



DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

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**30 DAY PUBLIC POSTING
MENTAL HEALTH SERVICES ACT (MHSA)
MID-YEAR ADJUSTMENT TO THE
ANNUAL UPDATE FISCAL YEAR 2022-23**

January 20, 2023

The Los Angeles County Department of Mental Health (LACDMH), as required under the Mental Health Services Act (MHSA), is opening a Public Review and Comment period regarding proposed new programs, expansion of existing programs and administrative changes to the following MHSA components:

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Innovation (INN)
- Capital Facilities and Technological Needs (CAP/IT)

The following are the proposed new CSS programs:

1. Office of Diversion & Reentry (ODR) - Expansion \$25M

This project will equitably reduce the number of people incarcerated in LA County with serious mental illness or other complex health needs, and reduce homelessness, emergency services use, and healthcare cost for this population.

Key ODR expansion activities include:

- Receiving referrals from justice partners and target the jail mental health population to identify, screen, and recommend clients for diversion.
- Facilitating clients' diversion through pre-trial, and post-conviction mechanisms via LA County Superior Court.
- Establishing clinically supported interim housing to clients exiting custody
- Coordinating jail release and transportation
- Coordinating client care with Probation Department and LA Superior Court
- Providing ongoing clinical services to support clients' mental health stability and general health needs.
- Partnering with Community Based Organizations to develop permanent supportive housing units and ensure access to affordable housing.

The program will serve 395 clients.

2. Project Impact – OCS \$.2M

In addition to providing PEI services and consistent with the MHSA Outpatient Care Service (OCS) Plan, Project IMPACT will provide a continuum of care, ranging from children to transitional age youth/young adults as well as their parents/caregivers. All age groups will have access to outreach and engagement, assessments, culturally responsive mental health services, crisis intervention, case management, and medication support.

Project Impact will serve approximately 168 OCS clients.

The following are the proposed new PEI programs:

3. Project Impact - PEI \$.6M

The intent of Project Impact's PEI program is to serve children and young adults who have experienced or have been exposed to traumatic events such as child

sexual abuse, violence, traumatic loss and/or experiencing difficulty related to symptoms of Post-Traumatic Stress Disorder (PTSD), depression, anxiety, or additional co-occurring disorders; and to provide early intervention mental health services to reduce the impact of the identified symptoms and problems.

Project Impact will serve approximately 672 PEI clients

The following are the proposed new INN programs:

1. Kedren Restorative Care Village (RCV) **\$109M**

The Kedren Restorative Care Village will promote interagency and community collaboration related to mental health services, supports and outcomes by building a continuum of care for children and their families in a single location. The levels of care include:

- Family Housing (24 units)
- Children and youth Crisis Residential (16 beds)
- Crisis and Stabilization Unit
- Outpatient Services including:
 - Rehabilitation services
 - Partial hospitalization
- Inpatient services will be available on site, but will not be funded with MHSA funds

The goals of this project include:

- Increasing step down care resources including a crisis stabilization unit (urgent care center) and crisis residential treatment program
- Increasing access to housing resources for families whose children are in Kedren RCV program, including 24 units of on-site housing children and families.
- Ensuring appropriate level of care is provided (i.e., decreasing number of emergency room visits, reduce number of inpatient bed days, etc.).

The existing 17 beds serve 316 children annually. By increasing the total capacity to 30 beds, a projection based on average monthly census shows that 480 children can be served annually.

It is projected that the Crisis Residential Treatment Program (CRTP) will serve approximately 300 children annually and the Crisis Stabilization Unit (CSU) will

serve a minimum of 3,000 clients.

The innovation is providing a full continuum of care for children and their families on a single campus to ensure the right level of care. The learning will be focused on improved outcomes for children and families as a result of access to this continuum of services.

The proposed budget will cover 5 years of programming.

2. Interim Housing Multidisciplinary Assessment & Treatment Teams \$190M

This proposed Innovation project seeks to create new regional, field-based, multidisciplinary teams dedicated to serving people experiencing homelessness (PEH) who are living in interim housing. The project is designed to address current gaps in behavioral health and physical health services, support interim housing stability, facilitate transition to permanent housing and prevent a return to homelessness.

The Interim Housing Multidisciplinary Assessment and Treatment Teams will serve all eight Service Areas in Los Angeles County and will be comprised of staff from DMH, DPH-SAPC and DHS-HFH in an effort to ensure the full spectrum of client needs can be addressed. Teams will be assigned to support interim housing sites.

The current interim housing inventory in Los Angeles County is approximately 220 sites and 14,376 beds. The additional 11 interim housing sites in the pipeline provide an additional 1,037 beds to support PEH.

The key elements that make this project innovative are:

- The implementation of dedicated field-based multidisciplinary teams that are specifically outreaching, engaging and providing direct mental health, physical health and substance use services to clients in interim housing at their interim housing location, which is an entirely new service setting. This includes 24/7 crisis response.
- The partnership with the managed care organizations that will allow the County to leverage private resources from local health plans to support interim housing client needs.

By implementing this innovative project, LACDMH intends to learn if having dedicated field-based, multidisciplinary teams serving interim housing sites result in the following:

- Increased access to mental health services and co-occurring SUD services by interim housing residents?
- Increased exits to permanent housing?

- Decreased exits to homelessness?
- Interim housing provider staff increasing their knowledge and skills when serving individuals with severe mental illness and feeling more confident in being able to serve this population in their interim housing sites?

The proposed budget will cover 5 years of programming.

3. Care Court Peer Support **\$12.7M**

The implementation of SB1338—the Community Assistance, Recovery, and Empowerment (CARE) Court Program in Los Angeles County allows the Department of Mental Health to lead the county in working with individuals who are struggling to care for themselves and advocate with insight for their own care.

DMH was ordered by legislation/law to implement the CARE Act/Court. In January 2023, Governor Newsom, the County Board of Supervisors, the County CEO, and the Presiding Judge of the Los Angeles County Superior Court issued a press release indicating LA County would begin implementation of Care Court in December 2023—a year earlier than mandated by law.

The process and options of CARE Court are set by legislation.

- CARE Court is a civil court process that gives clients many offers and opportunities to accept voluntary treatment.
- Once the client agrees and enrolls in a voluntary treatment program, the court may monitor progress or the case can be dismissed.
- A case can be dismissed prior to a single court hearing or a DMH investigation/written report to court.
- Care Court does not change LPS Criteria for WIC 5150

LA County anticipates approximately 6,000+ clients may be eligible for the CARE court program out of a 10,000,000 county population.

The LA County DMH implementation of Care Court will integrate elements of court based clinical services with field-based engagement operations to support care and treatment in field based community settings. While the final version of the law did not include the mandatory role of a “supporter” person—a person who has lived experience—to work with the client during the court process, this was an important part of the program which LA County DMH wanted to make sure was included in our implementation. DMH incorporate peer support to support individuals from the time a petition is filed to the point of case dismissal, graduation, or in the process failure when other services could then be explored.

It is DMH’s goal to have Care Court support individuals and their voluntary participation in mental health services within their own communities to stabilize, heal, and thrive ultimately without the necessity of court updates.

As an MHSA Innovation Project, DMH is proposing multiple peer supporters with lived experience to help develop the teams which engage clients at the beginning, middle, and end of the Care Court process. The purpose of the innovation project is for the legislative Care Court process to utilize our peer supporters to develop and operate a client centered multipurpose mental health team to support clients through the entire Care Court process. Peer supporters are a powerful voice speaking from their lived experience and have strong positive rapport and relationships often with individuals who are struggling with their risk of homelessness, institutionalization, incarceration, out-of-home placement, or other serious health consequences due to long periods without proper care. An advocate with lived experience can provide a powerful example of Recovery, Wellbeing, and Hope.

DMH Peer Supporter Team members will be imbedded within the Care Court multidisciplinary mobile teams (stationed at the courthouse and in the community) to:

- Support prospective care court clients during their court appearances, court related appointments, and other meetings
- Provide transportation and attend appointments with individuals including their health and social appointments, court hearings, or other quality of life activities
- Participate in community outreach and engagement teams to other stakeholder groups sharing about Care Court programs
- Engage individuals recently released from jail and/or prison in coordination with other DMH field based programs to encourage participation in various voluntary services (to avoid Care Court)
- Provide individualized referrals and resources from culturally competent providers for those identifying as members of underserved communities, with military affiliations, and/or conditions which need support to have full and equal access to all services and facilities to meet their needs
- Provide specialized case management for those who have other acute medical concerns and other complex case needs

The CARE Court legislation is new. LACDMH's goal is to be highly successful in the number of individuals who will seek, obtain, and utilize the voluntary mental health services offered by DMH and successfully exit the Care Court process. The MHSA Innovation, having peer supporters be active advocates in the planning, implementation, and ongoing treatment teams during Care Court, is what we believe to be the reason we will see success as measured in defined outcomes/results. We expect through peer supporter participation that:

- the client rates of voluntary participation with mental health treatment programs will be achieved with less outreach activities and time frames
- the notable increase in one's level of overall health, functioning, and wellbeing will be achieved in a shorter time frame

- the longevity of the average length of outpatient treatment will be higher than other non-peer dominant outreach, engagement, and voluntary treatment interventions compared with other clinical settings

We humbly submit this innovation idea for your review, feedback, and welcome an opportunity soon to have an open dialogue and discuss ways to help clients receive treatment in their community full of hope, in recovery, and with wellbeing.

The proposed budget will cover 5 years of programming.

Note: Proposed INN programs will still go through further review processes including presentation to the Los Angeles County Mental Health Commission and Mental Health Services Oversight and Accountability Commission before final approval

The following are necessary administrative and operational actions:

1. PEI Funding Realignment \$7.8M

Realign existing PEI funding as follows:

Work Plans	Description	Planned Realignment & Increase
Prevention	NAMI- Prevention Services for Peer & Family Support Services	(\$ 2,000,000)
	Mental Health Promoters/Promoters ; the services include Fiscal Intermediary to pay to promotors	(16,720,000)
	Community Ambassador Network (CAN) Project	29,550,000
Prevention Sub-Total		10,830,000
Community Outreach	Community Ambassador Network (CAN) Project	(21,735,000)
	OC Sub-Total	
Stigma & Discrimination Reduction	Mental Health Promoters/Promoters ; the services include Fiscal Intermediary to pay to promotors	16,720,000
	Why We Rise Mental Health Campaign- A Sole Source Participation Agreement with CalMHSA to fund Mental Health Prevention Program	17,000,000
	NAMI- Prevention Services for Peer & Family Support Services	2,000,000
SDR Sub-Total		35,720,000
Suicide Prevention	Why We Rise Mental Health Campaign- A Sole Source Participation Agreement with CalMHSA to fund Mental Health Prevention Program	(17,000,000)
SP Sub-Total		(17,000,000)
Grand Total		\$ 7,815,000

2. 51% FSP Funding Requirement \$76.1M

Revise the CSS Budget to reflect the services that would correctly be attributed to the 51% FSP threshold

3. Capital Facilities Project **\$6M**

Transfer funds from CSS funding to Capital Funds and Technology Needs (CFTN) for anticipated capital facilities projects/tenant improvements including but not limited to:

- a. Olive View Urgent Care Center
- b. Children's medical HUB
- c. Central administration expenditures
- d. General County Funds pool dollars

4. Call Center Modernization **\$2.8M**

In FY 21-22, \$3.5 M was allocated for Phase 1 of the project. In 2022-23, an additional \$3.5M was allocated for Phase 2. However, an additional \$2.8M is needed to fully fund this project.

5. End of Year Legal Entity Contract Amendments **\$31M**

Additional funding is needed to ensure continuation of services through end of the Fiscal Year.

6. TAY Supported Employment Shift **\$0**

TAY Supported Employment to be funded by PEI instead of CSS