Los Angeles County Department of Mental Health

MHSA Annual Update FY 2023-24

Session 1

Community Leadership Team

January 20, 2023

9:00 AM – 12:00 PM

St. Anne's Conference Center
155 N Occidental Blvd
Los Angeles, CA 90026

WELCOME!

Dear Community Stakeholders,

We hope your New Year is starting on a great note!

We are looking forward to the upcoming stakeholder sessions to provide input on the *MHSA Annual Update* for fiscal year 2023-24.

Open to the public, the sessions will be in-person at St. Anne's Conference Center, located at 155 N Occidental Blvd, Los Angeles, CA 90026, and cover the following topics:

Date	Time	Topic
Friday, January 20	9-12	MHSA Foundational Information
Monday, January 23	9-12	DMH Proposals
Tuesday, January 31	9-12	Stakeholder Proposals
Friday, February 17	9-12	Consensus Building

If you have any questions about this message, feel free to reach out to us at MHSAAdmin@dmh.lacounty.gov.

Sincerely,

Dr. Darlesh Horn
Division Chief
MHSA Administration Division

Destiny Walker
Supervising Administrative Asst. I
Community Stakeholder Division

AGENDA

FRIDAY, JANUARY 20, 2023
9:00-12:00

PURPOSE	Establish a common foundation among CLT members regarding the Mental Health Services Act (MHSA).
OBJECTIVES	1. Explain key concepts regarding MHSA. 2. Answer questions. 3. Gather overall reflections regarding session one.
TIME	**ITEM**
8:30 – 9:00	Registration & Continental Breakfast
9:00 – 9:20	Session Opening
9:20 – 10:30	Part 1: MHSA Background
10:30– 10:45	Break
10:45 – 11:45	Part 2: MHSA Local Process
11:45 – 12:00	Reflections & Next Steps
12:00	Adjourn

SELF CARE & COMMUNICATION

TAKING CARE OF YOURSELF & FINDING SUPPORT

- If during the session you find yourself feeling uneasy, we encourage you to take care of yourself.

- You can do this by reaching out to designated people who can help you process thoughts and feelings. We will also have a designated lounge area for reflection and support.

COMMUNICATION EXPECTATIONS

This retreat aims to establish strong and meaningful connections with each other.

The following communication expectations will help us all build positive and constructive relationships.

1. **BE PRESENT**: Be on time and do your best to participate and engage each other in the spirit of conversation and learning.

2. **SPEAK FROM YOUR OWN EXPERIENCE**: Sharing your perspective based on your experiences helps us build community. It helps us find areas where we can relate and connect with each other. It also helps us in hearing and honoring the experiences of others.

3. **PRACTICE CONFIDENTIALITY**: The practice of respecting and protecting sensitive information that people share with you helps to builds trust.

4. **STEP UP, STEP BACK**: To 'step up' means to being willing to share your thoughts and experiences with others so that your voice is part of the conversation. To 'step back' means being aware and mindful that others also need time to speak, and that some people take a little longer to compose their thoughts.

5. **SEEK TO UNDERSTAND AND THEN BE UNDERSTOOD**: Ask questions to understand someone's view before expressing your view. This helps everyone feel heard and prevent misunderstandings.

PART 1: MHSA FOUNDATIONS

KEY CONCEPTS

BACKGROUND

- Thirty years ago, the State of California cut back on its services in state hospitals for people with severe mental health needs, without providing adequate funding for mental health services in the community many people became homeless.

- Prior to MHSA funding for mental health services was deficient. For example, Los Angeles County authorities estimated providing services to only half of those needing public mental health services.

- On November 2, 2004, California voters passed Proposition 63 by majority.

- Also known as the millionaires' tax, Prop 63 became effective as a statute, the Mental Health Services Act (MHSA) on January1, 2005.

- MHSA seeks to expand and improve mental health services across the state by providing additional funding and oversight and accountability.

WHAT IS THE MENTAL HEALTH SERVICES ACT (MHSA)?

- Proposition 63 establishes a 1% tax on personal income above $1 million dollars to fund MHSA programs and projects to greatly improve the delivery of community-based mental health services and treatment across California.

- Welfare and Institutions Code (WIC) 5891 states that MHSA revenues may only fund mental health services, MHSA programs and activities and prohibits these funds from supplanting other existing County funds.

- Since the State of California decentralized its behavioral health system, most MHSA funding is administered by each California county.

MHSA MISSION

- Optimize the hope, wellbeing, and the life trajectory of Los Angeles County's most vulnerable residents through increased access to care and resources that promote

independence and personal recovery as well as community connectedness and community reintegration.

MHSA VISION

MHSA pledges to go beyond business as usual to build a community mental health system where:

- Access to care is easier;
- Services are more effective;
- Out-of-home and institutional care are reduced; and
- Stigma toward those with severe mental health needs no longer exists.

MHSA FOCUS

- Increased and targeted access to services for un-served and underserved population
- Prioritizing individuals' recovery and wellness goals
- Implementation of effective and sustainable programs and services
- Administration and oversight of cost-effective expenditures
- Engaging stakeholder in meaningful involvement in the ongoing development and implementation of programs and services based on their individual community needs

MHSA CORE PRINCIPLES

- Client/Family Driven Services
- Cultural Competence
- Community Collaboration
- Service Integration
- Focus on Recovery, Wellness, and Resilience

HOW DOES MHSA WORK?

- Funds programs and services that aim to reduce the long-term adverse impact of untreated mental illness.

- Transforms the public mental health system from fail-first system – often resulting in treatment delivery through the criminal justice system, the courts, and emergency rooms – to a help-first system with a commitment to service, support, and assistance through community-based intensive and preventative treatments and interventions on individual need.

- Addresses a broad continuum of county mental health services for all populations: children, transitional age youth, adults, older adults, families, unserved and underserved.

MHSA COMPONENTS

Community Services and Supports (CSS)

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 health needs. The largest of the 5 components. Includes:

- FULL-SERVICE PARTNERSHIP (FSP): Community collaboration and a "whatever it takes" approach to ensure full spectrum community-based mental health service delivery to individuals from identified focal populations

- GENERAL SERVICE DEVELOPMENT (GSD): Services that include programs to improve mental health services and supports for all consumers

- PLANNING OUTREACH AND ENGAGEMENT (POE): Activities aimed at engaging the unserved, underserved, and inappropriately served populations

- HOUSING: Partnership with the California Housing Finance Agency, CSS provides funding for permanent supportive, affordable housing for individuals with serious mental health needs and their families, especially those who are houseless.

Prevention and Early Intervention (PEI)

Services to engage individuals before the development of serious mental health need or at the earliest signs of mental health struggles. Statewide projects: Suicide Prevention, Student Mental Health Initiative, Stigma and Discrimination Reduction. The second largest of the 5 components, PEI includes:

- PREVENTION: Proactive approach that targets those with risk factors or increases protection factors

- STIGMA AND DISCRIMINATION REDUCTION (SDR): Training, campaigns and activities to reduce and eliminate barriers that prevent people from accessing mental health services. Services feature anti-stigma education specifically targeting underrepresented

communities through outreach utilizing culturally sensitive tools; connecting and linking resources to schools, families, and community agencies; and educating and empowering clients and families

- SUICIDE PREVENTION: Services and training to strengthen the capacity of existing community resources and creating new collaborative and comprehensive efforts at the individual, family, and community level. Services include: community outreach and education to identify suicide risks and protective factors; linking services, including access to trained suicide hotline agents, to individuals contemplating, threatening, or attempting suicide

- EARLY INTERVENTION: For individuals and families for whom a short, relatively low-intensity intervention is appropriate to resolve or improve mental health issues and avoid the need for higher levels of care

Innovation (INN)

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

An Innovation project must have one of the following primary purposes:

- Increase access to mental health services to underserved groups
- Increase the quality of mental health services, including measurable outcomes
- Promote interagency and community collaboration related to mental health services or supports or outcomes
- Increase access to mental health services

Up to 5 percent of MHSA funds received for CSS and PEI may be used for innovative programs that develop, test and implement promising practices that have not yet demonstrated their effectiveness.

Workforce Education and Training (WET)

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

- Supports programs designed to create and support a workforce (present and future) that is culturally competent, provides consumer/family centered mental health services, and adheres to the principles of wellness, recovery, and resilience.

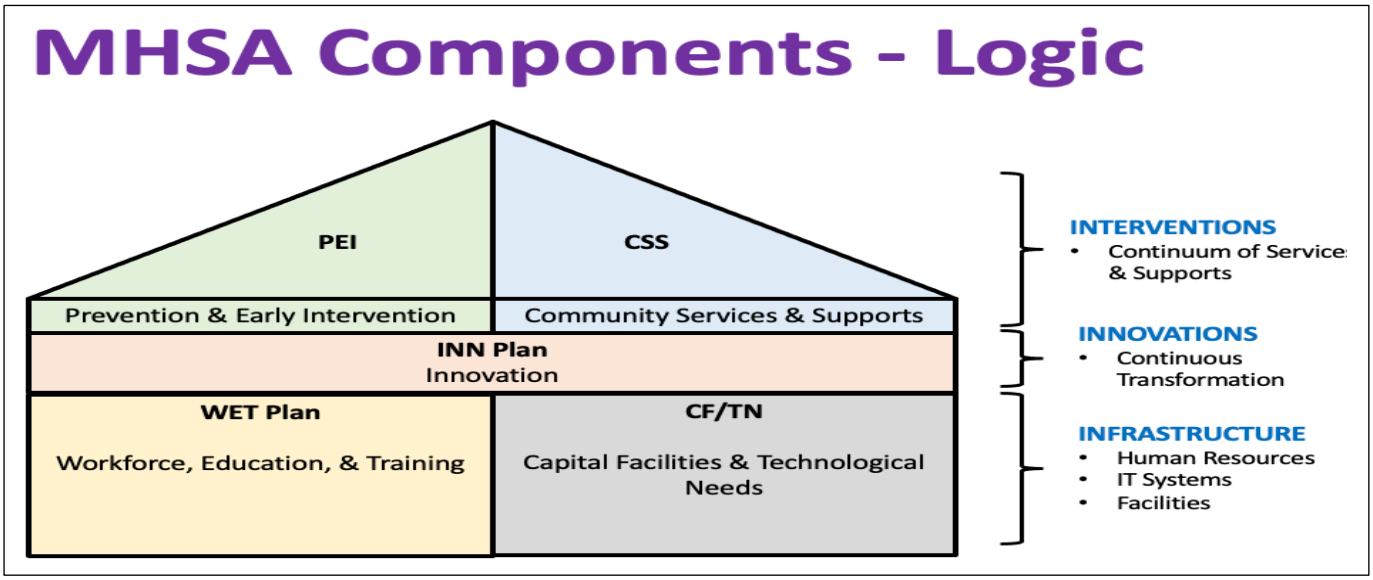
- Aims to train more people to remedy the shortage of qualified individuals who provide services to address severe mental health needs. Counties may use funds to promote employment of mental health clients and their family members in the mental health system and increase the cultural competency of staff and workforce development programs.

Capital Facilities and Technological Needs (CFTN)

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

- Increase and improve existing capital facilities infrastructure and support technology projects to accommodate the implementation of MHSA plans.

- Finance necessary capital and infrastructure to support implementation of other MHSA programs. It includes funding to improve or replace technology systems and other capital projects.



MHSA OVERSIGHT

State Department of Mental Health

- The former SDMH was responsible for planning the sequential phases of development for the five MHSA components and overseeing county implementation of MHSA

State Department of Health Care Services (DHCS)

- DHCS is primarily responsible for overseeing local mental health agencies' spending of MHSA funds.

- DHCS contracts with each county for the following components: PEI programs; Children's services; and Adult services

MHSA Oversight & Accountability Commission (OAC)

- The OAC oversees MHSA implementation; develops strategies to overcome stigma; reviews and approves innovation's projects; and provides technical assistance and training to counties, providers, and stakeholders.

MHSA REPORTING

MHSA Three Year Program and Expenditure Plan & MHSA Annual Update

- Welfare and Institutions Code (WIC) Section 5847 states that county mental health programs shall prepare and submit a *Three-Year Program and Expenditure Plan* (Plan) followed by *Annual Updates* for Mental Health Services Act (MHSA) programs and expenditures.

- The MHSA Plan provides an opportunity for the Los Angeles County Department of Mental Health (LACDMH) to review its MHSA programs and services and obtain feedback from a broad array of stakeholders on those services. Any changes made to the MHSA programs would need to be in accordance with the MHSA, current regulations, and relevant State guidance.

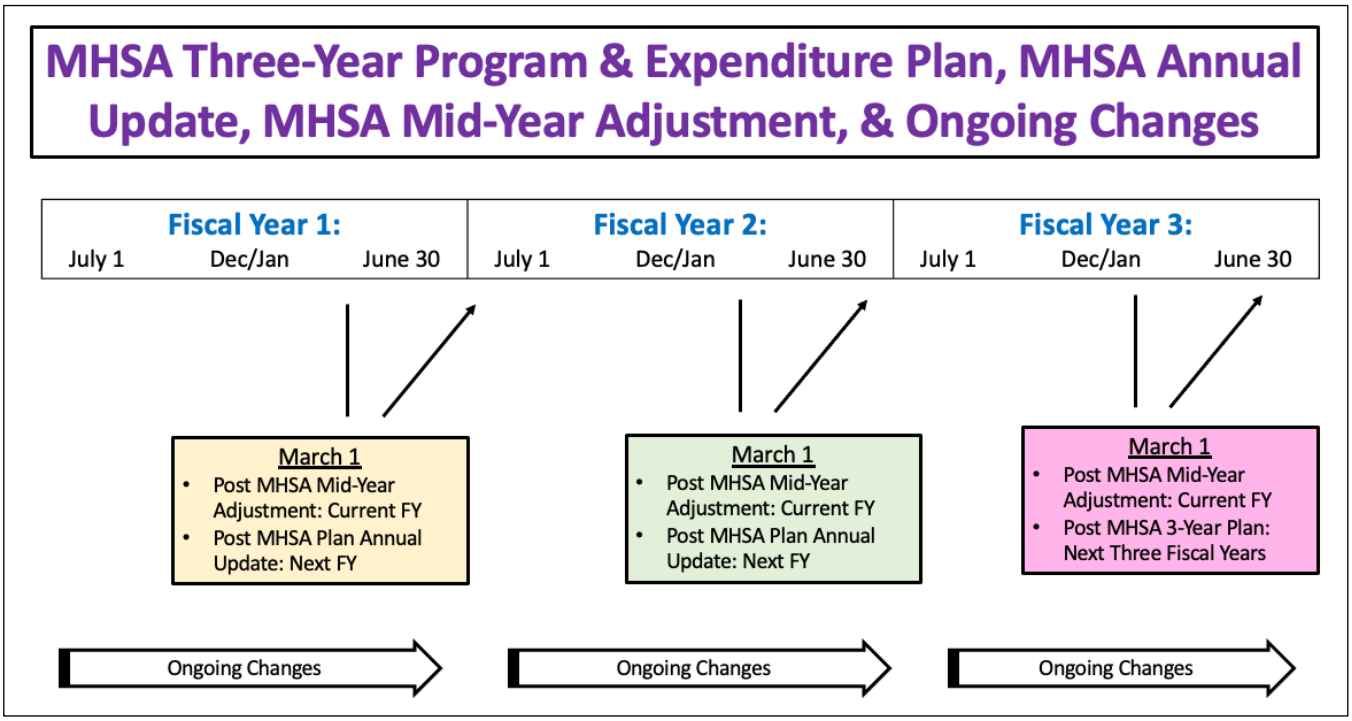
MHSA Mid-Year Adjustment

For updates, other than the *MHSA Annual Update*, the County shall conduct a local review process that includes:

- A 30-day public comment period: The County shall submit documentation, including a description of the methods used to circulate, for the purpose of public comment, a copy of the update, to representatives of stakeholders' interests and any other interested parties who request the draft.

- A summary and analysis of any substantive recommendations.

- A description of any substantive changes made to the proposed update that was circulated.



STAKEHOLDER ENGAGEMENT

California Code of Regulations

- Title 9 CCR 3300 requires CA Counties to provide a Community Program Planning Process (CPPP) for developing MHSA 3-YR Plans and Annual Updates and to ensure stakeholders have the opportunity to participate in the CPPP (referred to as CPP)

MHSA-Funded Initiatives Should Engage…

1. Families of Children, Adults, and Seniors with serious mental illness or severe emotional disturbance
2. Providers of Mental Health Services
3. Law Enforcement Agencies
4. Education and Social Services agencies
5. Veterans and representatives from Veterans organizations
6. Providers of alcohol and drug services
7. Health Care organizations
8. Other important interests

Meaningful Stakeholder Engagement

"Meaningful stakeholder involvement should be reflected in mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocation."

Stakeholder Bill of Rights

- TRANSFORMATION: We have the right to a Public Mental Health System (PMHS) that embraces the Recovery Model of Care and is fully committed to all General Standards for programs and services set forth by the MHSA

- INFORMATION: We have the right to full transparency in our PMHS

- EDUCATION: We have the right to fully understand the meaning and implications of facts and data relevant to our PMHS

- REPRESENTATION: We have the right to competent and adequate representation when important decisions are made in our PMHS

- PARTICIPATION: We have the right to shape policy and meaningfully participate in all important programming and funding decisions in our PMHS

- CONSIDERATION: We have the right to submit grievances to our PMHS, to have our grievances acknowledged, and to receive thorough and timely responses to our grievances

QUESTIONS OF CLARIFICATION

As you heard the presentation, what questions do you have?

Questions	Response(s)

PART 2: MHSA LOCAL PROCESS

KEY CONCEPTS

BACKGROUND

- Stakeholders must represent all populations across all 8 service areas in LAC and must represent unserved and underserved populations and their families, cultural communities reflecting their demographics and geographic locations.

YourDMH

- Goal: Create a stakeholder system that elevates the voices of 'community' leaders (i.e., consumers, parents, caregivers, youth, underserved communities, etc.) in the context of strong voices of 'systems' leaders (i.e., contract providers, public agencies, unions, etc.).

COMMUNITY LEADERSHIP TEAM

Underserved Cultural Communities (UsCCs)

1. ACCESS (Deaf, Hard of Hearing, Blind, and Physical Disabilities)
2. American Indian/Alaska Native (AI/AN)
3. Asian Pacific Islander (API)
4. Black/African Heritage (BAH)
5. Client Coalition
6. Cultural Competency Committee
7. Eastern European/Middle Eastern (EE/ME)
8. Latino
9. Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, and Two-Spirt (LGBTQI2-S)

UsCC Membership

1. Community members at large, especially those who represent marginalized and culturally isolated groups and subgroups
2. Consumers
3. Family members and/or Caregivers
4. Cultural brokers
5. Local members of YourDMH Service Area groups

6. Faith-based organizations
7. Grassroots organizations that advocate for the interests of communities of color, immigrants, racial and health equity, cultural inclusion, disability rights, LGBTQI2-S, age-specific advocacy groups, etc.
8. Government entities that serve communities of color and marginalized/isolated groups

Service Area Leadership Teams (SALTs)

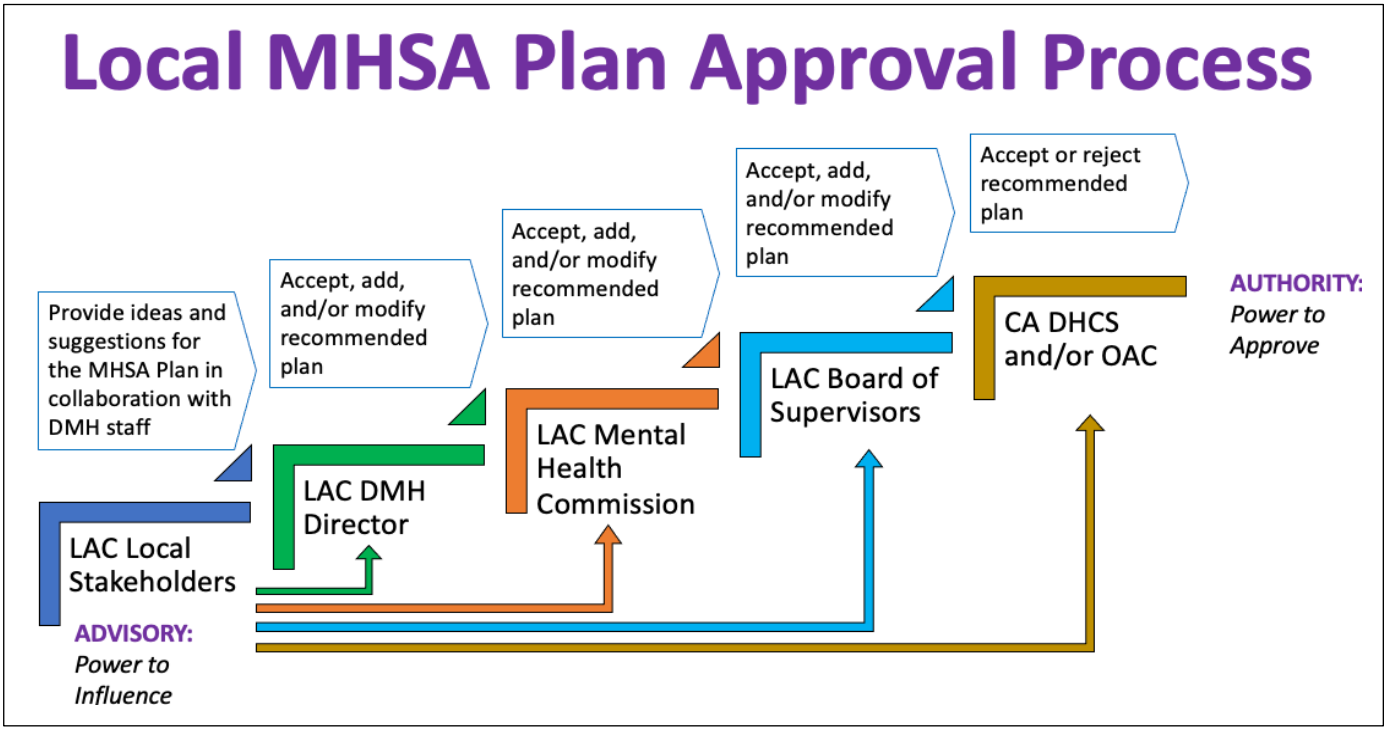
1. SALT 1 Co-Chairs
2. SALT 2 Co-Chairs
3. SALT 3 Co-Chairs
4. SALT 4 Co-Chairs
5. SALT 5 Co-Chairs
6. SALT 6 Co-Chairs
7. SALT 7 Co-Chairs
8. SALT 8 Co-Chairs

SALT Membership

Essential	Enhancing
1. Adults and seniors with severe mental illness (SMI) 2. Families of children, adults, and seniors with SMI 3. Mental health providers (non-managerial staff) 4. Social services providers (non-managerial staff) 5. Substance abuse services providers (non-managerial staff) 6. Veterans 7. Veterans advocacy organizations 8. Law enforcement 9. Educational organizations 10. Grassroots organizations that advocate for the interests of Communities of Color, Immigrants, racial and health equity, cultural inclusion, disability rights, LGBTQI2-S, etc.	1. Mental health advocacy organizations 2. Homeless advocacy organizations 3. Health equity advocacy organizations 4. Academic institutions 5. Neighborhood Council representatives 6. Faith-based organizations 7. Local members of YourDMH Cultural Community groups 8. Department of Children and Family Services 9. Department of Probation 10. Immigration advocacy organizations 11. Grassroots community based organizations

LOCAL MHSA PLAN APPROVAL PROCESS

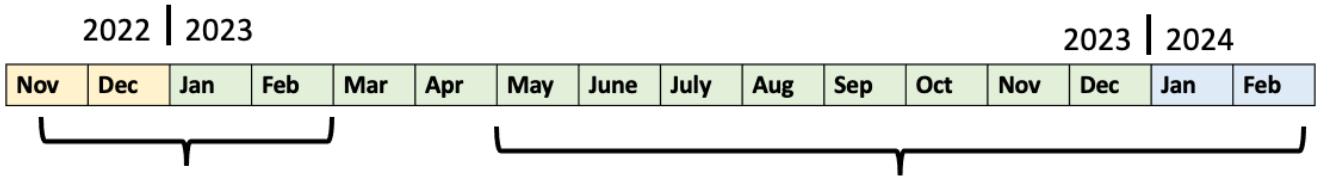
- Los Angeles County Local Stakeholders
- Los Angeles County DMH Director
- Los Angeles County Mental Health Commission
- Los Angeles County Board of Supervisors
- California Department of Health Care Services and Oversight and Accountability Commission



LOCAL MHSA PLANNING CALENDAR: 2023-24

- MHSA Mid-Year Adjustment
- MHSA Annual Update
- MHSA Three-Year Program and Expenditure Plan
- Ongoing Changes

LOCAL MHSA PLANNING CALENDAR



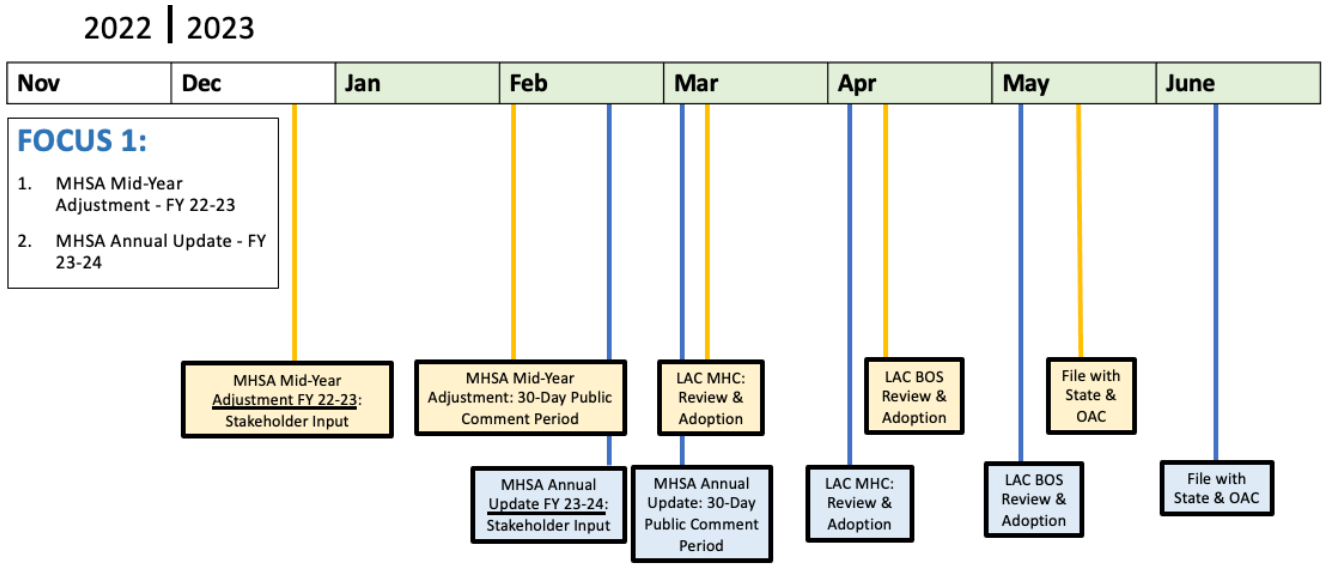
FOCUS 1:

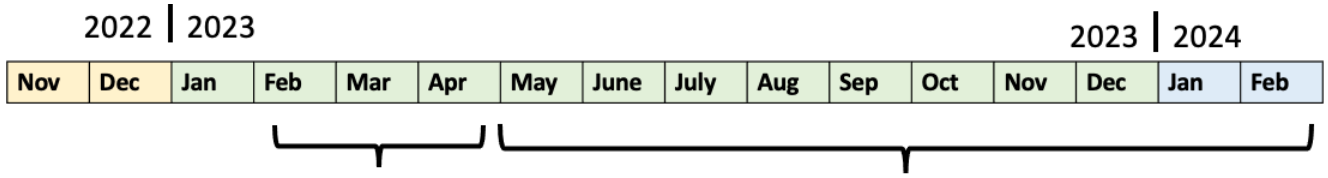
- MHSA Mid-Year Adjustment FY 2022-23
- MHSA Annual Update FY 2023-24

FOCUS 2:

- Three-Year MHSA Program & Expenditure Plan

(10-Month Planning Process: May 2023-February 2024





- Consider Expanding the CLT; If so, Recruit New Members.
- Co-Design the CPP

- Conduct Planning Process for Three-Year MHSA Program & Expenditure Plan, 2024-27

QUESTIONS OF CLARIFICATION

As you heard the presentation, what questions do you have?

Questions	Response(s)

CLOSING REFLECTIONS

Purpose: Gather feedback on today's session.

Instructions: Please share your reflections on today's session, as it will help us improve the process for next week's session. Turn in this sheet before you leave. You can choose to keep this anonymous or put your name.

Questions
1. How do you feel about today's session?
2. What worked well today?
3. What can be improved?
4. What key topics and/or solutions do you want to be involved with? (Please add your name so that we can follow up with you.)
5. Anything else you want to share?

CALIFORNIA CODE OF REGULATIONS
MHSA COMMUNITY PLANNING PROCESS

COMMUNITY PROGRAM PLANNING PROCESS

9 CCR § 3300 Community Program Planning Process

(a) The County shall provide for a Community Program Planning Process as the basis for developing the Three-Year Program and Expenditure Plans and updates.

(b) To ensure that the Community Program Planning Process is adequately staffed, the County shall designate positions and/or units responsible for:

(1) The overall Community Program Planning Process.

(2) Coordination and management of the Community Program Planning Process.

(3) Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process.

(A) Stakeholder participation shall include representatives of unserved and/or underserved populations and family members of unserved/underserved populations.

(4) Ensuring that stakeholders that reflect the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, and race/ethnicity have the opportunity to participate in the Community Program Planning Process.

(5) Outreach to clients with serious mental illness[1] and/or serious emotional disturbance, and their family members, to ensure the opportunity to participate.

(c) The Community Program Planning Process shall, at a minimum, include:

(1) Involvement of clients with serious mental illness and/or serious emotional disturbance and their family members in all aspects of the Community Program Planning Process.

(2) Participation of stakeholders, as stakeholders is defined in Section 3200.270.

[1] NOTE: The term 'serious mental illness' is in the California Code of Regulations.

(3) Training.

(A) Training shall be provided as needed to County staff designated responsible for any of the functions listed in 3300(b) that will enable staff to establish and sustain a Community Program Planning Process.

(B) Training shall be offered, as needed, to those stakeholders, clients, and when appropriate the client's family, who are participating in the Community Program Planning Process.

(d) Beginning with Fiscal Year 2006-07, or in fiscal years when there are no funds dedicated for the Community Program Planning Process, the County may use up to five (5) percent of its Planning Estimate, as calculated by the Department for that fiscal year, for the Community Program Planning Process.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5840, 5848(a), 5892(c), and 5813 Welfare and Institutions Code.

HISTORY

1. New article 3 (sections 3300-3360) and section filed 12-29-2006 as an emergency; operative 12-29-2006 (Register 2006, No. 52). A Certificate of Compliance must be transmitted to OAL by 4-30-2007 or emergency language will be repealed by operation of law on the following day.

2. New article 3 (section 3300-3360) and section refiled 5-1-2007 as an emergency; operative 5-1-2007 (Register 2007, No. 18). A Certificate of Compliance must be transmitted to OAL by 8-29-2007 or emergency language will be repealed by operation of law on the following day.

3. New article 3 (section 3300-3360) and section refiled 8-23-2007 as an emergency; operative 8-30-2007 (Register 2007, No. 34). A Certificate of Compliance must be transmitted to OAL by 12-28-2007 or emergency language will be repealed by operation of law on the following day.

4. Certificate of Compliance as to 8-23-2007 order transmitted to OAL 12-28-2007 and filed 2-13-2008 (Register 2008, No. 7).

This database is current through 7/29/22 Register 2022, No. 30
9 CCR § 3300, 9 CA ADC § 3300

CALIFORNIA CODE OF REGULATIONS
TITLE 9 - REHABILITATIVE AND DEVELOPMENTAL SERVICES DIVISION 1
DEPARTMENT OF MENTAL HEALTH
SECTION 3200.270 - STAKEHOLDERS

UNIVERSAL CITATION: 9 CA Code of Regs 3200.270

STAKEHOLDERS

"Stakeholders" means individuals or entities with an interest in mental health services in the State of California, including but not limited to:

- individuals with serious mental illness and/or serious emotional disturbance and/or their families;
- providers of mental health and/or related services such as physical health care and/or social services;
- educators and/or representatives of education;
- representatives of law enforcement;
- and any other organization that represents the interests of individuals with serious mental illness/ and/or serious emotional disturbance and/or their families.
  Cal. Code Regs. Tit. 9, § 3200.270

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5814.5(b)(1) and 5848(a), Welfare and Institutions Code.

1. New section filed 12-29-2006 as an emergency; operative 12-29-2006 (Register 2006, No. 52). A Certificate of Compliance must be transmitted to OAL by 4-30-2007 or emergency language will be repealed by operation of law on the following day.

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This section was updated on 5/23/2020 by overlay.

LOCAL REVIEW PROCESS

Cal. Code Regs. Tit. 9, § 3315 - Local Review Process
Current through Register 2022 Notice Reg. No. 14, April 8, 2022

(a) Prior to submitting the Three-Year Program and Expenditure Plans or annual updates to the Department, the County shall conduct a local review process that includes:

(1) A 30-day public comment period.

(A) The County shall submit documentation, including a description of the methods used to circulate, for the purpose of public comment, a copy of the draft Three-Year Program and Expenditure Plan, or annual update, to representatives of stakeholders' interests and any other interested parties who request the draft.

(2) Documentation that a public hearing was held by the local mental health board/commission, including the date of the hearing.

(3) A summary and analysis of any substantive recommendations.

(4) A description of any substantive changes made to the proposed Three-Year Program and Expenditure Plan or annual update that was circulated.

(b) For updates, other than the annual update required in Section 3310(c), the County shall conduct a local review process that includes:

(1) A 30-day public comment period.

(A) The County shall submit documentation, including a description of the methods used to circulate, for the purpose of public comment, a copy of the update, to representatives of stakeholders' interests and any other interested parties who request the draft.

(2) A summary and analysis of any substantive recommendations.

(3) A description of any substantive changes made to the proposed update that was circulated.

NOTES:
Cal. Code Regs. Tit. 9, § 3315
Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5848(a) and (b), Welfare and Institutions Code.

1. New section filed 12-29-2006 as an emergency; operative 12-29-2006 (Register 2006, No. 52). A Certificate of Compliance must be transmitted to OAL by 4-30-2007 or emergency language will be repealed by operation of law on the following day.

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