



# DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

LISA H. WONG, Psy.D.  
Director

Curley L. Bonds, M.D.  
Chief Medical Officer

Connie D. Draxler, M.P.A.  
Acting Chief Deputy Director

January 29, 2024

TO: Supervisor Lindsey P. Horvath, Chair  
Supervisor Hilda L. Solis  
Supervisor Holly J. Mitchell  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

FROM: Lisa H. Wong, Psy.D. *Lisa H. Wong*  
Director, Department of Mental Health

Christina R. Ghaly, M.D. *Christina R. Ghaly*  
Director, Department of Health Services

SUBJECT: **MOVING FORWARD: EXPANSION OF SECURE MENTAL HEALTH BEDS AND DEVELOPMENT OF SECURE MENTAL HEALTH FACILITIES TO DEPOPULATE THE LOS ANGELES COUNTY JAILS (ITEM NO. 24, AGENDA OF APRIL 4, 2023)**

To address the complex mental health needs of P3/P4 classified individuals, the Board of Supervisors (Board) unanimously supported the September 2022 motion, "Addressing the Mental Health Crisis in Los Angeles County: Developing Mental Health Care Facilities to Help Depopulate the Jail," (referred herein as the "March 8th report") which directed various Los Angeles County (LA County) stakeholders to report back on the development of secure mental health facilities in LA County, creating Care First settings which would allow for those with serious mental illness to stabilize and recover.

In the [March 8, 2023, report response](#), the Departments of Mental Health (DMH) and Health Services (DHS) put forward a plan for serving P3/P4 classified individuals, in four population categories, through diversion and community-based restoration and community-based non-carceral treatment facilities with a plan to expand acute and subacute mental health beds in the community by 500 beds over five years.

On [April 4, 2023](#), the LA County Board directed DMH and DHS to move forward with the Jail Depopulation Program (Program) to develop an initial 500 secure mental health care beds to care for P3/P4 individuals currently in the jails, including but not limited to

developing secure beds for Lanterman-Petris-Short (LPS) conserved/conservable, Felony Incompetent to Stand Trial (FIST), non-LPS conserved/conservable, and the non-traditionally divertible populations, with the goal of using these beds for individuals incarcerated with a P3/P4 mental illness classification.

### **Implementation Progress**

DMH and DHS continue to implement the plan as described here. The critical shortage in acute and subacute beds continues to challenge rapid and full implementation of the program. In this context, the DHS-Office of Diversion and Reentry (ODR), DMH, and the Department of Justice (DOJ) Compliance Office continue to work together to define priorities. Under the recommendation of the County's DOJ Compliance Office, DMH and ODR are prioritizing procurement of acute and subacute beds for conserved (DMH) and FIST (DHS-ODR) populations while we work collaboratively to spur bed development to meet the goals of the Program.

#### **DHS Update on Progress**

In year one, DHS-ODR proposed to add 30 acute beds (20 via P3/P4 funding and 10 via Incompetent to Stand Trial (IST) Solutions funding), and 100 subacute beds (50 via P3/P4 funding and 50 via IST Solutions funding). Thus far, DHS-ODR has secured five acute beds, to serve FIST clients, and is finalizing contracting for these beds to come online in February 2024.

ODR is working collaboratively with DMH to ensure increased overall acute and subacute capacity to meet countywide needs and to avoid competition between County departments. Following a series of meetings with DMH to align solicitations, scopes of work and rates to this end, ODR is working with DHS Contracts and Grants and County Counsel to release a solicitation for new acute and subacute providers this quarter.

DHS continues to work in close partnership with DMH to identify additional providers and sites. DMH and DHS has jointly engaged a potential new provider who has expressed interest in acquiring new subacute beds and contracting with DMH and DHS. This provider will need to acquire and rehabilitate facilities.

In order to expedite and incentivize new bed development, DHS-ODR advocated to the California Department of State Hospitals (DSH) to make capital funding available to private entities to build or rehabilitate beds to serve FIST clients. DHS-ODR was recently made aware that DSH incorporated DHS-ODR's feedback, and the solicitation was recently issued and is currently open for application. DHS-ODR plans to educate acute and subacute providers about this opportunity, which requires an agreement from the grant recipient to contract with DHS-ODR – thus inherently supporting our acute and subacute bed growth goals. We anticipate this will incentivize development of beds in the coming years.

### DMH Update on Progress

In the first year of the five-year plan, DMH planned to add 15 acute beds, 15 Enriched Residential Services (ERS) beds, 10 Skilled Nursing Facility (SNF) beds and 32 Mental Health Rehabilitation Center (MHRC) beds. DMH exceeded the acute bed plan by adding 57 acute beds (for jail depopulation and field intervention teams) and nearly met the ERS plan by adding 12 beds. DMH continues to search for a provider to add three additional ERS beds. DMH utilized single case agreements for 10 Skilled Nursing Facility - Special Treatment Program (SNF-STP) beds with a new provider. This provider has subsequently applied to the Department's solicitations to be considered for a regular contract. The solicitation for the MHRC at the Martin Luther King, Jr. Behavioral Health Center (MLK-BHC) was released in October 2023 and proposals were due on December 21, 2023. DMH is currently reviewing those proposals.

It was previously reported that DMH and the Los Angeles County Sheriff's Department (LASD) met to discuss the possibility of releasing non-conservable P3/P4 clients to non-carceral settings. At this time DMH is concentrating its efforts on placing the conserved population because of court ordered sanctions and because the number of conservatees exiting the jail exceed the new beds available.

DMH continues to explore additional beds with existing providers and new providers. Some providers have indicated they are purchasing or rehabilitating facilities that could be made available to DMH and DHS-ODR. DMH and DHS-ODR are working collaboratively with these providers to utilize additional inventory that will be beneficial for both departments.

### **Barriers to Implementation**

As stated previously, the Office of the Public Guardian (OPG) has faced an incredible number of court-ordered sanctions, and the sanctions have transitioned from one time to daily sanctions. Multiple Mental Health Courts are issuing sanctions against OPG alleging that they are failing to timely place conservatees in treatment facilities, when these sanctions are imposed it forces the Department to prioritize those patients over others that may have been already scheduled for placement. This increases the difficulty of coordinating appropriate placements as it undercuts clinical determinations. DMH and OPG did implement a process by which LPS conservatees are released to mental health urgent care centers (UCCs) as soon as the court issues release orders, and while this process has helped to release conserved clients in a timelier fashion, DMH is now experiencing challenges moving these clients to more permanent placements.

Placements for Murphy conservatees (those deemed to be dangerous and a public safety risk) is an even more perplexing problem. With little to no providers available to take acute Murphy conserved clients, DMH and OPG continue to struggle to find timely and appropriate placements. These clients are not clinically appropriate for a UCC, are often too violent for an acute hospital and need the highest level of care – DSH. Due to their own litigation and a census of conservatees that exceeds the state contract with counties, DSH has a very long waitlist for admissions. DOJ Compliance recently worked with DSH to facilitate up to four admissions of LPS/Murphy conserved clients if DMH took out 12 conserved clients from various state hospitals. To date, only three of the four admissions have taken place even though DMH moved 12 clients. DMH continues to work with DSH to admit the remaining conservatee.

DMH continues to be mindful of the LPS trigger that could be issued by DSH and as a result is requesting admissions only as necessary. Unfortunately, the Murphy clients housed at the jail present a danger to public safety and no other contracted facility is willing or able to admit them, therefore DMH continues to request DSH consider accepting admissions for these extremely difficult to place clients.

If the FIST waitlist cannot be reduced, as LA County has the largest percentage of declared FISTs, DSH could activate the trigger, requiring county public guardians to move all conserved clients from the State hospitals. If the trigger is activated, DMH would be required to shift focus from the jail population to the State hospital population and move them to the Institutions for Mental Disease (IMD)/subacute level of care. This would disrupt any plans to reduce the P3/P4 population and likely further exacerbate court sanctions.

As noted previously, given the limited bed supply, rising costs of operations, and competition from the State and other entities, the procurement rate continues to increase. Therefore, the departments may require increased funding to acquire and maintain the number of beds proposed into future years. Similarly, as DMH and DHS-ODR strive to serve all individuals in the least restrictive community setting possible, and as less restrictive community beds are necessary to provide step-down housing options for persons exiting acute and subacute care, over time, we are also likely to see increased funding needs to support community-based beds and housing slots at lower levels of care. As previously reported, DHS-ODR estimates that we currently have funding to provide interim and permanent supportive housing services to P3/P4 individuals for the initial two years and anticipate needing additional funding thereafter.

Workforce challenges continue to be another area of concern. DMH and DHS-ODR continue to work to fill a significant number of vacancies and use authorities available under the Emergency Declaration related to homelessness to expedite hiring. Community-based partners also continue to find it difficult to hire and retain staff to support intensive case management activities (e.g., clinical supervisors and care managers). This has led to calls for increased rates from Interim Housing and Intensive Case Management Services (ICMS) providers. Some DHS-ODR providers have refused to expand or continue to provide services at current rates.

Finally, the shortage of acute and subacute beds in or near LA County continues to be a significant barrier to implementation. DMH and DHS-ODR is working to add hundreds of beds in the face of competition with the State and other counties, long timelines for development of new beds, and escalating costs. DMH must address a funding gap in plans to develop a 128-bed subacute facility on the campus of the LA General MC's Restorative Care Village due to rising costs.

DMH and DHS are currently in conversations with providers that are in the process of purchasing and/or renovating facilities that could be used for DMH and DHS-ODR's jail population. DMH and DHS-ODR will continue its efforts to grow a network of organizations that can operate acute and subacute beds. Both departments will update on their progress with providers in the upcoming quarterly report updates.

If you have any questions, you may contact us or your staff may contact Connie D. Draxler, Acting Chief Deputy Director at DMH, by email at [cdraxler@dmh.lacounty.gov](mailto:cdraxler@dmh.lacounty.gov) or Clemens Hong, M.D., Director of Community Programs at DHS, by email at [chong@dhs.lacounty.gov](mailto:chong@dhs.lacounty.gov).

LHW:CDD:ak

c: Executive Office, Board of Supervisors  
Chief Executive Office  
County Counsel  
Department of Health Services