

Mental Health Services Act

Mental Health Commission

Fiscal Year 2020-21

October 22, 2020



Mission: Optimize the hope, wellbeing and life trajectory of Los Angeles County's most vulnerable through access to care and resources that promote not only independence and personal recovery but also connectedness and community reintegration.

MHSA Program - Components

MHSA addresses a broad continuum of county mental health services for all populations: children, transition-age youth, adults, older adults, families, and underserved. MHSA specifies five required components that support county mental health systems.

CSS

Community Services and Supports

Direct mental health services and supports for children and youth, transition age youth, adults, and older adults

Permanent supportive housing for clients with serious mental illness

WET

Workforce, Education and Training

Enhancement of the mental health workforce through continuous education and training programs

PEI

Prevention and Early Intervention

Services to engage individuals before the development of serious mental illness or at the earliest signs of mental health struggles

Statewide projects: Suicide Prevention, Student Mental Health Initiative, Stigma and Discrimination Reduction

CFTN

Capital Facilities and Technological Needs

Building projects and improvements of mental health services delivery systems using the latest technology

INN

Innovations

Opportunities to design and test time-limited new or changing mental health practices that have not yet been demonstrated as effective, and to fuse such practices into the mental health system, thereby increasing:

- access to underserved communities,
- promotion of interagency collaboration, and
- the overall quality of mental health services

DMH - Ongoing MHSA Allocation

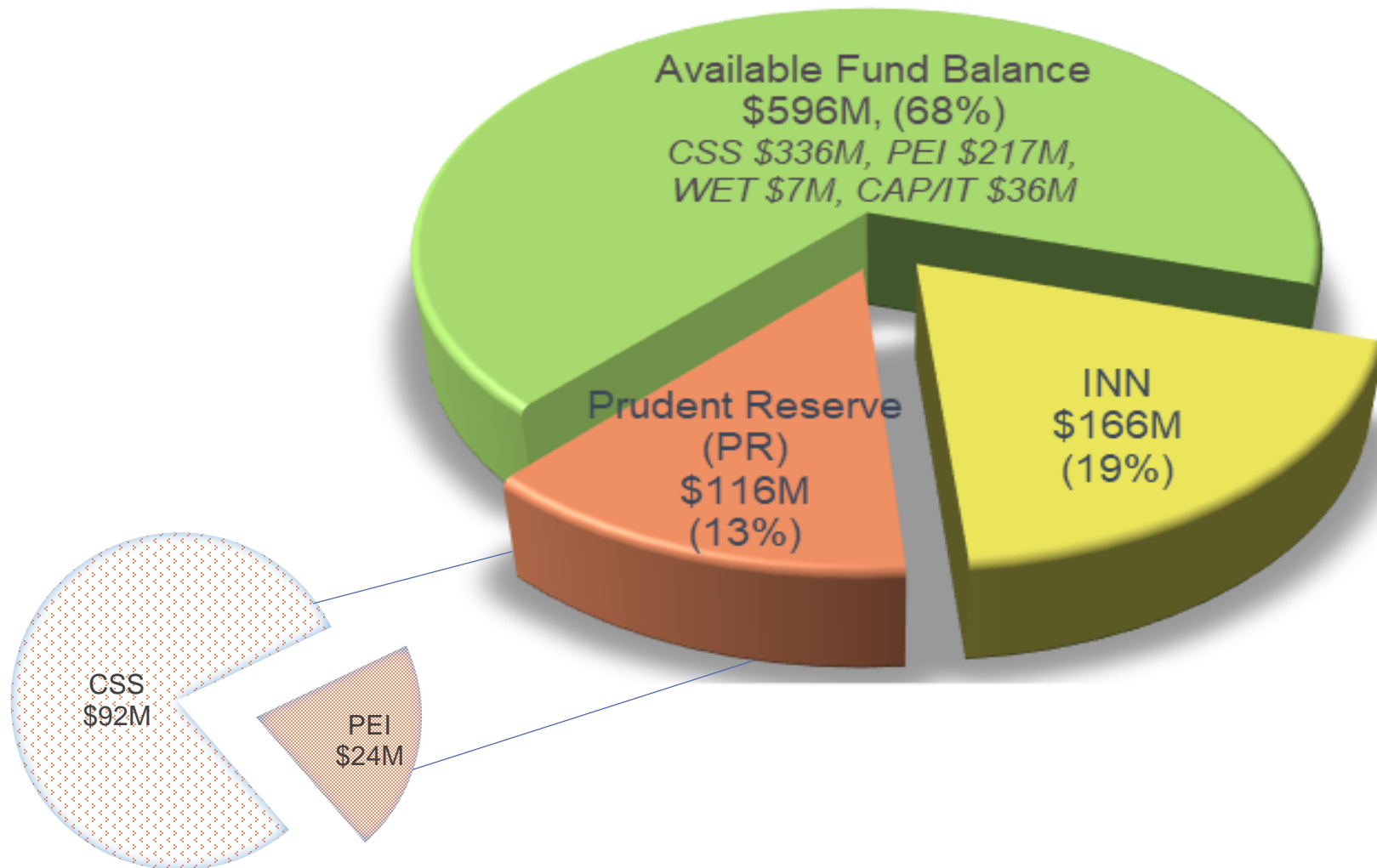
The table below shows anticipated revenues for current FY 2020-21, as well as the next 3 years.

Fiscal Year	Allocation (millions) *	Variance from Prior Year	Percent Change
FY 2018-19	\$573.8	-	-
FY 2019-20	\$513.1	\$(60.7)	(10.6)%
FY 2020-21	\$624.0	\$110.9	21.6%
FY 2021-22	\$563.1	\$(60.9)	(9.8)%
FY 2022-23	\$456.4	\$(106.7)	(18.9)%
FY 2023-24	\$509.8	\$53.4	11.7%

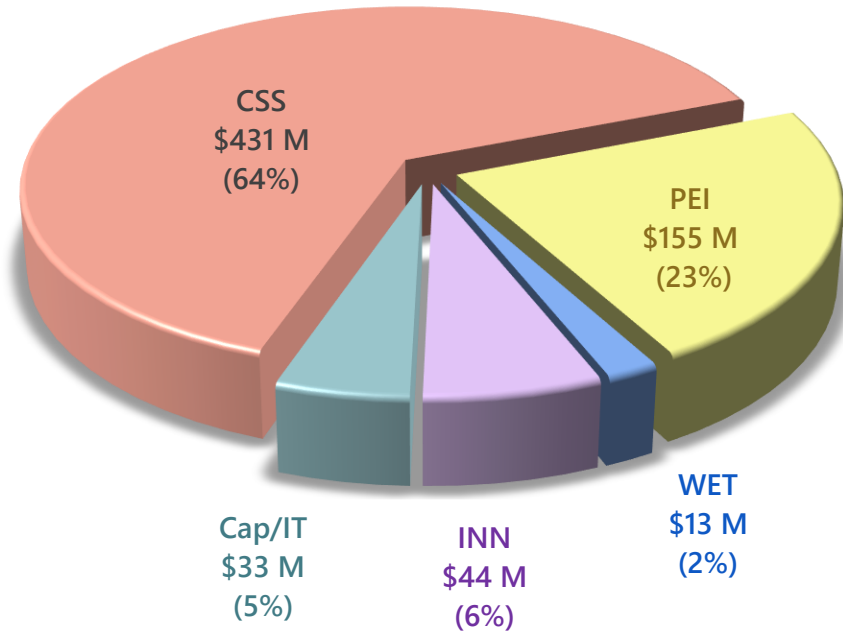
* Allocation includes estimated interest earned.

- Approximately 1/10 of one percent of California taxpayers are impacted by this tax.
- Two primary sources of deposits into the State Mental Health Service Fund:
 - Monthly personal income tax (PIT) payments
 - Annual adjustments based on actual tax returns
- Due to the amount of time necessary to reconcile the settlement between the monthly PIT payments and actual tax return, accruals for tax revenue not yet received by the close of a fiscal year are not actually deposited until two fiscal years after the revenue is earned - *(FY 2018-19 accrual deposited in FY 2020-21)*

FY 2020-21 MHSA FUND BALANCE, \$878.9 MILLION



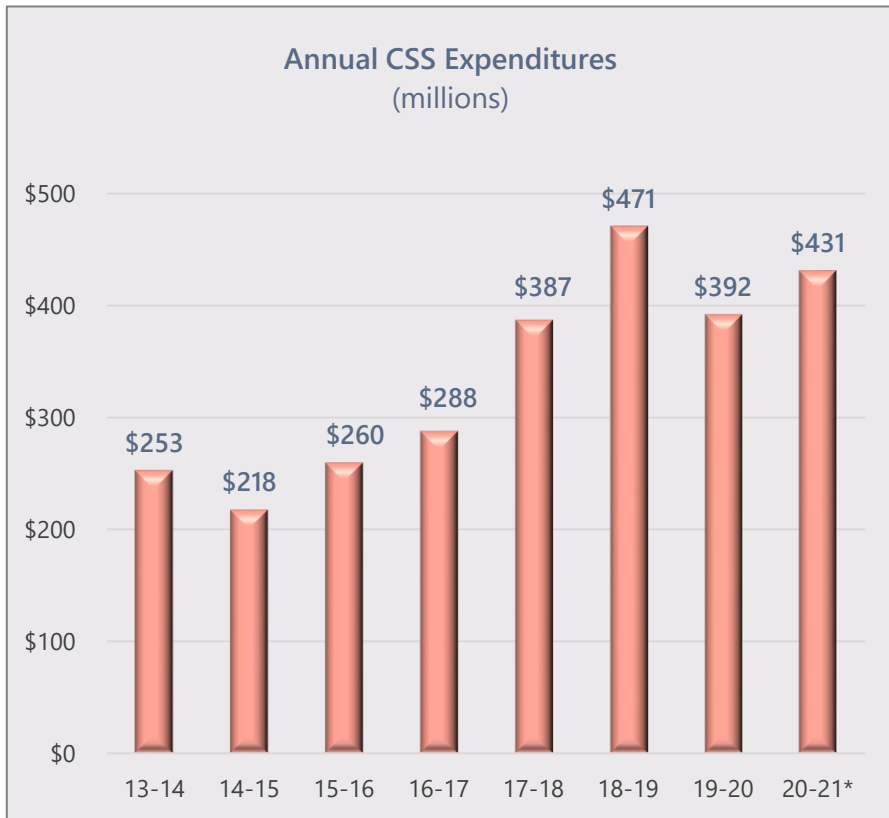
FY 2020-21 Estimated MHSA Expenditures



	2020-21		2019-20	2018-19
(millions)	Budget	Estimate	Actuals	Actuals
CSS	\$530	\$431	\$392	\$471
PEI	\$205	\$155	\$146	\$147
WET	\$24	\$13	\$15	\$16
INN	\$14	\$44	\$21	\$25
CAP/IT	\$6	\$33	\$17	\$7
Current Year Total	\$779	\$676	\$591	\$666
PY RER Adjustment	-	\$(7)	\$5	\$43
Total	\$779	\$669	\$596	\$709

FY 2020-21 \$530M CSS Budget

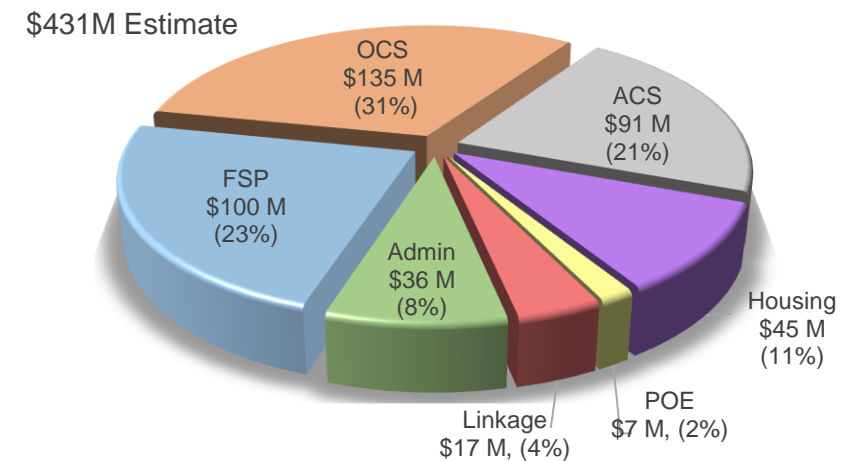
- As the largest component, CSS was designed with service categories that shape the integrated system of care for clients diagnosed with a serious mental illness.
- Annual allocations average \$414M over the last three FYs.



Does not include PY RER adjustments

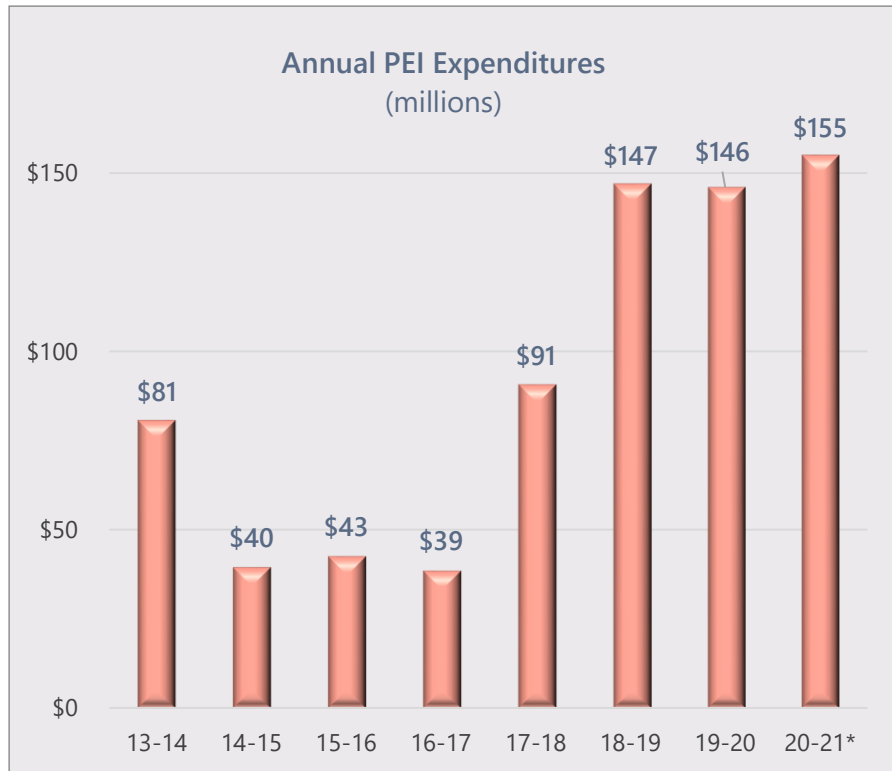
- Full Service Partnership (FSP)**
DMH Strategic Plan - Goal 1C: Outpatient Care Contracted and directly operated Intensive mental health services, including homeless, forensic, and housing populations; assisted outpatients services (AOT); and client supportive services (flex funds), including housing.
- Outpatient Care Services (OCS)**
DMH Strategic Plan - Goal 1C: Outpatient Care Contracted and directly operated general outpatient services.
*Formerly Recovery, Resiliency and Reintegration (RRR)
- Alternative Crisis Services (ACS)**
DMH Strategic Plan - Goal 2: Intensive Care Contracted Urgent Care Centers, Crisis Residential Treatment Programs and Enriched Residential Services.
- Housing**
DMH Strategic Plan - Goal 1B: Social Support Board and care and residential housing with Brilliant Corners through DHS.
- Planning, Outreach, and Engagement (POE)**
DMH Strategic Plan - Goal 1A: Prevention Community meetings; outreach and engagement activities and events.
- Linkage**
DMH Strategic Plan - Goal 3: Reentry Initiatives Mental Health Court Program & HOME Triage Teams
- Administration**
DMH Strategic Plan - Goal 4: Organizational Support

CSS	2020-21		2019-20
(millions)	Budget	Estimate	Actuals
FSP	\$128	\$100	\$91
OCS	\$188	\$135	\$135
ACS	\$85	\$91	\$88
Housing	\$39	\$45	\$22
POE	\$15	\$7	\$6
Linkage	\$34	\$17	\$16
Admin	\$41	\$36	\$34
Current Year	\$530	\$431	\$392
PY RER Adjust	-	-	\$34
Total	\$530	\$431	\$426



FY 2020-21 \$205M PEI Budget

- PEI is the second largest component and focuses on prevention and early intervention services, education, support and outreach to individuals and families at risk of developing a mental illness or experiencing early symptoms.
- Annual allocations average \$103M over the last three FYs.



Does not include PY RER adjustments

- Prevention
DMH Strategic Plan - Goal 1A: Prevention
 General prevention services in the directly operated clinics, Prevention and Aftercare Network, Youth Diversion and Development Project, Parks After Dark Program, Home Visiting services, Nurse Family Partnerships, Public Library Afterschool/Summer Programs.

- Early Intervention
DMH Strategic Plan - Goal 1A: Prevention
 Mental health services delivered through evidenced based practices.

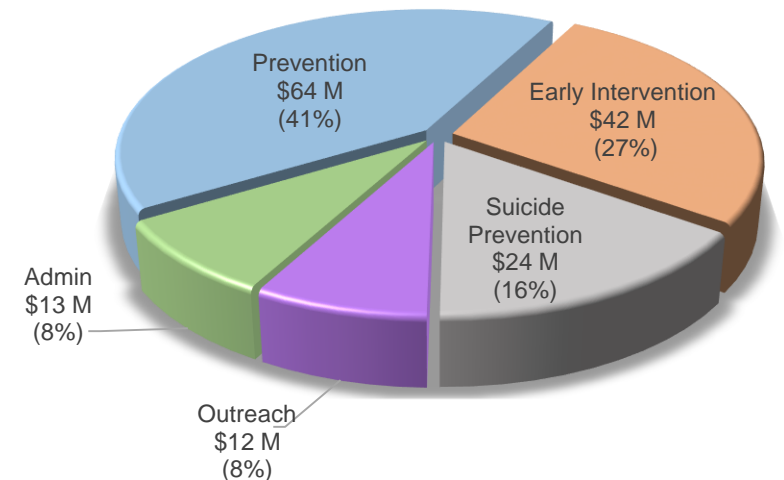
- Suicide Prevention
DMH Strategic Plan - Goal 1A: Prevention
 Suicide prevention hotline and media campaigns.

- Outreach
DMH Strategic Plan - Goal 1A: Prevention
 Outreach and engagement activities and events.

- Administration
DMH Strategic Plan - Goal 4: Organizational Support

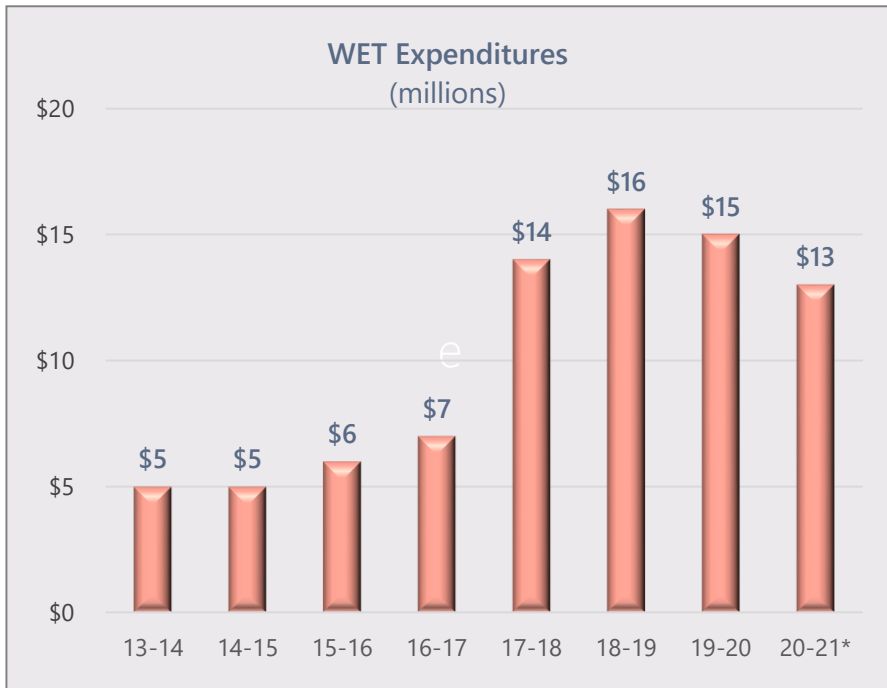
PEI	2020-21		2019-20
	Budget	Estimate	Actuals
(millions)			
Prevention	\$67	\$64	\$65
Early Intervention	\$89	\$42	\$37
Suicide Prevention	\$20	\$24	\$23
Outreach	\$13	\$12	\$8
Admin	\$16	\$13	\$13
Current Year	\$205	\$155	\$146
PY RER Adjust	-	-	\$(12)
Total	\$205	\$155	\$134

\$155M Estimate



FY 2020-21 \$24M WET Budget

- The State allocated one-time funding in FYs 2006-07 and 2007-08 for WET programs designed to address the fundamental concepts of creating and supporting a workforce (present and future) that is culturally competent, provides client/family driven mental health services, and adheres to wellness, recovery and resilience values.
- DMH submitted its initial WET Plan in October 2008 with two additional revisions in December 2008 and April 2009. The plan was approved April 8, 2009.



- Training & Technical Support
DMH Strategic Plan -
Goal 4: Organizational Support
General training to the directly operated and contracted network

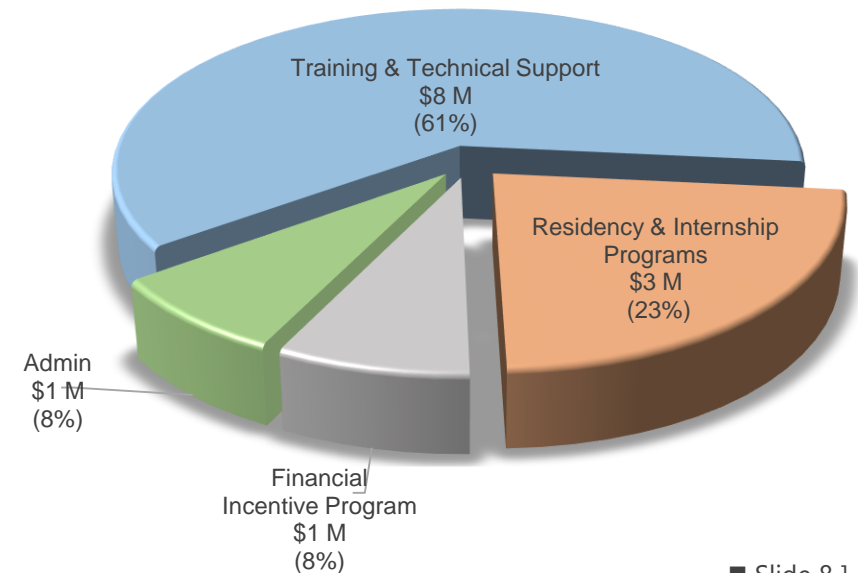
- Residency & Internship Programs
DMH Strategic Plan -
Goal 4: Organizational Support
Mental health services delivered through evidenced based practices

- Financial Incentive Program
DMH Strategic Plan -
Goal 4: Organizational Support
Psychiatrist Loan Repayment Program

- Administration
DMH Strategic Plan -
Goal 4: Organizational Support

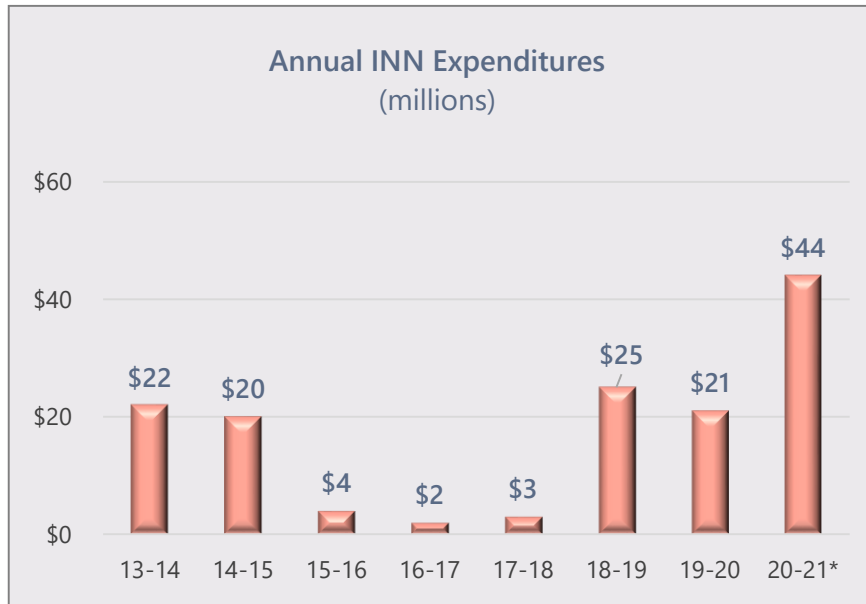
WET	2020-21		2019-20
	Budget	Estimate	Actuals
(millions)			
Training and Technical Support	\$14	\$8	\$8
Residency and Internship Programs	\$2	\$3	\$2
Financial Incentive Program	\$7	\$1	\$4
Admin	\$1	\$1	\$1
Current Year	\$24	\$13	\$15
PY RER Adjust	-	-	\$2
Total	\$24	\$13	\$17

\$13M Estimate



FY 2020-21 \$14M INN Budget

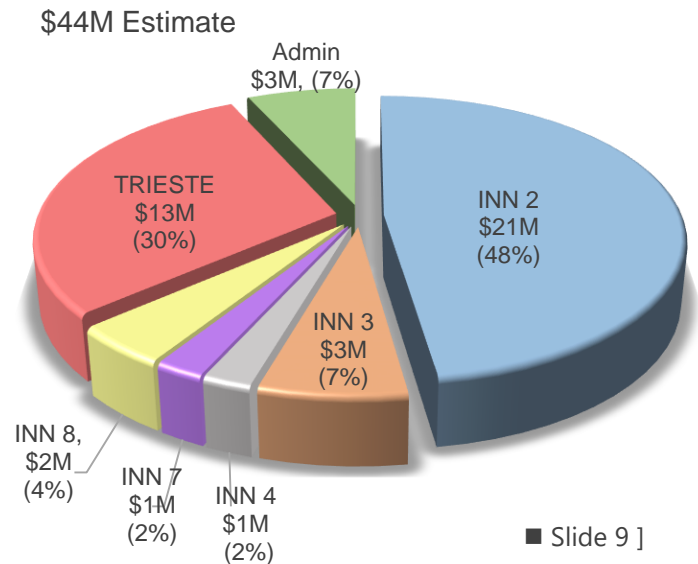
- INN funding is for projects that:
 - introduce a new mental health practice or approach; make a change to an existing practice; and/or apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.
- The primary purpose is to increase access to mental health services, especially for underserved groups; increase the quality of mental health services; or promote interagency and community collaboration related to mental health services and supports / outcomes.
- Annual allocations average \$27M over the last three FYs.



Does not include PY RER adjustments

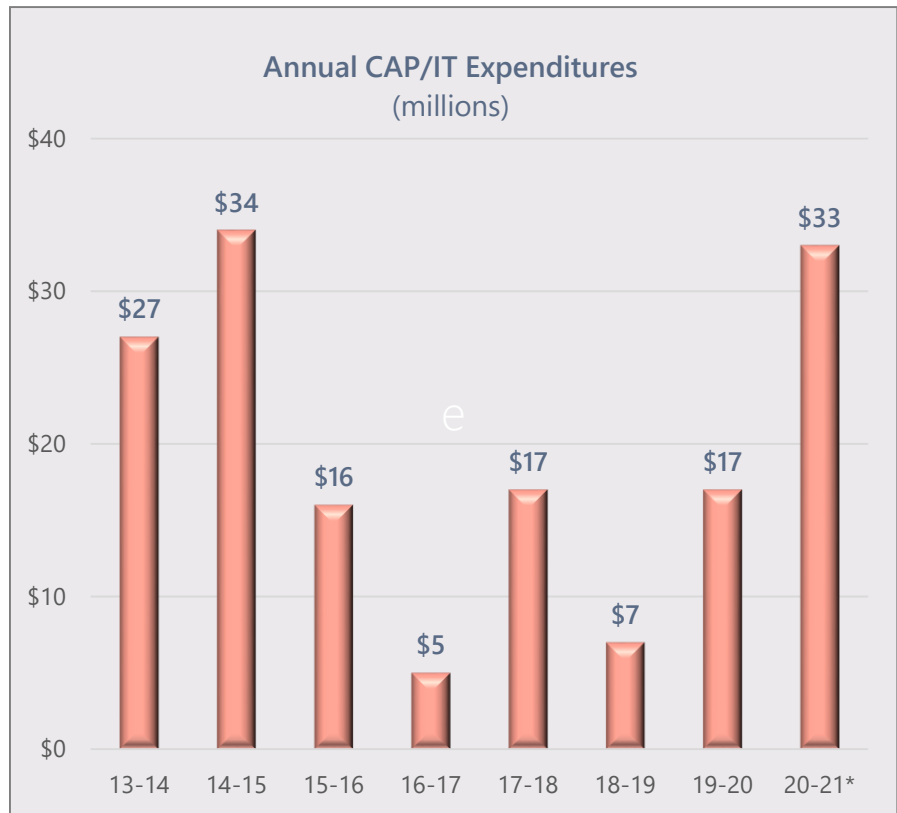
- INN 2 – Community Capacity Building**
DMH Strategic Plan - Goal 4: Organizational Support
Build the capacity of the community to identify and support community members at risk of trauma utilizing the assets of the community by testing out strategies that will ultimately lead to better mental health.
- INN 3 – Help@Hand**
DMH Strategic Plan - Goal 4: Organizational Support
A multi-county project utilizing customized applications for digital detection of emotional, thought and behavioral disturbances; web-based chat 24/7 with trained and certified peers; and virtual evidence-based online treatment protocols that use avatars to deliver clinical care.
- INN 4 - Mobile Transcranial Magnetic Stimulation “TMS”**
DMH Strategic Plan - Goal 1C: Outpatient Care
Provide TMS in outfitted vans that travel to different outpatient programs to effectively treat depression in clients who have tried two or more anti-depressants without relief or improvement.
- INN 5 - Peer Support FSP**
DMH Strategic Plan - Goal 1C: Outpatient Care
Two teams comprised mostly of peer specialists to provide FSP services.
- INN 7 - Therapeutic Transportation**
DMH Strategic Plan - Goal 2: Intensive Care
DMH teams travel across the County to respond to individuals placed on involuntary holds or at significant risk of being placed on a hold through engagement, support and recovery-focused interventions delivered using outfitted vans.
- INN 8 - Early Psychosis Learning Network**
DMH Strategic Plan - Goal 1C: Outpatient Care
Implement the Portland Identification and Early Intervention (PIER) program to identify and comprehensively treat individuals ages 12-25 who are in the prodromal or initial 18 months of a first psychotic episode.
- TRIESTE**
DMH Strategic Plan - Goal 1C: Outpatient Care
Regional pilot project that will demonstrate how individual and system outcomes and consumer satisfaction in our system can be dramatically improved without increasing the cost of services.
- Administration**
DMH Strategic Plan - Goal 4: Organizational Support

INN	2020-21		2019-20
(millions)	Budget	Estimate	Actuals
INN 2	-	\$21	\$5
INN 3	\$6	\$3	\$13
INN 4	\$1	\$1	-
INN 5	-	-	-
INN 7	\$3	\$1	\$1
INN 8	\$2	\$2	-
TRIESTE	-	\$13	-
Admin	\$2	\$3	\$2
Current Year	\$14	\$44	\$21
PY RER Adjust	-	-	\$(16)
Total	\$14	\$44	\$5



FY 2020-21 Capital Facilities / Technology Needs \$6M Budget

- The State allocated one-time funding in FYs 2007-08 and 2008-09 to increase and improve existing capital facilities infrastructure and support technology projects to accommodate the implementation of MHSA plans.



Does not include PY RER adjustments

Capital Facilities
DMH Strategic Plan -
Goal 4: Organizational Support
Allocations fund land and building acquisitions, construction of mental health service facilities and administrative space; and renovation and expansion of existing County-owned facilities which require modernization and transformation to provide an environment for the clients and families.

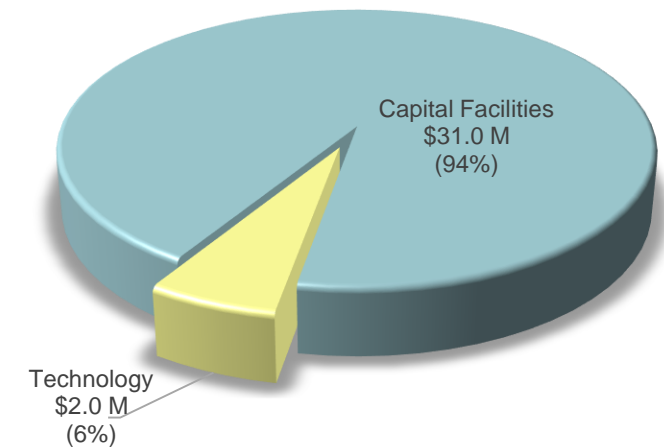
Technology Needs
DMH Strategic Plan -
Goal 4: Organizational Support
The IT Plan was approved by the State in May 2009 for the following six projects:

- IBHIS
- Contract Provider Technology Projects
- Consumer/Family Access to Computer Resources
- Personal Health Record Awareness and Education
- Data Warehouse Re-Design
- Virtual Care: Telepsychiatry Expansion

Administration
DMH Strategic Plan -
Goal 4: Organizational Support

CAP/IT	2020-21		2019-20
	Budget	Estimate	Actuals
(millions)			
Technology	\$6	\$2	-
Capital Facilities	-	\$31	\$17
Admin	-	-	-
Current Year	\$6.0	\$33.0	\$17.0
PY RER Adjust	-	\$(7.0)	\$(3.0)
Total	\$6.0	\$26.0	\$14.0

\$33M Estimate





THANK YOU