WELLNESS • RECOVERY • RESILIENCE

MHSA THREE-YEAR PROGRAM AND EXPENDITURE PLAN

Fiscal Years 2021-22 through 2023-24

Public Hearing
April 22, 2021

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.

Our mission is to 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 THREE-YEAR PROGRAM AND EXPENDITURE PLAN PRESENTATION LAYOUT

01 FOCUS ON DISPARITIES

- FY 2019-20 MHSA Direct Services Cost by Ethnicity and Plan
- FY 2019-20 CAL-EQRO Performance Measures
- Percent Change in Consumers Served in Outpatient Programs by Race over a Four-Year Period
- Proposed Actions to Address Racial/Ethnic Mental Health Care Disparities

02 COMMUNITY PLANNING

- Activities and Meeting Dates
- CLT Composition
- Stakeholder Engagement
- Stakeholder Feedback

03 MHSA FUNDING AND THREE-YEAR PLAN

- Mental Health Services Act and Purpose of Three-Year Plan
- MHSA Budget and Fund Balance
- Funding Concerns and Opportunities

04 EXISTING MHSA PROGRAMS AND PROPOSED CHANGES

- Review of Existing Programs and Services
- Proposed Changes
  - Full Service Partnership Redesign
  - Mental Health Treatment Bed Capacity
  - Modernization of 24/7 ACCESS Call Center

FOCUS ON DISPARITIES

MHSA Direct Services Costs by Ethnicity and Plan

FY 2019-20 MHSA DIRECT SERVICES COSTS BY ETHNICITY AND PLAN

MHSA Plan (*in millions*)	Asian/ Pacific Islander	Black/ African American	Hispanic	Multiple Races	Native American	Other	White	Total
Full Service Partnership (FSP)	$8.9 [4%]	$61.8 [26%]	$78.1 [33%]	$8.2 [3%]	$2.2 [1%]	$37.4 [16%]	$43.6 [18%]	**$240.2**
Alternative Crisis Services (ACS)	$3.1 [3%]	$17.4 [24%]	$20.0 [28%]	$3.0 [4%]	$0.3 [<1%]	$10.5 [15%]	$17.5 [24%]	**$71.8**
Outpatient Care Services (OCS)	$23.6 [5%]	$76.3 [17%]	$174.2 [38%]	$19.1 [4%]	$3.5 [1%]	$92.5 [20%]	$68.7 [15%]	**$457.9**
Prevention and Early Intervention (PEI)	$2.8 [5%]	$5.8 [10%]	$24.2 [43%]	$3.4 [6%]	$0.4 [1%]	$14.0 [25%]	$6.1 [11%]	**$56.7**
Total	**$38.4**	**$161.3**	**$296.5**	**$33.7**	**$6.4**	**$154.4**	**$135.9**	**$826.6**

FOCUS ON DISPARITIES

California External Quality Review Organization (CAL-EQRO) FY 2019-20 Performance Measures

Table 1: Medi-Cal Enrollees and Beneficiaries Served in CY 2018, by Race/Ethnicity Los Angeles MHP				
Race/Ethnicity	**Average Monthly Unduplicated Medi-Cal Enrollees**	**% Enrollees**	**Unduplicated Annual Count Beneficiaries Served**	**% Served**
White	514,888	13.0%	32,635	15.5%
Latino/Hispanic	2,320,000	58.6%	108,093	51.4%
African-American	390,371	9.9%	37,455	17.8%
Asian/Pacific Islander	377,714	9.5%	9,422	4.5%
Native American	5,042	0.1%	522	0.2%
Other	356,845	9.0%	22,210	10.6%
Total	**3,960,000**	**100%**	**210,337**	**100%**

The total for Average Monthly Unduplicated Medi-Cal Enrollees is not a direct sum of the averages above it.
The averages are calculated independently.

Data represents entire Los Angeles County and is not MHSA specific

Data Source: The Mental Health Services Division at DHCS contracts with Behavioral Health Concepts, Inc. (BHC) to provide EQRO services for California's MHPs. Information on Medi-Cal beneficiaries served and penetration rates represent two of the seven performance measures summarized in their annual BHC-CalEQRO Validation of Performance Measures (PM) Reports.

FOCUS ON DISPARITIES

Percent Change in Consumers Served in Outpatient Programs by Race/Ethnicity (Four Year Period)

Includes all funding sources, not only MHSA

Ethnicity	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
Latino	37.8%	33.9%	34.8%	37.6%
African American	20.5%	19.1%	17.9%	17.4%
White	15.7%	14.4%	14.3%	14.4%
Asian/Pacific Islander	3.9%	3.8%	4.0%	4.0%
Native American	0.5%	0.5%	0.5%	0.6%
Multi	1.2%	1.5%	1.9%	2.4%
Unreported	20.3%	26.8%	26.6%	23.6%

Figure shows the change in race/ethnicity that has occurred within consumers served in Los Angeles County mental health outpatient settings over four fiscal years.
Data Source: DMH, IS-IBHIS, September 2019

FOCUS ON DISPARITIES

Proposed Actions to Address Racial/Ethnic Mental Health Care Disparities

MULTI-COUNTY LEARNING COLLABORATIVE

Participate in a multi-county learning collaborative with UC Davis' Center for Reducing Disparities. Los Angeles County will apply the learning related to the Culturally and Linguistically Appropriate Services (CLAS) Standards to the populations we have identified and utilize quality improvement strategies to work toward disparities reduction and culturally relevant treatment approaches.

CULTURAL AND LINGUISTICALLY COMPETENT MENTAL HEALTH SERVICES

Increase the availability of culturally and linguistically competent mental and behavioral health services accessible to racial and ethnic minorities and cultures.

COMMUNITY PLANNING PROCESS (CPP)

CPP Activities and Meeting Dates

[Oct 21, 2020]
DMH presented a timeline of scheduled CPP efforts to CLT, made up of Co-Chairs from 2 stakeholder networks: the Service Area Leadership Teams (SALTs) and Underserved Community Groups (UsCC).

[Oct – Nov 2020]
Multiple meetings with SALTs and UsCCs to:
- present demographic and consumer needs info specific to each Service Area; and
- conduct a Needs Assessment (online survey was also available).

[Feb 11, 2021]
A Summary of the Plan was presented to the Executive Committee of the Mental Health Commission (MHC) for input and feedback.

[March 5, 2021]
A Summary of the Plan, including Stakeholder Feedback and a Focus on Disparities was presented to the CLT for input and feedback.

[Mar 19, 2021]
The full version of the draft FYs 2021-22 through 2023-24 Three-Year Plan was posted on the DMH website to allow for the 30-day public review and comment period.

[Mar 25, 2021]
Follow-up presentation for the full MHC.

Upcoming Important Dates

[Apr 22, 2021]
The draft Three-Year Plan is presented to the full Mental Health Commission today at the Public Hearing.

[May – June 2021]
Final Three-Year Plan will be presented to the Board of Supervisors for approval.

COMMUNITY LEADERSHIP TEAM (CLT) COMPOSITION

Community Co-chair / Organization	Representation
Jean Harris, Jill Blanks, Pam Griffin	Representing Antelope Valley/SA1
Leticia Muniz & Marcus Hailey	Representing San Fernando Valley/SA2
Andrew Preston & LaVon Robinson	Representing San Gabriel Valley/SA3
Carmen Perez, Esiquio Reyes, Pastor Nah	Representing Metro LA/SA4
Yolanda B. Jones, Martel Okonji, Penny Mehra	Representing West LA/SA5
Dorthy Bank	Representing South LA/SA6
Rick Pulido & Erika Corral	Representing East LA/SA7
Paul Stansbury & Llanette Morgan	Representing South Bay/SA8
Roque Bucton & Cody Hanable	Representing unserved/underserved communities with physical disabilities
Sylvia Gonzales Youngblood & Shannon Rivers	Representing unserved/underserved communities of the American Indian/Alaska Native population
Richer Sam & Leo Huang	Representing unserved/underserved communities of the Asian Pacific Islander population
Nakeya Fields & Wendy Cabil	Representing unserved/underserved communities of the Black & African Heritage population
Sarkis Simonian & Dr. Heather Laird	Representing unserved/underserved communities of the Eastern European/Middle Eastern population
Nicole Kristal & Greg Wilson	Representing unserved/underserved communities of LGBBTQIA2-S population
Bianca Gallegos & Hector Ramirez	Representing unserved/underserved communities of the Latinx population
Sunnie Wipple & Bernice Mascher	Representing the Cultural Competence Committee
Peer Action 4 Change/SHARE!/DPH Youth Council	**Representing Peers/Peer organizations & Youth**

STAKEHOLDER ENGAGEMENT

SURVEY QUESTIONS

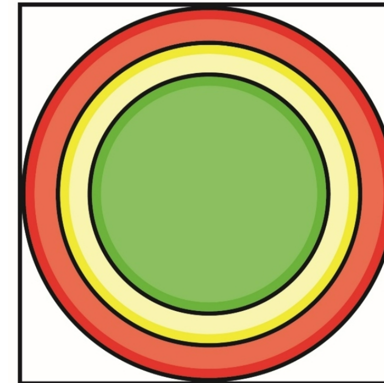
- What are your unmet needs of the Service Area (SA)?
- How has the COVID-19 pandemic further impacted unmet needs of the SA?
- How do you propose DMH address the unmet needs?
- What can DMH do to improve transitions between levels of care to ensure successful flow of clients through needed levels of care?

NEEDS ASSESSMENT

STAKEHOLDER FEEDBACK
EIGHT MAJOR THEMES

1. **Additional Mental Health Services across all ages, geographic areas, and cultural groups with a special focus on services for Children and Youth and the Asian/Pacific Island (API) community**
2. **A Focus on Levels of Care**
3. **Additional Supportive Housing and Beds**
4. **Data**
5. **Training**
6. **Funding for Non-Direct Services**
7. **COVID-19 Safety Measures**
8. **Social Equity**

STAKEHOLDER INPUT



DOMAINS
- Community
- Institutions
- Crisis Systems
- Infrastructure

DMH STRATEGIC PLAN

EVALUATION OF RESOURCES

Is there available funding and capacity to:

- Augment existing services; and
- Develop new services?

THREE-YEAR PLAN

STAKEHOLDER FEEDBACK

General stakeholder feedback on unmet needs:

- ❑ Increase WET funding with a focus on technology to increase the workforce
- ❑ Increase mental health services to those cultural communities disproportionately impacted by the COVID-19 pandemic
- ❑ Provide training for under-represented groups to learn how to use Zoom/Microsoft Teams
- ❑ Provide additional training for serving older adults
- ❑ Provide additional services to those with disabilities, including the deaf and hard of hearing communities
- ❑ Develop a social equity team to share info with communities about resources that will address equity issues

STAKEHOLDER FEEDBACK

General stakeholder feedback on unmet needs:

- ❑ Increase culturally appropriate services, including language capacity that destigmatize services for all cultural groups
- ❑ Increase long term residential treatment options
- ❑ Support infrastructure building
- ❑ Increase integrated service through technology
- ❑ Provide greater independently living housing opportunities for consumers
- ❑ Provide ethnic breakdown within the age category

STAKEHOLDER FEEDBACK

General stakeholder feedback from presentation to CLT on March 5th:

"This is a wonderful opportunity to collaborate and learn together."
Wendy C.

"Focusing on disparities and also aligning with the criterion of DMH cultural competency plan: training, having a diverse workforce, language, there are a lot of great ingredients there…."
Andrew P.

"This was a great dialogue."
Claudia

"Excellent. Very educational and good follow-up."
Rick P.

"Feeling informed."
La Vonda

MENTAL HEALTH SERVICES ACT
AND THE PURPOSE OF THE THREE-YEAR PLAN

- In November 2004, California voters supported Proposition 63 and passed the Mental Health Services Act (MHSA) that imposes a 1% income tax on personal income in excess of $1 million.

- The Act provides the significant funding to expand, improve and transform public mental health systems to improve the quality of life for individuals living with a mental illness.

- Welfare and Institutions Code (WIC) Section 5847 requires county mental health programs prepare and submit a Three-Year Program and Expenditure Plan followed by Annual Plan Updates for MHSA programs and expenditures.

- The Plan provides an opportunity for counties to
  - Review its existing MHSA programs and services to evaluate their effectiveness; and
  - 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 important feedback is gathered from stakeholders.

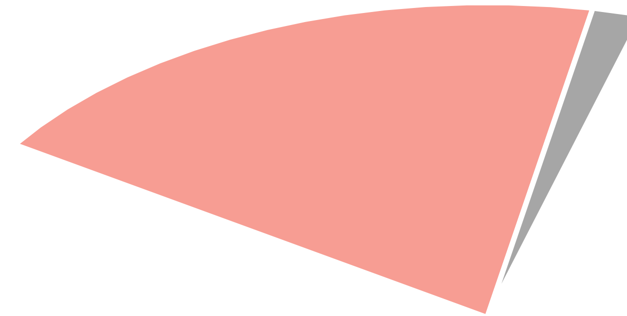
DMH FY 2021-22 Recommended Budget Request $2.970 Billion Funding Sources

Primary Funding Sources:

- **45% State and Federal Medi-Cal ($1.3 Billion)**
  Mandated mental health services for eligible clients who meet medical necessity criteria for Medi-Cal

- **27% MHSA ($798 Million)**
  Outreach, engagement, prevention, outpatient services, housing, capital, technology, workforce enrichment, and projects to mental health innovations

- **19% Sales Tax Realignment ($557 Million)**
  Treatment services in institutional settings, including Probation halls/camps, STRTPs and CTFs for youth and locked mental health treatment beds for adults



MHSA FUND BALANCE

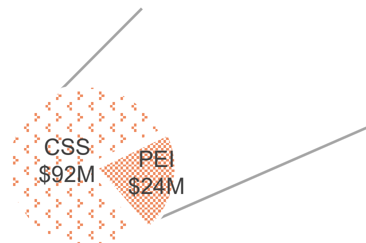
FY 2020-21
MHSA Total Fund Balance
$878.9 Million
As of July 1, 2020

MHSA Expenditures

(millions)	2018-19	2019-20	2020-21est
CSS	$471	$392	$457
PEI	$147	$146	$147
WET	$16	$15	$13
INN	$25	$21	$35
CAP/IT	$7	$17	$32
Current Year Total	**$666**	**$591**	**$684**
Prior Year RER Adjust	$43	$5	$(7)
Total	**$709***	**$596**	**$677**

*2018-19 includes $65M transfer to CDC

FIFO methodology to cover expenditures



FY 2020-21
MHSA Allocation
$624.0* Million
CSS $474M; PEI $119M
INN $31M

Current FY - New Money
Reverts June 30, 2023

*includes one-time increase of $111M due to State reconciliation of tax payments

Next FY 2021-22
Estimated
Total Fund Balance
$825.0 Million

$547M C/O FB
+ $162M INN
+ $116M PR
= $825M
FY 2020-21

This presentation is consistent with the 2020-21 MHSA Quarterly Forecast as of December 30, 2020

FUNDING CONCERNS AND OPPORTUNITIES

- Anticipated reductions in MHSA, Sales Tax Realignment, County NCC funding
  - Economic Impact of COVID-19
  - Competing Countywide Initiatives, such as
    - Alternatives to Incarceration
    - Justice Reform
    - Homelessness
    - Affordable Housing
    - Healthcare Integration (Restorative Care Villages)

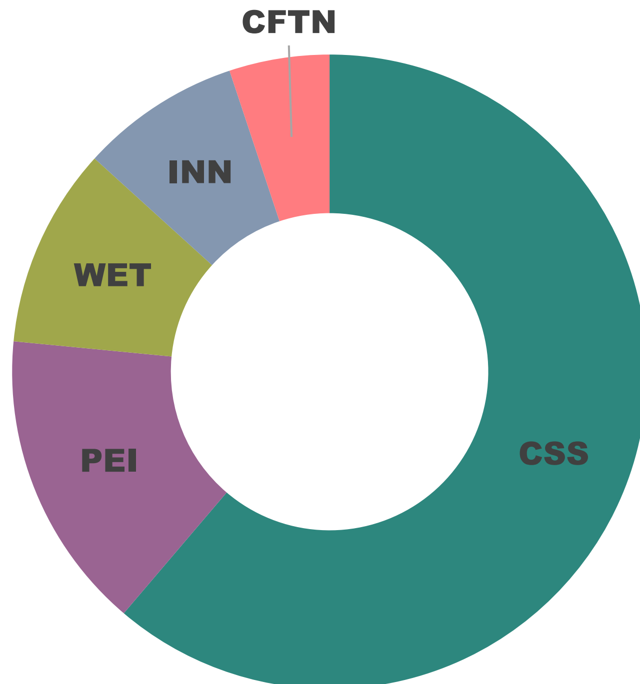
- Potential Funding Opportunities
  - Measure J
  - CARES Act
  - Substance Abuse and Mental Health Services Administration (SAMHSA)

- Challenges
  - Implementation Delays
  - DMH Infrastructure
  - Statutory and Contractual Limitations

Measure J Funding Proposals
Crisis Facility Care
Mental Health Treatment Beds (Acute, Subacute, Residential and Congregate Care)
Housing for Mental Health
Psychiatric Mobile Response Teams (PMRT)
Therapeutic Transportation
Mental Health Court Linkage
Co-Response Teams
Mental Health Conservatorship
Assisted Outpatient Treatment (AOT)
Outpatient & Community Services – Peer Workforce
Crisis Information Exchange
Individualized Placement and Support (IPS)

MHSA OVERVIEW BY COMPONENTS

The next few slides will provide information on the existing programs by MHSA Component



- COMMUNITY SERVICES AND SUPPORTS (CSS)
- PREVENTION AND EARLY INTERVENTION (PEI)
- WORKFORCE EDUCATION AND TRAINING (WET)
- INNOVATIONS (INN)
- CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

CSS OVERVIEW

- Largest MHSA component with 76% of the total MHSA allocation
- For clients with a diagnosed serious mental illness

CSS PROGRAMS:

- Full Service Partnership (FSP)
- Outpatient Care Services (OCS)
- Alternative Services Crisis (ACS)
- Housing
- Linkage
- Planning, Outreach and Engagement (POE)

UNIQUE CLIENTS SERVED

In FY 2019-20, **147,766** unique clients received a direct service.

Ethnicity
- 35% Hispanic
- 20% African American
- 17% White
- 5% Asian/Pacific Islander
- 1% Native American

Primary Language
- 79% English
- 14% Spanish

NEW CLIENTS WITH NO PREVIOUS MHSA SERVICE

50,502 new clients were served with no previous MHSA service.

Ethnicity
- 38% Hispanic
- 15% African American
- 16% White
- 3% Asian/Pacific Islander
- 0.51% Native American

Primary Language
- 78% English
- 14% Spanish

CLIENT DATA BY SERVICE AREA

Service Area	Number of Clients Served	Number of New Clients
SA1 – Antelope Valley	8,786	4,800
SA2 – San Fernando Valley	21,926	10,345
SA3 – San Gabriel Valley	19,602	11,721
SA4 – Metro	31,318	16,743
SA5 – West	10,236	5,698
SA6 – South	28,413	15,796
SA7 – East	12,662	7,406
SA8 – South Bay	30,675	17,317

CSS – FULL SERVICE PARTNERSHIP OVERVIEW

- Provides 24/7 intensive outpatient services for DMH's highest acuity clients who fall within State focal population guidelines

- Intended Outcomes
  - Reduces serious mental health systems, homelessness, incarceration & hospitalization
  - Increases independent living & community integration

FSP SLOTS AND CLIENTS SERVED BY AGE GROUP
(FY 2019-20)

Age Group	Slots	Number of Clients Served
Child	3,584	3,944
Transitional Age Youth	1,410	2,950
Adult	10,986	7,715
Older Adults	885	1,897

Proposed Changes in New Three-Year Plan

FSP Transformation - Launches July 1, 2021, with existing FSP providers to pilot this new model over the next three years. Lessons learned from this pilot will inform the rebid of FSP contracts in FY 2024-25.

- Eligibility criteria more focused on those most in need of FSP care
- Multidisciplinary team/population approach rather than individual caseloads and "slots"
- Integrating all current specialty FSP into one FSP model (exception is Housing FSP will go under housing support)
- Lower client-to-staff ratios
- Additional staffing to enable Child FSP to provide Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS)
- Enhanced training and technical assistance to support FSP providers in achieving outcomes
- Enhanced services and supports to ensure successful transitions from levels of care
- Centralized authorization, enrollment and disenrollment processes
- Standardized rates to bring contracted provider staff salaries closer to parity with counterparts in DMH clinics
- Addition of incentives to FSP contract to help clients achieve critical life outcomes
- Using data, and consumer/provider feedback to drive continuous improvement

CSS – ADDRESSING FSP DISPARITIES

Increased use of disparities data across the DMH system, as well as at the local SA level, to inform and shape FSP services for diverse populations

Additions to API FSP teams in Service Areas (SA) 3, 4, and 8

Trainings and support for working with diverse populations, focused on the API community, as well as other underserved/under-represented populations

Working with UCLA and subject matter expects from the API and other communities to develop best practices

CSS – OUTPATIENT CARE SERVICES OVERVIEW

- Provides community-based, clinic-based, and well-being services, including
  - Individual, group & family therapy
  - Evidence-based treatments
  - Peer support
  - Medication
  - Case management
  - Crisis resolution/crisis intervention
  - Linkage to primary care
  - Assistance with benefits establishment, housing and other social determinants of health
  - Vocational & pre-vocational services
- Our aim is to help our clients and families to:
  - Achieve their recovery goals
  - Have a safe place to live
  - Use their time in a meaningful way
  - Have healthy relationships
  - Access public assistance when necessary
  - Weather crises successfully
  - Have the best possible physical health

CLIENTS SERVED BY AGE GROUP
(FY 2019-20)

Age Group	Number of Clients Served
Child	24,549
Transitional Age Youth	17,971
Adult	57,620
Older Adults	14,934

Continued Work based on Current Three-Year Plan

Coming enhancements:

- Modernized Call Center to assist in access to services and the most appropriate level of care
- Building up and supporting capacity to ensure successful transitions from higher levels of care

CSS – ADDRESSING OCS DISPARITIES

Increased use of disparities data across the DMH system, as well as at the local SA level, to inform and shape OCS services for diverse populations

Trainings and support for working with diverse populations

New Koreatown Clinic

Develop Telehealth Network across SAs to provide language capacity and cultural competency, *beginning with an API pilot*

API UPDATES

- LACDMH Directly Operated clinics implemented an outreach protocol since the beginning of the pandemic. Clinics provide regular check ins with a clinic's entire caseload Clients receive outreach from clinics via phone, video, or written communication based on the client's preference. For those clients who can't be reached via any of these means, the clinic keeps a list and attempts to reach out to them when they attend their MD appointments.

- LACDMH client check in are focused on mental health & health status, housing & food security, and any other needs the client may have. The entire clinic's caseload receives outreach every 1-2 months. A new protocol was added checking in specifically with AAPI clients re: whether clients have experienced any type of anti-Asian hate crime, or are feeling distressed by seeing it go on around them. This has allowed clinics to have a broader conversation around any racism, bias, or trauma that any of our clients have experienced.

- LACDMH will begin to have discussion with LEs and CMMD around implementing a similar check in for their clients.

- LACDMH has extended services at Long Beach API clinic countywide to add cultural responsiveness & language capacity.

- LACDMH is adding to the FSP capacity of both Long Beach API and Coastal API.

- LACDMH is developing a small resource guide (where and how to report anti-Asian hate crimes, advocacy orgs, bystander training, and mental health resources).

API UPDATES

- Cultural Competency Committee hosted a panel discussion regarding Anti-Asian hate crimes. Panelists included API LACDMH staff, consumers, and contractors.

- LACDMH shared the ACCESS and LACDMH Warm Line contact information during various client meetings/interviews related to the mental health impact of anti-Asian hate crimes.

- Activities focused on API wellbeing will take place in May 2021, which is Mental Health Month and API Heritage month. Activities designed to show support for API clients and staff and for DMH to support a strong response to these API hate crimes and show LACDMH's commitment to the API communities served.

CSS – HOUSING OVERVIEW

DMH's Housing and Job Development Division:

- Manages housing resources including interim housing, project and tenant based Permanent Supportive Housing (PSH), Enriched Residential Care Program, security deposits/household goods and mental health programs for individuals who are homeless and have Serious Mental Illness (SMI) or Serious Emotional Disorder.
- Provides training and technical assistance; and advocacy on housing, employment and education.
- Intended Outcomes
  - Assist homeless clients to obtain interim housing and permanent housing;
  - Assist clients living in permanent housing to retain housing;
  - Increase the overall number of interim and PSH units and rental subsidies targeting DMH clients.

HOUSING DATA
(FY 2019-20)

- $390M in housing capital investments through No Place Like Home (NPLH) with additional $50M to be awarded soon
- 2,399 tenant-based PSH units
- $10M in ongoing rental subsidies for 413 FSP clients who are homeless with high acuity
- $2.4M in move-in costs to transition 1,082 households from homelessness to housing
- Expanded Enriched Residential Care Program to provide funding for licensed residential facility to serve a final census of 572 clients at fiscal year end
- 504 interim housing beds to provide 1,129 individuals and 153 families with short-term shelter and case management services

MULTI-YEAR HOUSING INVESTMENTS SINCE 2008

- DMH has allocated $670M which leverages other funding tor the capital development of 140 PSH developments with 3,608 units for individuals who are homeless and have SMI
- DMH provides operating subsidies for 13 of the 140 housing developments
- Housing FSP services provided at 92 housing sites

CSS – HOUSING OVERVIEW

Continued Work based on Current Three-Year Plan

- Continue investments in the capital development of PSH through NPLH including allocating at least $100M to develop PSH at Restorative Care Village sites on health care campuses

- Redesign the Housing FSP program to enhance the service model and continue to expand supportive services to those who are living in PSH as new developments open and lease up

- Continue investing in efforts to strengthen Licensed Residential Facilities including:
  - Increasing the Enriched Residential Care budget by $6M with SAMHSA* funds to subsidize more LACDMH clients living in Board and Care Homes;
  - Seeding a membership association;
  - Administering a capital improvements grant program; and
  - Implementing a bed tracking system.

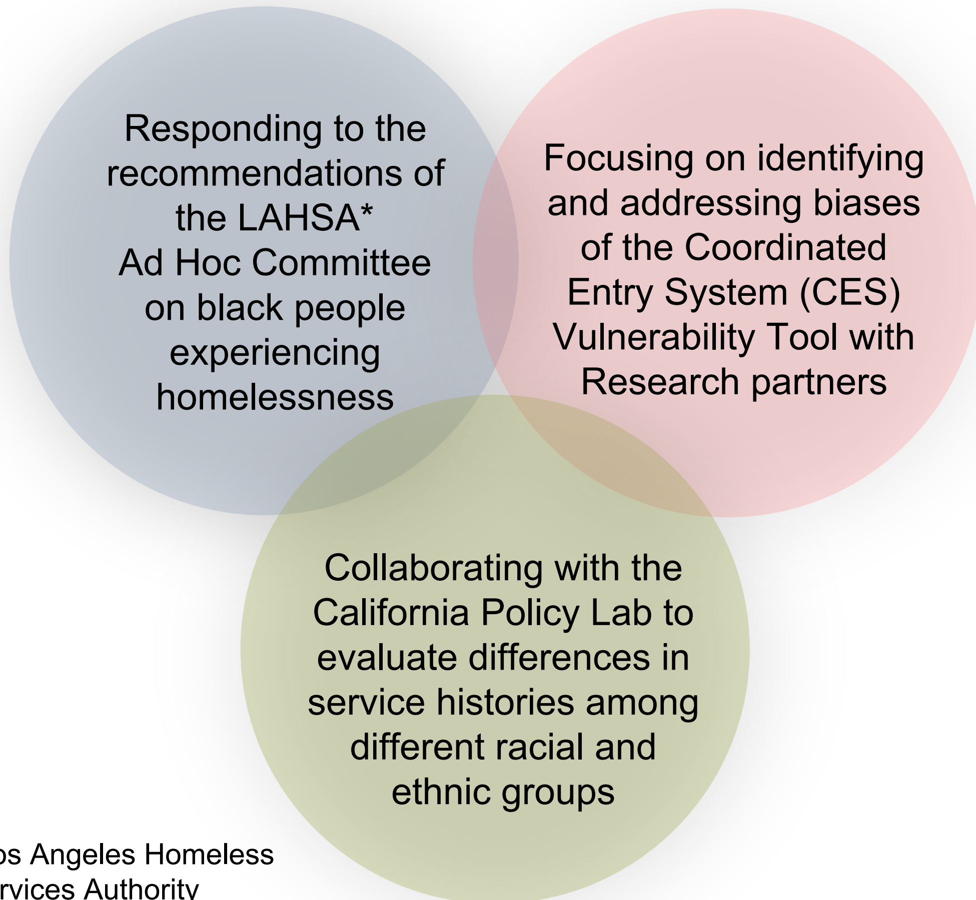
- Partner with the County Department of Health Services (DHS) and California Policy Lab to implement the new Homelessness Prevention Unit, which identifies those who are most at risk of homelessness through predictive analytics and provides them with housing retention services including financial resources

- Utilize $500,000 in funding from the Conrad N. Hilton Foundation to pay for the short-term housing needs of individuals released from prison that are linked to DMH services

*Substance Abuse and Mental Health Services Administration

CSS – ADDRESSING HOUSING DISPARITIES

DMH is participating in systemwide work to research and address racial disparities in homeless services and housing by:



*Los Angeles Homeless Services Authority

Race/Ethnicity of residents currently living in LACDMH PSH units as of December 31, 2020

Race/Ethnicity	Total	Percent of DMH PSH Portfolio	Percent of Greater LA Homeless Count	Percent of Overall LA County Population
American Indian	59	1.6%	1.1%	0.2%
Asian	57	1.5%	1.2%	14.4%
Black or African American	1,832	48.9%	33.7%	7.9%
Hispanic or Latino	394	10.5%	36.1%	48.5%
Native Hawaiian or Other Pacific Islander	14	0.4%	0.3%	0.2%
White	1,124	30.0%	25.5%	26.3%
Multi-Racial/Other	54	1.4%	2.1%	2.5%
Unknown	211	5.6%	0.0%	0.0%
Grand Total	3,745	100.0%	100.0%	100.0%

CSS – ALTERNATIVE CRISIS SERVICES OVERVIEW

- Provides a comprehensive range of services and supports for mentally-ill individuals that are designed to
  - Offer alternatives to emergency room care, acute inpatient hospitalization and institutional care
  - Reduce homelessness
  - Prevent incarceration

- MHSA ACS programs include:
  - Residential and Bridging Care (RBC) Program
  - Psychiatric Urgent Care Centers (UCC)
  - Enriched Residential Services (ERS)
  - Crisis Residential Treatment Programs (CRTP)
  - Law Enforcement Teams (LET)

FY 2019-20

ERS	CRTP
988 Admissions	7 Centers and 99 Beds (280 additional beds planned)

UCC	LET
8 UCCs • Service Areas 2, 3, 4, 5, 6 and 8 • New UCCs - High Desert (SA1) & Olive View (Part of Restorative Care Village) • Approximately 126 Beds • 49,518 Client Contacts	14,472 Calls • 31% Homeless individuals • 3% Arrests • 61% Required Hospitalization

CSS – ACS OVERVIEW

Proposed Changes in New Three-Year Plan

- No proposed changes.
- However, continued work over the next three fiscal years to implement County initiative to expand mental health bed capacity and improve service quality, pending funding commitments:
  - Two-year bed pilot program to procure various types of beds
  - COVID-19 resulted in greater need for beds to focus on prevention, as well as open residential treatment and crisis residential beds; and decompress County hospital beds
  - Strategize to invest resources based on funding availability (potential sources: County NCC funding, Measure J, CARES Act, MHSA, SAMHSA)

FY 2020-21 Budget

Cost	Beds
$209M	Acute Psychiatric Hospitals
$194M	Subacute (includes IMD, Medical SNF, State Hospitals, and State Hospital Alternatives)
$38M	Open Residential (includes ERS, Crisis Residential Care, ERC, and Congregate Care)
$49M	Urgent Care Center Chairs

= $490M Total Budgeted in Gross Cost

PEI OVERVIEW

- Second largest MHSA component with 19% of the total MHSA allocation
- Focus on providing preventative and early intervention strategies, education, support and outreach to those at risk of developing mental illness or experiencing early symptoms.

PEI PROGRAMS:

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

UNIQUE CLIENTS SERVED

In FY 2019-20, **47,602** unique clients received a direct service.

Ethnicity

- 45% Hispanic
- 9% African American
- 8% White
- 2% Asian/Pacific Islander
- 1% Native American

Primary Language

- 74% English
- 22% Spanish

NEW CLIENTS WITH NO PREVIOUS MHSA

26,381 new clients were served with no previous MHSA service

Ethnicity

- 44% Hispanic
- 8% African American
- 8% White
- 3% Asian/Pacific Islander
- 0.48% Native American

Primary Language

- 74% English
- 22% Spanish

CLIENT DATA BY SERVICE AREA

Service Area	Number of Clients Served	Number of New Clients
SA1 – Antelope Valley	3,410	2,990
SA2 – San Fernando Valley	7,596	5,840
SA3 – San Gabriel Valley	8,494	6,414
SA4 – Metro	6,329	5,388
SA5 – West	1,828	1,685
SA6 – South	6,049	5,163
SA7 – East	6,720	5,892
SA8 – South Bay	7,923	6,846

PEI OVERVIEW

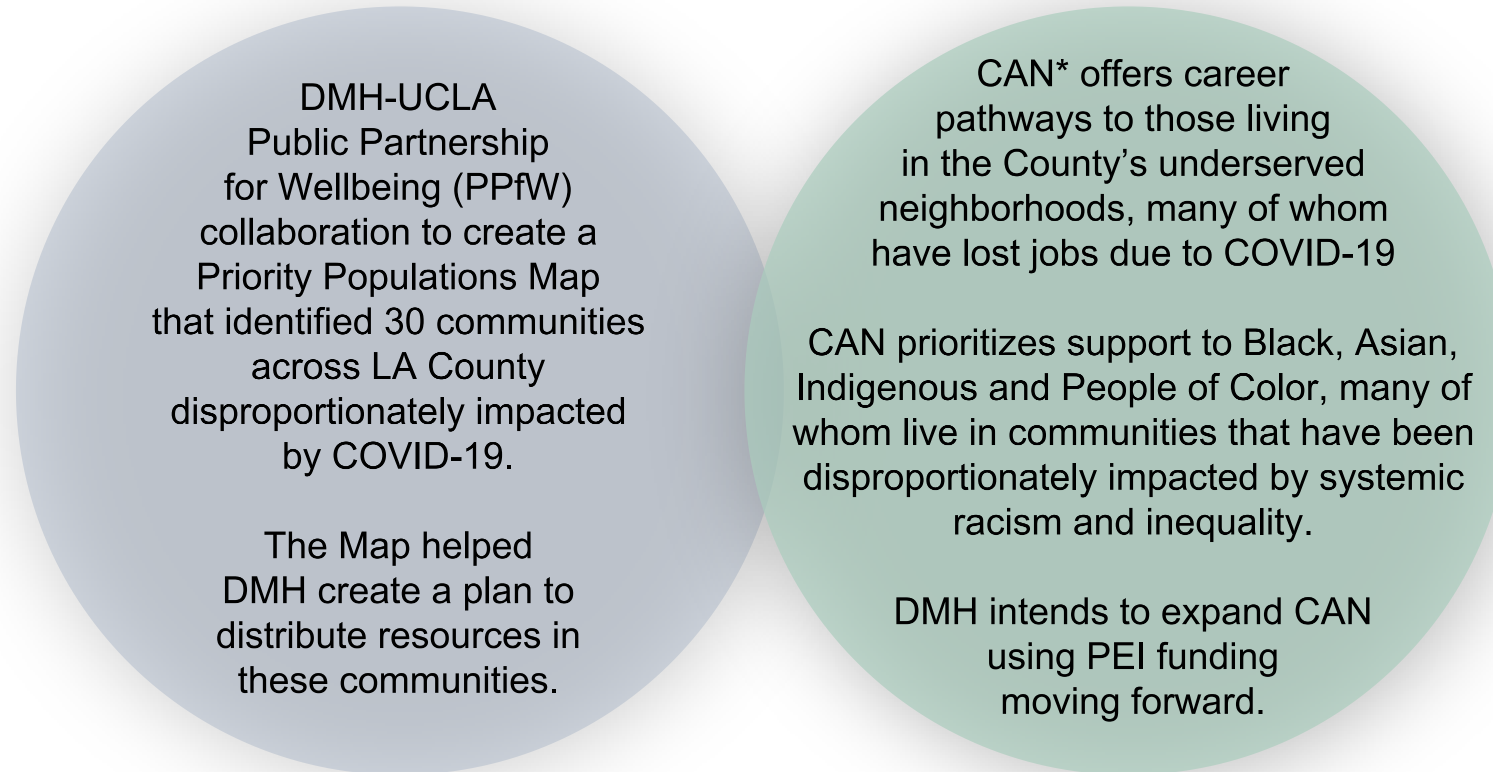
- Prevention programs and services promote positive cognitive, social and emotional development that serves to reduce or prevent mental illness from occurring while providing supportive services to individuals, families and communities outside of traditional clinic settings with the goal of avoiding adverse system involvement.

- ***Continued Work based on Current Three-Year Plan***
  DMH continues to provide an array of Prevention Programs and Projects to significantly reduce risk factors or stressors, build protective factors and skills, and increase supports where at-risk individuals live, work, worship and gather. Some of these efforts include:

  - School Based Community Access Platforms
  - Youth Diversion and Development
  - Transforming LA (formally known as Incubation Academy)

PEI – ADDRESSING DISPARITIES

Prevention efforts are addressing racial disparities and helping improve the overall mental health and wellbeing of our entire County. These efforts include:



*Community Ambassador Network

PEI – School Based Platforms Updates

LACDMH plans to utilize the following School Based Community Access Platforms to provide prevention services to children, youth and families.

- **Three new initiatives**: (1) the Community Schools Initiative with Los Angeles County Office of Education (LACOE); (2) Trauma and Resilience-Informed Early Enrichment (TRiEE) with Los Angeles Unified School District (LAUSD), and (3) Partnerships with Department of Public (DPH) Student Well-Being Centers.

  - LACOE Community Schools Initiative focuses on both academic and out-of-school factors that impact a student's life for middle and high school children. LACOE CSI target students at 15 LACOE School Districts.

  - Trauma and Resilience-Informed Early Enrichment (TRiEE) with LAUSD focuses on promoting social-emotional wellbeing and resilience for children birth to eight years of age. LAUSD prevention programming targets children at five early education centers and one feeder elementary schools.

  - DPH Wellbeing Centers are school-based centers that provide education on sexual and reproductive health, and promote social/emotional wellbeing for students. These will be located at 50 high school campuses across the County and are operated through a partnership that includes LACDMH, LAUSD, DPH and Planned Parenthood Los Angeles.

PEI – School Based Platforms Updates

DMH is developing a **School Reopening Plan**

- The 80 school districts in Los Angeles County are in the process of devising plans to safely reopen schools amidst the pandemic. LACDMH is aware that schools will need increased support to address the school community's mental health and wellbeing needs. To aid in the transition back to in-person instruction, DMH has prepared a tiered plan of support for students, their families, and school staff which include Universal, Early Intervention, and Intensive Services and Supports.

- Some supports undergoing planning and possible implementation to be included in this plan include:
  a. Headspace: Online meditation and mindfulness resources to reduce stress, free access for LA County Residents.
  b. National Alliance on Mental Illness (NAMI) – provides peer and family approaches for mental health awareness, skill training, emotional support, advocacy, and education. NAMI supports are provided by individuals with live;
  c. The continued use of the UCLA Public Partnership for Wellbeing (PPFW) which provides supports to teachers, school staff and administrators via the LA County Wellbeing Line & Chat and the DMH+UCLA Wellbeing for LA Learning Center
  d. DMH Regional Team: Provides trainings to equip school staff with skills to identify students who may need a referral to a higher level of mental health services and can assist with creating a map of school based Legal Entity provider network based on school site and school district.
  e. Prevail Health: *iPrevail* platform increases access to mental health care and support and promote early detection of mental health symptoms that predict the onset of mental illness for ages 13+ utilizing virtual mental health care platforms and technology-based mental health solutions accessed through multi-factor devices.
  f. Community Ambassador Network (CAN): High school students and parents trained to serve as lay mental health agents, navigators, and mobilizers within their school community conducting a needs assessment to help determine and develop school-wide content, increase awareness, advocacy and engagement.
  g. DMH School Mental Health Triage and Referral services to assist with linkage, warm handoff, and follow-up to appropriate mental health services and programs to promote timely and equitable access to mental health supports.

INN OVERVIEW

Provides 5% funding for time-sensitive projects that introduce new or improved practices or approaches to the delivery of mental health services.

INN PROJECTS
INN 2 - Community Capacity Building to Prevent Trauma
INN 3 - Technology Suites
INN 4 - Transcranial Magnetic Stimulation "TMS"
INN 5 - Peer Operated FSP
INN 7 - Therapeutic Transport
INN 8 - Early Psychosis Learning Network
INN 9 - Conservatee Support
TRIESTE (→ Hollywood Pilot)

- Priority Projects
  - INN 7 Therapeutic Transport
  - INN 8 Early Psychosis Learning Network
  - TRIESTE (→ Hollywood Pilot)
    Partnership with the First Presbyterian Church of Hollywood to develop and implement a two-phase project that will transition individuals outreached by the HOME Team and living in the Hollywood area who are experiencing homelessness and have a SMI to innovative no barriers housing model
- DMH is reevaluating remaining INN projects to determine whether they align with Strategic Plan.

Proposed Changes in New Three-Year Plan

INN TIMELINE EXTENSIONS - The following projects will require extensions to the original project timeline due to delayed implementation. The timelines will adjust to the 5-year maximum.
INN 2 - Community Capacity Building to Prevent Trauma
INN 3 - Technology Suites
INN 4 - Transcranial Magnetic Stimulation "TMS"
INN 5 - Peer Operated FSP
INN 7 - Therapeutic Transport

WET OVERVIEW

Focused on creating and supporting a workforce that is culturally competent, consumer/family driven and promotes the transformation of mental health services to a strength-based approach that is inclusive of recovery, resilience and wellness

WET PROGRAMS
Navigator Skill Development Program
Charles Drew Affiliation Agreements - Pathways to Health Academy Program - Psychiatric Residency Program
Intensive Mental Health Recovery Specialist Training Program
Interpreter Training Program
DMH+UCLA Public Partnership for Wellbeing
Expanded Employment and Professional Advancement Opportunities for Parent Advocates, Child Advocates and Caregivers in the Public Mental Health System
WET Regional Partnership
Licensure Preparation Programs (MSW, MFT, PSY)

Continued Work based on Current Three-Year Plan

The following Midyear Adjustments were posted during FY 2020-21 and therefore, implementation was completed.

- Use of the MHSA State WET Regional Partnership Grant to fund a Loan Repayment Program similar to the State's Mental Health Loan Assumption Program (MHLAP)
- Suspension of MHSA WET Stipend Program for FY2020-21 due to the economic impact of COVID-19 resulting in curtailments across County departments. Curtailments impact recruitment of students who will likely not have the ability to be hired and would be placed at risk of having to repay the stipends.

CFTN – CAPITAL FACILITIES OVERVIEW

- Transfers from CSS to Capital Facilities to fund capital improvements

- ***Continued Work based on Current Three-Year Plan***
  Midyear Adjustments were posted during
  FY 2018-19, such as the Restorative Care Villages

  - Part of the County's strategic plan to enhance delivery of comprehensive interventions by integrating direct care services for individuals who require physical health, mental health, substance abuse treatment, and housing-related services and supports

  - Envisioned to be the country's first mental health and well-being campuses that will provide a full continuum of programming and services

  - Located on these County hospital campuses: High Desert; LAC+USC; MLK; Olive View+UCLA; and Rancho Los Amigos

LAC+USC RESTORATIVE CARE VILLAGE RENDERINGS

CFTN – CAPITAL FACILITIES OVERVIEW

MRT BEHAVIORAL HEALTH CENTER

OLIVE VIEW RESTORATIVE CARE VILLAGE RENDERINGS

RANCHO LOS AMIGOS RESTORATIVE CARE VILLAGE RENDERINGS

HIGH DESERT RESTORATIVE CARE VILLAGE RENDERINGS

CFTN – TECHNOLOGICAL NEEDS OVERVIEW

- Transfers from CSS to Technological Needs to fund technology needs/projects to advance overarching MHSA goals
  - Increase consumer and family empowerment towards providing the tools for secure consumer and family access to health information; and
  - Modernize clinical and administrative information systems to ensure quality of care, parity, operational efficiencies and effectiveness.

- Currently, there is no MHSA-funded IT projects. However, DMH continues to forge ahead to build for tomorrow, today. Examples of current innovations include, but not limited to:
  - <u>Virtual Mental Healthy Delivery System</u>: Modernize its Virtual Mental Health technology and expand its network to connect with clients in jails, probation camps, shelters and other programs using various platforms as appropriate (e.g. VSEE)
  - <u>MHRLN</u>: Extend/enhance features to track mental health resources (beds, etc.) tracking and provide case management functionality to DMH staff by making it accessible to Contract Providers.
  - <u>Mobile/smartphone solutions for DMH clients and practitioners</u>: Initial delivery will be to implement and extend the mindLAMP smartphone solution that allows clients to participate in treatment by completing daily diary cards to share with their practitioners during sessions, thus enhancing the quality and usefulness of clinical encounters.
  - <u>iPaaS-DPH/DMH Interoperability Collaboration</u>:
    - Project stands up the Azure platform and develops Fast Healthcare Interoperability Resources (FHIR) compliant messages/services such as client services and EDI claims that are currently exchanged with our contracted providers (via BizTalk).
    - Project provides a common platform for DMH and Department of Public Health to exchange data with mutual contract providers.

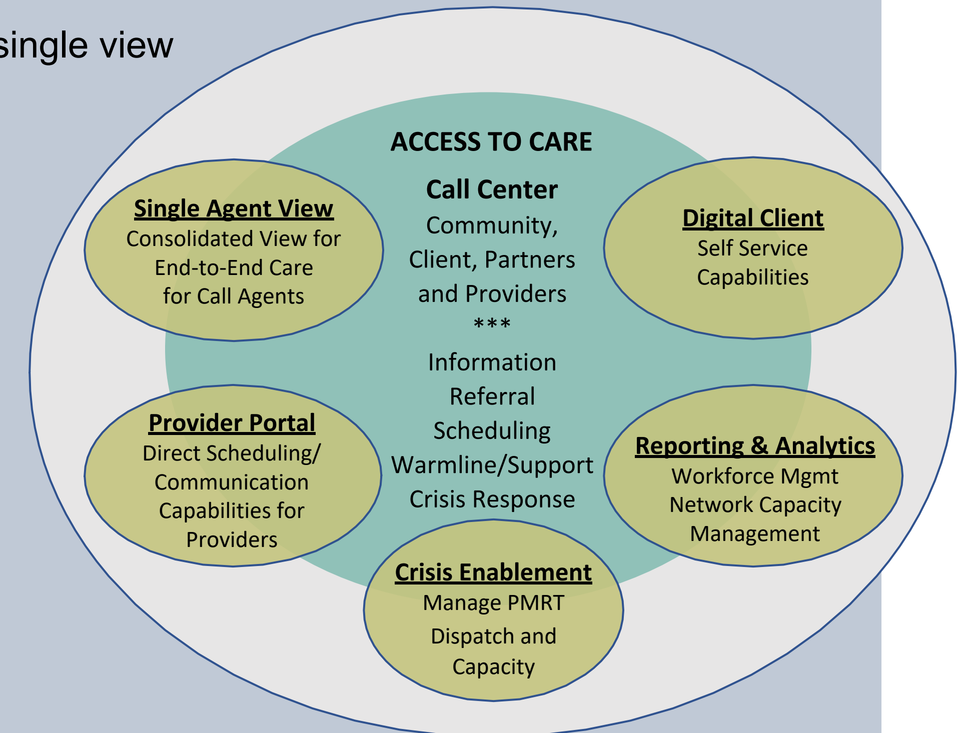
CFTN – TECHNOLOGICAL NEEDS OVERVIEW

Proposed Changes in New Three-Year Plan

Modernization of 24/7 ACCESS Call Center – A funding shift will be necessary to engage with a consultant to modernize the existing antiquated Call Center into the hub in accessing services with the DMH system of care.

The Call Center will provide end-to-end assistance in an efficient and client-focused manner utilizing an agent and client centered design. Project goals are as follows:

- Reduce the number of software applications used by agents by developing a single view with end-to-end care visibility in order to best meet the needs of the caller
- Allow for integration with other systems (e.g., law enforcement) for receiving, assessing, triaging and mounting non-law enforcement responses to crises across our communities
- Provide integration technology between the Call Center and service providers (including crisis response) in order to reduce time-to-care, maximize service capacity and improve coordination of services
- Develop self-service capabilities and alternative access-points designed by feedback from the community
- Automate call and client analytics to ensure the Call Center is meeting the needs of the community and responding in a timely manner



THANK YOU