Fiscal Year 2014-15 MHSA Services by Component

Community Services and Supports Plan

Stakeholder Recommended Changes from Previously Approved Plan

The Department's Executive Management Team identified a trend of under-spending within the CSS Plan and asked the SLT for an age group allocation methodology for $30 million in each of the next 3 Fiscal Years. After reserving $10 million for Board of Supervisor expansion program priorities, the SLT approved the following age group percent distribution of net CSS dollars:

Child: 13% TAY: 13% Adult: 61% Older Adult: 13%

This would result in an additional $2.6 million allocation for child, TAY and Older Adults and $12.2 million for adults for each of the Fiscal Years 2014-15, 2015-16, 2016-17.

After reviewing 51 proposals, the SLT recommended to the Department and to the Mental Health Commission the following program expansions and new programs.

Board Priorities with Stakeholder support from SLT

1. Implementation of Laura's Law/Assisted Outpatient Treatment via the expansion of adult FSP services, Service Area Navigation Teams and Alternative Crisis Services:

MHSA Component and Work Plan: Adult, Assisted Outpatient Treatment Program is an expansion of the following Adult CSS programs:

- Service Area Navigation Teams – 500 evaluations per year
- Full Service Partnership – Adult, 300 additional slots
- Alternative Crisis Services – capacity to serve 60 additional clients

What is being expanded? Assembly Bill 1421 established the Assisted Outpatient Treatment (AOT) Demonstration Project Act of 2002, known as Laura's Law. Laura's Law addresses the needs of mentally ill adults by providing a process to allow court-ordered outpatient treatment. The legislation established an option for counties to provide a way for courts, probation, and the mental health systems to address the needs of individuals who are unable to benefit from mental health treatment programs in the community without supervision. The unique programmatic component of Laura's Law is the AOT Team. These teams screen requests, conduct extensive outreach and engagement, develop petitions and manage the court processes to connect AOT enrollees with service providers primarily those who are Full Service Partnership Providers (FSP). Extensive outreach and engagement must be completed by this team in order to adequately assess for the law's detailed criteria. Successful implementation is predicated upon extensive inter-agency collaboration and provision of significant resources from the courts, County Counsel, Public Defender, the District Attorney's office, and local law enforcement. Laura's Law enrollees require higher levels of care, which may include on-site mental health and supportive services to

transition to stable community placement and prepare for more independent community living. The Enriched Residential Services program will provide such services at selected Adult Residential Facilities.

Estimated MHSA Budget: Service Area Navigation, MHSA $726,658
FSP, MHSA $ 1,919,880
IMD Step-Down, MHSA $ 1,226,400

Estimated Medi-Cal Budget: Service Area Navigation, MHSA $1,089,988
FSP, MHSA $2,879,820
IMD Step-Down, MHSA $1,839,600

2. IMD Step Down Programs: This program expansion will help decompress LA County hospital psychiatric emergency services

MHSA Component and Work Plan: Adult, Alternative Crisis Services - Institutions for Mental Disease (IMD)

What is being expanded? The IMD Step-Down program will be expanded to increase by **22** additional beds. IMD Step-Down Facilities are designed to provide supportive on-site mental health services at selected Adult Residential Facilities, and, in some instances, assisted living, congregate housing, or other independent living situations. The program accommodates persons being discharged from acute psychiatric inpatient units or intensive residential facilities, or those who are at risk of being placed in these higher levels of care who are appropriate for this service. The program targets those individuals in higher levels of care who require on-site mental health and supportive services to transition to stable community placement and prepare for more independent living.

Estimated MHSA Budget: $1.2 Million

3. Service component of SB82 California Health Facilities Financing Authority (CHFFA) Grant

MHSA Component and Work Plan: Adult, Alternative Crisis Services - Urgent Care Centers and Crisis Residential Programs. Investment in Mental Health Wellness Act of 2013 (SB82) California Health Facilities Financing Authority (CHFFA) Grant.

What is being expanded? Alternate Crisis Services provide a comprehensive range of services and supports for mentally ill individuals that are designed to provide alternatives to emergency room care, acute inpatient hospitalization and institutional care, reduce homelessness, and prevent incarceration.

- Urgent Care Centers (UCC) provide intensive crisis services to individuals who otherwise would be brought to emergency rooms.
- Crisis Residential Programs stabilize symptoms through medication intervention and develop social rehabilitation skills to facilitate community reintegration.

DMH has requested funds from the SB82 CHFFA grant to develop four UCCs to be located on the campus of Harbor-UCLA Medical Center, South-East Los Angeles, 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.

The new UCCs are intended to decompress the County Hospital emergency rooms and acute inpatient services. Two of the four new UCCs are intended to serve as points of entry for the proposed Pre-Booking Diversion Pilot Programs and the Assisted Outpatient Treatment Programs for the AV and LB Police Departments. The new Crisis Residential Programs will increase capacity countywide.

Estimated MHSA Budget:	$3 Million	
Estimated Medi-Cal Budget:	Medicaid Expansion	$1,020,000
	Medi-cal (Gross)	$990,000
	Total	**$2,010,000**

Child

Existing Programs

Child Full Service Partnership (C-01)
No changes to existing plan.

Family Support Services (C-02)
No changes to existing plan.

Child Field Capable Clinical Services (C-05)
Expanded to serve an additional 330 clients per FY ($1.13 mil for each of FY's 14/15, 15/16, 16/17).

Housing Trust Fund (listed under Adult in the CSS Plan but multi-age group): Continue funding at $250,000 for FY's 15/16 and 16/17

MHSA Housing Program: $200,000 for FY's 15/16 and 16/17 to build permanent housing.

New Programs

1. Family Wellness/Resource Centers

Program Description: 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. FWRCs include a resource library and computer stations for families within the community and offers peer counseling, parent support groups and educational classes. FWRCs are located within established community organizations (e.g. Integrated School Health Centers, parks and recreational centers, children's mental health clinics, health clinics, etc.) and work in partnership with other community non-profit and government agencies. Parent Partners/Parent Advocates are integral to FWRCs.

Target Population: FWRC offers resources and self-help groups/workshops to families with children in need of mental health services.

Program Goals:

a) To provide resources, training and support to families within the community caring for children with mental health problems

b) To provide family-focused information, which empower families to make informed choices and decisions
c) To enhance collaboration between parents/caregivers and community partners (e.g. mental health agencies/clinics, schools, health clinics, etc.)

Intended Program Outcomes:

a) Increase timely access to services
b) Increase community awareness of mental health services

Estimated Budget by FY: MHSA: $750,000 for FY 2015/16 and 16/17
Medi-Cal: $0

2. Family Crisis Services: Respite Care Program

Program Description: 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. Approximately 166 clients will be served each FY.

Target Population: Respite Care will be available to parents/caregivers that are providing in-home care for a child or youth, aged 0-15, with SED and receiving mental health services (e.g. FCCS or FSP) and meet the following conditions:

a) Parents/caregivers are under significant stress as a result of the responsibility of providing constant care to the client enrolled in Child FSP.
b) Continued caretaking without respite care may result in out-of-home placement; and
c) All other available formal and informal sources of support have been exhausted.

Program Goals: Respite care is intended to provide short-term relief to caregivers that provide in-home care for a SED child to prevent out-of-home placements and preserve the family.

Intended Program Outcomes: Anticipated outcomes of the Family Crisis Services/Respite Care Program include:

a) Increase family stability and well-being
b) Reduce incidence of out-of-home placement

Estimated Budget by FY: MHSA: $500,000 for FY 2015/16 and 16/17
Medi-Cal: $0

3. Self-help Support Groups for Children

Program Description: 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.

Target Population: Children and parents needing support for the issues described above.

Program Goals: Improved outcomes for 0-5 at risk children; Having children realize that they are not to blame and are not alone in facing issues in their lives; Teens who cannot be distinguished from teens coming from functional families when compared in their 20's; Parents engaged with the mental health system and better coordination of services, as well as better outcomes for children with mental health and other behavioral issues.

Intended Program Outcomes: Eighty percent of ages 0-5 at-risk children will have excellent attachment; 80 percent of participants in Rainbows will improve communication in their families and peer relationships. After a year Rainbow participants will improve school attendance and academic performance; 60 percent of Alateen attenders will experience less negative moods and significantly more positive moods and higher self-esteem; 70 percent of Because I Love You participants will express more competence in being parents of children with mental health issues.

Estimated Budget (MHSA only): FY 15/16, $75,000
FY 16/17, $75,000

4. Community Mental Health Promoters/Community Health Workers

Program Description: This proposal seeks to add Community Mental Health Promoters (Promoters) /Community Health Workers (CHWs) as a directly operated, cross-cutting program across age groups, within each Service Area. Community Mental Health Promoters/Community Health Workers are trained and stipend community members who are trusted members of and/or have an unusually close understanding of the community served. Community Mental Health Promoters/Community Health Workers generally share the ethnicity, language, socioeconomic status, and life experiences of the community members they serve. These social attributes and trusting relationships enable CHWs to serve as educators, stigma busters, and as a liaison, link, or intermediary between health, mental health and social services and the community to facilitate access to and enrollment in services and improve the quality and cultural competence of services. Promoters/CHWs build individual and community capacity by increasing mental health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy among communities such as Hispanic/Latino and Asian Pacific Islander communities.

Target Population: Minority ethnic and cultural underserved individuals and families who traditionally do not seek mental health services or do not understand the symptoms of mental health as a result of cultural beliefs and/or the stigma associated with seeking mental health services. A special emphasis is on linguistic capacity to serve linguistically isolated populations.

Program Goals:

General: Promoters/CHWs can enhance a community's understanding of mental health symptoms, syndromes, and available treatments. They can assist with provider-client communication; preventive care; follow-up, and referral; and navigation of the mental health/health and educational systems for all age groups. Promoters/CHWs build individual and community capacity by increasing mental health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy among communities such as Hispanic/Latino communities

Specifics: Roll Out is planned over a 3-year period.

a) Year 1

1. 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.
2. Translate all prepared and available presentations from Spanish to English.
3. Train in-house trainers with the help of Training Consultant to assure sustainability.

b) Year 2

1. Complete roll out and training of all selected Promoters. Increase participants as needed by SA.
2. Develop Strategies to adapt program to other languages and cultural groups.

c) Year 3: Roll out expanded program, including translated and culturally adapted trainings, to other cultural and linguistic groups within the SA, according to the needs of the different regions.

Intended Program Outcomes:

a) Decrease stigma and fear, associated with either being diagnosed with a mental illness or seeking mental health services.
b) Improve timely access to mental health services for underserved populations
c) Increase community awareness of mental health services, particularly for linguistically and culturally underserved groups.
d) Coordinate services between health/mental health service providers for community members seeking their assistance.

Estimated Budget by FY:

FY 14/15: $250,000
FY 15/16: $250,000
FY 16/17: $250,000

Transition Age Youth

Existing Programs

TAY Full Service Partnership (T-01).
Expand the number of slots by18. For fiscal years 14/15, 15/16 and 16/17 add $141,000.

TAY Drop-In Centers (T-02)
Three additional centers. FY 14/15, serve additional 400 clients with $250,000. FY 15/16 and 16/17, serve an additional 1,200 clients with $750,000.

TAY Housing Services (T-03)
No changes to program.

TAY Probation Camp services (T-04)
No changes to program.

TAY Field Capable Clinical Services (T-05)
Expand capacity to serve an additional 36 clients at $88,000 for FY's 14/15, 15/16 and 16/17.

Housing Trust Fund: FY 14/15: $46,950, FY 15/16: $610,000, FY 16/17: $610,000.

MHSA Housing Program: For fiscal years 14/15, 15/16 and 16/17 add $550,000

New Programs

1. Community Mental Health Promoters/Community Health Workers

Program Description: This proposal seeks to add Community Mental Health Promoters (Promoters) /Community Health Workers (CHWs) as a directly operated, cross-cutting program across age groups, within each Service Area. Mental Health Promoters/Community Health Workers are trained and stipend community members who are trusted members of and/or have an unusually close understanding of the community served. Community Mental Health Promoters/Community Health Workers generally share the ethnicity, language, socioeconomic status, and life experiences of the community members they serve. These social attributes and trusting relationships enable CHWs to serve as educators, stigma busters, and as a liaison, link, or intermediary between health, mental health and social services and the community to facilitate access to and enrollment in services and improve the quality and cultural competence of services. Promoters/CHWs build individual and community capacity by increasing mental health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy among communities such as Hispanic/Latino and Asian Pacific Islander communities.

Target Population: Minority ethnic and cultural underserved individuals and families who traditionally do not seek mental health services or do not understand the symptoms of mental health as a result of cultural beliefs and/or the stigma associated with seeking mental health services. A special emphasis is on linguistic capacity to serve linguistically isolated populations.

Program Goals:

General: Promoters/CHWs can enhance a community's understanding of mental health symptoms, syndromes, and available treatments. They can assist with provider-client communication; preventive care; follow-up, and referral; and navigation of the mental health/health and educational systems for all age groups. Promoters/CHWs build individual and community capacity by increasing mental health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy among communities such as Hispanic/Latino communities

Specifics: Roll Out is planned over a 3-year period.

a) Year 1
    1. 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.
    2. Translate all prepared and available presentations from Spanish to English.
    3. Train in-house trainers with the help of Training Consultant to assure sustainability.
b) Year 2
    1. Complete roll out and training of all selected Promoters. Increase participants as needed by SA.
    2. Develop Strategies to adapt program to other languages and cultural groups.
c) Year 3: Roll out expanded program, including translated and culturally adapted trainings, to other cultural and linguistic groups within the SA, according to the needs of the different regions.

Intended Program Outcomes:

a) Decrease stigma and fear, associated with either being diagnosed with a mental illness or seeking mental health services.
b) Improve timely access to mental health services for underserved populations

c) Increase community awareness of mental health services, particularly for linguistically and culturally underserved groups.
d) Coordinate services between health/mental health service providers for community members seeking their assistance.

Estimated Budget by FY: FY 14/15: $228,000
FY 15/16: $228,000
FY 16/17: $228,697

2. Self-Help Support Groups for TAY

Program Description: Using 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.

Estimated Budget by FY: FY 15/16: $45,000; FY 16/17: $45,000

3. TAY Supportive Employment

Program Description: Employment is an important aspect of an individual's recovery. It provides a sense of identity and structure Utilizing evidence based supportive employment services (such as the Individual Placement and Support model), TAY Supportive Employment will assist TAY, receiving mental health services and residing in permanent supportive housing (and other housing situations), to obtain and maintain gainful employment to achieve self-sufficiency. TAY Supportive Employment will incorporate effective strategies that are driven by the individual's choice and include principles that integrate with mental health treatment.

The proposed funding will be utilized to train current TAY mental health providers in implementing supportive employment services within their existing mental health delivery system.

Target Population: TAY (18-25 years old)

Program Goals: Provide supportive employment services to TAY to increase their self-sufficiency by: obtaining and maintaining gainful employment and maintaining stable housing.

Intended Program Outcomes: Seventy-five percent of the TAY enrolled in the program will achieve employment success, as defined by maintaining their employment for a period of 6 months. Ninety percent of the TAY enrolled in the program will maintain their housing situation.

Estimated Budget by FY: FY 14/15: $125,000 (30 clients to be served)
FY 15/16: $500,000 (125 clients to be served)
FY 16/17: $500,000 (125 clients to be served)

4. Integration of Co-Occurring Mental Health and Substance Abuse Disorders (COD) Treatment Practices Training and Technical Assistance

Program Description: 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, Transitional Age Youth (TAY), Adult, and Older Adult consumers affected by Co-occurring disorders.

COD was included in the original CSS plan for children only and ended in 2008. This will add COD training back into the CSS Plan.

Target Population: Behavioral health service providers.

Program Goals: To build and improve a system of care utilizing age appropriate strategies that seamlessly and effectively addresses and integrates the treatment of co-occurring disorders that often significantly exacerbate the effects of mental illness.

Intended Program Outcomes:

a) Provide didactic training, consultation and education that enhances Knowledge, Skills and Ability in the provision of integrated services to clinical staff, physicians, nurse practitioners and paraprofessional staff from DMH, contract agencies, and community partners, that provide direct Full Service Partnership treatment services to Children, Transitional Age Youth (TAY), Adult, Jail Mental Health, AB 109 populations, and selected community partners in the context of the development of Health Neighborhoods.

b) Provide ongoing consultation in person and via DMH Tele-Mental Health System to trained staff to enhance screening, assessment, treatment, care coordination and care management practices in the provision of COD services.

c) Develop programs for on-line seminars, workshops and forums to educate and train on, issues faced by these diverse populations.

d) One and one-half day Annual Conference on Integrated Care for 1,000+ attendees.

Estimated Budget by FY: FY 15/16: $36,391
FY 16/17: $36,391

Adult

Existing Programs

Adult Full Service Partnership (A-01)

Slots will be expanded in the following ways:

a) Twenty-five slots will be added in FY 14/15.
b) One hundred slots will be added for FY 15/16. Seventy-five 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.
c) One hundred slots will be added for FY 16/17. Seventy-five 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.

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Assisted Outpatient Program described under Board priorities #1 above.

Wellness/Client Run Centers (A-02)

Services are being expanded in the following ways:

a) 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. Staffing for the Wellness adjunct program to minimally include a Psychiatric Nurse and Peer Case Manager. Estimated to serve an additional 29,000 clients in FY's 14/15, 15/16 and 16/17.
b) 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 FY's 15/16 and 16/17.
c) Adding one Housing Specialist per program to ensure field capable housing support for Wellness Services to support individuals in maintaining their housing and to create service capacity for clients with a Section 8 Voucher which requires a service match to maintain. The Wellness program definition will also need to be clarified to ensure field services are available "as needed" to support housing stability. 1,500 clients to be served in each of FY's 14/15, 15/16 and 16/17.
d) Adding a total of 35 peer staff to directly operated Wellness Centers and to contract Client Run Centers to serve an additional 1,750 clients
e) Expand Client Run Centers to ensure availability in every service area. Increase support to pilot "Life Coaches" in Peer Run Centers. Expand Peer Run Center staff to ensure services are available in multiple languages and meet cultural needs. In FY 14/15 an additional 500 clients would be served while in FY's 15/16 and 16/17 an additional 2,000 clients would be served.

IMD Step-Down Facilities (A-03)
Expansions listed under Board priorities above.

Adult Housing Services (A-04)

a) **MHSA Housing Program**
    1. An investment in capital development and operating subsidies to expand the number of affordable, permanent supportive housing units for DMH clients. Funding goes through CalFHA.
    2. FY 14/15, $2.5 million
b) **Housing Trust Fund**
    1. Extending the current 5 year contracts which are ending for some agencies. The funding will also allow us to expand supportive services to more permanent supportive housing programs.
    2. FY 14/15: $156,500
    3. FY 15/16: $980,000
    4. FY 16/17: $1.6 mil.

Jail Transition and Linkage (A-05)
No changes to previously approved work plan.

Adult Field Capable Clinical Services (A-06)
Additional capacity will be created in the following ways:

a) FY 14/15: Increase clients served by 50
b) FY 15/16: Increase clients served by 200. Providers who demonstrated success with their Innovation program, ending in June 30, 2015, will have their contracts amended to serve collectively an additional 132 clients.
c) FY 16/17: Increase clients served by 200. Providers who demonstrated success with their Innovation program, ending in June 30, 2015, will have their contracts amended to serve collectively an additional 132 clients.

New Programs

1. Community Mental Health Promoters/Community Health Workers

Program Description: This proposal seeks to add Community Mental Health Promoters/Community Health Workers as a directly operated, cross-cutting program across age groups, within each Service Area. *Mental Health* Promoters/Community Health Workers are trained and stipend community members who are trusted members of and/or have an unusually close understanding of the community served. Mental Health Promoters / Community Health Workers (CHWs) generally share the ethnicity, language, socioeconomic status, and life experiences of the community members they serve. These social attributes and trusting relationships enable CHWs to serve as educators, stigma busters, and as a liaison, link, or intermediary between health, mental health and social services and the community to facilitate access to and enrollment in services and improve the quality and cultural competence of services. Promoters/CHWs build individual and community capacity by increasing mental health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy among communities such as Hispanic/Latino and Asian Pacific Islander communities.

Target Population: Minority ethnic and cultural underserved individuals and families who traditionally do not seek mental health services or do not understand the symptoms of mental health as a result of cultural beliefs and/or the stigma associated with seeking mental health services. A special emphasis is on linguistic capacity to serve linguistically isolated populations.

Program Goals:

General: Promoters/CHWs can enhance a community's understanding of mental health symptoms, syndromes, and available treatments. They can assist with provider-client communication; preventive care; follow-up, and referral; and navigation of the mental health/health and educational systems for all age groups. Promoters/CHWs build individual and community capacity by increasing mental health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy among communities such as Hispanic/Latino communities

Specifics: Roll Out is planned over a 3-year period.

a) Year 1
    1. 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.
    2. Translate all prepared and available presentations from Spanish to English.
    3. Train in-house trainers with the help of Training Consultant to assure sustainability.
b) Year 2
    1. Complete roll out and training of all selected Promoters. Increase participants as needed by SA.
    2. Develop Strategies to adapt program to other languages and cultural groups.
c) Year 3: Roll out expanded program, including translated and culturally adapted trainings, to other cultural and linguistic groups within the SA, according to the needs of the different regions.

Intended Program Outcomes:

a) Decrease stigma and fear, associated with either being diagnosed with a mental illness or seeking mental health services.
b) Improve timely access to mental health services for underserved populations

c) Increase community awareness of mental health services, particularly for linguistically and culturally underserved groups.
d) Coordinate services between health/mental health service providers for community members seeking their assistance.

Estimated Budget by FY: FY 14/15: $350,000
FY 15/16: $350,000
FY 16/17: $350,000

2. Integration of Co-Occurring Mental Health and Substance Abuse Disorders (COD) Treatment Practices Training and Technical Assistance:

Estimated Budget by FY: FY 15/16: $170,000
FY 16/17: $170,000

Issues Requiring Action or Further Discussion

During the planning process, a concern was expressed that adult MHSA programs where peer staffing was mandated as part of the program are not being staffed accordingly. The Department agreed to review peer staffing discrepancies and hold providers (contracted and directly operated) to the expectations documented in FSP guidelines, Wellness Center RFS requirements and contractual language.

Older Adult

Existing Programs

Older Adult Full Service Partnership (OA-01)
Expand slots by 122 over the three fiscal years.

Transformation Design Team (OA-02)
No changes to previously approved work plan.

Field Capable Clinical Services (OA-03)
Increase capacity by 456 clients over the three fiscal years.

Service Extenders (OA-04)
No changes to previously approved work plan.

Older Adults Training (OA-05)
No changes to previously approved work plan.

Housing Trust Fund (A-04)
$250,000 per Fiscal Year for older adult housing development.

Services Cutting Across Age Groups

Existing Programs

System Navigators (SN-01)
See Assisted Outpatient Treatment program under Board priorities above for service expansions.

Alternative Crisis Services (ACS-01)
See programs listed under Board priorities above for service expansions.

Planning, Outreach & Engagement (POE-01)
Strategies to enhance existing outreach and engagement services include:

a) Identifying specific outreach and engagement strategies to engage TAY into services, including the use of social media and technology.
b) Outreach and engage TAY who are victims of commercial/sexual exploitation.
c) Focus TAY outreach efforts in high schools, alternative schools, community colleges, universities and trade/vocational schools.
d) Focus outreach and engagement efforts at unserved and under-served ethnic communities, using the UREP recommendations.
e) Outreach and engage the TAY LBGTQ community with early signs of mental illness.
f) Incorporate learning from the Integrated Services Management Model Innovation programs to the outreach and engagement process, including the utilization of effective non-traditional approaches.

Prevention and Early Intervention

Stakeholder Recommended Changes from Previously Approved Plan

No changes will be made to the current PEI Plan.

Potential Changes Requiring Additional Stakeholder Discussion and Input:

a) An interest was expressed to categorize early intervention services at the level of the PEI Program rather than at the more granular level of the early intervention Evidence-Based Practice, Promising Practice or Community-Defined Evidence practice. Each program would still consist of one of more of these practices but would be augmented with other services, such as employment support or short-term targeted case management that would aid in the transition back to a pre-morbid or higher level of functioning.
b) The Department will examine its Prevention programs in the next planning cycle to prioritize those most at risk of developing a mental illness and the programs and services that align with early intervention and, to some degree, CSS programs.
c) The Department will review the results of the PEI Statewide Projects that have created local impact in Los Angeles County to determine whether those efforts should continue.
d) Focus and build capacity to target TAY and Older Adult for stigma and discrimination reduction and Suicide Prevention trainings, presentations, and services. Utilize Mental Health First Aid; Question, Persuade, Refer; Applied Suicide Intervention Skills Training.
e) Identify and integrate best practices related to stigma reduction in schools settings targeting TAY.
f) Provide training to reduce staff stigma. The proposal, entitled “From the inside out: Turning the Tide of Stigma and Discrimination” would train staff, consumers, family members and other

friendly community members to counter stigmatizing and discriminatory language and behavior in the community with direct, respectful and assertive messages.

g) A DHS psychiatrist is funded for the provision of psychiatric services, including consultation and directive services to clients receiving mental health services through the DMH/DHS Collaboration Program. Clients will receive integrated physical and mental health services provided through a primary care provider and treatment team.

Workforce Education and Training

Stakeholder Recommended Changes from Previously Approved Plan

No recommended changes from previously approved plan.

Potential Changes Requiring Additional Stakeholder Discussion and Input

Expand WET Project 9 to include a TAY-focused peer certification process to prepare TAY aged individuals to work as peer advocates within the mental health system. Individuals trained would be able to provide peer services in outreaching to TAY and for TAY accessing mental health services.

Capital Facilities and Technological Needs:

Stakeholder Recommended Changes from Previously Approved Plan

The allocated amount for Capital Facilities (CF) and Information Technology (IT) is $131,007,000. Stakeholders determined 70% ($91,704,900) of funds above would support IT Projects, with the remainder to support CF Projects.

Change: Move $3 million from CF Projects to IT to support the continued deployment of the Integrated Behavioral Health Information System (IBHIS), changing the initial ratio of TN to CF funds from 70%/30% to 72% TN, 28% CF. The recommended change was approved by the SLT.

Innovation

The Integrated Mobile Health Team, Integrated Clinic Model and Integrated Services Management Model all are scheduled to conclude on June 30, 2015. The Integrated Peer Run Model will conclude on June 30, 2016.

The Department is beginning the process of identifying potential new Innovation projects that would begin sometime during FY 2015-16.