

# Mental Health Services Act (MHSA) Annual Update Fiscal Year 2016-17 Summary

Debbie Innes-Gomberg, Ph.D.

March 16, 2016



WELLNESS • RECOVERY • RESILIENCE

# Purpose and Facts

- The Mental Health Services Act stipulates that counties shall prepare and submit an MHSA Three-Year Program and Expenditure Plan with Annual Updates
- The Plan requires a 30 day public comment period and a public hearing
- Mental Health Director and County Auditor Controller Certification as to compliance with laws and regulations
- The plan must be approved by the Mental Health Commission and adopted by the Board of Supervisors
- Information and data presented is from the prior Fiscal Year 2014-15

# Content of Annual Update

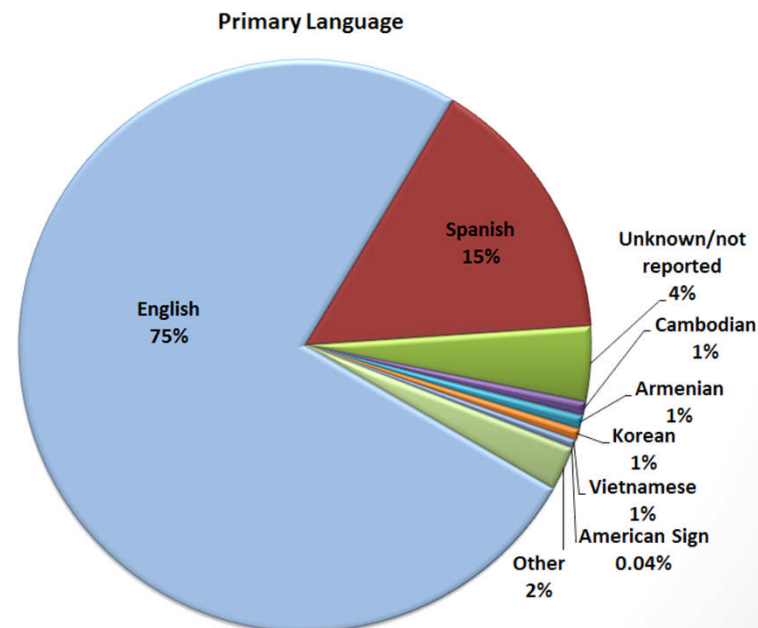
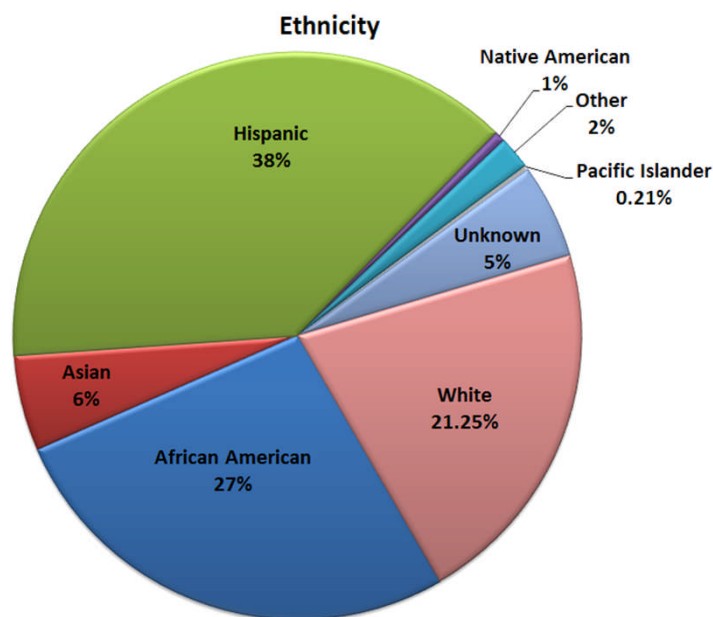
- Executive Summary
- Community Services and Supports (CSS) plan programs
  - Unique clients served
  - Cost
  - Average cost per client
  - Program outcomes
  - Any significant changes for Fiscal Year 2016-17
- Prevention and Early Intervention (PEI) programs
  - Unique clients served, countywide and by service area
  - Primary language and ethnicity, countywide and by service area
  - Average cost per practice
  - Outcomes per practice
- Innovation
- WET
- Capital Facilities and Technological Needs
- Budget

# Key Dates

|                |  |
|----------------|--|
| March 16, 2016 | Presentation of the Annual Update to the System Leadership Team (SLT)  |
|                | Public posting for 30 days   |
| April 20, 2016 | Review with SLT of any significant public comments                     |
|                | Public Hearing convened by the Mental Health Commission                |
| May 26, 2016   | Mental Health Commission deliberation on approval of the Annual Update |
|                |  |

# Community Services and Supports (CSS) Plan

- Unique clients receiving a direct mental health service: 102,088
  - 32,705 were new clients with no previous CSS outpatient mental health services



# CSS Services by Service Area

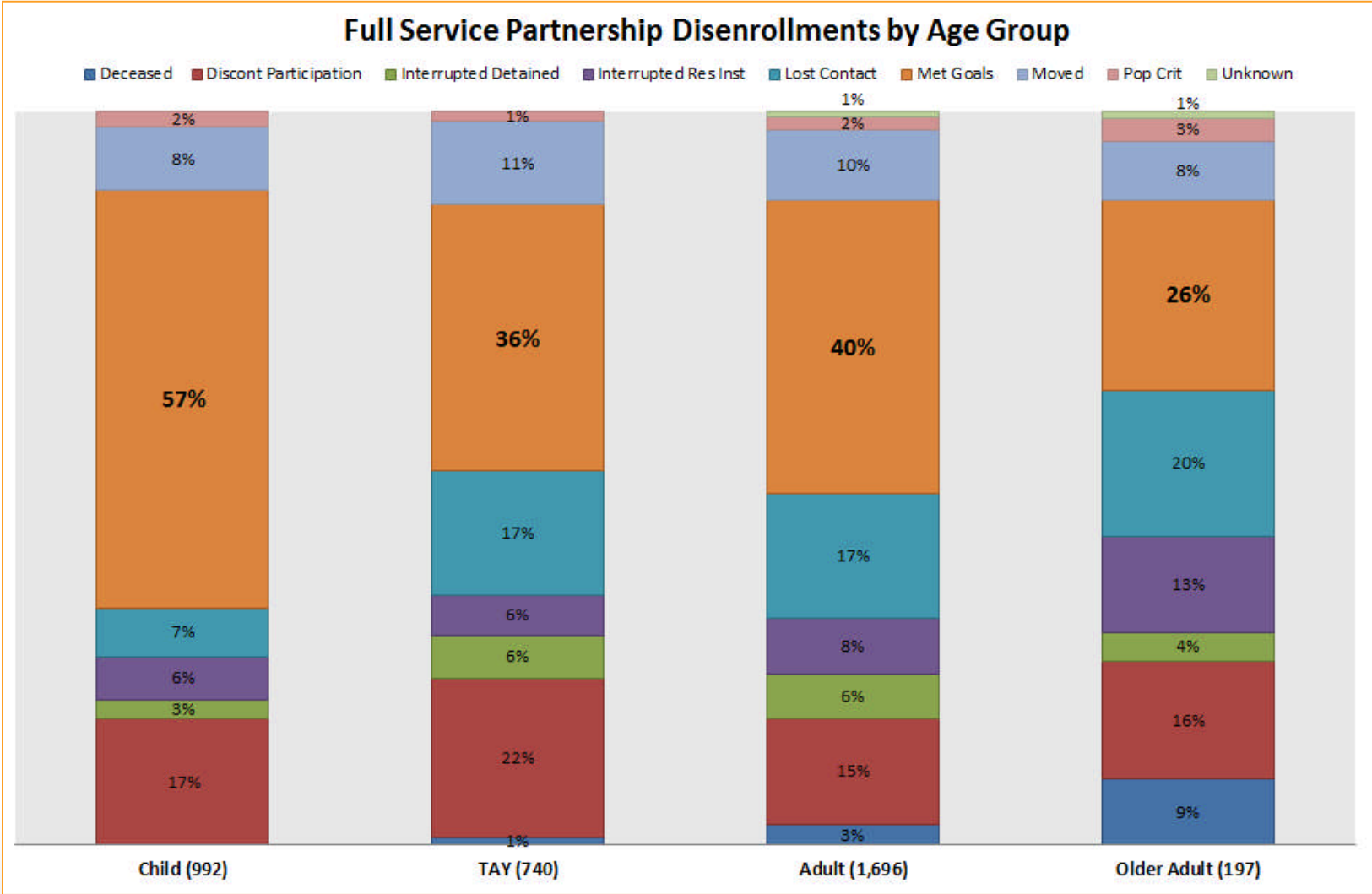
| Service Area | Unique Clients Served | New Clients Served |
|--------------|-----------------------|--------------------|
| 1            | 6,517                 | 2,841              |
| 2            | 16,300                | 5,726              |
| 3            | 8,903                 | 3,358              |
| 4            | 25,234                | 10,899             |
| 5            | 6,069                 | 1,968              |
| 6            | 19,742                | 8,438              |
| 7            | 7,148                 | 2,252              |
| 8            | 18,609                | 6,475              |

# Full Service Partnership (FSP)

| Age Group        | Unique Clients Served | Average Cost/Client* | Slots Allocated |
|------------------|-----------------------|----------------------|-----------------|
| Child            | 2,258                 | \$13,697             | 1,771           |
| Child Wraparound | 781                   | \$12,102             | 523             |
| TAY              | 1,772                 | \$11,249             | 1,300           |
| TAY Wraparound   | 123                   | \$8,883              | 226             |
| Adult            | 5,103                 | \$10,857             | 4,485           |
| Older Adult      | 896                   | \$8,446              | 709             |

\*Cost is based on Mode 15 services, not inclusive of community outreach services or client supportive services expenditures.

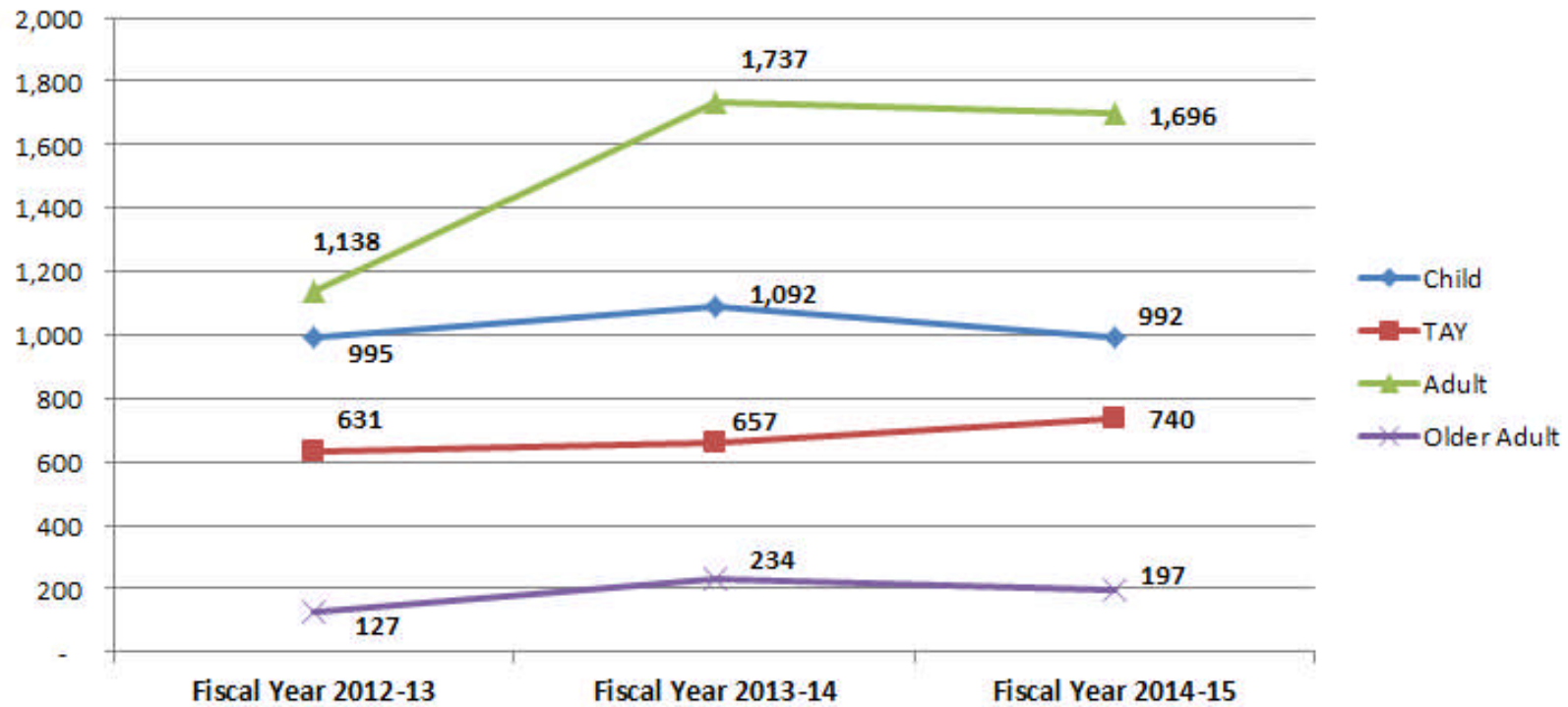
# FSP Disenrollment





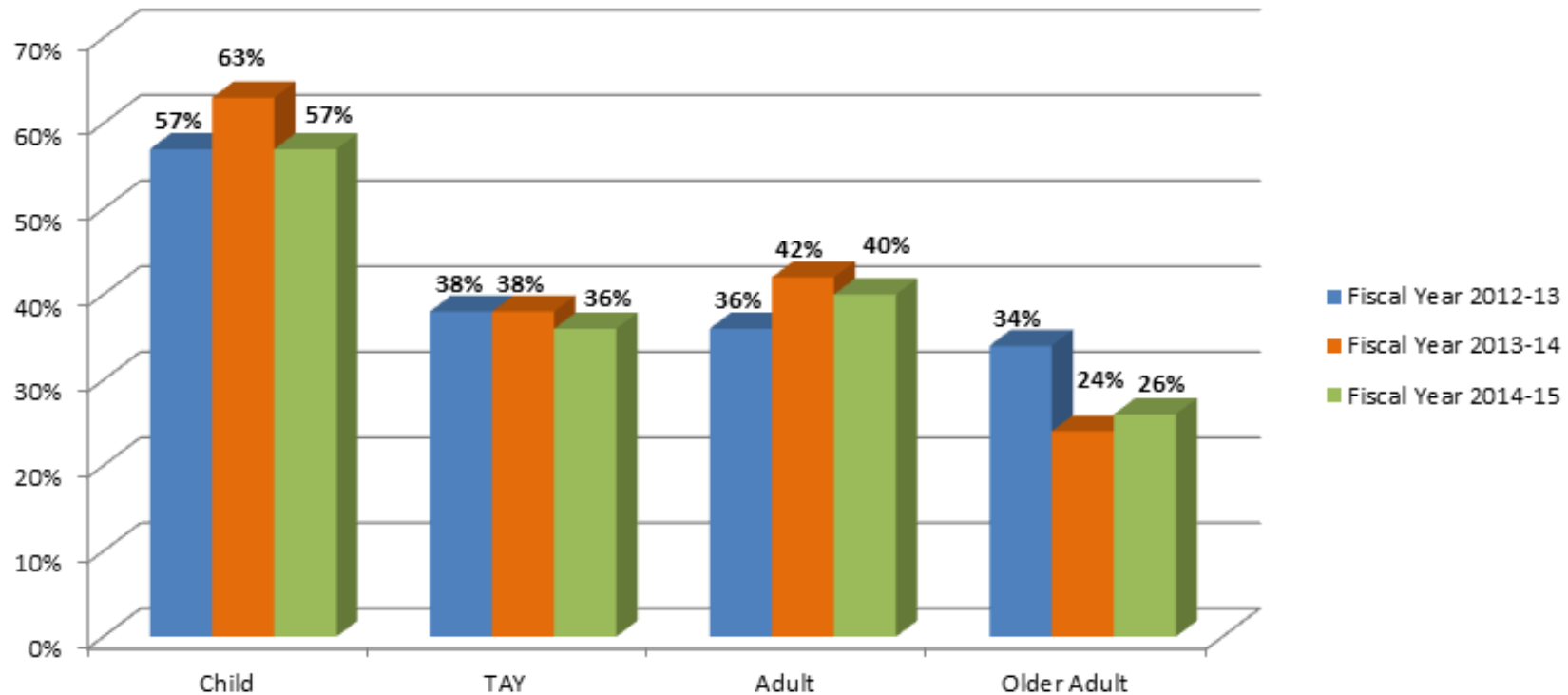
# FSP Disenrollment

## FSP Disenrollments Across Fiscal Years



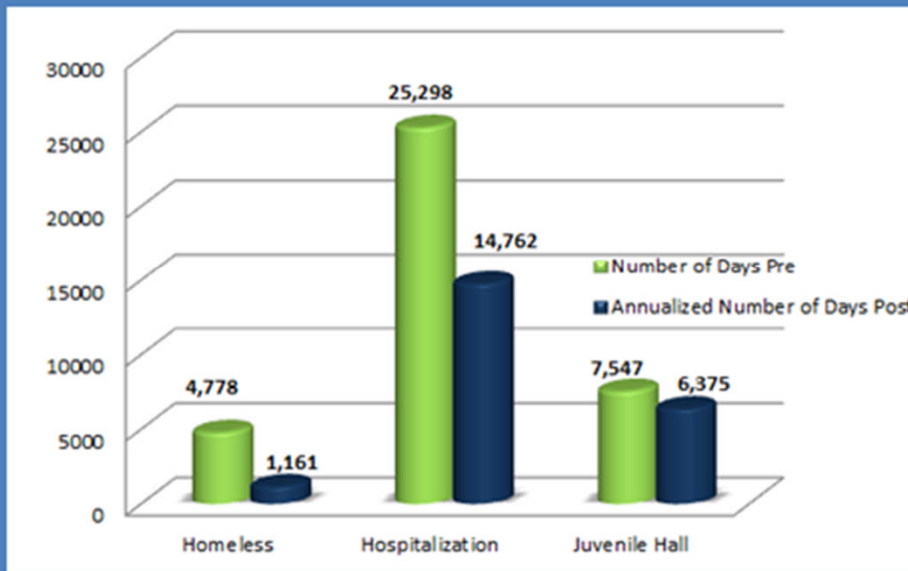
# FSP Disenrollment

Percentage of FSP Disenrollments with Met Goals by Age Group



# FSP Living Arrangement Outcomes-Child

Child FSP Clients Spent Fewer Days Homeless, Hospitalized, and in Juvenile Hall Post-Partnership



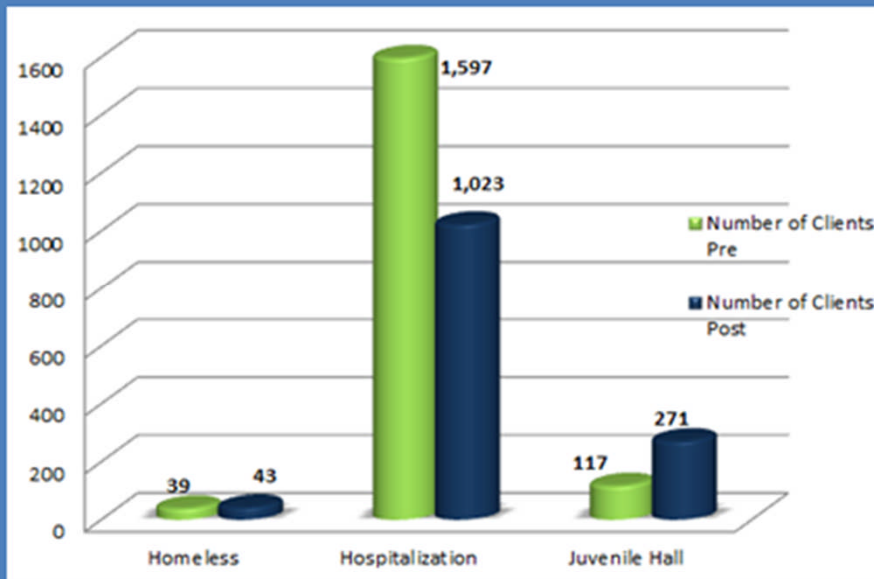
- ⇒ 76% reduction in days homeless post-partnership
- ⇒ 42% reduction in days hospitalized post-partnership
- ⇒ 16% reduction in days in juvenile hall post-partnership

Number of Baselines Included: 7,849  
Number Clients Included: 7,679

Data for clients served through June 30, 2015.

# FSP Living Arrangement Outcomes-Child

Fewer Child FSP Clients Were Hospitalized Post-Partnership



- ⇒ 10% increase in the number of clients homeless post-partnership
- ⇒ 36% reduction in the number of clients hospitalized post-partnership
- ⇒ 132% increase in the number of clients in juvenile hall post-partnership

Number of Baselines Included: 7,849  
Number Clients Included: 7,679

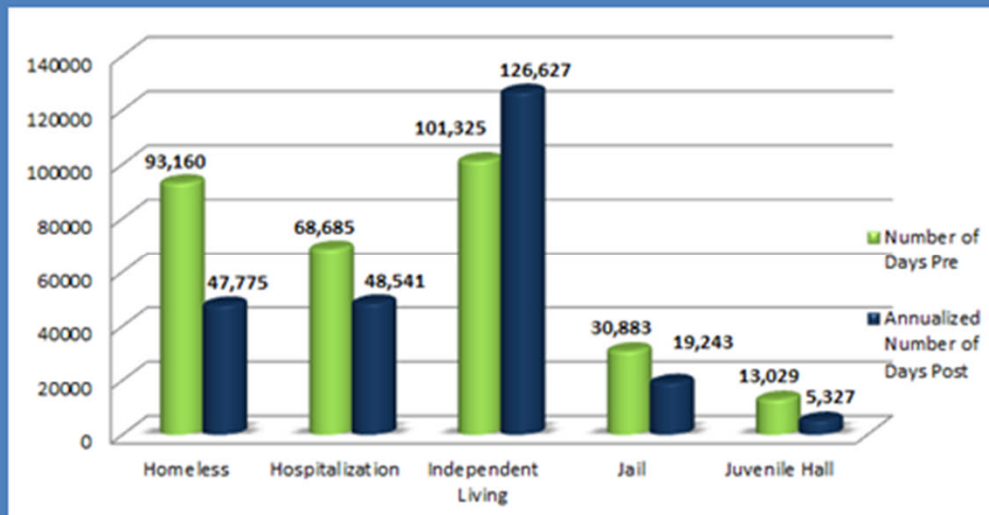
Data for clients served through June 30, 2015.

\* Outcomes report a 10% increase in the number of clients homeless post-partnership. Data indicates 39 child FSP clients (approximately 0.51% of the child baselines included) reported being homeless 365 days prior to partnership and 43 child FSP clients (approximately 0.56% of the child baselines included) after partnership was established.

\*\* Outcomes report a 132% increase in the number of clients in juvenile hall post-partnership. Data indicates 117 child FSP clients (approximately 2% of the child baselines included) reported being in juvenile hall 365 days prior to partnership and 271 child FSP clients (approximately 4% of the child baselines included) after partnership was established.

# FSP Living Arrangement Outcomes-TAY

**TAY FSP Clients Spent Fewer Days Homeless, Hospitalized, and in Jail /Juvenile Hall and More Days Living Independently Post-Partnership**



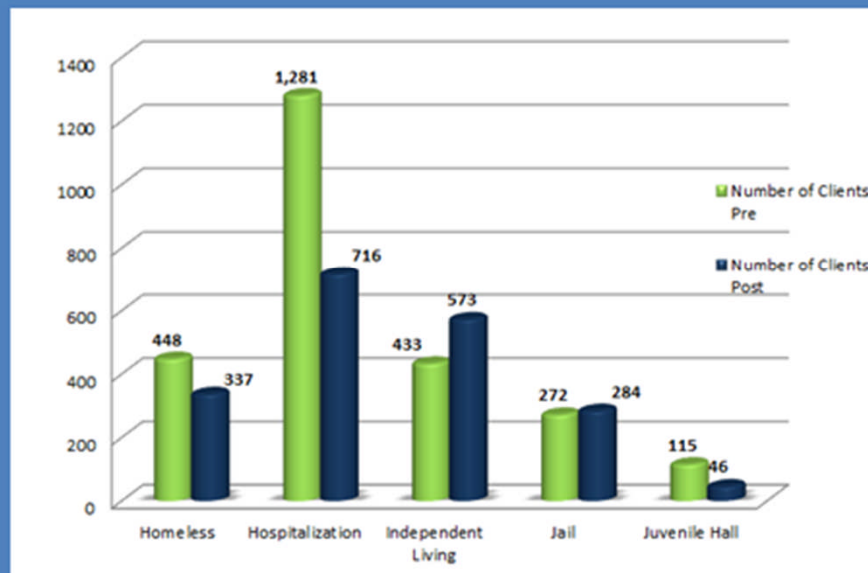
- ⇒ 49% reduction in days homeless post-partnership
- ⇒ 29% reduction in days hospitalized post-partnership
- ⇒ 38% reduction in days in jail post-partnership
- ⇒ 59% reduction in days in juvenile hall post-partnership
- ⇒ 25% increase in the number of days living independently

**Number of Baselines Included: 3,888**  
**Number Clients Included: 3,797**

**Data for clients served through June 30, 2015.**

# FSP Living Arrangement Outcomes-TAY

**Fewer TAY FSP Clients Were Homeless, Hospitalized and in Juvenile Hall and More Clients Lived Independently Post-Partnership**



- ⇒ 25% reduction in the number of clients homeless post-partnership
- ⇒ 44% reduction in the number of clients hospitalized post-partnership
- ⇒ 4% increase in the number of clients in jail post-partnership
- ⇒ 60% reduction in the number of clients in juvenile hall post-partnership
- ⇒ 32% increase in the number of clients living independently

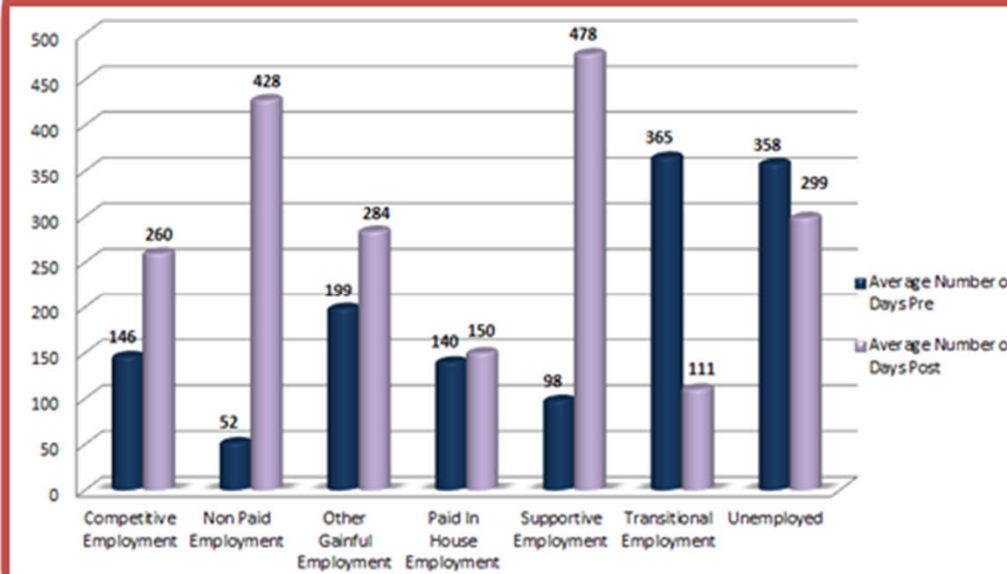
**Number of Baselines Included: 3,888**  
**Number Clients Included: 3,797**

**Data for clients served through June 30, 2015.**

\* Outcomes report a 4% increase in the number of clients incarcerated post-partnership. Data indicates 272 TAY FSP clients (approximately 7% of the TAY baselines included) reported being in jail 365 days prior to partnership and 284 TAY FSP clients (approximately 7% of the TAY baselines included) after partnership was established.

# FSP Employment Outcomes- TAY

**TAY FSP Clients, on Average, Spent Fewer Days Unemployed and More Days in Employment Post-Partnership**



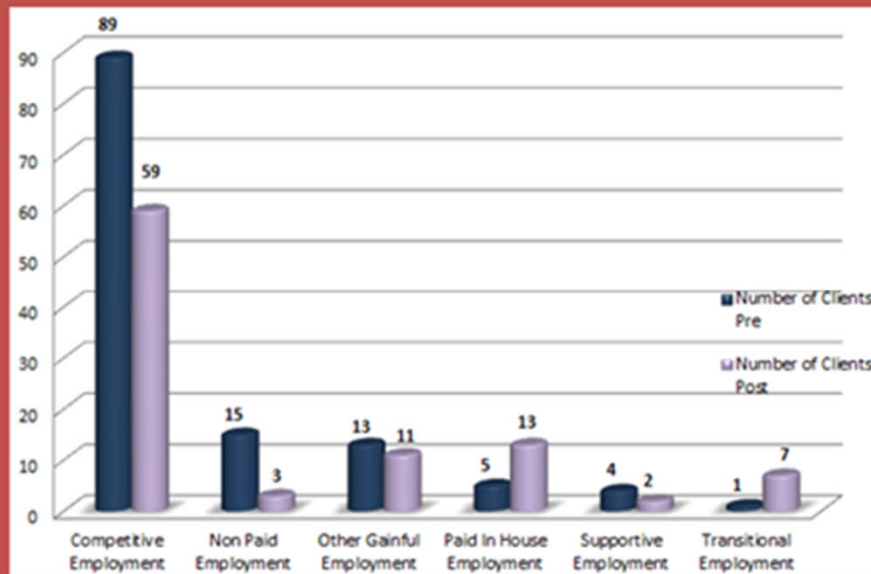
- ⇒ 78% increase in the number of days spent in competitive employment
- ⇒ 726% increase in the number of days spent in non-paid employment
- ⇒ 43% increase in the number of days spent in other gainful employment
- ⇒ 388% increase in the number of days spent in supportive employment
- ⇒ 70% decrease in the number of days spent in transitional employment

**Number of Baselines Included: 1,295**  
**Data for clients served through June 30, 2015.**

Clients can participate in more than one employment category at a time.

# FSP Employment Outcomes- TAY

**More TAY FSP Clients were in Transitional and Paid in House Employment Post-Partnership**



Number of Baselines Included: 1,295  
Data for clients served through June 30, 2015.

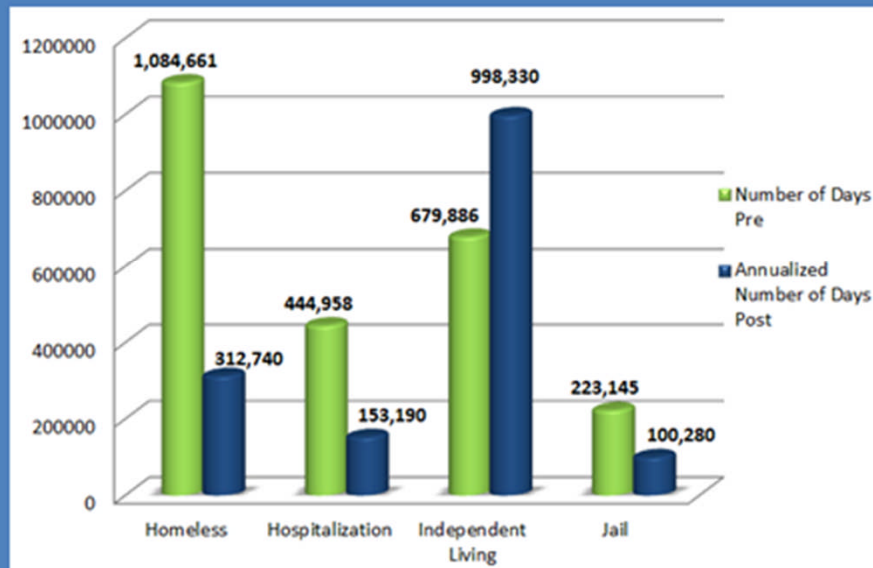
- ⇒ 34% decrease in the number of clients spent in competitive employment
- ⇒ 80% decrease in the number of clients in non-paid employment
- ⇒ 15% decrease in the number of clients in other gainful employment
- ⇒ 160% increase in the number of clients in paid in house employment
- ⇒ 50% decrease in the number of clients in supportive employment
- ⇒ 600% increase in the number of clients spent in transitional employment

Clients can participate in more than one employment category at a time.



# FSP Living Arrangement Outcomes- Adult

**Adult FSP Clients Spent Fewer Days Homeless, Hospitalized, and in Jail and More Days Living Independently Post-Partnership**



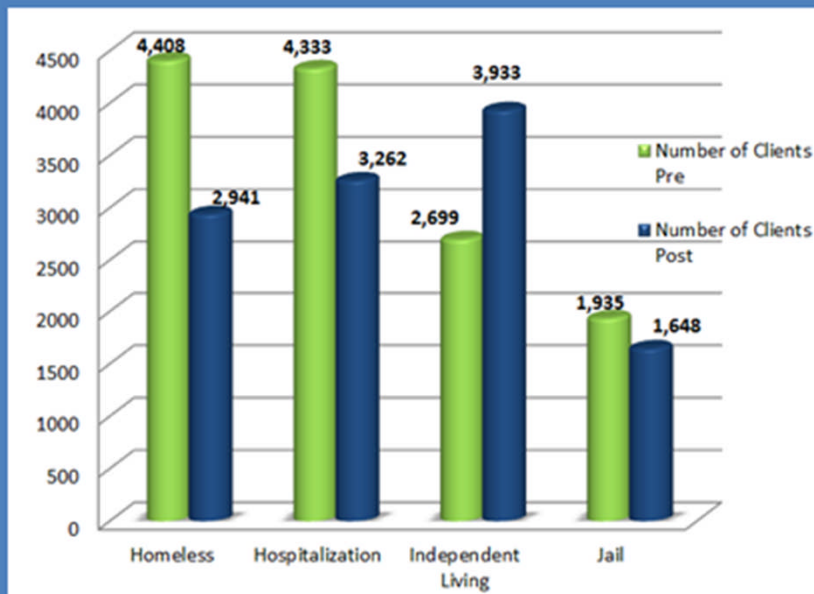
- ⇒ 71% reduction in days homeless post-partnership
- ⇒ 66% reduction in days hospitalized post-partnership
- ⇒ 55% reduction in days in jail post-partnership
- ⇒ 48% increase in the number of days living independently

**Number of Baselines Included: 11,227**  
**Number Clients Included: 10,806**

**Data for clients served through June 30, 2015.**

# FSP Living Arrangement Outcomes- Adult

Fewer Adult FSP Clients Were Homeless, Hospitalized and in Jail  
and More Clients Lived Independently Post-Partnership



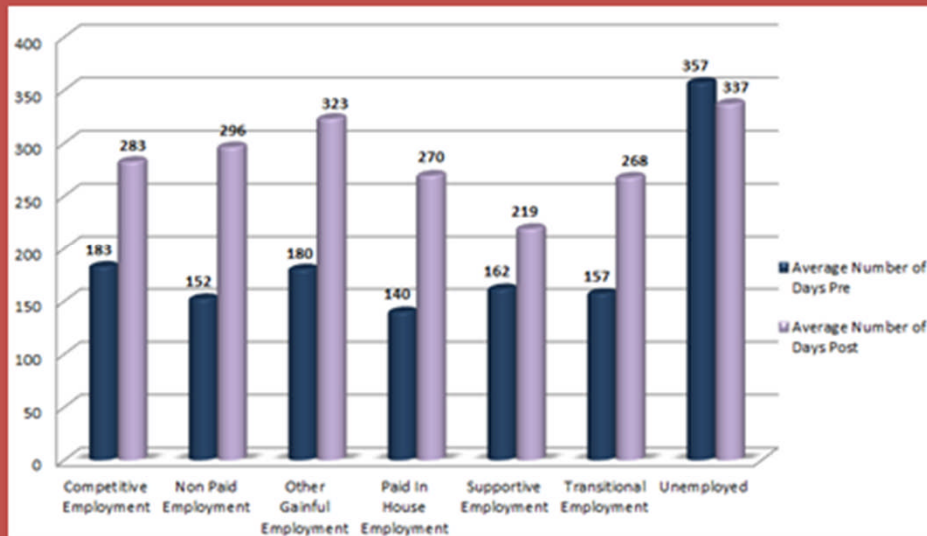
- ⇒ 33% reduction in the number of clients homeless post-partnership
- ⇒ 25% reduction in the number of clients hospitalized post-partnership
- ⇒ 15% reduction in the number of clients in jail post-partnership
- ⇒ 46% increase in the number of clients living independently

Number of Baselines Included: 11,227  
Number Clients Included: 10,806

Data for clients served through June 30, 2015.

# FSP Employment Outcomes - Adult

Adult FSP Clients, on Average, Spent Fewer Days Unemployed and More Days in Employment Post-Partnership



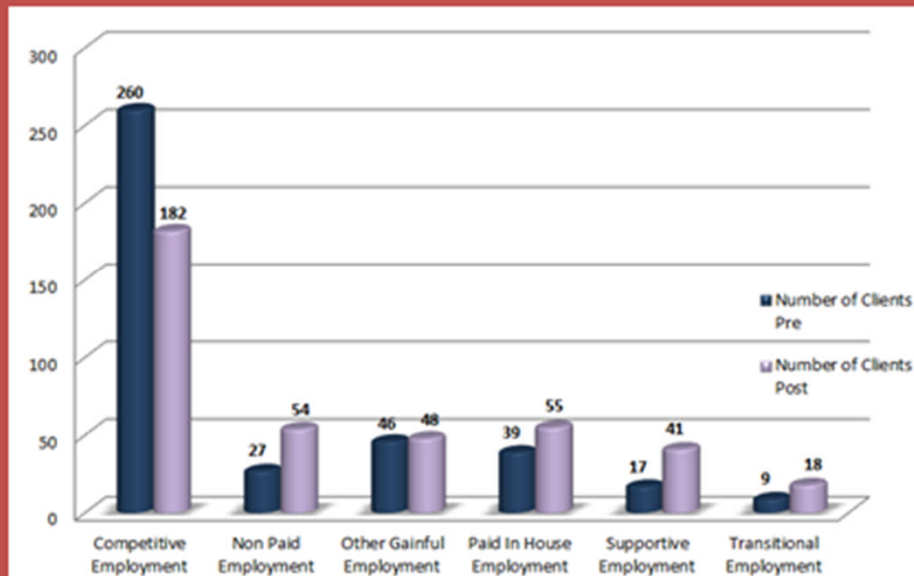
- ⇒ 55% increase in the number of days spent in competitive employment
- ⇒ 95% increase in the number of days spent in non-paid employment
- ⇒ 79% increase in the number of days spent in other gainful employment
- ⇒ 93% increase in the number of days spent in supportive employment
- ⇒ 70% increase in the number of days spent in transitional employment

Number of Baselines Included: 4,790  
Data for clients served through June 30, 2015.

Clients can participate in more than one employment category at a time.

# FSP Employment Outcomes - Adult

## More Adult FSP Clients Were in Other Gainful Employment, Non-paid, Paid in House, Supportive, and Transitional Employment Post-Partnership



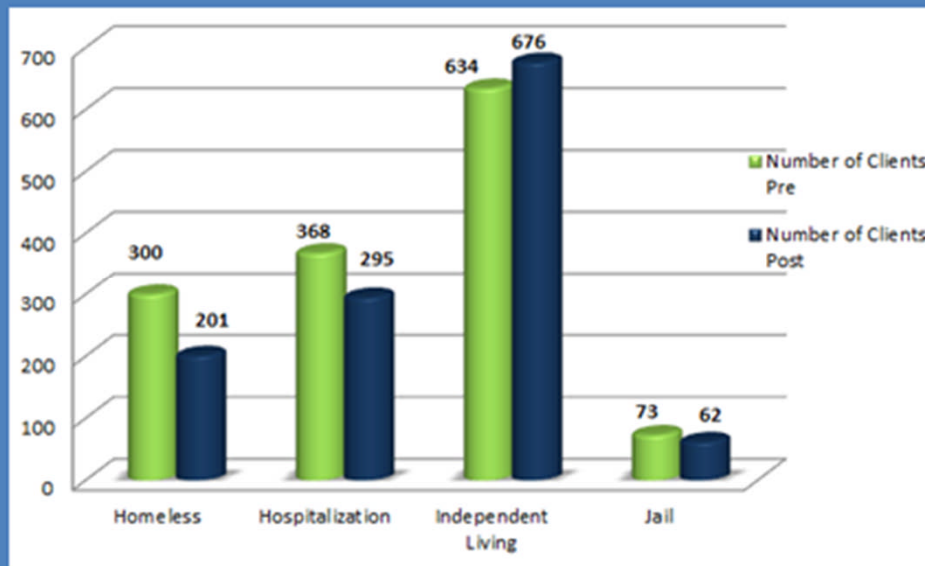
Number of Baselines Included: 4,790  
Data for clients served through June 30, 2015.

- ⇒ 100% increase in the number of clients in non-paid employment
- ⇒ 4% increase in the number of clients in other gainful employment
- ⇒ 41% increase in the number of clients in paid in house employment
- ⇒ 141% increase in the number of clients in supportive employment
- ⇒ 100% increase in the number of clients spent in transitional employment
- ⇒ 30% decrease in the number of clients spent in competitive employment

Clients can participate in more than one employment category at a time.

# FSP Living Arrangement Outcomes- Older Adult

**Fewer Older Adult FSP Clients Were Homeless, Hospitalized and in Jail  
and More Clients Lived Independently Post-Partnership**



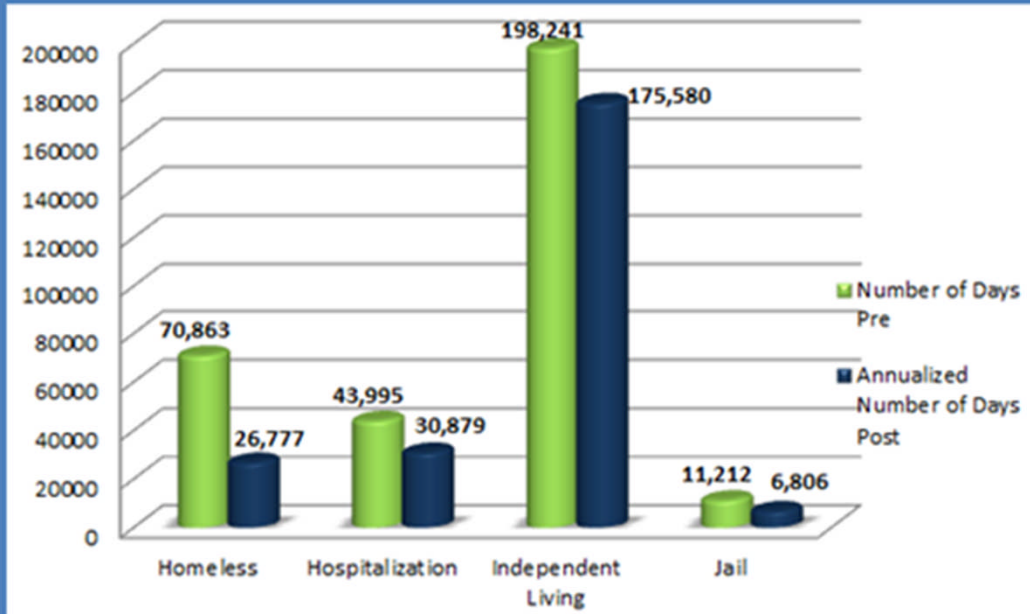
- ⇒ 33% reduction in the number of clients homeless post-partnership
- ⇒ 20% reduction in the number of clients hospitalized post-partnership
- ⇒ 15% reduction in the number of clients in jail post-partnership
- ⇒ 7% increase in the number of clients living independently

**Number of Baselines Included: 1,379**  
**Number Clients Included: 1,357**

**Data for clients served through June 30, 2015.**

# FSP Living Arrangement Outcomes- Older Adult

**Older Adult FSP Clients Spent Fewer Days Homeless, Hospitalized, and in Jail Post-Partnership**



- ⇒ 62% reduction in days homeless post-partnership
- ⇒ 30% reduction in days hospitalized post-partnership
- ⇒ 11% reduction in the number of days living independently
- ⇒ 39% reduction in days in jail post-partnership

Number of Baselines Included: 1,379  
Number Clients Included: 1,357

Data for clients served through June 30, 2015.

# Field Capable Clinical Services

| Age Group   | Unique Clients Served | Average Cost/Client |
|-------------|-----------------------|---------------------|
| Child       | 9,135                 | \$5,488             |
| TAY         | 2,766                 | \$4,683             |
| Adult       | 8,504                 | \$4,665             |
| Older Adult | 2,581                 | \$5,560             |

# Wellness & Client Run Centers

- 54,521 unique clients served (direct mental health service)
- 85,843 client contacts (as reported through peer services, Mode 45)

| Proposal*  | Status  | Implementation Date  |
|--|---|--|
| Adjunct services for clients in Wellness Centers | Providers have been providing services.   | 2014   |
| The addition of Peer Staff to Wellness Centers   | Contracts have been amended. Directly operated clinics have started hiring.   | Contractors: February 2015<br>Directly Operated: November 2015 |
| Expand Client Run Centers                        | Client run centers will be added to Service Areas I and III. Developing solicitation.   | June 2016 (estimated)  |
| Supported Employment in Wellness Centers         | Rio Hondo Mental Health Center and San Fernando Mental Health Center will participate in a pilot project implementing a supported employment model. | December 2016 (estimated)                                      |
| Housing Specialists in Wellness Centers          | In the process of developing a housing specialist training.   | Contractors: July 2015<br>Directly Operated: December 2015     |
| Pilot Employment Program                         | A Request for Statement of Qualifications has been released.  | July 2016 (estimated)  |

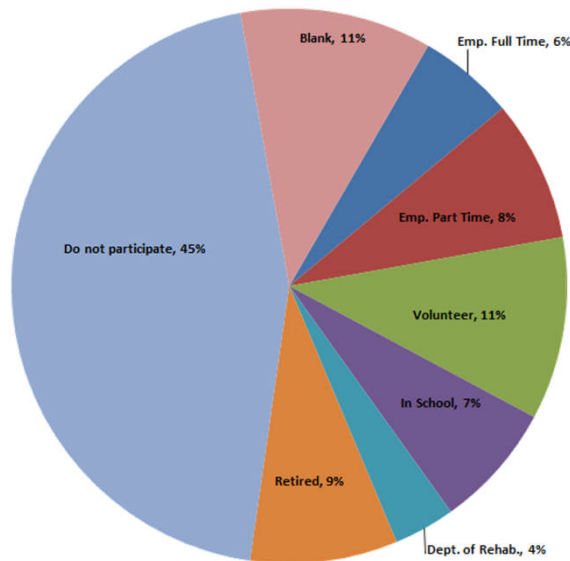
\*Proposals approved and presented in the MHS A Three Year Program & Expenditure Plan, Fiscal Years 2014-15 through 2016-17.



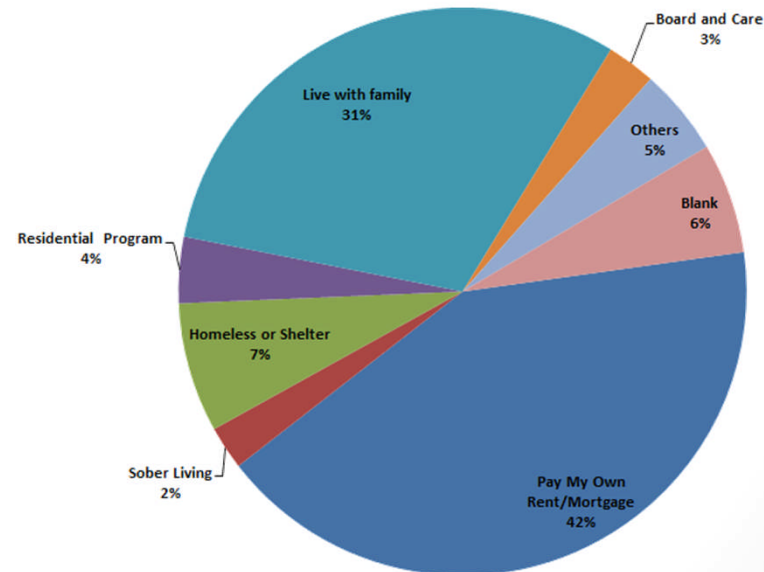
# Wellness & Client Run Centers

- 69 Housing retention specialist positions added
- Supported Employment – Individual Placement and Support modules added at 2 county operated Wellness Centers

Current Employment/Education Activity  
N=2,017



Current Living Situation  
N=2,017



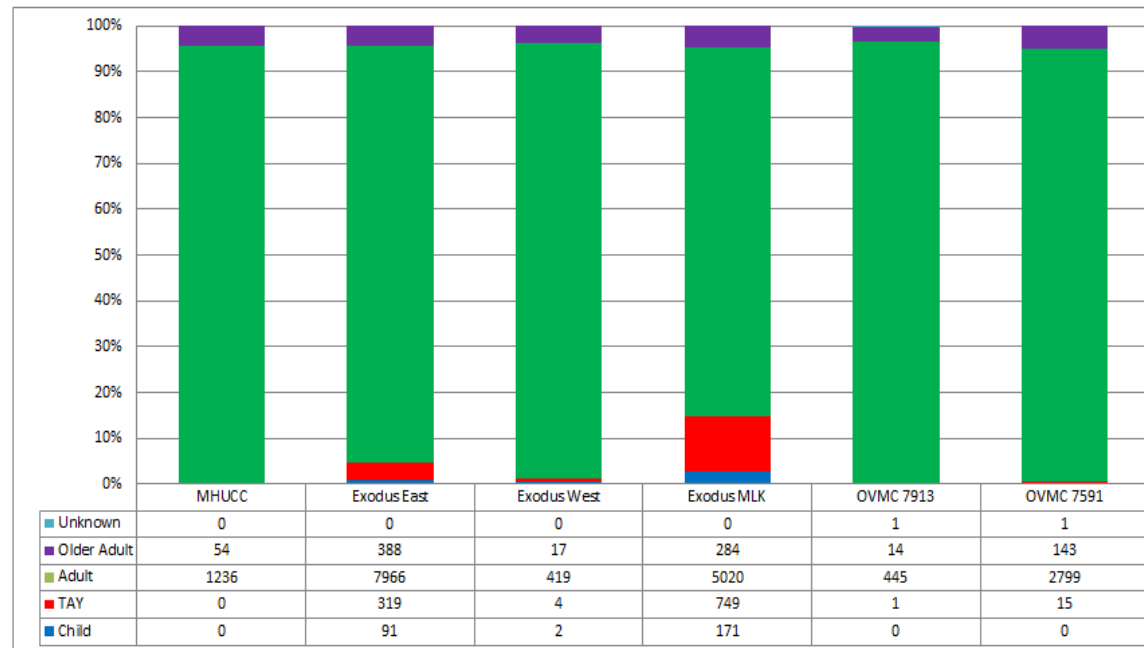
# IMD Step-Down Facilities

- Fiscal Year 2014-15 expanded program by 82 beds
- Total beds: 545
- Client contacts: 998

# Alternative Crisis Services: Urgent Care Centers (UCCs)

- 26,338 clients served in Fiscal Year 2014-15
- New UCC opened on the campus of Martin Luther King Community Hospital

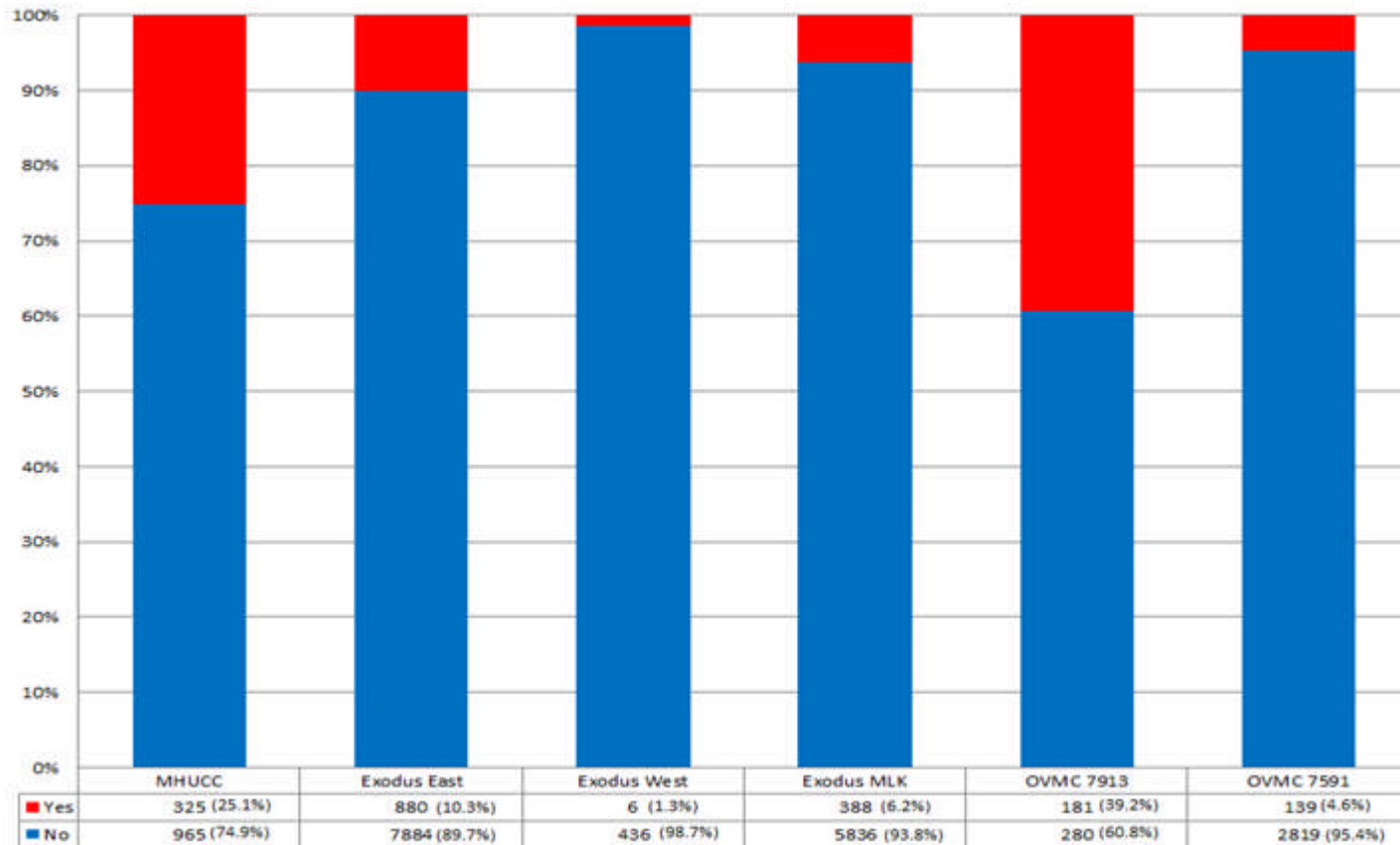
## *New Admissions at UCCs by Age Category 7/1/15 – 1/31/16*



Note that OVMC has two components: The Crisis Stabilization Unit (7913) and the Outpatient UCC (7591). Data from the CSU are from Sept. 21, 2015 through January 31, 2016 only.

# Alternative Crisis Services: UCCs

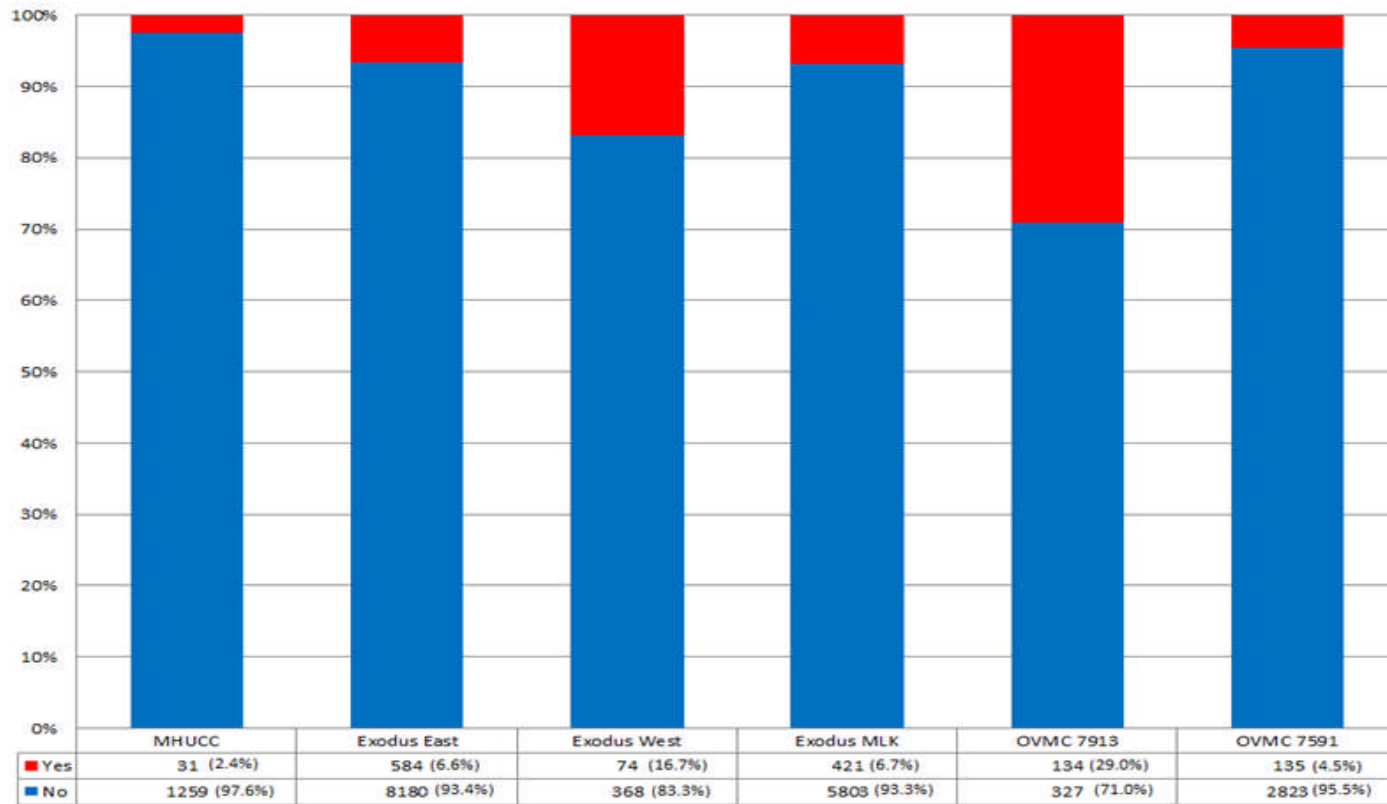
*New Admissions at UCCs Who Were Homeless upon Admission  
7/1/15 – 1/31/16*



Note that OVMC has two components: The Crisis Stabilization Unit (7913) and the Outpatient UCC (7951). Data from the CSU are from Sept. 21, 2015 through January 31, 2016 only.

# Alternative Crisis Services: UCCs

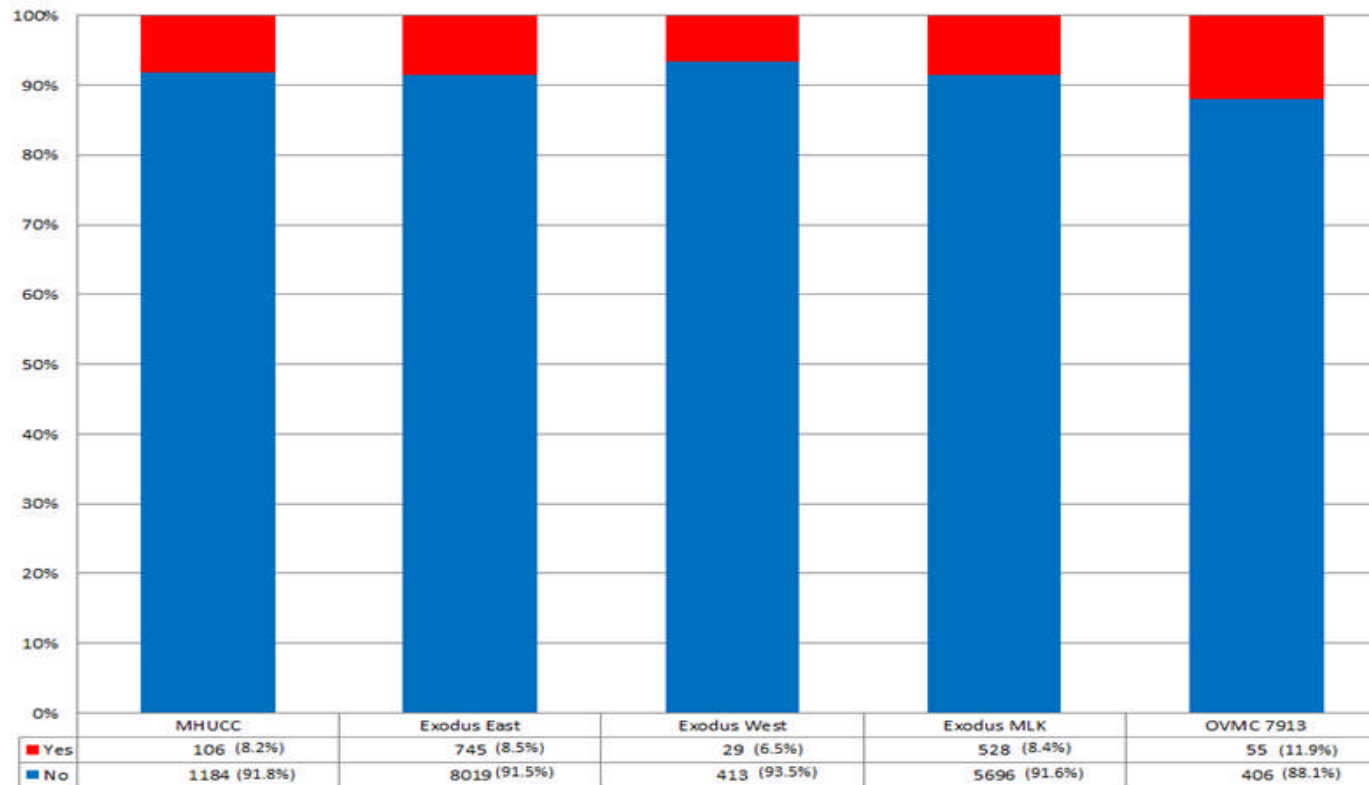
*Percent of Those with an Assessment at a Psychiatric Emergency Room within 30 Days of a UCC Assessment  
7/1/15 – 1/31/16*



Note that OVMC has two components: The Crisis Stabilization Unit (7913) and the Outpatient UCC (7951). Data from the CSU are from Sept. 21, 2015 through January 31, 2016 only.

# Alternative Crisis Services: UCCs

*Percent of Those Who Return to a UCC within 30 Days of a UCC Assessment  
7/1/15 – 1/31/16*



Note that data from the OVMC Crisis Stabilization Unit (CSU) are from Sept. 21, 2015 through January 31, 2016 only.

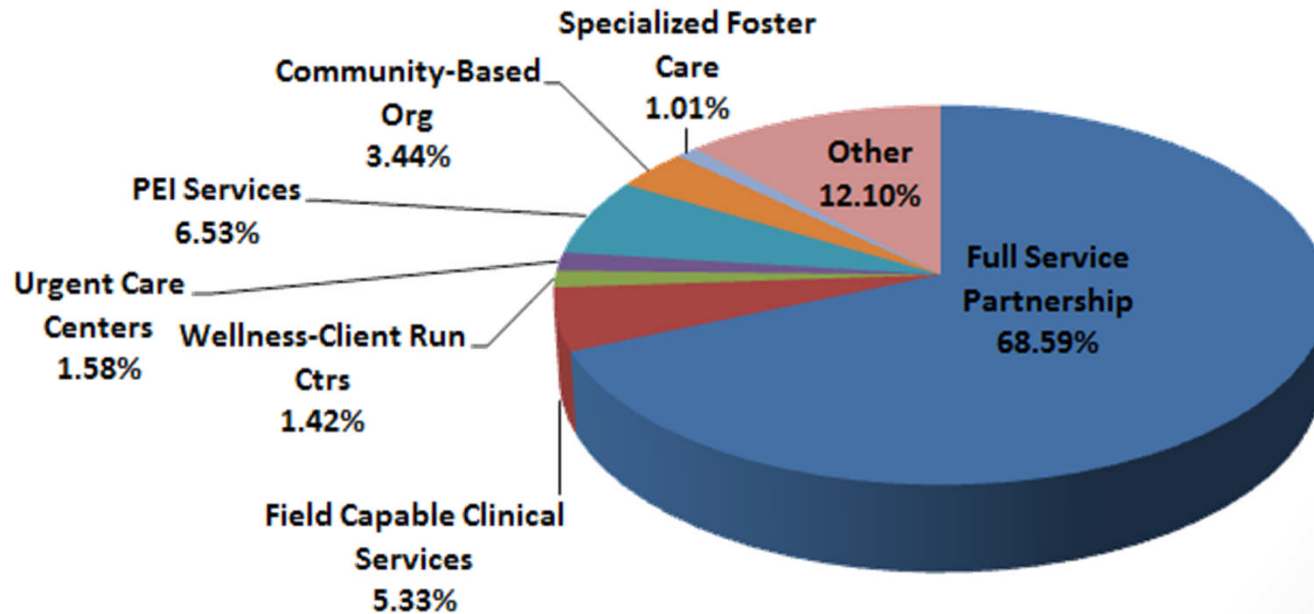
# Housing Services

- Housing specialists provided housing placement services to 1,555 adult clients and 847 transition age youth clients
- The MHSA Housing program funded 4 housing projects that opened during FY 2014-15, for a total of 167 units
- Women's Shelter of Long Beach opened serving men, women and transgender victims of domestic violence

# Linkage Services

- Jail Linkage: 27,441 contacts
- Service Area Navigation: 17,565 contacts

Service Area Navigation  
Percent of Referrals by Program Countywide FY 2014-15  
N= 8,424





# Systems Development Supports

- Family Support Services (Child work plan)
  - Client contacts: 294
  - Enhanced Respite Care Pilot
    - 8 child FSP providers participated
    - 82 child FSP partners received respite care services
    - Parents/caregivers reported respite services allowed them more time to focus on personal needs and more than half reported significant stress reduction
- Service Extenders (Older Adult work plan)
  - 30 older adults received stipends
  - 2 have successfully sought employment in system

# Systems Development Supports

## TAY Probation Camp Services

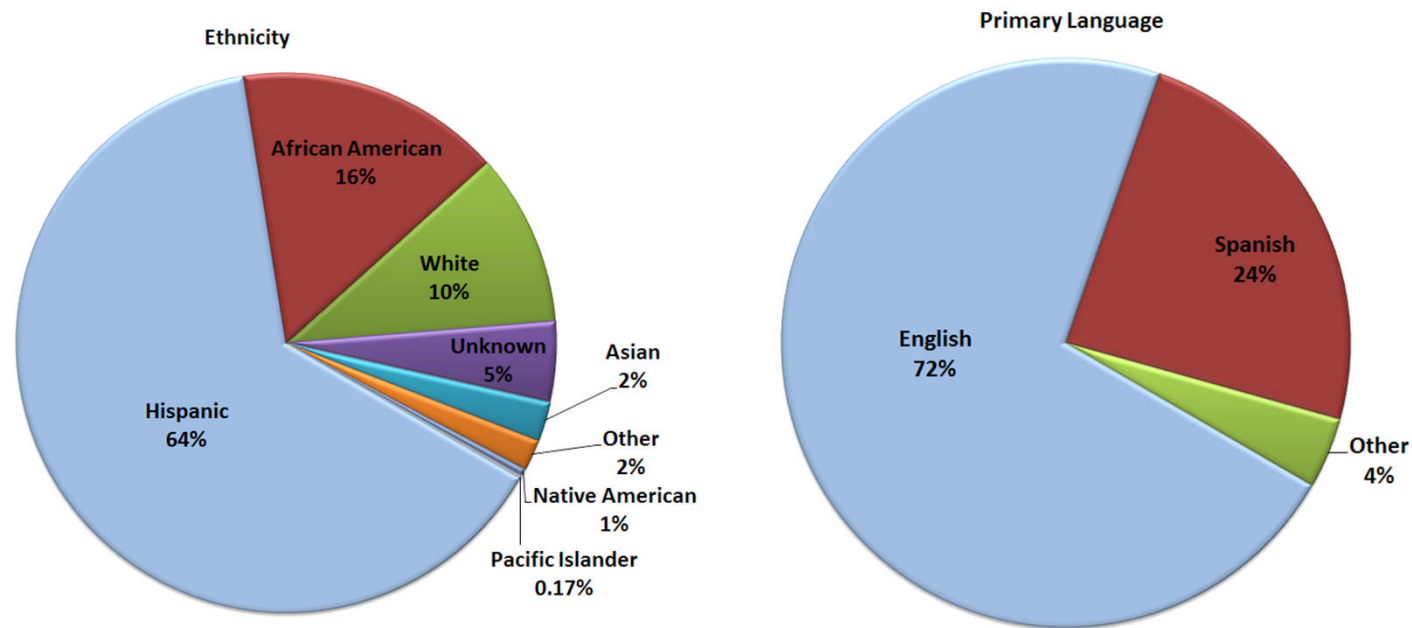
- 6 camps have an array of mental health services including:
  - Aggression Replacement Treatment
  - Adapted Dialectical Behavior Therapy
  - Seeking Safety
- Multi-Disciplinary Team (MDT) meeting 45 days prior to release focused on aftercare plan

# Planning, Outreach and Engagement

- Client contacts: 14,312
- Underserved Cultural Communities (UsCC) Projects
- Homeless outreach
- Crossover Youth Multi-Disciplinary Team (WIC 241.1)

# Prevention & Early Intervention (PEI)

- Unique clients served: 55,094
  - 28,613 were new clients with no previous MHSA service

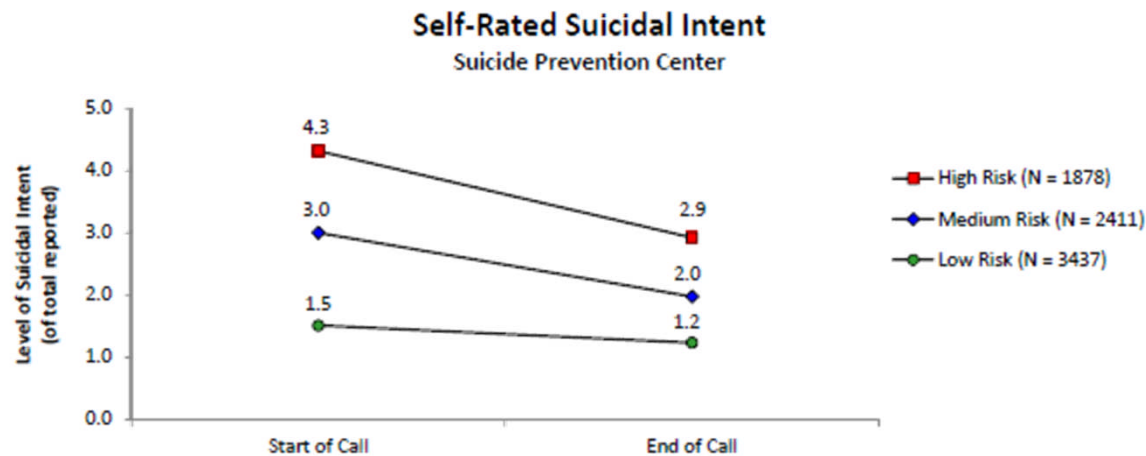


# PEI-Early Intervention Practices

- Symptom improvement exceeded 40% after completion of an evidence-based, promising or community-defined evidence practice for several practices including:
  - Trauma:
    - Alternatives for Families - Cognitive Behavioral Therapy
    - Individual Cognitive Behavioral Therapy
    - Trauma Focused Cognitive Behavioral Therapy
    - Child Parent Psychotherapy
  - Severe Behaviors/Conduct Disorders:
    - Brief Strategic Family Therapy
    - Multisystemic Therapy
  - Depression: Depression Treatment Quality Improvement
  - Anxiety and Depression: Mental Health Integration Program
  - Parenting Difficulties:
    - Parent-Child Interaction Therapy
    - Triple P Positive Parenting Program
  - Managing and Adapting Practice

# PEI-Suicide Prevention

- Suicide Prevention Center
  - Responded to 61,231 calls including 3,744 Spanish language calls
  - Responded to 4,898 chats
  - Responded to 102 texts
  - 37% of callers identified between the ages of 15-24
  - Self-rated suicidal intent reduced for those identified as low, medium and high risk

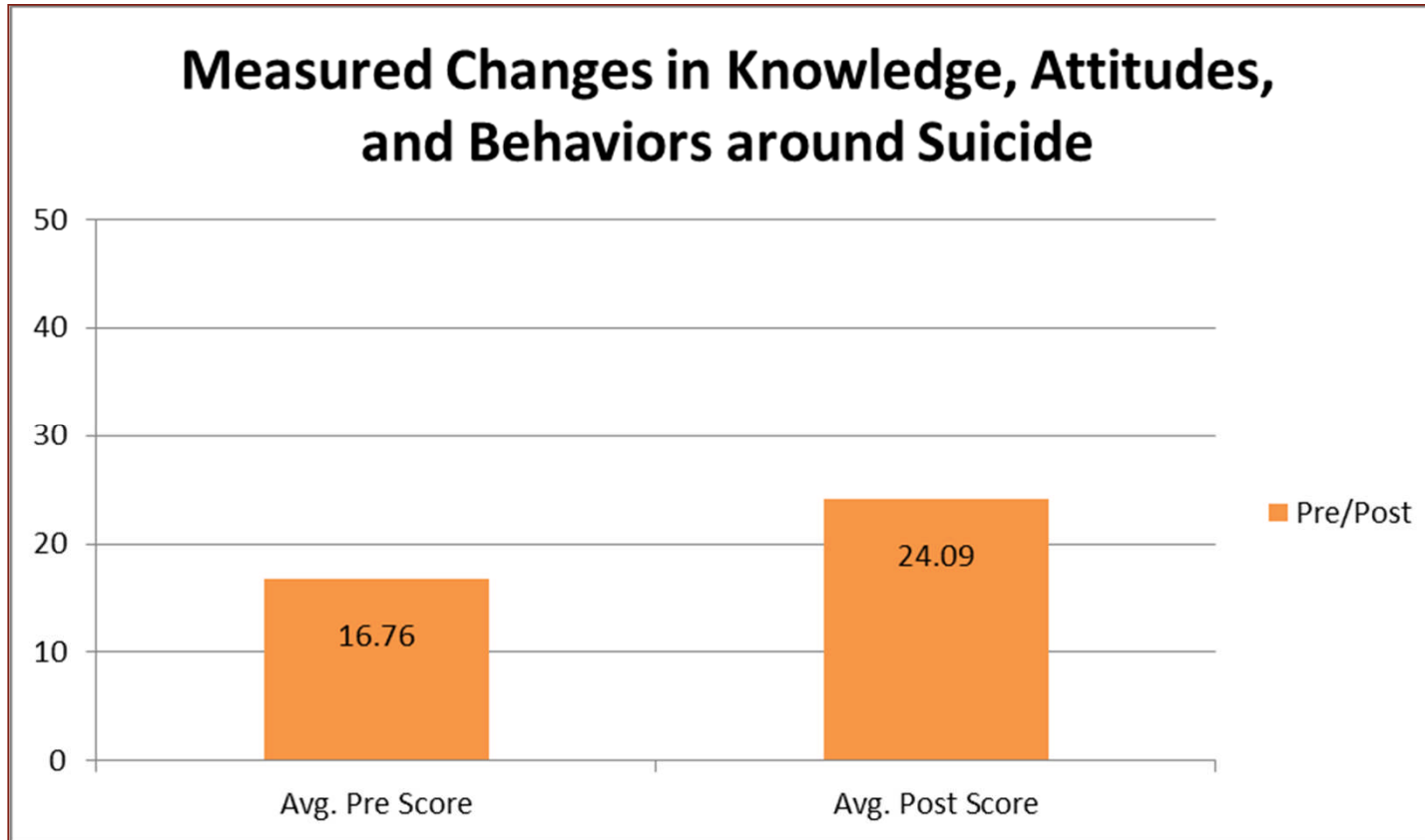


As reported in the Suicide Prevention Center Hotline – SPC Overall Monthly Report FY 2014-15

# PEI - Suicide Prevention

- Latina Youth Program:
  - Outreach and education to 2,114 contacts
  - 214 open cases
- Partners in Suicide Teams:
  - Goal is to increase public awareness of suicide
  - 8 staff across 4 age groups
  - Participated in 193 suicide prevention events
  - Applied Suicide Intervention Skills Training (ASIST)
  - Question, Persuade, Refer (QPR)
  - Recognizing and Responding to Suicide Risk (RRSR)

# PEI - Suicide Prevention





# Prevention & Early Intervention

Prevention program focus:

- Parenting
- Outreach and education for underserved TAY population at risk of juvenile justice involvement

# Innovation 1

- Promoted data-driven decision making at the program and system level
  - Use of an evaluation rubric
  - Department was able to identify a threshold level of success within each model
  - Department was able to continue funding those providers through the Community Services and Supports Plan
- 3 successful Integrated Mobile Health Team (IMHT) providers continued through the development of a specialized FSP program
- 14 successful Integrated Clinic Model (ICM) and Community-Designed Integrated Service Management Model (ISM) providers continued through the development of a new work plan entitled Integrated Care Program

# Innovation 1-Peer Run Model

## Peer Run Respite Care Homes (PRRCH):

- For mental health clients experiencing a crisis
- Safe and supportive living environment
- Short term (less than 30 days)
- Operated entirely by individuals with lived experience of mental illness

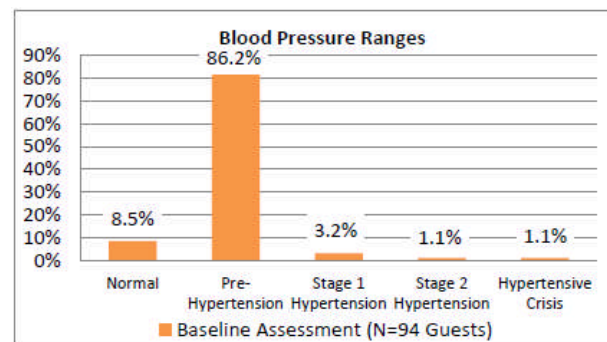
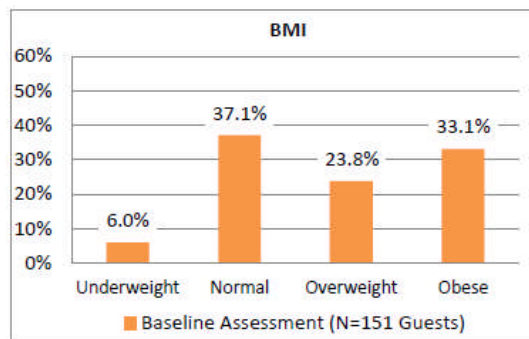
# Innovation 1-Peer Run Model

## PRRCH

- Project Return: 310 Clients Served
- Guests were more likely to identify as White (43.9%), followed by African/African American (30.3%)
- Most prevalent linkages: Educational, living arrangement support, social skills self-help, community events

| Project Return PRRCH IMR Subscale Scores           |              |
|--|--------------|
| Recovery Subscale (mean of items 1, 2, 4, 8, & 12) | 2.81 (N=266) |
| Management Subscale (mean of items 6, 7, 9, & 11)  | 3.31 (N=266) |
| Substance Use Subscale (maximum of items 14 & 15)  | 1.69 (N=257) |
| Overall IMR Score (mean of items 1-15)             | 2.76 (N=266) |

The average scores indicate that guests were less impacted by alcohol/drug use or further along in their substance use recovery when they enrolled in the program than with self-management and coping with their mental health and/or wellness.



In general, most Project Return PRRCH guests had BMIs that were normal (37.1%) or obese (33.1%). The majority of guests at Project Return had pre-hypertension blood pressure (86.2%).

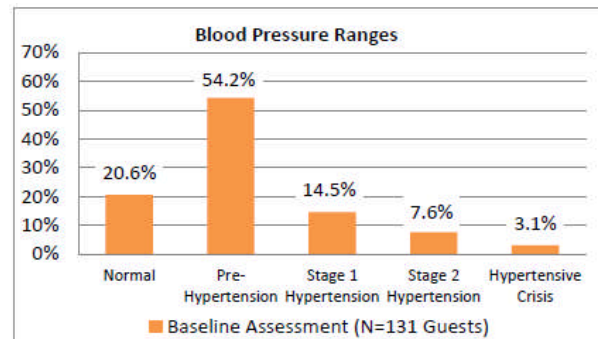
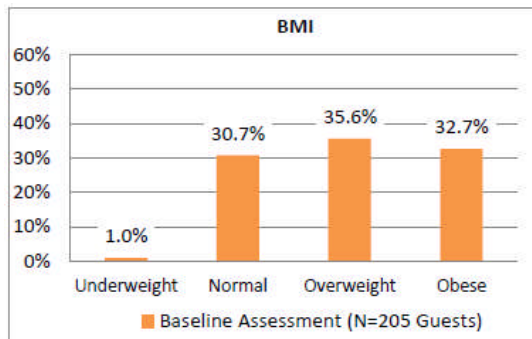
# Innovation 1-Peer Run Model

## PRRCH

- SHARE!: 296 Clients Served
- Guests were most likely to identify as African/African American (32.4%) and White (27.7%)
- Most prevalent linkages: Social skills self-help, substance abuse self-help, emotional wellness

| SHARE! PRRCH IMR Subscale Scores                              |              |
|---|--------------|
| Recovery Subscale <i>(mean of items 1, 2, 4, 8, &amp; 12)</i> | 2.62 (N=255) |
| Management Subscale <i>(mean of items 6, 7, 9, &amp; 11)</i>  | 3.49 (N=255) |
| Substance Use Subscale <i>(maximum of items 14 &amp; 15)</i>  | 2.89 (N=255) |
| Overall IMR Score <i>(mean of items 1-15)</i>                 | 2.92 (N=255) |

The average scores indicate that SHARE! guests were experiencing more difficulty with self-management when they enrolled in the PRRCH program than with coping with their mental health and/or wellness and substance use.



In general, SHARE! PRRCH guests had BMI's fairly evenly distributed among normal, overweight and obese categories. The majority of guests at SHARE! had pre-hypertension blood pressure (54.2%)

# Innovation 1-Peer Run Model

## Peer Run Integrated Services Management Model (PRISM):

- A completely peer run alternative or supplement to public mental health services
- Empowers clients
  - To improve their lives
  - Increase and/or develop their skills
  - Improve their social support system
  - Lead productive lives
- Key services
  - Linkage
  - Peer Support
  - Housing Support (including providing rental subsidies)

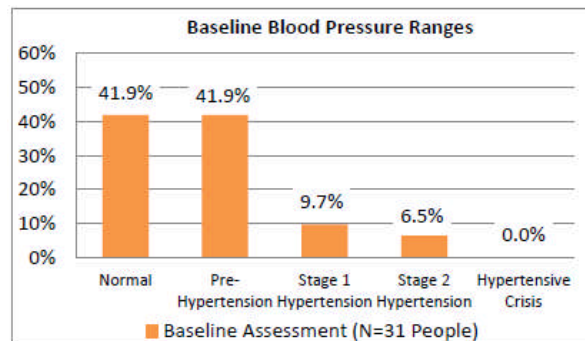
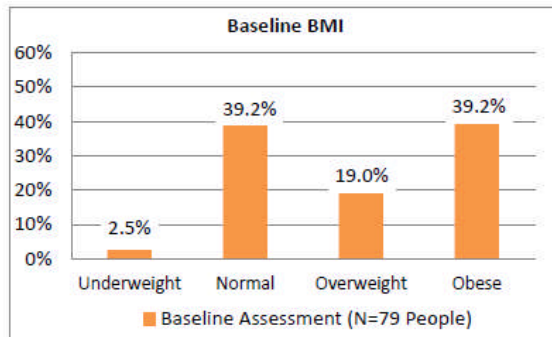
# Innovation 1-Peer Run Model

## PRISM

- Project Return: 168 Clients Served
- Most participants at Project Return identified as White (34.5%) and African/African American (31.0%)
- Most prevalent linkages: Physical health-related, assistance with living arrangements, emotional self-help

| Project Return PRISM IMR Subscale Scores at Baseline |              |
|--|--------------|
| Recovery Subscale (mean of items 1, 2, 4, 8, & 12)   | 3.00 (N=144) |
| Management Subscale (mean of items 6, 7, 9, & 11)    | 3.20 (N=144) |
| Substance Use Subscale (maximum of items 14 & 15)    | 1.47 (N=128) |
| Overall IMR Score (mean of items 1-15)               | 2.78 (N=144) |

The average scores indicate that participants were less impacted by alcohol/drug use or further along in their substance use recovery when they enrolled in the program than with self-management and coping with their mental health and/or wellness.



In general, most participants had BMIs that were normal (39.2%) or obese (39.2%). The majority of participants had normal or pre-hypertension blood pressure (83.8%).

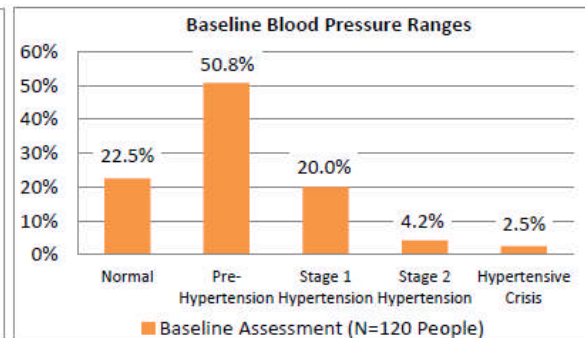
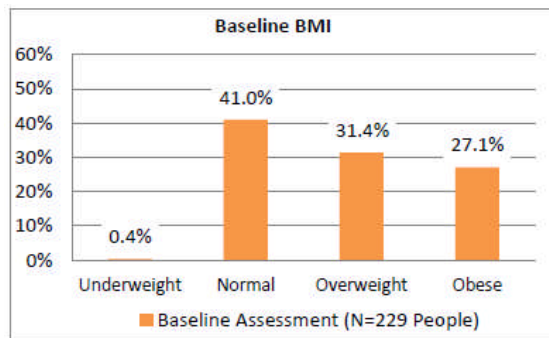
# Innovation 1-Peer Run Model

## PRISM

- SHARE!: 364 Clients Served
- Most of the participants at SHARE! identified as African/African American (34.9%) and White (25.3%)
- Most prevalent linkages: Emotional self-help, referral to PRRCH, social skills self-help, money management, occupational

| SHARE! PRISM IMR Subscale Scores at Baseline       |              |
|--|--------------|
| Recovery Subscale (mean of items 1, 2, 4, 8, & 12) | 3.21 (N=278) |
| Management Subscale (mean of items 6, 7, 9, & 11)  | 3.30 (N=276) |
| Substance Use Subscale (maximum of items 14 & 15)  | 2.20 (N=261) |
| Overall IMR Score (mean of items 1-15)             | 2.98 (N=277) |

The average scores indicate that SHARE! participants were experiencing more difficulty with self-management when they enrolled in the PRISM program than with coping with their mental health and/or wellness and substance use.



In general, most SHARE! PRISM participants had BMIs that were normal (41.0%), but the majority of participants were overweight or obese (58.5%). Half of participants had pre-hypertension blood pressure (50.8%).



# Innovation 1-Peer Run Model

## Measures

### PRRCH Measures:

- Physical health indicators, including height, weight, and blood pressure
- Guest feedback survey- 55% completion rate for Project Return and 66% completion rate for SHARE!
- 3-6 month follow-up survey with 45 guests

### PRISM Measures:

- Physical health indicators (BMI and BP), PROMIS Global Health, Creating Healthy Outcomes: Integrated Self-Assessment (CHOIS)
- Internalized Stigma
- Illness Management and Recovery Scale
- Linkages

# Innovation 1-Peer Run Model

## Learning

### Essential Trainings:

- Intentional Peer Support
- Peer Advocate Certification Training
- Wellness Recovery Action Plan (WRAP) Training

### Peer Roles:

- Facilitating and providing social support
- Finding appropriate linkages and referrals for clients
- Helping clients improve their quality of life by reducing dependency on the system (finding employment, housing, health navigation)

# Innovation 1-Peer Run Model

## Key Findings

### PRRCH:

- Service utilization, including cost study, is in process
- Increased quality of life-physical, mental, social and/or spiritual
- Increased social support and coping skills

### PRISM :

- 65% of linkages with housing resources and support were successful
- 75% of linkages with emotional self-help support and educational groups were successful
- Mental health and physical health change unable to be assessed due to low number of matched pairs
- Reductions in average number of days spent homeless but not statistically significant
- SHARE! Achieved a statistically significant reduction in emergency department utilization 12 months after the start of services
- High levels of satisfaction

# Innovation 2

- Building Trauma Resilient Communities through Community Capacity Building:
  - Over 20 presentations completed
  - Solicitation completed and being reviewed by DMH → County Counsel & CEO
  - Anticipated release- May 2016
  - Implementation anticipated – October 2016
  - Evaluation RFS to be submitted for DMH review by March 25, 2016

# Workforce Education and Training

- Health Navigators Skills Development Program: 33 trained, 100% represent UREP while 54% spoke a threshold language.
- Interpreter Training: 94 (duplicated) participated in the basic 3 day and advanced trainings
- Intensive Mental Health Recovery Specialist: 70 participants completed training to qualify as; 81% represent UREP and 54% spoke a threshold language
- Stipend Program Awards: 52 MFT, 52 MSW, and 4 Nurse Practitioner students and 73% spoke a threshold language
- Peer Advocates Training: 18 individuals, 89% represented individuals from un- or under- served populations, 28% spoke a threshold language, and 39% have secured employment in the public mental health system

# Estimated MHSA Annual Allocation By Fiscal Year

| Fiscal Year | CSS     | PEI    | INN    | Total   |
|-------------|---------|--------|--------|---------|
| 2014-15     | \$366.2 | \$91.6 | \$24.1 | \$481.9 |
| 2015-16     | \$307.5 | \$76.9 | \$20.2 | \$404.6 |
| 2016-17     | \$382.9 | \$95.7 | \$25.2 | \$503.8 |
| 2017-18     | \$397.6 | \$99.4 | \$26.2 | \$523.2 |

- Projections are in millions. Los Angeles estimate is based on 28.56% of State allocation outlined in DHCS info notice 13-15.
- Allocations don't include Medi-Cal or EPSDT or unspent funds from previous fiscal years.

# Capital Facilities and Information Technology Needs

- Information Technology Needs Projects
  - Contract Provider Technology Project
  - Integrated Behavioral Health Information System (IBHIS)
  - Personal Health Record Awareness & Education
  - Consumer/Family Access to Computer Resources
  - Data Warehouse Re-Design
  - Telepsychiatry Implementation
- Capital Facilities
  - Downtown Mental Health Center, Sup District 2
  - Arcadia Mental Health Center, Sup District 5
  - San Fernando Courthouse, Sup District 3
  - Exodus Recovery, Sup District 2

# For More Information Contact:

Debbie Innes-Gomberg, Ph.D.

Los Angeles County Department of Mental Health

Program Support Bureau

MHSA Implementation and Outcomes Division

[DIGomberg@dmh.lacounty.gov](mailto:DIGomberg@dmh.lacounty.gov)

(213) 251-6817



WELLNESS • RECOVERY • RESILIENCE