

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
MENTAL HEALTH SERVICES ACT INFORMATION
Service Area 3 – San Gabriel Valley
Fiscal Year 2018-19

In Fiscal Year 2018-19, 181,135 unique clients received a direct Mental Health Services Act (MHSA) mental health service in Los Angeles County. MHSA refers to Proposition 63, which was passed in November 2004 and became state law on January 1, 2005. The Act is funded by a 1 percent tax on personal income above \$1 million dollars to expand mental health services and programs serving all ages.

Welfare and Institutions Code (WIC) Section 5847 requires county mental health programs prepare and submit a Three-Year Program and Expenditure Plan (“Three-Year Plan” or “Plan”) followed by Annual Plan Updates for MHSA programs and expenditures. The Plan provides an opportunity for the Los Angeles County - Department of Mental Health (LACDMH) to review its existing MHSA programs and services to evaluate their effectiveness. The Plan also allows LACDMH to propose and incorporate any new programs through a robust stakeholder engagement process, should additional funding be available. It is through this Community Planning Process that LACDMH will obtain important feedback from a broad array of stakeholders. Any changes made to any MHSA program must comply with MHSA regulations, as well as relevant State requirements.

MHSA is made up of five components: Community Services & Support; Prevention & Early Intervention; Innovation; Capital Facilities & Technological Needs and Workforce Education & Training.

Community Services & Support

Community Services & Support (CSS) is the largest component of the MHSA. The CSS component is focused on community collaboration, cultural competence, client and family driven services and systems, wellness focus, which includes concepts of recovery and resilience, integrated service experiences for clients and families, as well as serving the unserved and underserved. Housing is also a large part of the CSS component. Services include:

- Full Service Partnership
- Outpatient Care Services (Formerly Recovery, Resilience, and Reintegration Services RRR);
- Alternative Crisis Services (ACS);
- Housing Services;
- Linkage to County-Operated Functions/Programs (Linkage); and
- Planning, Outreach, and Engagement Services (POE).

Prevention & Early Intervention

The goal of the Prevention & Early Intervention (PEI) component of the MHSA is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. The PEI component requires collaboration with consumers and family members in the development of PEI projects and programs. The components are as follows:

- Early Intervention
- Prevention
- Stigma and Discrimination
- Suicide Prevention

Innovation

The MHSOAC controls funding approval for the Innovation (INN) component of the MHSA. The goal of Innovation is to increase access to underserved groups, increase the quality of services, promote interagency collaboration and increase access to services. Counties select one or more goals and use those goals as the primary priority or priorities for their proposed Innovation plan. The programs are as follows:

- INN 2: Community Capacity Building to Prevent and Address Trauma
- INN 3: Help@Hand (formerly Technology Suite)
- INN 4: Transcranial Magnetic Stimulation (TMS)
- INN 5: Peer Support Specialist Full Service Partnership
- INN 7: Therapeutic Transportation (TT)
- INN 8: Early Psychosis Learning Healthcare Network
- TRIESTE

Workforce Education & Training

The goal of the Workforce Education & Training (WET) component is to develop a diverse workforce. Clients and families/caregivers are given training to help others by providing skills to promote wellness and other positive mental health outcomes, they are able to work collaboratively to deliver client-and family-driven services, provide outreach to unserved and underserved populations, as well as services that are linguistically and culturally competent and relevant, and include the viewpoints and expertise of clients and their families/caregivers.

Service Area 3 – San Gabriel Valley Demographics

The County of Los Angeles is organized into eight (8) Service Areas (SAs), each with its own characteristics and diverse ethnic make-up. Services within the Los Angeles County - Department of Mental Health (LAC-DMH) are organized on a geographic basis to facilitate greater ease of access. However, clients are free to request services in any geographic area within the system, and may secure referrals to any mental health program, whether directly operated or contracted with the Local Mental Health Plan (LMHP).

SA 3 has a population of 1,808,263. It has the highest percentage of Asian/Pacific Islanders in the County.

Population by race/ethnicity

Figure 1. Los Angeles County (N=10,278,834)

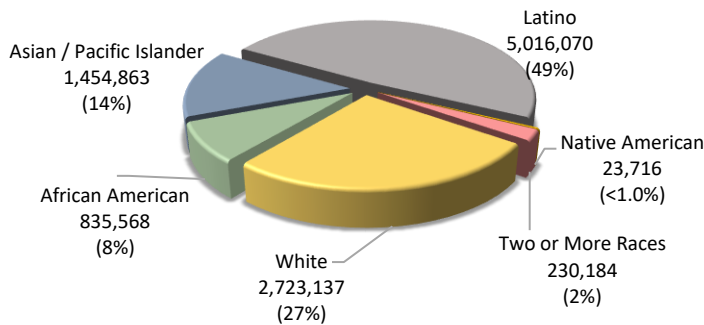
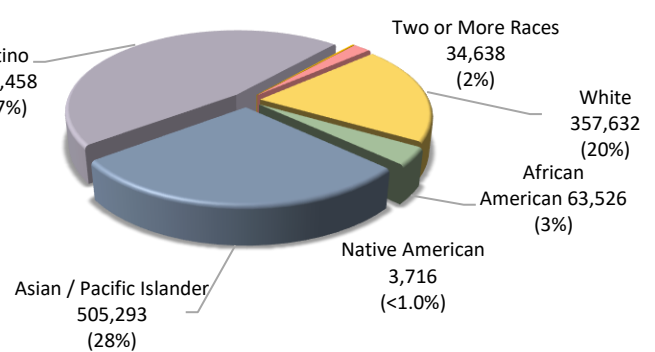


Figure 2. Service Area 3 (N=1,808,263)



Population by age group

Figure 3. Los Angeles County (N=10,278,834)

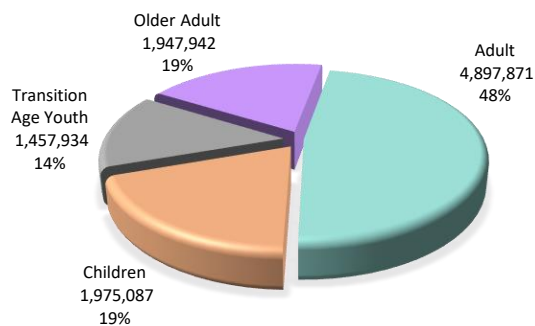
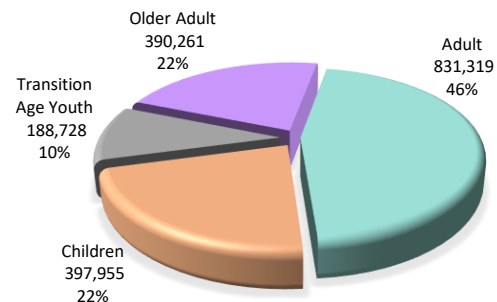


Figure 4. Service Area 3 (N=1,808,263)



Medi-Cal Enrolled Population in Service Area 3 by Ethnicity and Age Group

Figure 5. Service Area 3 Ethnicity (N=544,879)

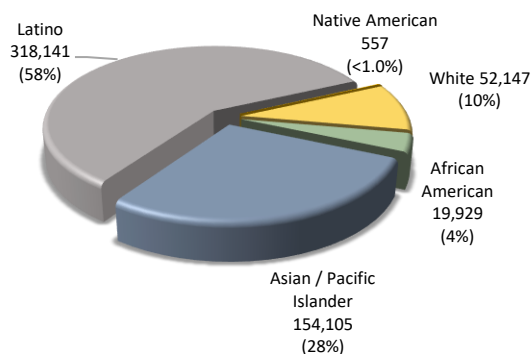
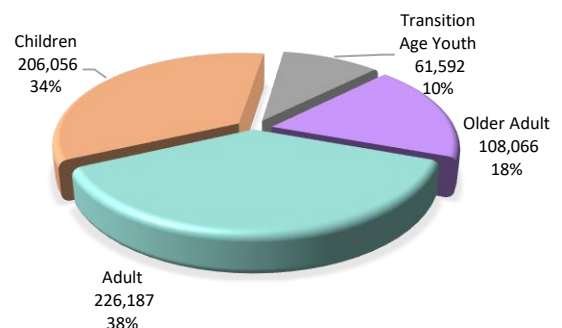


Figure 6. Service Area 3 Age Group (N=601,901)



Estimated Prevalence of Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI) Among Medi-Cal Enrolled Population in Service Area 3 by Ethnicity and Age Group

Figure 7. Service Area 3 Ethnicity (N=58,733)

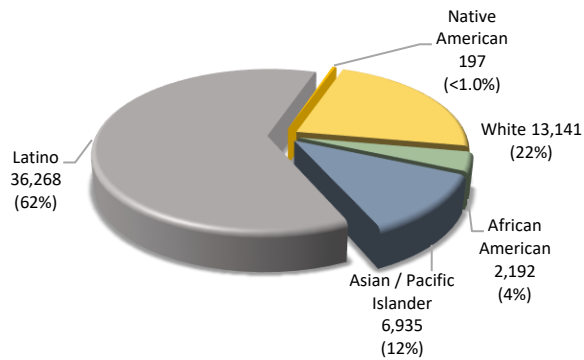
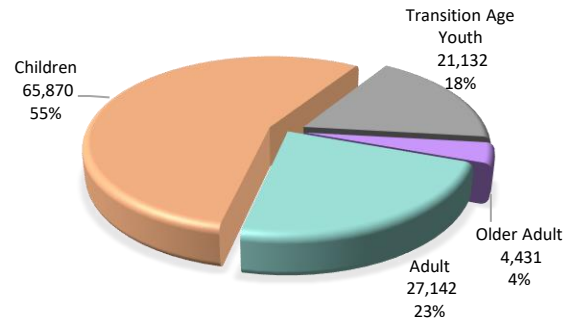


Figure 8. Service Area 3 Age Group (N=118,575)



Among the population enrolled in Medi-Cal, Service Area 3 has seven threshold languages: Cantonese (5.8%), English (54.3%), Korean (0.5%), Mandarin (7.4%), Other Chinese (0.6%), Spanish (26.7%) and Vietnamese (3.5%).

Consumers Served in Los Angeles County Department of Mental Health Service Area 3 Outpatient Programs

Figure 9. Service Area 3 Ethnicity (N=20,825)

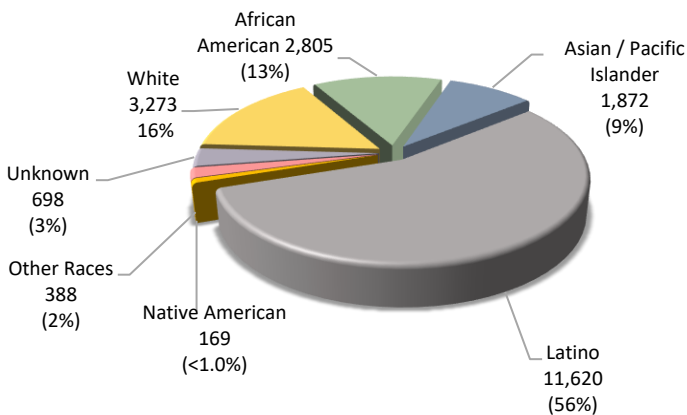
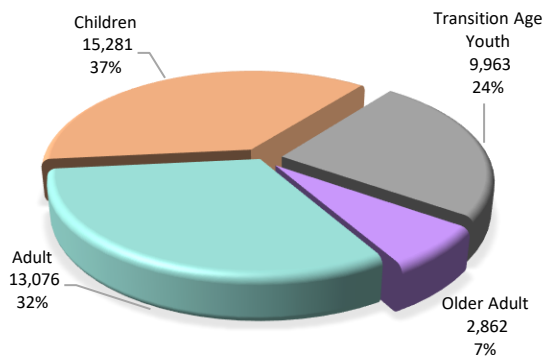


Figure 10. Service Area 3 Age Group (N=41,182)



Cantonese, Korean, Mandarin, Spanish, and Vietnamese are the non-English threshold languages reported for consumers in outpatient programs by Service Area 3.

Needs Assessment of Medi-Cal Enrolled Population in Service Area 3

A negative number indicates that the estimated need for mental health services has not been met. Zero indicates “no disparity”. A “+” number in parentheses indicates the number of individuals receiving services beyond the estimated need of services.

Table 1. Needs Assessment of Medi-Cal Enrolled Population with SED and SMI by Ethnicity

Ethnicity	Medi-Cal Enrolled Population Estimated with SED and SMI	Outpatient Consumers Served	Service Area Disparity
African American	2,192	2,456	(+)264
Asian/Pacific Islander	6,935	1,472	-5,463
Latino	36,268	9,296	-26,972
Native American	197	133	-64
White	13,141	2,483	-10,658

Table 2. Needs Assessment of Medi-Cal Enrolled Population with SED and SMI by Age Group

Age Group	Medi-Cal Enrolled Population Estimated with SED and SMI	Outpatient Consumers Served	Service Area Disparity
Children (0-15)	65,870	12,733	-53,137
Transition Age Youth (16-25)	21,132	8,200	-12,932
Adult (26-59)	27,142	10,796	-16,346
Older Adult (60+)	4,431	2,362	-2,069

Mental Health Services Act Services

Community Services and Supports

Number of Unique Clients Served: 18,262

Number of New Clients Served: 8,095

Table 3. Number of unique clients served by age group and MHA cost

Age Group	Child	TAY	Adult	Older Adult
Number of Clients Served	5,484	3,453	8,102	1,670
MHA Cost	\$39,423,790	20,182,347	35,401,636	7,108,436

Table 4. Number of unique clients served by Ethnicity

Ethnicity	White	African American	Latino	Asian Pacific Islander	Native American	Other
Number of Clients Served	2,928	1,706	7,609	1,642	111	4,266
Percentage	16%	9%	42%	1%	1%	23%

Table 5. Number of unique clients served by Primary Language

Primary Language	English	Spanish	Farsi	Arabic	Mandarin	Cantonese	Pilipino, Tagalog	Other
Number of Clients Served	13,724	2,759	4	18	312	302	10	1,131
Percentage	75%	15%	0.02%	0.01%	1.71%	1.65%	0.05%	7%

Full Service Partnership (FSP)

Table 6. Number of unique clients served by age group and MHA cost

Age Group	Child	TAY	Adult	Older Adult
Number of Clients Served	502	380	801	353
MHA Cost	\$8,869,975	\$5,413,847	\$9,654,102	\$2,293,975

Table 7. Service Area 3 Full Service Partnership Capacity as of 8/15/20

Service Area 3 FSP Program	Number of Slots	Number of Authorized Slots	Percent of Target Met
Children (includes Wraparound Child, and Wraparound TAY)	379	248	65%
Transition Age Youth, Ages 16-25	188	134	71%
Adult, Ages 26-59 (includes Forensic, Homeless, Measure H and Housing)	839	652	78%
Older Adult, Ages 60+	203	169	83%

Table 8. Countywide Full Service Partnership Capacity as of 8/15/20

Countywide FSP Program	Number of Slots	Number of Authorized Slots	Percent of Target Met
Intensive Field Capable Clinical Services (IFCCS)	765	504	66%
Assisted Outpatient Program (AOT)	385	289	75%
Integrated Mental Health Team (IMHT)	300	278	93%

Clients can be seen in more than one FSP program in a year.

Outpatient Care Services (Formerly Recovery, Resilience, and Reintegration)

Table 9. Number of unique clients served by age group and MHSA cost

Age Group	Child	TAY	Adult	Older Adult
Number of Clients Served	4,748	2,530	5,839	1,126
MHSA Cost	\$29,770,194	\$12,942,615	20,968,214	\$4,257,227

Prevention and Early Intervention

Number of Unique Clients Served: 8,996

Number of New Clients Served: 5,639

Table 10. Number of unique clients served by age group and MHSA cost

Age Group	Child	TAY	Adult	Older Adult
Number of Clients Served	6,383	1,757	826	185
MHSA Cost	\$22,931,763	\$6,033,942	\$2,079,525	\$647,398

Table 11. Number of unique clients served by Ethnicity

Ethnicity	Latino	White	African American	Asian Pacific Islander	Native American	Other
Number of Clients Served	3574	653	426	333	30	3980
Percentage	40%	7%	5%	3.7%	0.33%	44%

Table 12. Number of unique clients served by primary language

Primary Language	English	Spanish	Mandarin	Cantonese	Other
Number of Clients Served	6,383	2,195	71	83	264
Percentage	71%	24%	1%	1%	3%

If you have any questions about this report, please contact Robin Ramirez, rramirez@dmh.lacounty.gov.