



MHSA ANNUAL UPDATE

Fiscal Year 2022-23

WELLNESS • RECOVERY • RESILIENCE

Public Hearing
April 28, 2022



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.

MENTAL HEALTH SERVICES ACT AND THE PURPOSE OF THE ANNUAL UPDATE

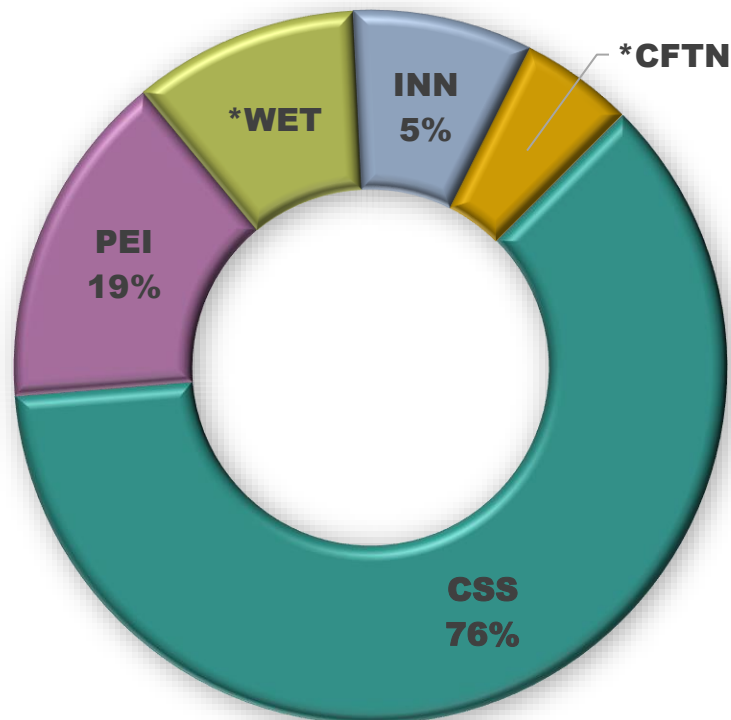


- In November 2004, California voters supported Proposition 63 and passed the Mental Health Services Act (MHSA) that imposes a 1% income tax on personal income in excess of \$1 million.
- The Act provides the significant funding to expand, improve and transform public mental health systems to improve 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 from what was described in the MHSA Three-Year Program and Expenditure Plan
- It is through this Community Planning Process that important feedback is gathered from stakeholders.
- The MHSA Three-Year Plan for Fiscal Years 2021-2024 was adopted by the County Board of Supervisors on June 22, 2021.

MHSA OVERVIEW BY COMPONENTS



- CSS, PEI and INN percent of total annual MHSA allocations shown below
- *WET and CFTN allocations are funded by transfers from CSS



COMMUNITY SERVICES AND SUPPORTS (CSS)

PREVENTION AND EARLY INTERVENTION (PEI)

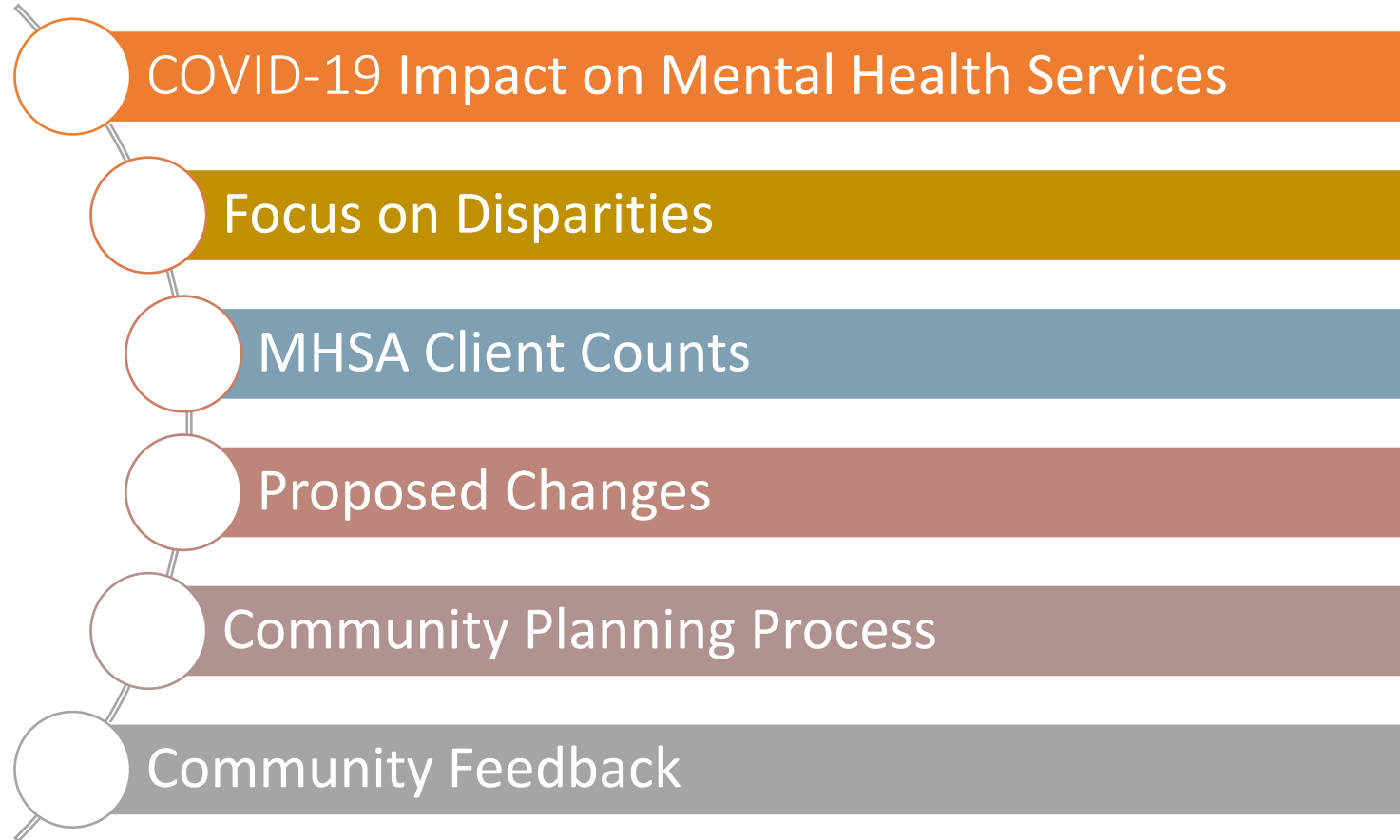
WORKFORCE EDUCATION AND TRAINING (WET)

INNOVATIONS (INN)

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

Fiscal Year 2022-23

MHSA Annual Update Presentation Overview



COVID-19 IMPACT ON MENTAL HEALTH SERVICES



- LACDMH MHSA 3-Year Plan shed light on the significant impact the COVID-19 outbreak had on County residents and communities:
 - Increased demand for critical mental health services due to increased stress and isolation across populations
 - Increased housing and economic disparities for communities of color
 - Significant capacity/staff shortages for the mental health and health safety nets to meet the needs of those most vulnerable
 - Widespread rising COVID infection rates prompting the need for temporary and/or permanent business and clinic closures

- This third year of the pandemic, especially after the Delta and Omicron variants, has shown improvements in the County's ability to control infection rates, hospitalizations, and to provide social services and economic help to those in need

COVID-19 IMPACT ON MENTAL HEALTH SERVICES



LACDMH has developed and executed several strategies to continue to adapt to the new normal, including:

- Increased use of technology, including telehealth and telepsychiatry, virtual groups and celebrations to ensure clients have access to care
- Regular phone check in with clients and/or their families
- Implementation of a peer/volunteer run warm line for those seeking to reach out by phone to stay connected
- Video clinical team meetings, case conferencing, and clinical supervision to ensure best clinical practice and team cohesion
- WebEx court hearings when possible for clients involved in the justice system
- Continued street outreach to clients experiencing homelessness
- Resuming outreach and engagement teams with increased COVID-19 safety measures

FOCUS ON DISPARITIES

Proposed Actions to Address Racial/Ethnic Mental Health Care Disparities



MULTI-COUNTY LEARNING COLLABORATIVE

During the first quarter of 2022, LACDMH will begin participating in a multi-county learning collaborative, informed by the outstanding work of Solano County and comprised of training from the University of California, Davis (UC Davis) Center for Reducing Disparities on applying the Culturally and Linguistically Appropriate Standards (CLAS) to populations that we specify and to utilize quality improvement approaches to reduce disparities. This opportunity is a vehicle for the disparities reduction efforts and as a way to strengthen community voice.

SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI)

The County has finalized data collection fields for gender identity and sexual orientation. LACDMH has been working to ensure that recent federal requirements are consistent with County reporting prior to modifying its electronic health record and requiring that of contractors. The Department's subject matter expert on SOGI has developed training materials for staff on collecting this information and will finalize once data fields are finalized.

SERVICES FOR CLIENTS WITH DISABILITIES

- The number of clients who report their primary language as American Sign Language (ASL) will now be reported. Current data has clients who report their primary language as ASL is .03% of clients served.
- The ACCESS Center Help Line is in the process of transitioning to 711, the California Relay Service, to assist callers who are deaf or hard of hearing. This will replace the antiquated TTY-TTD system. Informational materials will be disseminated upon adoption of 711.

MHSA CLIENT COUNTS

Community Services and Supports



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

CSS Programs	UNIQUE CLIENTS SERVED	NEW CLIENTS WITH NO PREVIOUS MHSA SERVICE
<ul style="list-style-type: none">• Full Service Partnership• Outpatient Care Services• Alternative Crisis Services• Housing• Linkage• Planning, Outreach and Engagement	<p>In FY 2020-21, 135,232 unique clients received a direct service.</p> <p><u>Ethnicity</u></p> <ul style="list-style-type: none">• 37% Hispanic• 20% African American• 18% White• 5% Asian/Pacific Islander• 1% Native American <p><u>Primary Language</u></p> <ul style="list-style-type: none">• 79% English• 14% Spanish	<p>35,499 new clients were served with no previous MHSA service.</p> <p><u>Ethnicity</u></p> <ul style="list-style-type: none">• 36% Hispanic• 14% African American• 16% White• 3% Asian/Pacific Islander• 0.48% Native American <p><u>Primary Language</u></p> <ul style="list-style-type: none">• 77% English• 14% Spanish

MHSA CLIENT COUNTS

Community Services and Supports



CLIENT DATA BY SERVICE AREA

Service Area	Number of Clients Served	Number of New Clients
SA1 – Antelope Valley	9,098	2,410
SA2 – San Fernando Valley	22,613	5,886
SA3 – San Gabriel Valley	19,146	5,952
SA4 – Metro	25,458	6,801
SA5 – West	7,837	1,918
SA6 – South	21,682	4,727
SA7 – East	12,465	2,953
SA8 – South Bay	27,189	6,940

MHSA CLIENT COUNTS

Prevention and Early Intervention



- 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, **42,784** unique clients received a direct service.

Ethnicity

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

Primary Language

- 76% English
- 21% Spanish

NEW CLIENTS WITH NO PREVIOUS MHSA

23,277 new clients were served with no previous MHSA service

Ethnicity

- 42% Hispanic
- 9% African American
- 9% White
- 2% Asian/Pacific Islander
- 0.64% Native American

Primary Language

- 76% English
- 21% Spanish

MHSA CLIENT COUNTS

Prevention and Early Intervention



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

PROPOSED CHANGE

Innovation 2: Community Capacity Building to Prevent and Address Trauma



Innovation 2– Requesting to continue programming using Prevention and Early Intervention funding with an annual budget of \$29,520,000.

This project centers on building the capacity of the community to identify and support community members at risk of trauma or experiencing trauma. The project aims to utilize the assets of the community to test strategies that allow local communities to work together in ways that will ultimately lead to better mental health and reductions in trauma, through the building of shared community values, leadership development and community member empowerment. In June 2020, LACDMH integrated community mental health workers (community ambassadors) into the INN 2 project.

OUTCOMES

- 8,077 registered participants, with 68% (5,499) of all participants were enrolled in INN 2 during the pandemic.
- Through nearly 10,700 community events, outreach and social media posts, 560,268 community members were reached, 18,000 meals provided, 9,865 individuals vaccinated for COVID-19 and PPE provided to nearly 14,000 individuals.
- CAN Participants demonstrated a stronger understanding of the relationship between trauma and mental health, significant improvements in resilience, and improved ability to cope with stress.
- Over the past year, 93% of the 29,587 linkages to community resources and supports were successful. Despite the impact of the COVID-19 pandemic, linkages increased substantially from the prior year.
- Through Learning Sessions, partners learned how to engage a wider net of at-risk community members to provide support.
- Participants enrolled in INN 2 during the COVID-19 pandemic, reported feeling significantly more connected with the community, and utilized more approach coping skills after three months of INN 2 activities.

PROPOSED CHANGE

Innovation: Hollywood 2.0



A new comprehensive approach to serve people with Serious and Persistent Mental Illness, including those experiencing homelessness, with or without a substance abuse disorder.

KEY CHARACTERISTICS:

Holistic

Human Centered

Hospitality-oriented

Care in Community

HOW DOES IT DIFFER FROM TRIESTE?

- Optimizes funds through the full Federal match
- Avoids the use of fiscal/administrative intermediary
- Expedites community planning processes by actively exploring available resources through philanthropy
- Avoids unnecessary technological/EMR investments

KEY COMPONENTS

- Full Service Partnership
- HOME Team
- Intensive Outpatient Services: Team Based
- Peer Resource Center/Clubhouse
- Alternative Crisis Response
- Housing: Interim, Permanent Supportive, Congregate and Enhanced Residential (Board and care)

WHY HOLLYWOOD?

- Large concentration of unhoused individuals suffering from serious brain illnesses
- Strong coalition of local neighborhood business and faith leaders, government and health care providers and law enforcement (i.e. Hollywood 4WRD)

PROPOSED CHANGE

Capital Facilities



Requesting \$5 million dollars for future improvement projects.

Capital Facilities component funds will be utilized to increase and improve existing capital facilities infrastructure to accommodate the needs of current and expanded MHSA programs. The additional funds will address the current and anticipated needs of both public mental health service facilities and administrative space. Space utilization at all facilities is currently at maximum capacity.

To the extent possible, DMH will utilize these funds to continue to modernize and develop welcoming facilities that will move its mental health system toward the goals of wellness, recovery, and resiliency; and will also help to expand the opportunities for accessible community-based services for clients and their families, promoting the reduction in disparities in underserved groups.

RECOMMENDED CHANGE

Expansion of Diversion Related Services



- Recommended motion by Mental Health Commission dated April 28, 2022, to dedicate MHSA funding to expand community-based mental health treatment options for increase jail diversion efforts for individuals with mental health conditions
- Funding will support the Los Angeles County Department of Health Services' Office of Diversion and Re-entry (ODR) to expand diversion services beyond its 2,200-bed capacity based on ODRs demonstrated success in reducing the number of incarcerated mentally ill individuals
- Expanded Diversion services seeks to address racial and ethnic disparities reflected in the jail population in LA County
- Recommended change will allocate \$25 Million ongoing MHSA funding annually beginning FY July 2022
- **Requires a 30-day public posting and comment period (est. May 15-June 15, 2022)**

FY 2022-23 BUDGET PROJECTION CHANGES



Summary by Program

MHSA Program	Original Projections as of June 2021 ----- (Amounts approved in Three Year Plan)	Updated Projections as of March 2022 ----- (Amounts reflected in Annual Update)	Change
CSS	\$ 1,188,145,468	\$ 1,154,359,375	\$ (33,786,093)
PEI	\$ 287,944,203	\$ 315,514,026	\$ 27,569,823
INN	\$ 30,227,878	\$ 14,861,609	\$ (15,366,269)
WET	\$ 20,431,958	\$ 20,201,184	\$ (230,774)
CFTN	\$ 3,850,000	\$ 10,650,000	\$ 6,800,000
TOTAL	\$ 1,530,599,507	\$ 1,515,586,193	\$ (15,013,313)

FY 2022-23 BUDGET PROJECTION CHANGES



Community Services and Supports (CSS)

CSS Program	Original Projections as of June 2021	Updated Projections as of March 2022	Change	Notes
Full Service Partnership	\$ 302,391,232	\$ 299,567,466	\$ (2,823,767)	(1) Overall reduction in services due to the pandemic and difficulties to retain staff offset by funds allocated to maintain the Flexible Housing Subsidies Pool for housing vouchers provided to mental health clients for rent.
Outpatient Care Services	\$ 636,564,407	\$ 569,476,324	\$ (67,088,083)	(2) Overall reduction in services due to the pandemic and difficulties in retaining staff.
Alternative Crisis Services	\$ 139,819,715	\$ 165,520,546	\$ 25,700,832	Reflects the operating cost for the new Crisis Residential Treatment Programs (CRTP) at the Restorative Villages.
Planning Outreach and Engagement	\$ 7,108,451	\$ 6,464,668	\$ (643,783)	Same as (2) above
Linkage Services	\$ 28,322,985	\$ 34,901,893	\$ 6,578,907	Reflects projection of additional Linkage services based on current utilization.
Housing	\$ 35,073,361	\$ 35,144,049	\$ 70,688	Same as (1) above
CSS Administration	\$ 38,865,316	\$ 43,284,429	\$ 4,419,113	Same as (2) above
TOTAL	\$ 1,188,145,468	\$ 1,154,359,375	\$ (33,786,093)	

FY 2022-23 BUDGET PROJECTION CHANGES



Prevention and Early Intervention (PEI)

Program	Original Projections as of June 2021	Updated Projections as of March 2022	Change	Description
Suicide Prevention	\$ 22,302,998	\$ 22,302,998	\$ -	No Change
Stigma & Discrimination Reduction	\$ 366,250	\$ 366,250	\$ -	No Change
Prevention	\$ 43,564,826	\$ 50,513,488	\$ 6,948,662	Primarily reflects the addition of 311 positions for community promoters to provide outreach and education, as well as the one-time extension of the My Health LA Agreement with the Department of Health Services (DHS) for mental health prevention services provided in a primary care setting.
Early Intervention	\$ 198,997,562	\$ 188,002,410	\$ (10,995,152)	Reflects the overall reduction in services due to the pandemic and difficulties in retaining staff.
Outreach for Increasing Recognition of Early Signs of Mental Illness Program	\$ 8,368,989	\$ 38,688,869	\$ 30,319,880	Primarily reflects continuation of funding for the Los Angeles Unified School District (LAUSD) and Los Angeles County Office of Education (LACOE) for Community School Initiatives (CSI) and the transition of the Innovation Community Capacity Building project.
PEI Administration	\$ 14,343,578	\$ 15,640,011	\$ 1,296,433	Reflects the change in administrative costs based on the projected cost of the projects.
TOTAL	\$ 287,944,203	\$ 315,514,026	\$ 27,569,823	

FY 2022-23 BUDGET PROJECTION CHANGES



Innovation (INN)

Program	Original Projections as of June 2021	Updated Projections as of March 2022	Change	Description
Inn #2 – Community Capacity Building	\$ 14,700,000	\$ -	\$ (14,700,000)	Continuation of CANS programming with PEI funding.
INN # 3 – Technology Suite	\$ 6,321,028	\$ -	\$ (6,321,028)	Reflects the completion of the project. LACDMH is currently in discussions with the California Mental Health Services Authority (CalMHSA) for additional services that may be provided.
Inn # 4 – Transcranial Magnetic Stimulation Center	\$ 1,150,726	\$ 1,150,726	\$ -	Reflects the continuation of this project in FY 2022-23.
Inn #7 – Therapeutic Transportation	\$ 3,387,415	\$ 5,467,999	\$ 2,080,584	Reflects the expansion of teams in partnership with Los Angeles City Fire Department.
Inn # 8 – Early Psychosis Learning Health Care Network	\$ 492,709	\$ 492,709	\$ -	Reflects the continuation of this project in FY 2022-23.
Hollywood 2.0 Project (formally known Trieste)	\$ -	\$ 5,439,504	\$ 5,439,504	Reflects the implementation of the Hollywood 2.0 Project (formerly known as the True Recovery Innovation Embraces Systems That Empower - TRIESTE)
INN - Administration	\$ 4,176,000	\$ 2,310,671	\$ (1,865,329)	Reflects the change in administrative costs based on the projected cost of the projects
TOTAL	\$ 30,227,878	\$ 14,861,609	\$ (15,366,269)	

FY 2022-23 BUDGET PROJECTION CHANGES



Workforce Education and Training (WET)

Program	Original Projections as of June 2021	Updated Projections as of March 2022	Change	Description
UCLA Affiliation Agreement	\$ 7,135,501	\$ 6,417,864	\$ (717,637)	Reflects scheduled reduction of one-time services.
Financial Incentive Programs	\$ 3,873,084	\$ 3,873,084	\$ -	No Change
Stipend Program for MSWs, MFTs, AND NPs	\$ 3,063,600	\$ 3,063,600	\$ -	No Change
Charles R. Drew Affiliation Agreement	\$ 2,011,394	\$ 2,309,058	\$ 297,664	Reflects an increase in the services provided in the residency program.
Funds Assistant Behavioral Sciences Consultants (6 FTEs), for Post-Docs at Harbor-UCLA	\$ 510,000	\$ -	\$ (510,000)	Reflects the elimination of this funding as the fellows being funding with a different funding source, as they provide direct mental health services.
Intensive MH Recovery Specialist Core Training Program	\$ 440,000	\$ 440,000	\$ -	No Change
Interpreter Training Program	\$ 80,000	\$ 80,000	\$ -	No Change
Learning Net System 2.0	\$ 250,000	\$ 250,000	\$ -	No Change

FY 2022-23 BUDGET PROJECTION CHANGES



Workforce Education and Training (WET)

Program	Original Projections as of June 2021	Updated Projections as of March 2022	Change	Description
Navigators (Health and Housing)	\$ 200,000	\$ 400,000	\$ 200,000	Reflects an expansion in the Health Navigation training program.
Continuum of Care Reform / Staff and Resource Parents Training	\$ 500,000	\$ 500,000	\$ -	No Change
Parent Partner Training and Parent Volunteers Project	\$ 320,000	\$ 320,000	\$ -	No Change
Peer Focused Training	\$ -	\$ 400,000	\$ 400,000	Reflects funding for Peer focused training.
Med. School Affiliation at Harbor	\$ 260,000	\$ 260,000	\$ -	No Change
UCLA Medical School Affiliation Agreement (MSAA)	\$ 126,000	\$ 136,000	\$ 10,000	Reflects an increase in cost for services provided by UCLA.
Licensure Preparation Program (MSW, MFT, PSY)	\$ 250,000	\$ 250,000	\$ -	No Change
Administrative Overhead	\$ 1,412,379	\$ 1,501,578	\$ 89,199	Reflects the change in administrative costs based on the projected cost of the projects.
TOTAL	\$ 20,431,958	\$ 20,201,184	\$ (230,774)	

FY 2022-23 BUDGET PROJECTION CHANGES



Capital Facilities/Technological Needs (CFTN)

Program	Original Projections as of June 2021	Updated Projections as of March 2022	Change	Description
Tenant Improvement / Capital Facilities		\$ 5,000,000	\$ 5,000,000	Reflects funding for new and/or existing facilities to continue to modernize and develop welcoming building to meet the goals of the mental health services delivered in Los Angeles County.
Modern Call Center	\$ 3,500,000	\$ 3,500,000	\$ -	Reflects the continuation of this project in FY 2022-23.
CFTN - Administration	\$ 350,000	\$ 2,150,000	\$ 1,800,000	Reflects the change in administrative costs based on the projected cost of the projects
TOTAL	\$ 3,850,000	\$ 10,650,000	\$ 6,800,000	

COMMUNITY PLANNING PROCESS (CPP)



CPP Activities and Meeting Dates for Current Plan and Update

[March 4, 2022]

An Executive Summary of the MHSa Annual Update was posted to the DMH website for review.

[March 8, 2022]

- A Spanish version of the Executive Summary of the MHSa Annual Update was posted to the DMH website for review.
- The full version of the draft MHSa Annual Update was posted on the DMH website to allow for the 30-day public review and comment period.

[March 9, 2022]

A Summary of the Plan, including a Focus on Disparities and proposed changes was presented at the full Mental Health Commission meeting attended by CLT, UsCCs and SALTs for input and feedback

[March 10, 2022]

A Summary of the Plan was presented to the Executive Committee of the Mental Health Commission (MHC) for input and feedback.

[April 26, 2022]

MHSa Annual Update briefing for the Board of Supervisors Health Deputies.

[April 28, 2022]

The draft MHSa Annual Update is presented today at the Public Hearing.

[May – June 2022]

Final MHSa Annual Update will be presented to the Board of Supervisors for approval.

STAKEHOLDER FEEDBACK



Methods for gathering and documenting stakeholder feedback

- 45 day public comment period (required 30 days, extended for an additional 15 days) with Online Survey (Open March 3-April 19, 2022)
 - 66 Survey responses were received, 65 in English and 1 in Spanish.
 - 9 survey questions. Not all respondents answered all the questions.
 - Of those surveyed:

Self Identified Affiliation

- 21% of the respondents are clients/consumers
- 7% of the respondents are peers
- 13% of the respondents are advocates
- 14% of the respondents are family members of a client/consumer
- 5% of the respondents are other government employees
- 6% of the respondents are LACDMH staff/employees
- 17% of the respondents are mental health service provider
- 16% of the respondents indicated Other

Reported Ethnicity

- 14% reported African American
- 8% reported Asian
- 24% reported Caucasian
- 26% reported Latin/Latina/Latinx
- 4% reported Mixed/multi-ethnic
- 10% reported Native American / American Indian/ Alaskan Native
- 14% reported Other

- Transcripts from discussion portion of stakeholder meetings (i.e. CLT, MHC, etc.)
- Emails/correspondences received

STAKEHOLDER FEEDBACK



Summary of Feedback for Survey Questions

Highlights of Current Plan	Opportunities to Improve Plan
<ul style="list-style-type: none">• Plan written so that it is easily understandable to stakeholders and the general public• Access to services to communities in need expanded through regular phone calls with clients and family members• Focuses on objectives to expand mental health services to ethnic and underserved communities• Very data driven• Continuation of FSP• Additional information on budget and spending provided to stakeholders	<ul style="list-style-type: none">• Provide additional focus on Individuals with serious mental illness/gravely disabled, dually diagnosed/those suffering from opioid crisis• Finding more treatment beds or facilities.• Advocacy, family support or engagement• Continued support for CANs program seems to be the bridge in making sure the community members have access to the needed resources.• Opening grant opportunities and open bid solicitations with limited restrictions directly targeting innovative approaches expanding direct mental health services.• Treatment services are not identified for mental health disorders like Rape Trauma Syndrome (PTSD), Intermittent Explosive Disorder in Children and Teens, Adjustment Disorder, Autism with Behavioral Disorders.• Increase time for sharing plan information and making follow up contact information available• Increase size of font for presentation slide content

STAKEHOLDER FEEDBACK



DMH Strategies for Addressing Feedback Received

Strategies

- DMH will continue to expand outreach efforts through multiple outlets to ensure the general public and specific stakeholder groups are aware of MHSA funded programs and activities and how to participate in CPPP
- DMH will continue to streamline docs to provide tables and summaries similar to current annual update presentation. Information will be distributed through monthly meetings with CLTS, UsCCs, SALTs and the MH Commission
- Actions to address COVID-19 delays and barriers will continue to be outlined in Annual Updates and 3-year plan presentations
- DMH will provide monthly MHSA 101 trainings to identified stakeholder groups, including SALTs, UsCCs, CLTs and the Mental Health Commission. DMH will also provide training for the general public as requested, Mental Health Providers, County Departments staff, and DMH employees and staff
- DMH is currently exploring funding opportunities through the Incubation Academy and other grant opportunities for CBOs
- DMH has entered into agreement with NAMI for 3 additional years to provide expanded training for family members across the County
- DMH will provide hard copies to stakeholder groups and the general public for all 3-Year Plans and Annual Updates
- DMH is updating its communication follow up process including its resolution process and having a MHSA mailbox to receive input and communication year-around

NEXT STEPS



1. Complete the Public Hearing: April 28, 2022
2. Receive Mental Health Commission Feedback and Recommendation: May 4, 2022
3. Presentation to Board Deputies: June 8, 2022
4. Estimated Board Hearing Date: June 28, 2022

CONTACT INFORMATION



For questions or more information on the Los Angeles County MHSA Annual Update, email:

mhsaadmin@dmh.lacounty.gov



PUBLIC COMMENTS