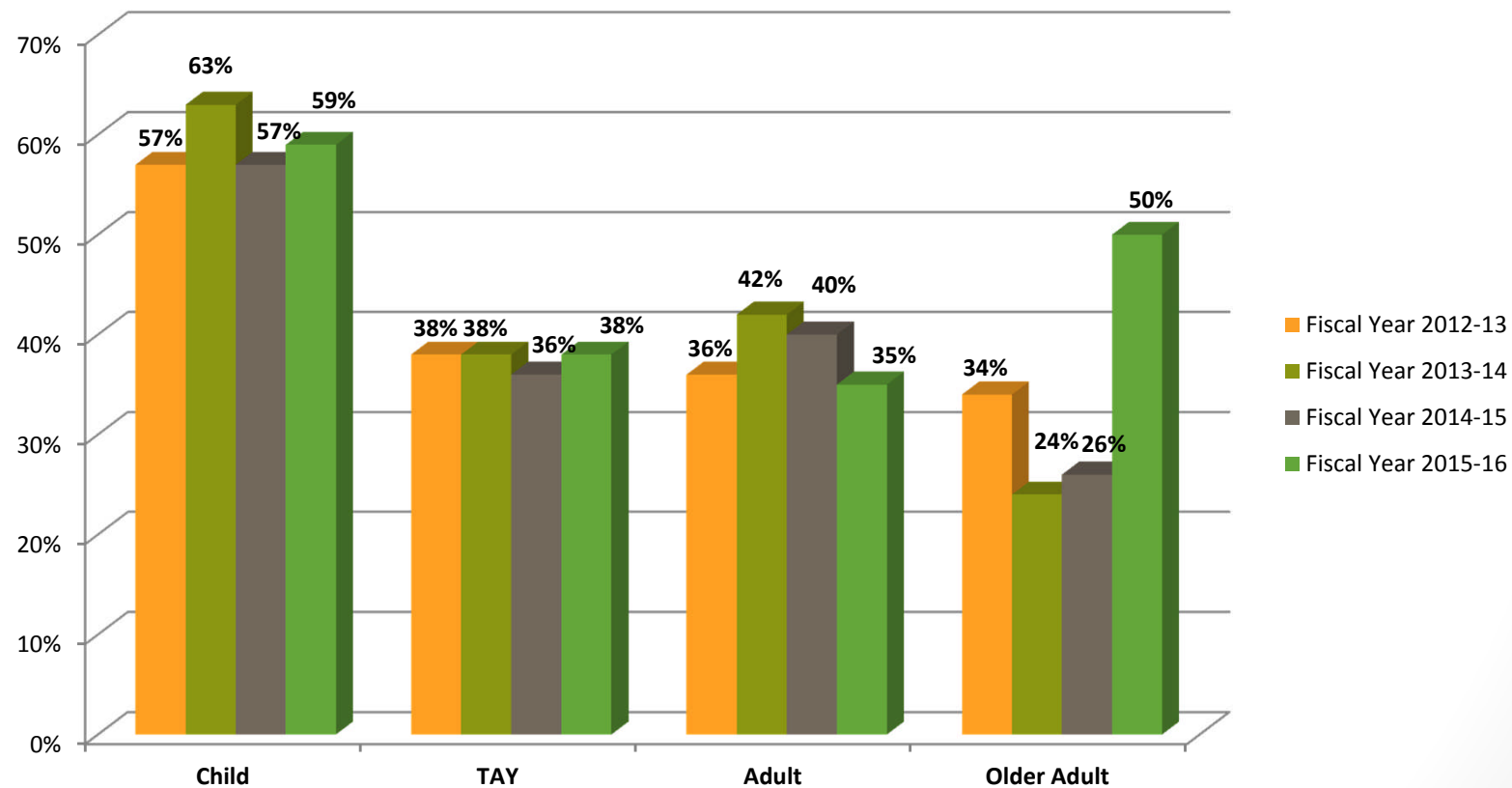
# FSP Disenrollment

FSP Disenrollments Across Fiscal Years



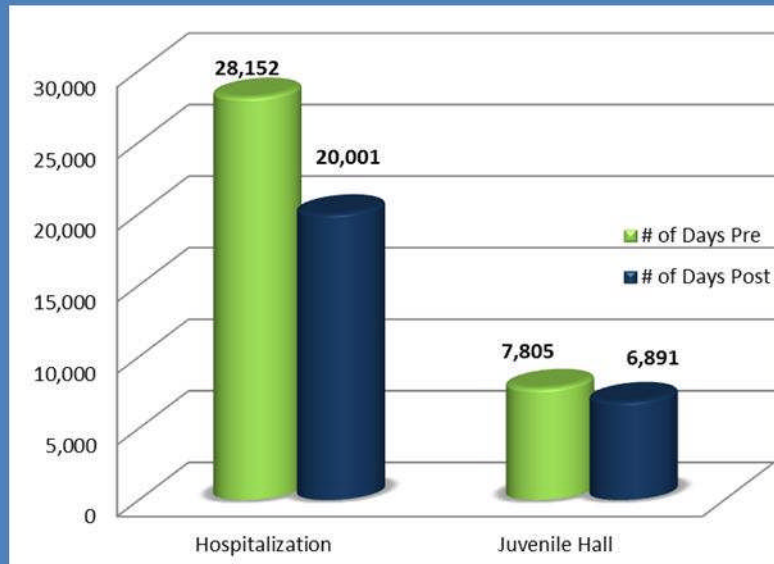
# FSP Disenrollment

Percentage of FSP Disenrollments with Met Goals  
by Age Group



# FSP Living Arrangement Outcomes-Child

Children in FSP Spent Fewer Days Hospitalized and in Juvenile Hall Post-Partnership



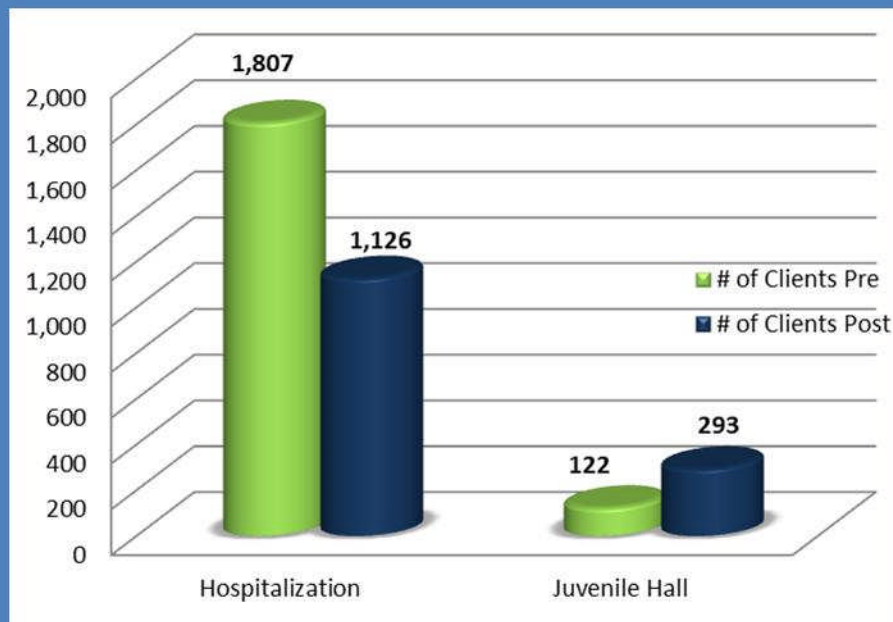
- ⇒ 29% reduction in days hospitalized post-partnership
- ⇒ 12% reduction in days in juvenile hall post-partnership

Number of Baselines Included: 8,452  
Number of Clients Included: 8,242

Data for clients served through June 30, 2016.

# FSP Living Arrangement Outcomes-Child

Fewer Children in FSP Were Hospitalized Post-Partnership



- ⇒ 38% reduction in the number of clients hospitalized post-partnership
- ⇒ 140% increase in the number of clients in juvenile hall post-partnership\*

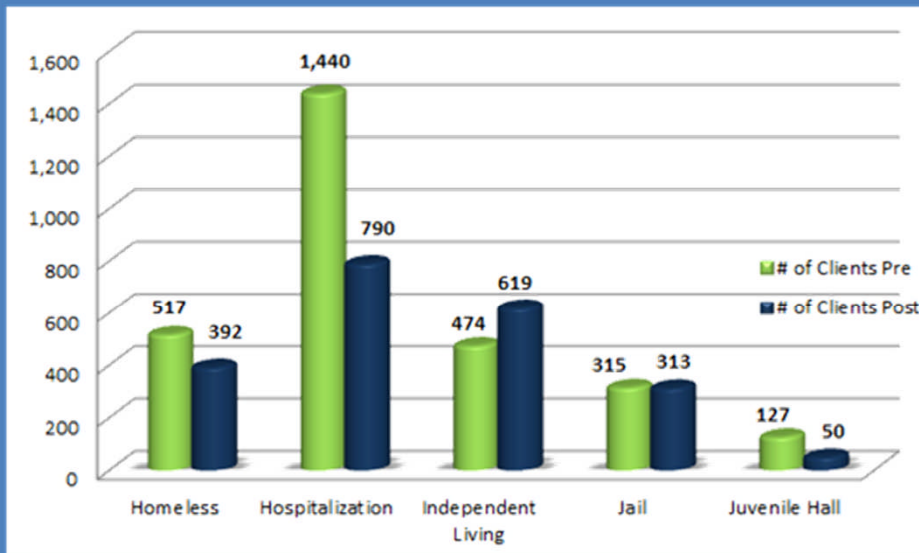
Number of Baselines Included: 8,452  
Number of Clients Included: 8,242

Data for clients served through June 30, 2016.

\* There was a 140% increase in the number of clients in juvenile hall post-partnership. Data indicates 122 children FSP clients (approximately 1% of the children's baselines included) reported being in juvenile hall 365 days prior to partnership and 293 children FSP clients (approximately 3% of the children's baselines included) after partnership was established.

# FSP Living Arrangement Outcomes-TAY

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



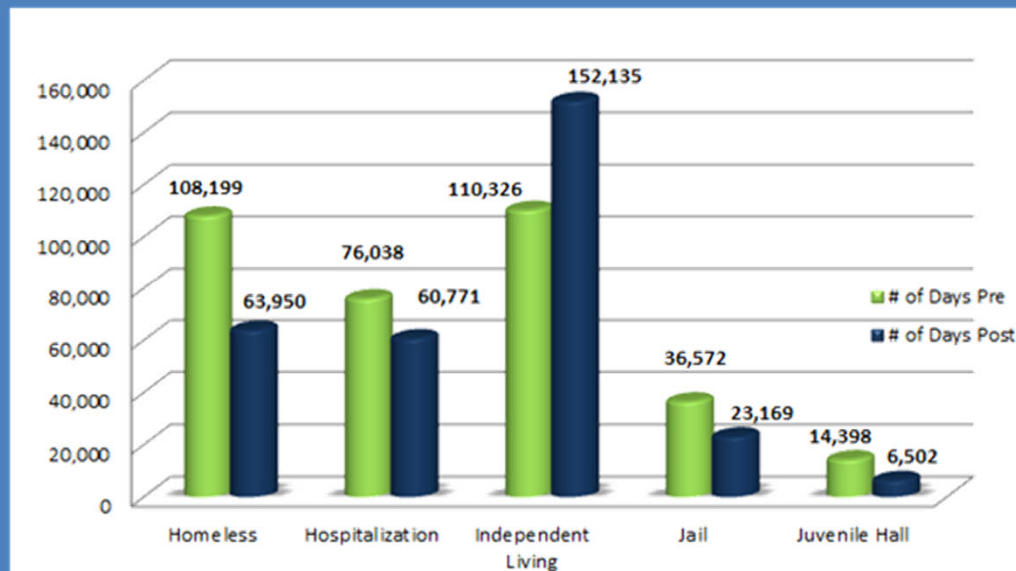
- ⇒ 24% reduction in the number of clients homeless post-partnership
- ⇒ 45% reduction in the number of clients hospitalized post-partnership
- ⇒ 31% increase in the number of clients living independently
- ⇒ 1% reduction in the number of clients in jail post-partnership
- ⇒ 61% reduction in the number of clients in juvenile hall post-partnership

Number of Baselines Included: 4,295  
Number of Clients Included: 4,183

Data for clients served through June 30, 2016.

# FSP Living Arrangement Outcomes-TAY

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



- ⇒ 41% reduction in days homeless post-partnership
- ⇒ 20% reduction in days hospitalized post-partnership
- ⇒ 38% increase in the number of days living independently
- ⇒ 37% reduction in days in jail post-partnership
- ⇒ 55% reduction in days in juvenile hall post-partnership

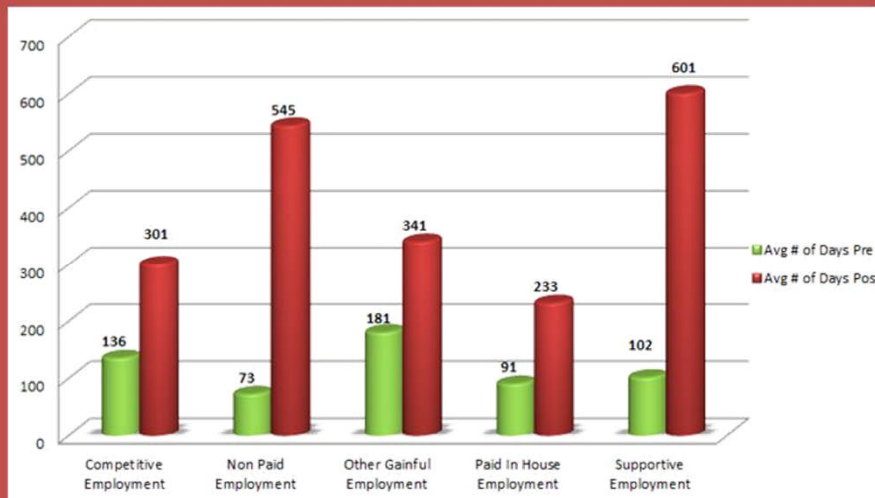
Number of Baselines Included: 4,295  
Number of Clients Included: 4,183

Data for clients served through June 30, 2016.



# FSP Employment Outcomes-TAY

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



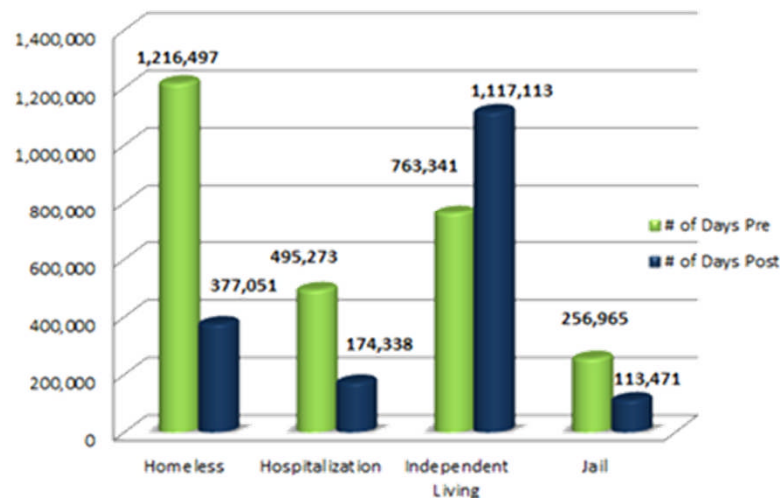
Number of Baselines Included: 1,185  
Data for clients served through June 30, 2016.

- ⇒ 122% increase in the number of days spent in competitive employment
- ⇒ 646% increase in the number of days spent in non-paid employment
- ⇒ 89% increase in the number of days spent in other gainful employment
- ⇒ 156% increase in the number of days spent in paid in house employment
- ⇒ 490% increase in the number of days spent in supportive employment

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

# FSP Living Arrangement Outcomes-Adult

## Adult FSP Clients Spent Fewer Days Homeless, Hospitalized, and in Jail and More Days Living Independently Post-Partnership



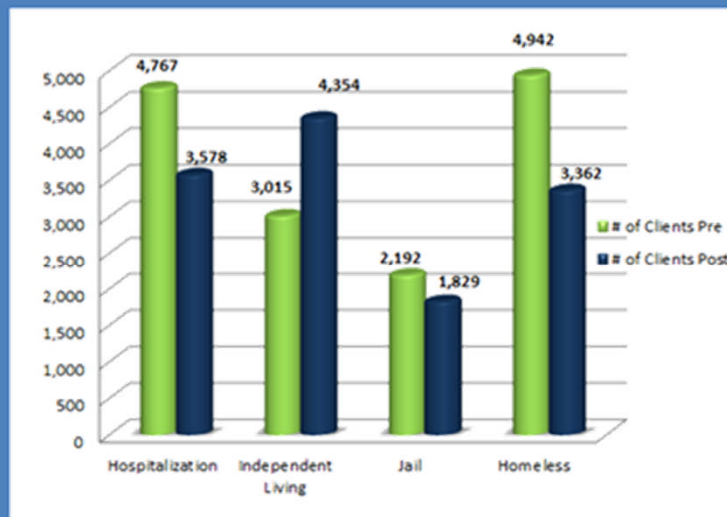
- ⇒ 69% reduction in days homeless post-partnership
- ⇒ 65% reduction in days hospitalized post-partnership
- ⇒ 56% reduction in days in jail post-partnership
- ⇒ 46% increase in the number of days living independently

Number of Baselines Included: 12,527  
Number of Clients Included: 11,970

Data for clients served through June 30, 2016.

# FSP Living Arrangement Outcomes-Adult

## Fewer Adult FSP Clients Were Homeless, Hospitalized and in Jail and More Clients Lived Independently Post-Partnership



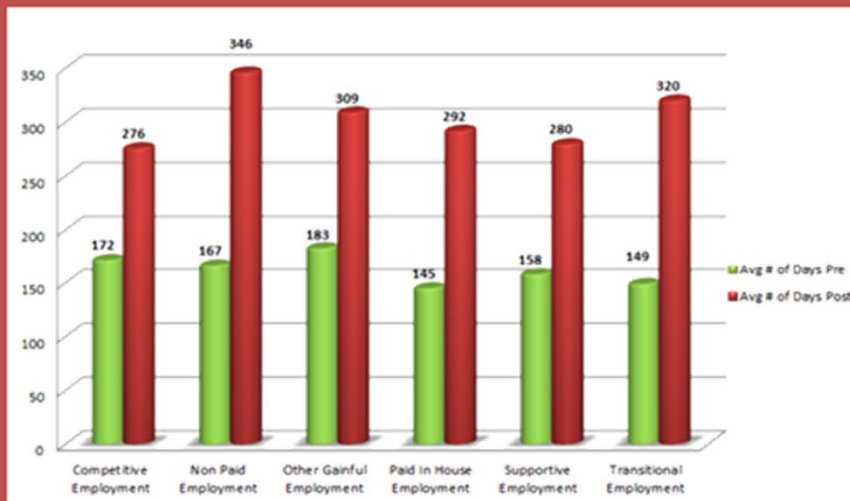
- ⇒ 32% reduction in the number of clients homeless post-partnership
- ⇒ 25% reduction in the number of clients hospitalized post-partnership
- ⇒ 17% reduction in the number of clients in jail post-partnership
- ⇒ 44% increase in the number of clients living independently

Number of Baselines Included: 12,527  
Number of Clients Included: 11,970

Data for clients served through June 30, 2016.

# FSP Employment Outcomes - Adult

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



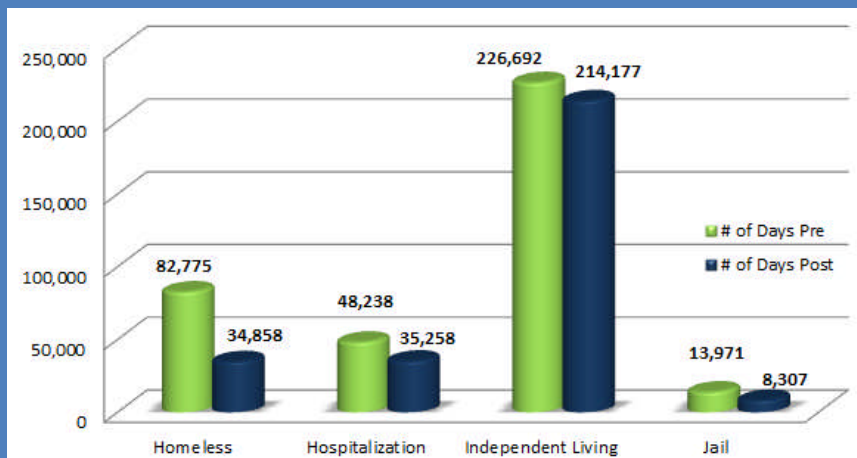
Number of Baselines Included: 4,624  
Data for clients served through June 30, 2016.

- ⇒ 60% increase in the number of days spent in competitive employment
- ⇒ 107% increase in the number of days spent in non-paid employment
- ⇒ 69% increase in the number of days spent in other gainful employment
- ⇒ 101% increase in the number of days spent in paid in house employment
- ⇒ 77% increase in the number of days spent in supportive employment
- ⇒ 115% increase in the number of days spent in transitional employment

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

# FSP Living Arrangement Outcomes- Older Adult

## Older Adult FSP Clients Spent Fewer Days Homeless, Hospitalized, and in Jail Post-Partnership



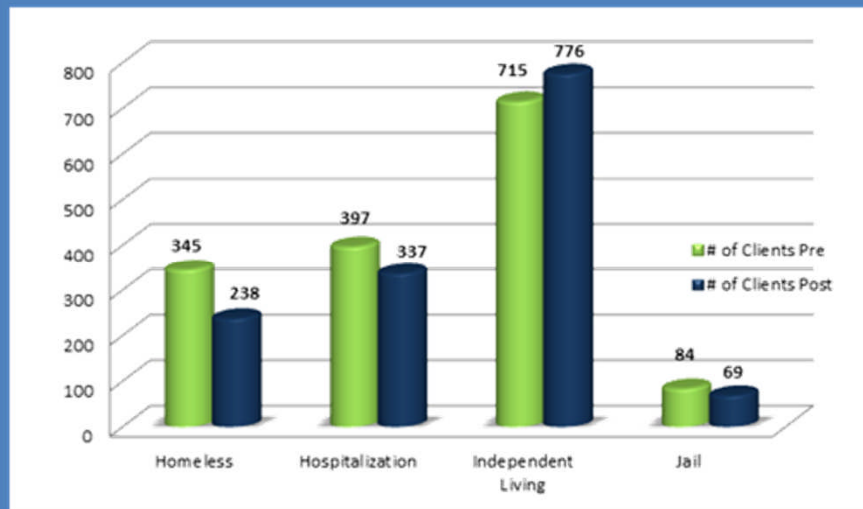
⇒58% reduction in days homeless post-partnership  
⇒27% reduction in days hospitalized post-partnership  
⇒6% reduction in the number of days living independently  
⇒41% reduction in days in jail post-partnership

Number of Baselines Included: 1,595  
Number of Clients Included: 1,563

Data for clients served through June 30, 2016.

# FSP Living Arrangement Outcomes- Older Adult

## Fewer Older Adult FSP Clients Were Homeless, Hospitalized and in Jail and More Clients Lived Independently Post-Partnership



- ⇒ 31% reduction in the number of clients homeless post-partnership
- ⇒ 15% reduction in the number of clients hospitalized post-partnership
- ⇒ 9% increase in the number of clients living independently
- ⇒ 18% reduction in the number of clients in jail post-partnership

Number of Baselines Included: 1,595  
Number of Clients Included: 1,563

Data for clients served through June 30, 2016.

# Field Capable Clinical Services

Age Group	Unique Clients Served	Average Cost/Client
Child	19,777	\$5,285
TAY	5,420	\$4,631
Adult	8,538	\$4,681
Older Adult	2,733	\$5,774

# CSS Work Plan Consolidation

- With each new work plan that has been added to the General Systems Development (GSD) part of the Community Services and Supports Plan, specific funding categories have been added which have created fiscal and programmatic challenges for our provider network.
- In order to address this and to move in a direction that will be necessary in the future, the Department is proposing to consolidate GSD work plans.



# CSS Work Plan Consolidation

POE	FSP	Alternative Crisis Services	Community Integrated Recovery & Resiliency Services (Non-FSP)	Linkage	Housing
<ul style="list-style-type: none"> <li>POE Teams</li> </ul>	<ul style="list-style-type: none"> <li>FSP</li> <li>FCCS (part of)</li> <li>Family Support Services (C)</li> <li>Family Crisis/Respite Care (C)</li> <li>Service Extenders (OA)</li> <li>Housing FSP</li> </ul>	<ul style="list-style-type: none"> <li>Residential &amp; Bridging</li> <li>Urgent Care Centers</li> <li>IMD Step Down/Enriched Residential Services (A)</li> <li>Countywide Resource Management</li> <li>Mental Health-Law Enforcement Partnerships (MHSA funded)</li> </ul>	<ul style="list-style-type: none"> <li>FCCS (part of)</li> <li>Wellness/ Client Run Centers (A)</li> <li>TAY Drop In Centers</li> <li>Probation Camp Services (T)</li> <li>TAY Supported Employment</li> <li>Family Wellness Resource Centers (C)</li> <li>Integrated Care Programs</li> <li>Crisis Resolution Services</li> </ul>	<ul style="list-style-type: none"> <li>Jail Linkage &amp; Transition (A)</li> <li>Service Area Navigation</li> </ul>	<ul style="list-style-type: none"> <li>Housing for TAY and Adult</li> <li>Housing specialists</li> <li>MHSA Housing Program/Special Needs Housing Program</li> <li>Housing Trust Fund</li> <li>Housing support team for No Place Like Home</li> </ul>

(A) - Adults

(C) - Children

(T) - Transition Age Youth

(OA) – Older Adults

# Implications

- Administrative efficiency
  - For DMH: Fewer amendments
  - For providers: Will allow for the provision of a range of services that meets a client/family's needs without transitioning clients between programs or juggling funding
- Benefits for clients and families:
  - Supports a more seamless system of care

# CSS Work Group Tasks

- Met by age group (Child, TAY, Adult & Older Adult)
- Full Service Partnership Services
  - Reviewed FSP criteria from CSS Regulations
  - Operationally defined “at risk of”, expanding focal population criteria
  - Discussed methodologies to determine levels of care
- Community Integrated Recovery & Resiliency Services (Non-Full Service Partnership Services)
  - Developed service expectations

# Child FSP –

## A child with Serious Emotional Disturbance (SED) and

Child/youth who:

- Has been removed or is at risk of removal from their home by DCFS
- Is in transition to a less restrictive placement
- Is involved with probation, and is transitioning back into a less structured home/community setting, or is at risk of entering a restrictive setting

# Child FSP –Focal Population

Expansion of Focal Population Criteria: A child with Serious Emotional Disturbance (SED) and			
<b>Children zero to five (0-5) who:</b> <ul style="list-style-type: none"> <li>are at risk of expulsion from pre-school (e.g. past suspensions)</li> </ul>	Children/Youth who are unable to function in the home and/or community setting and: <ul style="list-style-type: none"> <li>have psychotic features</li> <li>have suicidal and/or homicidal ideation</li> <li>have violent behaviors</li> <li>have had a recent psychiatric hospitalization(s) within the last six months</li> <li>have Co-Occurring Disorder (e.g. substance abuse, developmental or medical disorder)</li> <li>are transitioning back to a less structured home/community setting (e.g. from Juvenile Hall and/or Group Home placement)</li> <li>are at risk of becoming or who are currently homeless (e.g. eviction, couch surfing, domestic violence, parent unemployment)</li> </ul>	Children/Youth who: <ul style="list-style-type: none"> <li>are at risk of or have already been removed from the home by DCFS (e.g. seven day notices or multiple placement history)</li> <li>are at risk of or are currently involved with the Juvenile Justice system (e.g. contact with law enforcement and/or Juvenile Hall entries)</li> <li>are at risk of or are currently a victim of Commercially Sexually Exploited Children (e.g. youth having multiple sexual partners)</li> </ul>	Children/Youth who are experiencing the following at school: <ul style="list-style-type: none"> <li>truancy or sporadic attendance (e.g. tickets, School Attendance Review Board)</li> <li>suspension or expulsion</li> <li>failing classes</li> </ul>

# TAY FSP –

## Current Criteria: TAY must have a Serious Emotional Disturbance (SED) and/or Severe and Persistent Mental Illness (SPMI)

### Youth leaving Long-term Institutional Care:

- Level 12-14 group homes
- Community Treatment Facility
- Institution of Mental Disease
- Jail
- State Hospital
- Probation Camps

Co-Occurring substance abuse disorder in addition to meeting at least one of the TAY focal population criteria identified above.

## State Criteria: They are unserved or underserved and one of the following:

- Homeless or at risk of being homeless
- Aging out of the child and youth mental health system.
- Aging out of the child welfare systems.
- Aging out of the juvenile justice system.
- Involved in the criminal justice system.
- At risk of involuntary hospitalization or institutionalization.
- Have experienced a first episode of serious mental illness.

## Operationalizing At Risk/Expansion of Focal Population Criteria

- At risk of homelessness: Unstable, sporadic housing/multiple placements
- Currently involved Commercial Sexual Exploitation of Children Youth (CSECY) or youth with a history of CSEC involvement

# Adult FSP –

## Current Criteria:

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## State Criteria: Must meet the criteria in either (1) or (2) below:

(1) Unserved and one of the following:

- Homeless or at risk of becoming homeless.
- Involved in the criminal justice system.
- Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment.

(2) Underserved and at risk of one of the following:

- Homelessness.
- Involvement in the criminal justice system.
- Institutionalization.

# Adult FSP – Focal Population

## Operationalizing At Risk/ Expansion of Focal Population Criteria

### Homelessness

An adult who is unable to live to the requirements of their lease, as evidenced by the following and not limited to:

- Loss of funding which will impact sustained housing
- Hoarding, that will lead towards eviction
- Ten day notice to vacate
- Symptoms of illness which impact the ability to keep stable housing
- History of destruction of property
- Unable to maintain current living arrangement
- Ongoing conflict with neighbors and/or landlord
- Couch surfing /living in car less than 120 days
- Inability to pay bills, budget, shop and cook without support

### Criminal Justice System

Factors that may contribute to an adult at risk of involvement with the criminal justice system include but are not limited to the following:

- Engagement in unlawful and risky behavior
- Unable to pay fees (i.e. parking tickets, jay walking tickets, court fees, etc.
- Presence of warrants
- Two or more contacts with law enforcement in the past 90 days
- Inability to follow requirements of probation

### Psychiatric Hospitalization

Factors that may contribute to an adult at risk of psychiatric hospitalization include but are not limited to the following:

- At least one encounter with an emergency outreach team, in the past 90 days
- Two or more visits to a psychiatric emergency room in the past 90 days
- Two or more visits to a Psychiatric Urgent Care Center in the past 90 days
- Two or more visits to a Medical Emergency Room for a psychiatric disorder in the last 90 days



# Older Adult FSP – Focal Population

## Current Criteria: Reasons for Referral of an older adult with Serious Mental Illness

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Homelessness</li><li>• Incarceration</li><li>• Hospitalization</li><li>• At imminent risk of homelessness</li><li>• Risk of going to jail</li><li>• Imminent risk for placement in a Skilled Nursing Facility (SNF) or Nursing Home</li><li>• Being released from SNF/Nursing Home</li></ul> | <ul style="list-style-type: none"><li>• Presence of a Co-occurring disorder<ul style="list-style-type: none"><li>○ Substance Abuse</li><li>○ Developmental Disorder</li><li>○ Medical Disorder</li><li>○ Cognitive Disorder</li></ul></li><li>• Client has a recurrent history or is at risk of abuse or self-neglect who are typically isolated</li><li>• Serious risk of suicide (not imminent)</li></ul> |
|--|---|

## Must meet the criteria in either (1) or (2) below:

- |   |   |
|---|---|
| <p>(1) Unserved and one of the following:</p> <ul style="list-style-type: none"><li>• Experiencing a reduction in personal and/or community functioning.</li><li>• Homeless.</li><li>• At risk of becoming homeless.</li><li>• At risk of becoming institutionalized.</li><li>• At risk of out-of-home care.</li><li>• At risk of becoming frequent users of hospital and/or emergency room services as the primary resource for mental health treatment.</li></ul> | <p>(2) Underserved and at risk of one of the following:</p> <ul style="list-style-type: none"><li>• Homelessness</li><li>• Institutionalization.</li><li>• Nursing home or out-of-home care.</li><li>• Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment.</li><li>• Involvement in the criminal justice system.</li></ul> |
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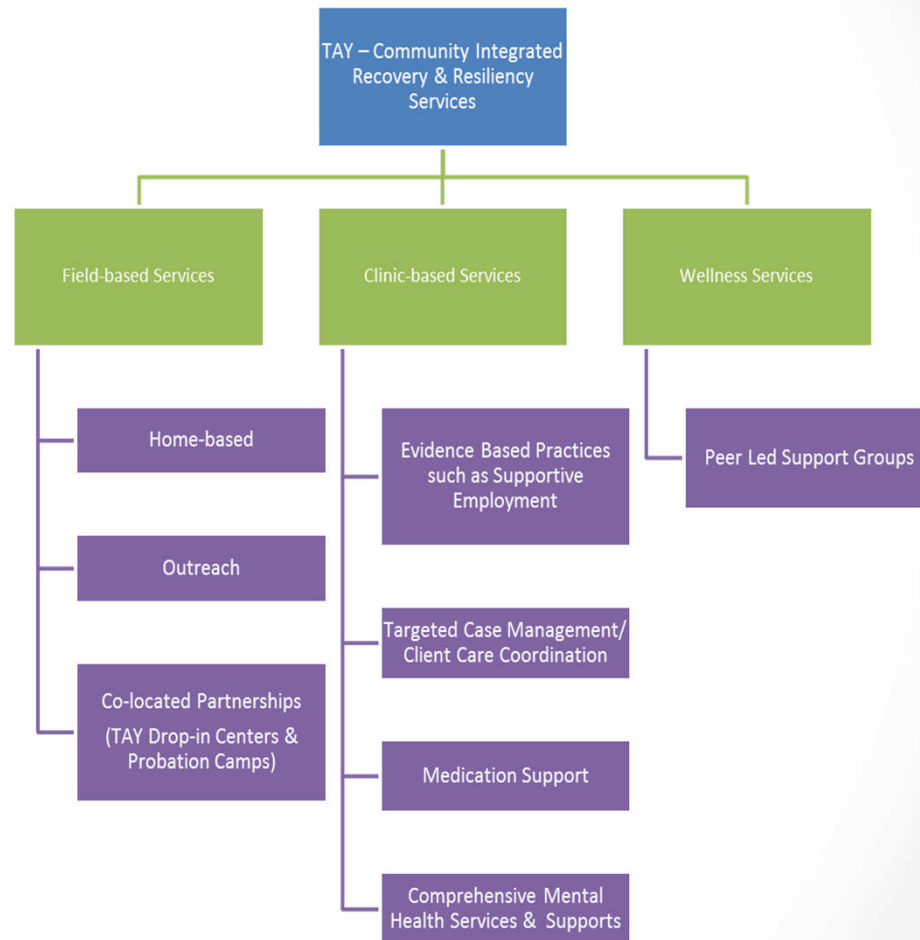
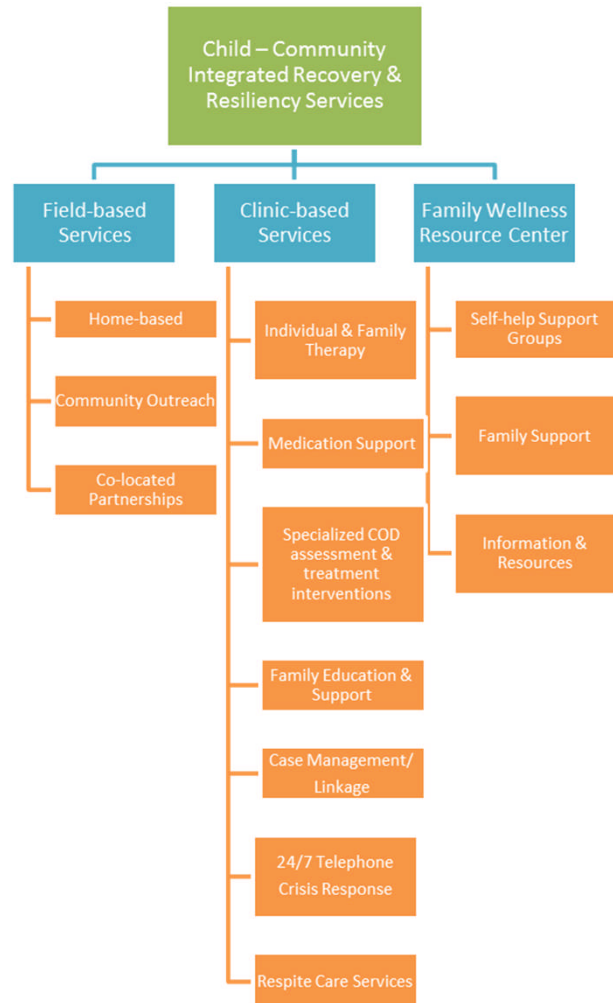
# Older Adult FSP – Focal Population

Operationalizing At Risk/ Expansion of Focal Population Criteria			
<b>Hospitalization</b> <ul style="list-style-type: none"> <li>• Untreated or inappropriately treated mental health, health and/or substance use conditions</li> <li>• Suicidal ideation or attempts</li> <li>• Failure to coordinate and take both health and psychotropic medications as prescribed</li> <li>• Limited or no social, family and/or community support</li> <li>• Limited or no connection to non-emergency community services</li> <li>• Food and income insecurity</li> </ul>	<b>Institutionalization</b> <ul style="list-style-type: none"> <li>• Current community setting or placement does not adequately meet their physical, social, psychological, health or other needs</li> <li>• Lack of a support system and access to supportive services (IHSS, peer support etc.)</li> <li>• Multiple chronic health conditions along with a mental health condition</li> </ul>	<b>Out of Home Placement</b> <ul style="list-style-type: none"> <li>• Often involves family members and others not being comfortable providing care and/or support due to the nature or severity of physical, psychological and/or substance use conditions</li> <li>• Limited or no social and/or family support.</li> <li>• Fall risk, due to chronic health conditions and numerous medications (unsteady gait, decreased vision and difficulty ambulating on uneven surfaces)</li> </ul>	<b>Incarceration</b> <ul style="list-style-type: none"> <li>• Do not have a meaningful way in which to spend their time (volunteer, work, recreation etc.)</li> <li>• Limited or no income</li> <li>• Inadequate or no housing</li> <li>• Inadequate access to mental health, health and substance use services</li> <li>• Prior legal/incarceration history</li> <li>• Little or no family or social support</li> <li>• Absence of peer and other social supports</li> </ul>

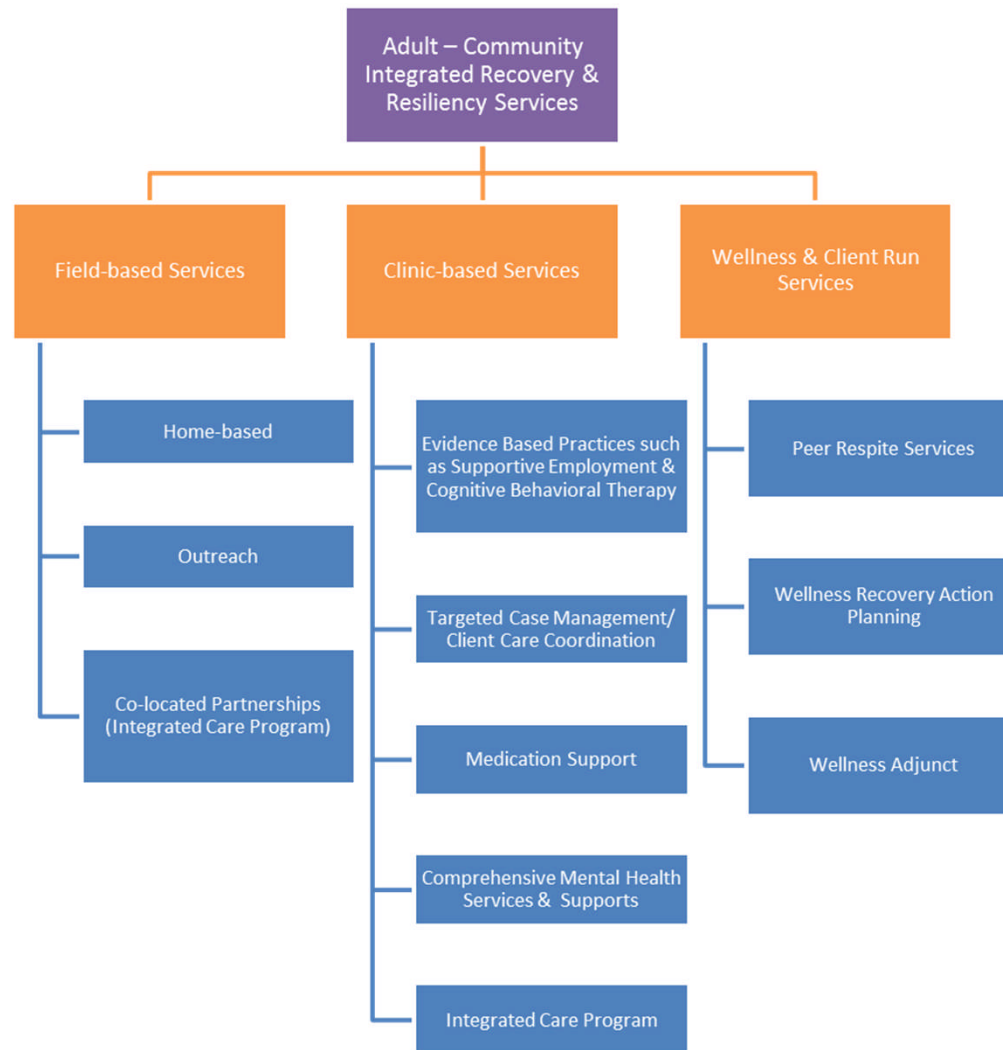
# Methodology to Determine Levels of Care

Children	Transition Age Youth	Adult	Older Adult
<p>The needs of children and families change rapidly and children's services should be as broad and flexible as possible. Based on this belief, workgroup members recommended avoiding the creation of levels of care within FSP and instead, focus on meeting the unique needs of individual children and families.</p>	<ul style="list-style-type: none"> <li>• Milestones of Recovery Scale (MORS)</li> <li>• Specific determinant of youth level of care including the following: <ul style="list-style-type: none"> <li>○ to manage his/her own financial resources and require formal or informal money management</li> <li>○ to coordinate his/her own transportation needs to and from appointments, education, occupation activities, and/or other meaningful life activities</li> <li>○ Requires formal or informal assistance with 2 or more ADLs</li> <li>○ Requires at least once per week support and/or care coordination</li> <li>○ Requires formal or informal assistance or support to manage his/her medication</li> <li>○ Requires formal or informal assistance or support to manage community relations and minimize disruptive behaviors</li> <li>○ Stable at the current MORS score for less than six months</li> <li>○ Receiving flex funds to meet basic needs (housing and food)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Milestones of Recovery Scale (MORS)</li> <li>• Determinants of Care <ul style="list-style-type: none"> <li>○ Assistance with finances</li> <li>○ Staff support with transportation</li> <li>○ Requires staff assistance with 2 or more ADLs</li> <li>○ Weekly or more frequent need for care coordination</li> <li>○ Requires staff support to manage medication</li> <li>○ Requires staff support to manage community interactions</li> <li>○ Less than 6 months of stability at current level of care</li> <li>○ Requires CSS funds to meet basic housing needs</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Milestones of Recovery Scale (MORS)</li> <li>• Determinants of Care</li> </ul>

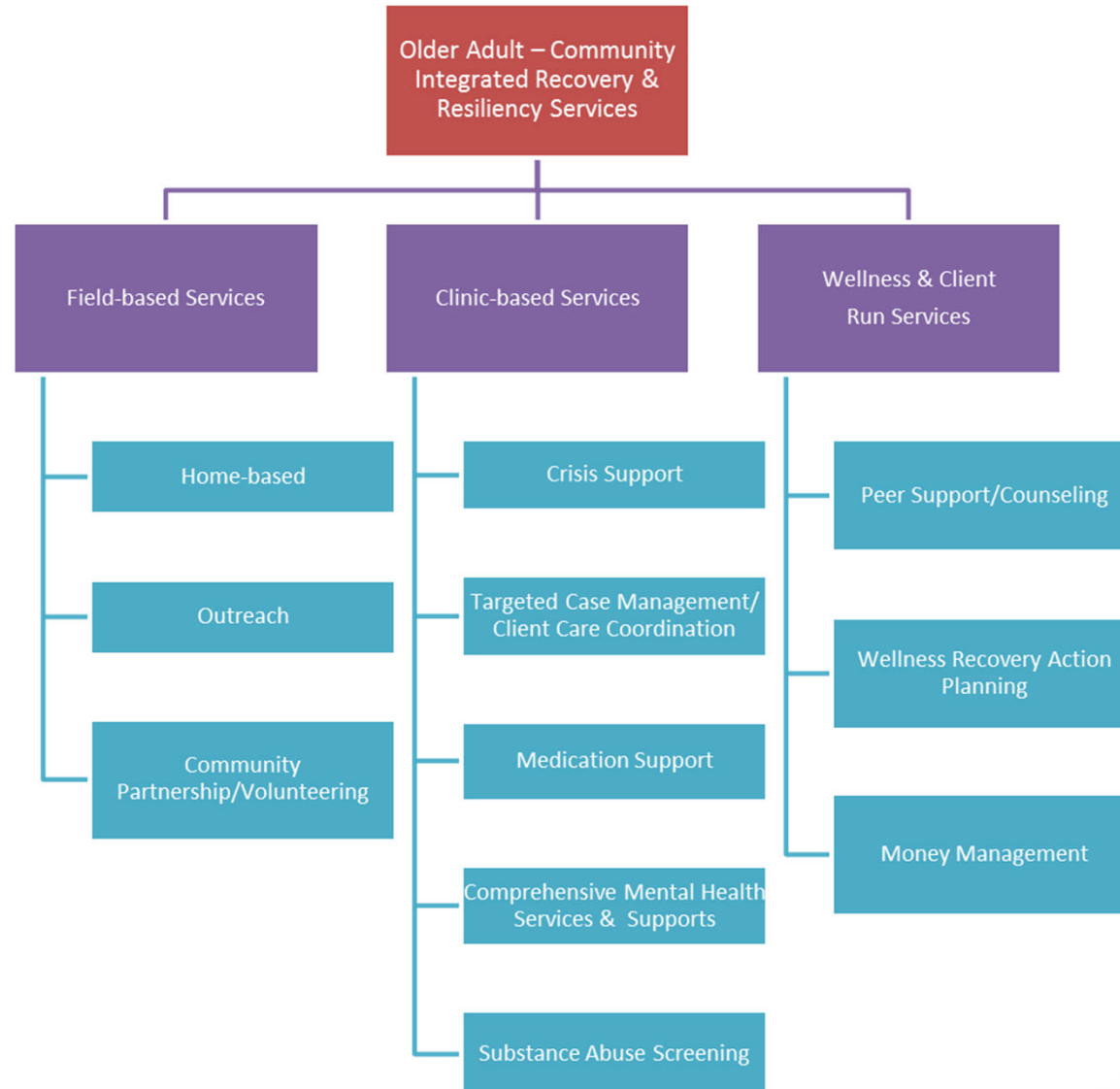
# Continuum of Care by Age Group



# Continuum of Care by Age Group

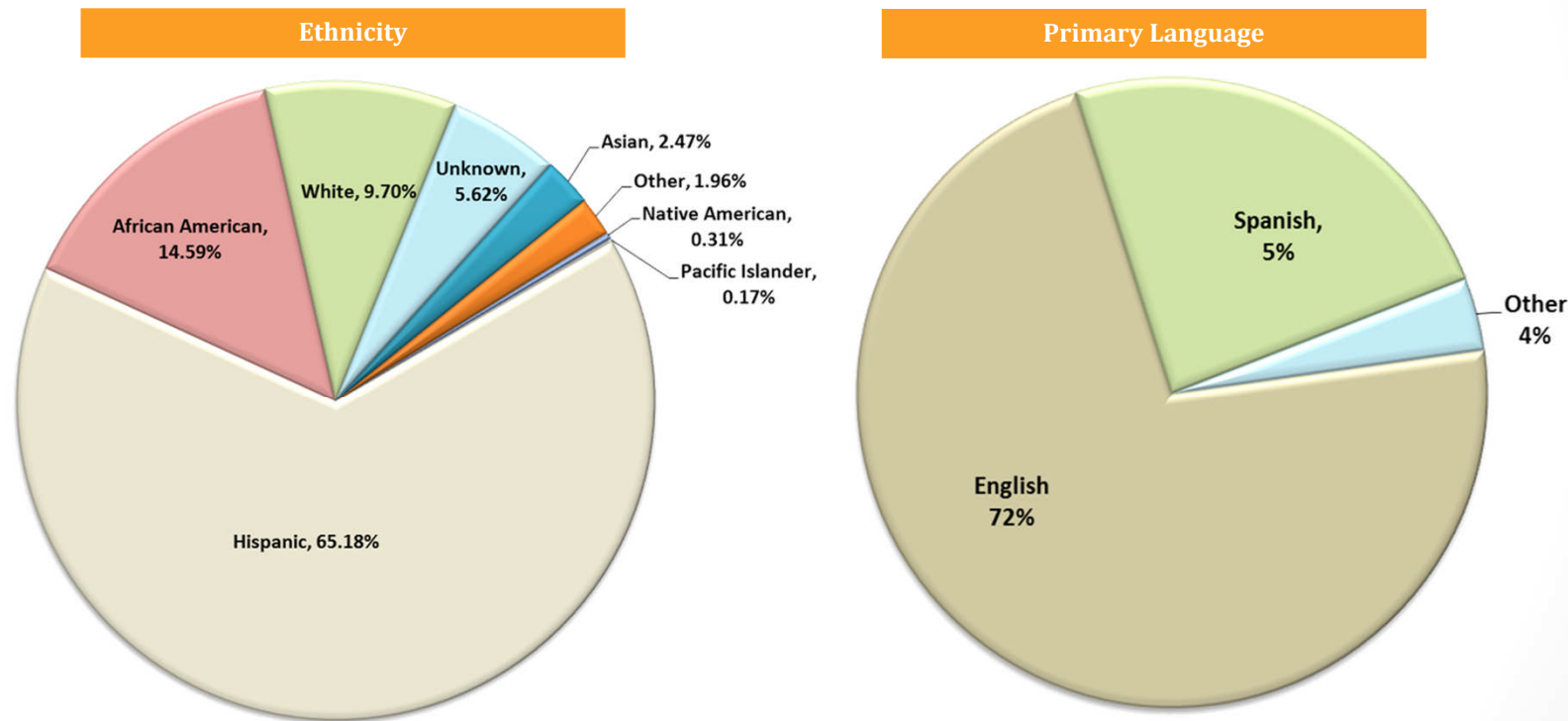


# Continuum of Care by Age Group



# Prevention & Early Intervention (PEI)

- Unique clients served: **45,288**



- Clients with no previous MHSA PEI service: **23,864**

# PEI-Early Intervention Practices

- Symptom improvement exceeded 40% after completion of an evidence-based, promising or community-defined evidence practice for several practices including:
  - Trauma:
    - Alternatives for Families
    - Group Cognitive Behavioral Therapy
    - Individual Cognitive Behavioral Therapy
    - Trauma Focused Cognitive Behavioral Therapy
  - Severe Behaviors/Conduct Disorders: Brief Strategic Family Therapy
  - Anxiety and Depression:
    - Managing and Adapting Practice
    - Mental Health Integration Program
  - Parenting difficulties: Parent-Child Interaction Therapy



# PEI: Trauma Focused – Cognitive Behavioral Therapy (TF-CBT)

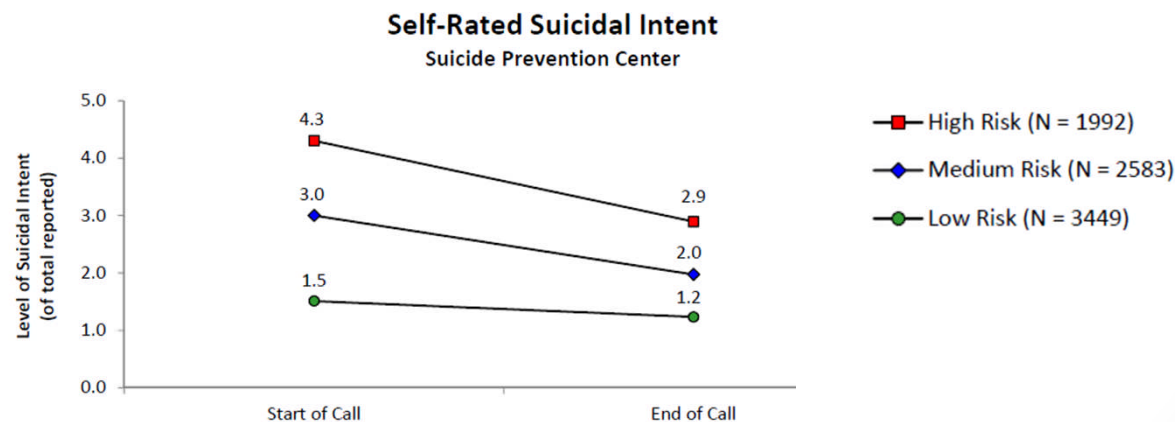
- Youth Outcome Questionnaire (YOQ) completed by parent for children ages 4-17 showed a 49% improvement in mental health functioning post treatment
- Youth Outcome Questionnaire –Self Report (YOQ-SR) completed by children ages 12-18 showed 48% improvement in mental health functioning post treatment
- All versions of the Posttraumatic Stress Disorder-Reaction Index (PTSD-RI) showed over a 50% improvement post treatment in reducing symptoms related to posttraumatic stress
- Results suggest TF-CBT to be an effective treatment for clients ages 3-18 in reducing symptoms of depression and psychological trauma
- 4,682 clients have completed TF-CBT treatment since July 1, 2011 through September 22, 2016

# PEI: Alternative for Families Cognitive Behavioral Therapy (AF-CBT)

- Youth Outcome Questionnaire (YOQ) completed by parent for children ages 4-17 showed a 48% improvement in mental health functioning post treatment
- Youth Outcome Questionnaire –Self Report (YOQ-SR) completed by children ages 12-18 showed 43% improvement in mental health functioning post treatment
- All versions of the Posttraumatic Stress Disorder-Reaction Index (PTSD-RI) showed over a 50% improvement post treatment in reducing symptoms related to posttraumatic stress
- Results suggest AF-CBT to be an effective treatment for clients ages 6-15 in reducing interpersonal conflict among family members involved in physical force/coercion and chronic conflict/hostility
- 343 clients have completed AF-CBT treatment since July 1, 2011 through September 22, 2016

# PEI-Suicide Prevention

- Suicide Prevention Center
  - Responded to 74,088 calls including 7,158 Spanish language calls
  - Responded to 7,629 chats
  - Responded to 11 texts
  - 39% of callers identified between the ages of 15-24
  - Self-rated suicidal intent reduced for those identified as low, medium and high risk



As reported in the Suicide Prevention Center Hotline – SPC Overall Monthly Report FY 2015-16

# PEI - Suicide Prevention

- Latina Youth Program:
  - Outreach and education to 1,144 individuals
  - 193 open cases
- Partners in Suicide Teams:
  - Goal is to increase public awareness of suicide
  - 8 staff across 4 age groups
  - Participated in 202 suicide prevention events
  - Outreach to more than 5,233 individuals
  - Trainings included:
    - (5) Applied Suicide Intervention Skills Training (ASIST)
    - (58) Question, Persuade and Refer (QPR)
    - (6) Assessing and Managing Suicide Risk (AMSR)

# Summary – Revised PEI Plan

- 7 PEI Plan Programs
- Total 79 L.A. DMH PEI programs/projects
- 32 Prevention Programs
- 38 Early Intervention Programs
- 16 Evidence-Based Programs
- 13 Promising Practices
- 9 Community-Defined Evidence Practices
- 10 Cross-cutting Programs and Strategies

# PEI-01: Suicide Prevention

PREVENTION PROGRAMS		AGES SERVED
1.	24/7 Crisis Hotline	All Ages
2.	Applied Suicide Intervention Skills (ASIST) Training	TAY, Adults & Older Adults
3.	Assessing and Managing Suicide Risk (AMSR) Training	TAY, Adults & Older Adults
4.	Latina Youth Program	All Ages
5.	Partners in Suicide (PSP) Team for Children, Transition Age Youth , Adults, and Older Adults	TAY, Adults & Older Adults
6.	Question, Persuade and Refer (QPR) Training	TAY, Adults & Older Adults
7.	Recognizing and Responding to Suicide Risk (RRSR) Training	TAY, Adults & Older Adults

# PEI-02: Stigma and Discrimination Reduction

PREVENTION PROGRAMS		AGES SERVED
1.	Children's Stigma and Discrimination Reduction Project	TAY, Adults & Older Adults
2.	Family-Focused Strategies to Reduce Mental Health Stigma and Discrimination <ul style="list-style-type: none"> <li>a. Adult System of Care Anti-Stigma and Discrimination Team</li> <li>b. Mental Health 101</li> <li>c. Family to Family</li> <li>d. Ending the Silence</li> <li>e. Basics</li> <li>f. Parents and Teachers as Allies</li> <li>g. Provider Education</li> <li>h. NAMI in the Lobby</li> <li>i. In Our Own Voice</li> <li>j. Family Voice</li> </ul>	All Ages
3.	Mental Health First Aid (MHFA)	TAY, Adults & Older Adults
4.	Mental Health Promoters/Promotores Program	TAY, Adults & Older Adults
5.	Older Adults Mental Health Wellness Project	TAY, Adults & Older Adults
6.	Profiles of Hope Project	All Ages

# PEI-03: Strengthening Family Functioning

PREVENTION PROGRAMS		AGES SERVED
1.	Asian American Family Enrichment Network (AAFEN)	Ages (12-18)
2.	Making Parenting a Pleasure (MPAP)	Children (0-8)
3.	Second Step	Children (4-14)

EARLY INTERVENTION PROGRAMS		AGES SERVED
1.	Alternatives for Families – Cognitive Behavioral Therapy (AF-CBT)	Children (5-15) TAY (16-17)
2.	Brief Strategic Family Therapy (BSFT)	Ages (10-16)
3.	Caring for Our Families (CFOF)	Children (5-11)
4.	Family Connections (FC)	Children (0-17) TAY (16-17)
5.	Incredible Years (IY)	Children (0-12)
6.	Loving Intervention Family Enrichment Program (LIFE)	Children (4-15) TAY (16-19)
7.	Mindful Parenting Groups (MP)	Children (0-3)
8.	Parent-Child Interaction Therapy (PCIT)	Young Children (2-7)
9.	Reflective Parenting Program (RPP)	Children (0-12)
10.	Positive Parenting Program (Triple P) – Prevention & Early Intervention	Ages (0-18)
11.	UCLA Ties Transition Model	Children (0-8)



# PEI-04: Trauma Recovery Services

EARLY INTERVENTION PROGRAMS		AGES SERVED
1.	Child-Parent Psychotherapy (CPP)	Children (0-6)
2.	Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	Children (10-18)
3.	Prolonged Exposure – Post Traumatic Stress Disorder (PE)	Ages (18+)
4.	Seeking Safety (SS)	Ages (13+)
5.	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Children (3-18)
6.	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Honoring Children, Mending the Circle	Children (3-18)

# PEI-05: Individuals and Families Under Stress

PREVENTION PROGRAMS		AGES SERVED
1.	Heathy IDEAS (Identifying Depression, Empowering Activities for Seniors)	Older Adults (60+)
2.	Mindful Schools	Children (0-15), TAY & Adults
3.	Nurse Family Partnership (NFP)	Children (0-2),TAY & Adults
4.	School, Community, and Law Enforcement (SCALE) Program	Ages (12-18)
5.	Senior Reach	Older Adults (60+)

EARLY INTERVENTION PROGRAMS		AGES SERVED
1.	Crisis Oriented Recovery Services (CORS)	Ages (3 +)
2.	Depression Treatment Quality Improvement (DTQI)	Ages (12-20)
3.	Dialectical Behavioral Therapy (DBT)	Ages (18+)
4.	Families OverComing Under Stress (FOCUS)	Ages (5+), Couples & Families
5.	Group Cognitive Behavioral Therapy (CBT)	Ages (18+)
6.	Group Individual Psychotherapy (Group IPT)	Ages (15+)
8.	Individual Cognitive Behavioral Therapy (Ind CBT)	Ages (16+)
9.	Individual Psychotherapy (IPT)	Ages (12+)
10.	Managing and Adapting Practice (MAP)	Ages (0-21)
11.	Mental Health Integration Program (MHIP)	Ages (18+)
12.	Problem Solving Therapy (PST)	Older Adults (60+)
13.	Program to Encourage Active Rewarding Lives for Seniors (PEARLS)	Older Adults (60+)
14.	Providing Alternative Thinking Strategies (PATHS)	Children (5-12)
15.	The Mothers and Babies Course, Mamas y Bebés	Ages (13+)

# PEI-06: At-Risk Youth

PREVENTION PROGRAMS		AGES SERVED
1.	American Indian Life Skills (AILS)	Children(14-15); TAY (15-19)
2.	Boys and Girls Club Project LEARN	Children (7-15); TAY(16-18)
3.	Early Identification and Prevention of Psychosis Outreach	TAY (16-25)
4.	Olweus Bullying Prevention Program	Children (5-15); TAY (16-18)
5.	Positive Action	Children (12-15); TAY(16-18)
6.	Safe Schools Ambassadors	Children (5-15); TAY (16-18)
7.	School Threat Assessment and Response Team (START)	All Ages
8.	TAY Drop-In Center Targeted Outreach & Engagement Strategies a. Peer Lead Support b. The Painted Brain c. Drumming for Your Life	TAY (16-25)
9.	Why Try Program	Children (7-15); TAY (16-18)
EARLY INTERVENTION PROGRAMS		AGES SERVED
1.	Aggression Replacement Training (ART)	Children (5-15); TAY (16-17)
2.	Center for the Assessment and Prevention of Prodromal States (CAPPS)	TAY (16-25)
3.	Coordinated Specialty Care Model for Early Psychosis (CSC-EP)	Children (12-15); TAY (16-25)
4.	Functional Family Therapy (FFT)	Children (10-15); TAY (16-18)
5.	Multidimensional Family Therapy (MDFT)	Children (12-15); TAY (16-18)
6.	Multisystemic Therapy (MST)	Children (12-15); TAY (16-17)
7.	Strengthening Families Program (SFP)	Children (3-15); TAY (16)

# PEI-07: Vulnerable Communities

PREVENTION PROGRAMS		AGES SERVED
1.	Commercial Sexual Exploitation of Children and Youth (CSECY) Training for CSECY	TAY, Adults & Older Adults
2.	Domestic Violence and Intimate Partner Violence Services	TAY & Adults
3.	Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and 2-Spirit (LGBTQI2) Services	TAY
4.	PEI Supportive Housing Services	All Ages
5.	Veterans Community Colleges Outreach and Case Management Services Services will be provided by veterans to veterans attending Community	TAY & Adults
6.	Veterans Mental Health Services	TAY, Adults & Older Adults
7.	Veterans Service Navigators	TAY, Adults & Older Adults

# Cross-Cutting Programs and Strategies

PROGRAMS		AGES SERVED
1.	Building Resilience for Vulnerable Children and Families	All Ages
2.	Commercially Sexually Exploited Children and Youth (CSECY) Programs	Children & TAY
3.	County Department of Health Services (DHS)-DMH Co-Located Programs	Adults & Older Adults
4.	Domestic and Intimate Partner Violence	Children & TAY
5.	Early Education, Head Start and Preschool Programs	Children & TAY
6.	Federally Qualified Health Center (FQHC) Programs	Adults & Older Adults
7.	Juvenile Justice After Care Program	Children & TAY
8.	School-Based and School-Linked Programs	Children & TAY
9.	Training for Community, Consumers, and Providers	TAY, Adults & Older Adults
10.	Unaccompanied Minors	Children & TAY
11.	Services for Co-occurring Physical Impairments and Mental Health (Blind/Visually Impaired and Deaf/Hearing Impaired)	All Ages

# Workforce Education and Training Continued Programming

- Two year total for Fiscal Years 2018-19 and 19-20: \$11,413,096
- Ten full-time positions
- Programs include:
  - Health Navigators (Adult and Family)
  - Intensive Mental Health Recovery Specialist
  - Interpreter Training Program\*
  - Peer Training
  - Recovery Oriented Internship Training
  - Stipend Program for MSWs, MFTs and NPs
  - UsCC Recruitment Project
  - Harbor – UCLA Post Doctorate Fellows Programs include:

\* State Culturally Competency Plan requirements for the County of Los Angeles.

# Fiscal Year 2016-17

One-time MHSA allocation (\$121.6 mil.) received in August 2016

(Projections are in millions)

Fiscal Year	CSS	PEI	INN
2016-17	\$30.8	\$7.7	\$2.03
2017-18	\$30.8	\$7.7	\$2.03
2018-19	\$30.8	\$7.7	\$2.03

Break down of the **CSS** allocation (\$121.6) by services:

Fiscal Year	FSP	CIRS (non-FSP)	Total
2016-17	\$25.3	\$5.5	\$30.8
2017-18	\$25.3	\$5.5	\$30.8
2018-19	\$25.3	\$5.5	\$30.8

# Budget – CSS Programs

Program	FY 2017-18	FY 2018-19	FY 2019-20
FSP	\$120,070,322	\$120,070,322	\$120,070,322
CIRS (non-FSP)	\$166,186,942	\$166,186,942	\$166,186,942
Alternative Crisis Services	\$80,409,983	\$80,409,983	\$80,409,983
Linkage	\$16,901,846	\$16,901,846	\$16,901,846
Housing	\$12,522,817	\$12,522,817	\$12,522,817
POE	\$15,020,223	\$15,020,223	\$15,020,223
CSS Administration	\$33,130,107	\$33,130,107	\$33,130,107
<b>TOTAL</b>	<b>\$444,242,240</b>	<b>\$444,242,240</b>	<b>\$444,242,240</b>

\*Please note allocations are estimates and don't include Medi-Cal or EPSDT or unspent funds from previous fiscal years.



# FSP Slot Increase (Estimated)

Total slot increase all age groups: 5,826

Program	Plan Consolidation	One-time MHSA Allocation
Child	1,564	----
TAY	635	2,571*
Adult	527	
Older Adult	263	266
<b>Total</b>	<b>2,989</b>	<b>2,837</b>

\*Clients 18 and over

# Budget: INN, WET & CFTN

Program	INN	WET	CFTN
FY 2017-18	\$23,008,720	\$22,600,000	\$4,500,000
FY 2018-19	\$23,008,720		----
FY 2019-20	\$23,008,720		----

# Estimated MHSA Annual Allocation By Fiscal Year (Projections are in millions)

- Projections are in millions. Future year projected estimates from Mike Geiss, Fiscal Consultant.
- Los Angeles estimate is based on 28.56% of State allocation outlined in DHCS info notice 13-15.
- Allocations don't include Medi-Cal or EPSDT or unspent funds from previous fiscal years.

Fiscal Year	CSS	PEI	INN	Total
2017-18	\$401.1	\$100.3	\$26.4	\$527.8
2018-19	\$391.5	\$92.6 <sup>1</sup>	\$25.8	\$509.9
2019-20 <sup>1</sup>	\$391.5	\$92.6 <sup>1</sup>	\$25.8	\$509.9

<sup>1</sup>Due to no current estimate, using prior Fiscal Year estimate.

# PEI Annual Budget

• Suicide Prevention:	\$747,175
• Stigma & Discrimination Reduction:	\$912,405
• Prevention:	\$9.9 million
• Early Intervention:	\$77.1 million
• PEI Administration:	\$14.7 million
<b>TOTAL</b>	<b>\$103.4 million</b>

# 2017 Action Steps

- Migrating FCCS to FSP and CIRS
  - Review expenditures of \$12,500+ by provider site and legal entity
  - Review those clients to determine whether they meet “at risk” criteria for FSP
- Changes to financial summary, contract amendments
- Reconvene CSS work groups to:
  - Review and finalize CIRS service continuum
  - Articulate methodology for level of care assignment
  - Agree, across system, frequency of data collection
  - Identify outcome measure (instrument) for CIRS and frequency of collection
  - Identify outcome benchmarks for FSP- domains and benchmarks

# 2017 Action Steps

- DMH to modify IBHIS and work with providers to modify their EHRs to accommodate level of care field
- DMH to build out OMA for CIRS data collection and reporting
- DMH to draft Service Exhibits for FSP and CIRS
- Determinants of Care and MORS trainings being scheduled for providers

# For More Information Contact:

Debbie Innes-Gomberg, Ph.D.

Los Angeles County Department of Mental Health

Adult System of Care Bureau

[DIGomberg@dmh.lacounty.gov](mailto:DIGomberg@dmh.lacounty.gov)

(213) 738-2756



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