

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH**

**PROGRAM SUPPORT BUREAU – MHSA IMPLEMENTATION AND OUTCOMES DIVISION**

**Proposal for use of Unallocated Funds  
MHSA Community Services and Supports (CSS) Plan**

This proposal was approved by the Department's System Leadership Team at its June 17, 2015 meeting.

**ONE-TIME INVESTMENTS:**

**MHSA Housing Program (A-04) \$17.5 million + \$200,000**

- This funding will be transferred to the California Housing Finance Agency who administers this statewide program and will be used to continue the development of permanent, supportive, affordable housing for individuals living with serious mental illness, who are homeless, and their families. This program serves all populations including families, Transition Age Youth, Adults and Older Adults.
- \$200,000 was allocated to the Housing Trust Fund in the 3 year plan for FY 14-15 but was not used due to implementation delays. Per a recommendation from the Department's MHSA Housing Advisory Committee, the funding will be transferred to the California Housing Finance Agency who administers this statewide program and will be used for the development of permanent, supportive, affordable housing for individuals living with serious mental illness, who are homeless, and their families. This program serves all populations including families, Transition Age Youth, Adults and Older Adults.

**MHSA Housing Trust Fund (A-04) \$7.5 million**

This funding will be used to provide supportive services and/or other housing supports to those individuals living with serious mental illness, who are/were homeless, and their families and have or are in the process of transitioning into permanent housing.

**Los Angeles Lesbian Gay Bisexual Transgender Center's Recognize, Intervene, Support, and Empower (RISE) Project (POE-01) \$350,000**

The Lesbian-Gay-Bisexual-Transgender-Questioning (LGBTQ) population is a non-ethnic, cultural underserved population in Los Angeles. The extent of service gaps, especially within the public mental health system is significant. Individuals within this population are more often tracked solely through their ethnic, language, and age groupings. Risk and vulnerability for mental health, co-morbid, and co-occurring issues are higher in LGBTQ populations especially in response to high levels of stigma and discrimination; their higher occurrence of depression and anxiety are known risk factors for attempted and completed suicides. LGBTQ children and youth are more often subjected to intense bullying and other harsh behaviors from their peers and classmates, and sometimes rejection from their families. Within the Los Angeles County dependency system, a recent study revealed that nearly 20-percent of children/youth ages 12 - 21 in out-of-home placement self-identified as LGBTQ. Reducing the number of youth, including LGBTQ youth in long-term foster care, is a priority focus of the L.A. County dependency system. Long-term foster care is statistically significant for less optimal self-



Clinical Services programs to DMH contract providers across all Service Areas to specifically address the needs of Katie A. Subclass members in order to comply with the settlement agreement. Both services are consistent with FCCS.

**Katie A. – Intensive Care Coordination Services for FSP (C-01) \$1.6 million**  
Children’s Full Service Partnership (FSP) will incorporate ICC and the CFT process for the Katie A. Subclass members receiving services in the program to assist with the Department of Mental Health (DMH) compliance of the Katie A settlement agreement. Adding ICC to Child FSP will make the program more consistent with Wraparound that provides a very similar service at a cost of \$6,000 more per slot than Child FSP.

Historically, Katie A. Subclass members fill approximately 33% (587) of Child FSP slots. The Department of Mental Health proposed augmenting 30% of each provider’s current Child FSP slot allocation to bring ICC services in FSP for Katie A. Subclass members. This method of distribution ensures each provider will be accountable for providing a standardized service delivery system to the Katie A. Subclass while simultaneously meeting the needs of its FSP clientele.

**Health Neighborhood and Faith Outreach and Coordination (POE-1) \$900,000**  
This will fund the positions necessary to coordinate faith outreach and Health Neighborhood development in each of the Service Areas. To meet the objectives of the County’s *Strategic Initiative 4: Healthy Neighborhood Projects*, the Department of Mental Health is developing the capacity of high-need/underserved communities for improving mental wellness and resiliency, reducing juvenile and adult delinquency and addressing homelessness. This aligns with LACDMH’s Strategic Plan *Goal 3: Enhance the community’s social and emotional well-being through collaborative partnerships*. This program intends to develop, streamline, integrate and focus the ability of the Los Angeles County Department of Mental Health (LACDMH) to improve health literacy, neighborhood resources and community’s capacity for collective action to address issues of wellness, resiliency, justice involvement and homelessness. The program will implement a logic model for community partnership development and activation focused on high-need/underserved communities where justice involvement and homelessness are prevalent. The program will use local faith communities as loci for engaging grassroots and organizational actors for collective action. It will leverage existing outreach and engagement efforts focused on faith communities such as the Service Area clergy meetings, Faith Based Advocacy Council meetings, DMH Clergy Roundtable Program and the Clergy Academy Program. Given the resource limitations and the local focus of partnership development, at least one local “community wellness and resiliency liaison” is needed per Service Area. The liaison will work closely with the Department’s Community & Government Relations Division for outreach, engagement and education focused on faith communities.

**Client Supportive Services Funds – SB 82 Mobile Triage Team (POE-1) \$800,000**  
This funding will be used to support the outreach and engagement of individuals who are homeless, veterans and/or older adults in crisis as identified by the SB 82 DMH Mobile Triage

Teams. The funding will provide basic necessities such as food, water, toiletries and blankets and other items such as transportation and birth certificates. The SB 82 funding precluded funding for non-service expenditures.

**Housing for Clients – SB 82 Program (POE-1) \$300,000**

This funding will be used to provide temporary shelter to individuals/families in crisis, as identified by SB 82 DMH Mobile Triage Teams. The funding will be used for temporary shelter while a long term treatment plan is being developed and implemented. The SB 82 funding precluded funding for non-service expenditures.

**Expansion of FCCS Capacity (C-05, T-05, A-06, OA-3) \$3.6 Million**

Expand capacity and broaden service continuity by adding FCCS services to all current FSP programs without an FCCS component for each age group. This would include Assisted Outpatient Treatment (AOT) contactors with FSP slots.

**FCCS Service Expansion in Skid Row (A-06) \$1.5 million**

Expand FCCS capacity specifically to the Downtown LA Skid Row area, focusing on mentally ill adults who are homeless or at risk of homelessness.

**Increased capacity to outreach, engage and serve Under-Represented Ethnic Populations (UREP) communities (A-06 Adult FCCS and POE-01) \$1.3 million**

Post Innovation – 1, expand current FCCS and outreach and engagement capacity to the Samoan community and to meet critical language needs of Armenian and Farsi speaking consumers.

**Service Redirection from PEI to FCCS (C-05, T-05, A-06, OA-3) \$28.4 million**

System of care capacity was reduced during years where CGF/realignment was reduced. While agencies received Prevention and Early Intervention funding, an unmet remains related to serving clients with serious mental illness or serious emotional disturbance that don't meet FSP criteria. This action creates system capacity to address this unmet need.

**Forensic FSP (F-FSP) Services (A-01) \$3 million**

This would expand FSP capacity to serve individuals with criminal justice histories who are at risk of re-incarceration, institutionalization, homelessness, or psychiatric in-patient services. F-FSP services support individuals as they reintegrate into the community and transition to lower levels of care. Participants engage in the development of their recovery and wellness focused treatment plan with their provider. Services are evidenced based and designed to meet the special needs of the forensic population. The treatment team is available 24/7 to provide phone and in-person crisis services to the client.

**Men's Jail Integration Program (A-05) \$2.5 million**

The Department of Mental Health Adult System of Care (ASOC) will establish a Men's Community Reintegration/Re-entry Services and Education Center (MCRSEC) to serve men

with co-occurring mental health and substance use disorders being released from the Men's Central Jail (MCJ) or Twin Towers Correctional Facility (TTCF). MCRSEC will provide innovation models of care for men struggling with histories of persistent mental illness and substance abuse, repeated arrests and incarcerations, physical health disorders, homelessness, unemployment, financial instability and domestic and community violence. MCRSEC will also serve and an education and training center for a variety of integrated care providers.

**Law Enforcement Team (New Work Plan Proposed - LE-01) \$5.7 million**

The DMH Emergency Outreach Bureau (EOB) plans to expand its Mental Health - Law Enforcement Teams (MH-LET) that provide field based crisis intervention services to children, adolescents, TAY and adults throughout Los Angeles County. The expansion will fund mental health staff to create 42 new teams with law enforcement agencies that have expressed an interest in establishing a partnership with DMH. This funding will cover the cost of the mental health staff. Law enforcement agencies will fund their officers.

The teams are based on a co-response model: one licensed mental health clinician is partnered with a law enforcement officer to respond to 911 calls or patrol car requests for assistance involving persons suspected of having a mental illness. Teams provide crisis intervention including assessment for WIC 5150, de-escalate potentially violent interactions between clients, family members and police, make appropriate referrals to community agencies, and/or facilitate hospitalization. The teams/programs serve to decrease the need for inpatient psychiatric hospitalization by providing immediate field based services. Additionally, clinical staff will provide training to law enforcement officers on mental health and strategies when engaging persons with mental illness.

**Expansion of Mobile Interdisciplinary Teams (MITs) (A-06) \$600,000**

This funding will provide additional staff for the Multidisciplinary Integrated Teams currently funded by DMH/County Homeless Prevention Initiative in key areas of the County reflecting high incidence of homelessness, as follows: one (1) additional team in Skid Row, one (1) additional staff in Service Areas 2 and 8, and two (2) additional staff in Service Area 6 will increase capacity to engage, link individuals that are homeless to mental health programs and support clients in accessing and retaining housing.

**TAY Drop-In Center expansion (T-02) \$250,000**

Drop-In Centers provide temporary safety and basic supports for Seriously Emotionally Disturbed (SED) and Severe and Persistently Mentally Ill (SPMI) TAY who are living on the streets or in unstable living situations. Drop-In Centers provide "low-demand, high tolerance" environments in which TAY can make new friends, participate in social activities, access computers, books, music, and games. As the youth is ready, staff persons can connect them to the services and supports, including linkages to ongoing mental health and co-occurring services, they need in order to work toward stability and recovery. The initial MHSA CSS plan for Drop-In Centers was approved in 2009 and DMH contracted with two agencies to provide

Drop-In Center services in different Service Areas. MHSA funding provides the opportunity for the agencies to leverage their existing non-MHSA funded Drop-In Centers to operate and provide services and supports during extended hours during the week and on the weekends. With the growth and availability of additional MHSA funding during the past years, DMH is now able to fund a Drop-In Center in all eight Service Areas. This will allow DMH to engage the TAY population in services and supports to promote their wellness and recovery throughout the County.