

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH  
PROGRAM SUPPORT BUREAU - MHSA IMPLEMENTATION AND OUTCOMES DIVISION**

**Mental Health Services Act (MHSA)  
Three Year Program and Expenditure Plan FY 2014-15 through 2016-17  
Program Expansion Status - July 2015**

Work Plan(s)	Proposal	Implementation Status	Implementation (Estimated) Date	Location of Services	Budgeted Amount		
					FY 2014-15	FY 2015-16	FY 2016-17
<b>Board Priorities</b>							
Adult Full Service Partnership (A-01) IMD Step-Down Facilities (A-03)	Assisted Outpatient Treatment/Laura's Law: Three hundred slots will be added in FY 2014-15 to the Adult FSP program. IMD Step-down Facilities will increase their capacity to serve 60 additional clients	DMH issued a Statement of Eligibility and Interest to its provider network on 2/10/2015 and as a result 17 Legal Entity providers were identified for an expansion of FSP and IMD Step-down services. The first AOT-LA referral was received on 6/25/2015 for IMD Step-down and 7/7/2015 for FSP. Referrals continue to be screened and assessed for the appropriate level of care.	June-15	All Service Areas	\$ 3,872,938	\$ 3,872,938	\$ 3,872,938
Alternative Crisis Services (ACS-01)	Request funds from the SB82 CHFFA grant to develop three (3) Urgent Care Centers to be located on the campus of Harbor-UCLA Medical Center, the Antelope Valley and the San Gabriel area to serve 72 individuals at any given time and 35 new Crisis Residential programs to increase capacity by 560 beds countywide.	Request for Proposals (RFP) is being reviewed by County Counsel. The RFP required input and language from CEO Real Estate to draft lease agreements that adhered to the regulations as set forth by CHFFA. County Counsel is awaiting final versions of the leasing agreements to include in the RFP.	May-15 (UCC Services) September-16 (Crisis Residential programs)	Service Areas 1, 3, and 8	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000
IMD Step-Down Facilities (A-03)	To help decompress Los Angeles County Hospital Psychiatric Emergency Services, twenty-two beds will be added to the IMD Step-Down program.	Completed	May-15	All Service Areas	\$ 1,200,000	\$ 1,200,000	\$ 1,200,000
<b>Housing</b>							
Adult Housing Services (A-04)	An investment in capital development and operating subsidies to expand the number of affordable, permanent supportive housing units for Department of Mental Health clients.	A Board Letter was approved on June 2, 2015 to transfer the new funds to California Housing Finance Agency. DMH released an Expression of Interest on January 9, 2015. The MHSA Housing Advisory Board recommendation is to commit funds for four new housing projects. DMH will release an Expression of Interest in late 2015/early 2016 for the FY 2015-16 funding that was committed.	June-15		\$ 3,050,000	\$ 750,000	\$ 750,000

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Adult Housing Services (A-04)	Extend the current five (5) year contracts which are ending for some agencies. The funding will allow for the expansion of supportive services to more permanent supportive housing programs.	Contracts amended under delegated authority for current Housing Trust Fund (HTF) providers for FY 2014-15 and 2015-16. A Board Letter is being drafted to amend contracts through FY 2015-16 for those when delegated authority does not exist. In the process of adding HTF to the RFSQ Master Agreements. An RFS is being drafted for the re-designed HTF. New contracts are expected to be in place by July 1, 2016.	July-16		\$ 312,750	\$ 2,090,000	\$ 2,882,000
<b>Child</b>							
Child Field Capable Clinical Services (C-05)	Expand to serve an additional 330 clients for each FY 2014-15, 2015-16 and 2016-17	Expand Children's IFCCS contracts. County counsel reviewed and approved the proposal. DMH reviewed and approved the budget. IFCCS contracts were amended and services are being provided.	May-15	All Service Areas	\$ 1,131,000	\$ 1,131,000	\$ 1,131,000
*Family Wellness/Resource Centers	Family Wellness/Resource Centers (FWRC) are designed to act as a welcoming and family-friendly center within the community where families with children in need of mental health services can go to obtain information and resources to navigate the mental health, physical health and educational systems and participate in self-help meetings and workshops.	In order to implement the FWRC, CSOC has conducted site visits to the following entities: Magnolia Place, The Wellness Center, and the North Hills Wellness Center (an ISHC). CSOC also completed extensive on-line research with a couple telephonic research/surveys with 17 FWRC, that are in existence. The data is being compiled and analyzed to help inform the design of the Centers. Solicitation to be developed by 10/1/15.	January-16	To be determined	\$ -	\$ 750,000	\$ 750,000
*Family Crisis Services: Respite Care Program	Respite Care Services are positive, supportive services intended to help relieve families from the stress and family strain that result from providing constant care for a child with Severe Emotional Disturbance (SED), while at the same time addressing minor behavior issues, implementing existing behavioral support plans, and assisting with daily living needs.	Respite Care was added to the LA County DMH MHSA Master Agreement List as a category. The proposed Respite Care Program is currently in the solicitation phase and set to release by 8/31/2015.	October-15	All Service Areas	\$ -	\$ 500,000	\$ 500,000

\* New Program

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					FY 2014-15	FY 2015-16	FY 2016-17
*Self-help Support Groups for Children	This funding will be used to establish self-help support groups for four evidence-based self-help programs: 1) Rainbows for children (4-15) who have experienced trauma, death, divorce, violence, removal from home and other losses; 2) La Leche League for at risk children 0-5 to establish healthy parental attachment; 3) Alateen for children (13-15) who have parents with mental health, substance abuse or other dysfunction in their families; 4) Because I Love You for parents of Children(10-15) with ADD, mental health and other behavioral issues.	CSOC completed extensive research on fifteen (15) potential self-help groups that are evidence-based self-help programs. CSOC reviewed the outcomes of the evidence based practices (EBPs), training curriculum, and cost of training. From this research 4 EBPs were identified as potential self-help groups for our program. It is proposed that these support groups will be integrated into the Family Wellness Resource Centers.	January-16	To be determined	\$ -	\$ 75,000	\$ 75,000
<b>Transitional Age Youth (TAY)</b>							
TAY Full Service Partnership (T-01)	Expand the number of slots by 18 over the three (3) fiscal years	FSP slots were expanded for the Independent Living Program (ILP) agencies to provide the appropriate level of mental health services and support to TAY to address their mental health and co-occurring substance abuse issues while residing in an ILPs. The ILPs will provide housing and supportive services for TAY existing in the Department of Children and Family Services, Probation or foster care and who are at risk of becoming homeless.	October-14	Service Areas 2,3,and 6	\$ 141,000	\$ 141,000	\$ 141,000
TAY Drop-In Centers (T-02)	Request for Services (RFS) to solicit TAY Drop-In Center services is being reviewed internally by DMH	Serve an additional 400 clients in FY 2014-15. Serve an additional 1,200 clients in FY 2015-16 and 2016-17. An additional \$250,000 was recently allocated and approved by SLT for an additional TAY Drop-In Center. RFS documents are being revised to reflect this change.	December-15	All Service Areas	\$ 250,000	\$ 750,000	\$ 750,000
TAY Field Capable Clinical Services (T-05)	Increase capacity by 36 clients over the three (3) fiscal years.	Focus on Independent Living Program (ILP) agencies to be able to provide the appropriate level of mental health services and supports to TAY to address their mental health and co-occurring substance abuse issues while residing in ILPs.	October-14	Service Areas 2,3,and 6	\$ 88,000	\$ 88,000	\$ 88,000

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					FY 2014-15	FY 2015-16	FY 2016-17
*TAY Supported Employment Services (T-06)	Train current TAY mental health providers in implementing supportive employment services within their existing mental health delivery system.	A Service Request Form was completed and a draft of the Request for Services is being developed.	Early 2016	Services projected to be provided countywide	\$ 125,000	\$ 500,000	\$ 500,000
*Self-Help Support Groups for TAY	This funding will be used to establish self-help support groups for four evidence-based self-help programs: 1) Rainbows for TAY (15-18) who have experienced trauma, death, divorce, violence, removal from home and other losses; 2) La Leche League for pregnant TAY support for attachment parenting and breastfeeding; 3) Alateen for teens who have parents with mental health, substance abuse or other dysfunction in their families; 4) Because I Love You for parents of TAY (15-30) with ADD, mental health and other behavioral issues.	Exploring various self-help support groups via purchase orders to provide to TAY residing in MHSA Permanent Supportive Housing.	Early 2016	To be determined based on location of MHSA Permanent Supportive Housing	\$ -	\$ 45,000	\$ 45,000
<b>Adult</b>							
Adult Full Service Partnership (A-01)	25 slots will be added in FY 2014-15. 100 slots will be added for FY 2015-16 and FY 2016-17. 75 additional slots to be added to providers who demonstrated success with their Innovation program, which ends June 30, 2015. Psychiatric capacity expanded by four psychiatrists across the directly operated FSP system.	Service Area 1 will solicit services using the Request for Information process. The Statement of Eligibility and Interest (SEI) process will be used to solicit services in Service Area 5. Currently being reviewed by Contracts. Waiting on Board approval for positions requested for directly operated clinics. Board letter is tentatively on the agenda for August 2015.	August/September 2015	Service Areas 1 and 5	\$ 246,000	\$ 984,000	\$ 984,000
Wellness/Client Run Centers (A-02)	Adjunct services for clients in Wellness Centers who are not in need of intensive services as part of this model will include medication management, non-intensive case management, and peer support. Estimated to serve an additional 29,000 clients in FYs 14/15, 15/16 and 16/17.	Funding was added to provider's budgets. Providers have started hiring.	January-15	All existing Wellness and Client Run Centers	\$ 3,830,525	\$ 3,536,317	\$ 3,536,317

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					FY 2014-15	FY 2015-16	FY 2016-17
Wellness/Client Run Centers (A-02)	The addition of 35 peer staff to directly operated Wellness Centers and to contract Client Run Centers to serve an additional 1,750 clients.	Positions requested for directly operated Wellness Centers and contracts will be amended under Delegated Authority for contracted providers via Board letter in August.	September-15	All existing Wellness and Client Run Centers	\$ 1,237,338	\$ 1,237,338	\$ 1,237,338
Wellness/Client Run Centers (A-02)	Expand Client Run Centers to ensure availability in every service area. In FY 14/15 an additional 500 clients would be served while in Fiscal Years 2015-16 and 2016-17, an additional 2,000 clients would be served.	Request for Services (RFS) draft completed with Contracts Division. Evaluation tool for the RFS will be developed by July 2015. A bidders conference is set to take place in a couple of months and the budget has been completed.	July-15	Service Areas 3 and 6	\$ 250,000	\$ 1,000,000	\$ 1,000,000
Wellness/Client Run Centers (A-02)	Expand staffing to implement Supported Employment, an Evidenced-based Practice, which assists clients to obtain and maintain employment. 150 clients to be served in FY 14/15 and 300 clients in Fiscal Years 2015-16 and 2016-17.	In the process of developing pilot training programs. Presented to DMH Executives on July 20th. A board letter is being drafted to add staff to directly operated clinics. The Individual Placement and Support model in conjunction with cognitive remediation will be implemented at two directly operated clinics. Currently identifying staff to provide training. Exploring secondary curriculum for employment.	November-15	To be determined	\$ 274,518	\$ 274,518	\$ 274,518
Wellness/Client Run Centers (A-02)	Add one Housing Specialist per program. 1,500 clients to be served in each of Fiscal Years 2014-15, 2015-16, and 2016-17.	Positions for directly operated clinics have been requested via a Board letter set to be heard in August. Contract providers received funds and have hired staff.	January-15	All existing Wellness and Client Run Centers	\$ 1,844,758	\$ 1,932,758	\$ 1,932,757
Adult Field Capable Clinical Services (A-06)	Increase clients served by 50 for FY 2014-15. For FY 2015-16, increase clients served by 200. Providers who demonstrated success with their Innovation program, ending June 30, 2015, will have their contracts amended to serve collectively an additional 132 clients.	Board letter to add positions to directly operated clinics is on the agenda for August.	September-15	Service Areas 4 and 5	\$ 184,500	\$ 738,000	\$ 738,000

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					FY 2014-15	FY 2015-16	FY 2016-17		
<b>Older Adult</b>									
Older Adult Full Service Partnership (OA-01)	Expand slots by 122 over the three (3) fiscal years.	Contracts to add FSP funding to seven (7) Older Adult FSP providers countywide have been amended.	November-14	All Service Areas	\$ 744,237	\$ 1,004,720	\$ 1,041,932		
Field Capable Clinical Services (OA-03)	Increase capacity by 456 clients over the three (3) fiscal years	Contracts to add FCCS funding to 16 Older Adult FCCS providers countywide have been amended.	November-14	All Service Areas	\$ 1,116,355	\$ 1,507,079	\$ 1,562,897		
<b>Department</b>									
*Community Mental Health Promoter/Community Health Workers	Roll out of Promoters/Health Navigator Teams in each Service Area, following an established and tested model, including initial training, coaching and presentations for a small core group of participants. Translate all prepared and available presentations from Spanish to English. Train in-house trainers with the help of Training Consultant to assure sustainability.	Solicitation process is tentatively scheduled to start in 3 months. It is estimated to last from 6-12 months. Will seek input from Under Represented Ethnic Populations (UREP) sub committees on the training content specific to the needs of each UREP group including other important implementation factors.	TBD	All Service Areas	\$ 828,000	\$ 828,000	\$ 828,000		
*Integration of Co-Occurring Mental Health and Substance Abuse Disorders (COD) Treatment Practices Training and Technical Assistance	Both the COD Integration Training Project and the Annual Integrated Care Conference provide essential support for the effective implementation of full service partnerships by continuing to develop, expand, and support fully integrated age appropriate Co-Occurring Disorder models of integrated treatment to serve children and their caregivers, TAY, adult, and older adult consumers affected by co-occurring disorders.	Through the current UCLA Affiliation Agreement, COD trainings are being developed which will include online trainings for new DMH employees and trainings on in-depth motivational interviewing techniques. The Integrated Care Conference is scheduled for October 28 and 29, 2015.	September-15	All Service Areas	\$ -	\$ 242,781	\$ 242,781		

\* New Program