

ope, recovery, wellbeing,

Mission 3: Mental Health and Substance Use Disorder Services

- Provide mental health and substance use disorder services to unsheltered and sheltered people experiencing homelessness at the level needed to meet their needs.
- Coordinate the provision of field based mental health and substance use disorder
 assessments and services with outreach workers and interim housing providers. Reduce
 wait times for services, when they exist, by prioritizing the delivery of mental health and
 substance use disorder services to PEH unless otherwise prohibited.
- All services and supports provided by the DMH have a direct nexus to homelessness under the emergency declaration.

Our Focus Today...

- Who We Are & What We Do
- Housing Resources
- Special Programs For People Experiencing Homelessness with Serious Mental Illness (SMI)
- Leveraging The Emergency Declaration
 - Use of Delegated Authorities
 - Service Enhancements
 - Encampment Resolution Work
- How Prop 1 Will Impact DMH Services for PEH

DMH's role and responsibilities

- Who we serve: DMH serves all residents of Los Angeles County, including residents of all 88 cities*
 - Populations with unique needs: foster care youth, probation system clients, people experiencing homelessness, schoolage youth, justice-involved clients, conservatees, and others
- What we do (services we provide/fund):
 - Prevention/Early Intervention
 - Treatment Services (e.g. Outpatient, Inpatient, Crisis Residential, Day Treatment)
 - Crisis Response (988, Field Intervention Teams PMRT/MCOT)
 - Housing and Supported Employment
 - Public Guardian services (conservatorship processes)
- How we do it:
 - Directly operated services (over 6900 FTEs, budget of \$3.8B, 183 sites)
 - Contracted services with CBOs (over \$2.2 annually in contracted services, 779 Legal Entity sites & 181 Fee For Service sites)
- * Not including the Tri-cities

DMH's role and responsibilities

- DMH serves as the Medi-Cal Local Mental Health Plan (MHP) for LA County
 - An MHP is required to provide or arrange for Specialty Mental Health Services for Medi-Cal members in their County
 - Specialty Mental Health Services are provided to individuals who require a higher level of mental health care and/or have a more severe mental illness (e.g. meet Medi-Cal requirements to access SMHS)
- Managed Care Plans (MCPs) are required to provide services to Medi-Cal members who do not meet criteria for SMHS (e.g. mild to moderate mental illness)
- DMH also allocates MHSA funds throughout the County

Our System of Care

- In Fiscal Year 2022-23 DMH served over 121,500 clients in Outpatient Care Services, 12,945 in Full-Service Partnerships, and 27,175 in Alternative Crisis Services
- In Outpatient Care Services, 13,003 with one or more services identified as unhoused and were served in outpatient care settings in Fiscal Year 2022-23
- In Urgent Care Centers, 7,758 of the 30,828 individuals served identified as unhoused
- Currently, 3,200 of the 6,400 individuals enrolled in FSP were enrolled under the Homeless Focal Population

Note: FSP has 3 focal populations targeted for services: Homeless, Justice Involved (i.e. In jail with SMI), and high utilizers of inpatient psychiatric services

How DMH Serves PEH: Our Approach

- Best practice is to meet clients where they are
 - DMH has field-based teams that outreach to PEH
 - For clients who do not feel comfortable and/or have challenges coming into our clinics for services, we bring services to them
 - For clients who are not yet ready to accept services but clearly need treatment we provide relentless engagement to offer them services
 - Clients often have a wide variety of service needs, so we offer holistic programs (often with services partners)



Centralized Referral for Homeless Outreach Teams

- If the individual is experiencing a behavioral health crisis, call the DMH ACCESS Help Line at 800-854-7771
 - DMH will dispatch a crisis response team 24/7
 - DMH has added over 20 Field Intervention Teams in the last year, reducing response times
- If the individual needs mental health services, submit a simple referral with relevant information using a mobile based web application
 - For the outreach worker, it is a single referral application with simple questions about the homeless individual
 - The application uses an innovative algorithm to determine the most appropriate program and level of care to best meet the needs of the individual, reducing barriers to accessing mental health care
 - Referrals may go to HOME, FSP or general outpatient treatment services
 - The tool does NOT require homeless outreach workers to understand all DMH programs and decide which one is most appropriate for the individual they are helping.
 - The tool assists DMH to manage capacity by ensuring individuals are referred to the most appropriate program & least restrictive level of care to meet their needs, thereby reducing wait times for services







DMH Interim Housing Program (IHP)

Short-term housing in congregate or non-congregate settings

For Adults and Families

- 24 sites with approximately 700 beds
- 2 sites serve older adults
- 4 sites serve justice involved adults exiting jail
- Adult IHP sites are located countywide
- 5 sites targeting families with minor children that are able to serve a total of 63 families
- Family IHP sites are located in SPAs 2, 4, 6, 7

TAY Enhanced Emergency Shelter Program (EESP)

- 8 sites totaling 110 beds
- TAY EESP sites are located in SPAs 2, 4, 6

Housing Assistance Program



Funding to assist mental health consumers without or with limited financial resources to afford the costs associated with moving into permanent housing.



Household Goods (Furniture, Housewares, Linens and Appliances)



Security Deposits



Eviction Prevention



Utility Deposits



Short-Term Rental Assistance

Federal and Local Housing Subsidies



DMH contracts with the City and County Housing Authorities, HACLA and LACDA and dedicates MHSA funds administered by Brilliant Corners for permanent supportive housing tenant based and project-based subsidies.



The housing subsidies make units affordable for clients who pay a limited percentage of their income for rent, with the balance paid to the owner by the Housing Authority or Brilliant Corners.



For Federal subsidies, clients must meet Housing and Urban Development (HUD) qualifications, including being assessed and entered into the Los Angeles Coordinated Entry System (CES). Local subsidies are more flexible and can be used for individuals that do not meet HUD qualifications.



Clients receiving services at a directly-operated or contract agency may access these subsidies through their DMH provider.

Enriched Residential Care Program

- Licensed Residential Care Programs
 - Licensed by the California Department of Community Care Licensing
 - Facility types include:
 - Adult Residential Facilities (ARFs) aka Board and Cares
 - Residential Care Facilities for the Elderly (RCFEs) aka Assisted Living Facilities
- ERC program pays SSI rate for individuals without income that need this type of housing (e.g., individuals on conservatorship, leaving a higher level of care and PEH)
 - ERC will pay an Enhanced Services Rate for DMH clients in ARFs and RCFEs that have complex needs (approx. \$1,000/month)
- DMH currently serves approximately 1,100 individuals in 130 facilities through its ERC program
- Can work with any licensed facility that will accept the referred client and DMH funding

MHSA-Funded Capital Investments

ALLOCATION OF MHSA FUNDING 2008 - Present								
Allocation	Capital Development	Use of Funds	Underwriter					
\$744 Million	No Place Like Home	Capital Development	Los Angeles County Development Authority (LACDA)					
\$103 Million	Mental Health Housing Program	Capital Development NOFA 23 A						
		Capital Development NOFA 24 A						
		Capital Development/ Veterans Only						
		Capital Development/ Alternative Housing Model						
\$155 Million	Special Needs Housing Program	Capital Development	California Housing Finance Agency (CalHFA)					
	MHSA Housing Program	Capital Development And Operating Subsidy						
\$1.003 Billion	= TOTAL ALLOCATION							

MHSA-Funded Developments by Service Area

	Total Number of Developments	Total Number of DMH Funded Units	Number of Occupied Developments	Number of Occupied Units	Number of DMH Funded Projects - In Development	Number of DMH Funded Units - In Development
SA	Total		Occupied		In Development	
1	7	170	6	138	1	32
2	21	492	19	432	2	60
3	5	130	3	71	2	59
4	49	1,635	34	899	15	736
5	10	207	7	112	3	95
6	32	739	23	516	9	223
7	12	233	8	154	4	79
8	15	382	11	255	4	127
Total	151	3,988	111	2,577	40	1,411

Supportive Services In PSH: An Integrated Care Model

- County provides comprehensive services to tenants of Permanent Supportive Housing to achieve long-term stability and improved health and well-being
 - Intensive Case Management Services through Department of Health Services
 - Housing Supportive Services Program (HSSP) through DMH
 - Client Engagement and Navigation Services (CENS) Program through Department of Public Health Substance Abuse Prevention and Control
- HSSP provides on-site specialty mental health services to those with Serious Mental Illness including individual and group therapy, medication support, crisis intervention and support in managing symptoms of mental illness and achieving recovery goals
- Monitor the pipeline of PSH in the construction pipeline to ensure services are committed for each building as they open

Expansion of Housing Resources

- > Community Care Expansion Program \$97 million
 - Capital Projects administered by LACDA
 - Operating Subsidy Payment used for enhanced rates of \$1,000 or more for eligible clients – Use current Enriched Residential Care referral process
 - Expand by 450 slots
- Behavioral Health Bridge Housing \$259 million
 - > Enhanced Interim Housing and rental assistance
- No Place Like Home
 - Administered by LACDA
 - Final \$140 million will be allocated by June 30, 2024





Special Programs for People Experiencing Homelessness w/ Severe Mental Illness

- Homeless Outreach & Mobile Engagement (HOME)
- Veterans Peer Access Network (VPAN)
- Hollywood 2.0
- Skid Row Concierge
- Interim Housing Outreach Program (IHOP)
- Preventing Homelessness and Promoting Health (PH²)



Specialized Program Funding

- MHSA
- Medi-Cal
- PATH/SAMHSA

FY 2023-24 Budget \$108.4 million





Use of Delegated Authorities

- Expedited Contracting:
 - DMH executed 15 contracts/amendments
 - DMH is working on 7 approved proposals for contract execution
- Hiring: DMH hired/promoted 1,606 individuals between January 1, 2023 and May 6, 2024
 - Emergency Appointments 364
 - Standard Lists 1242*
- Approved Special Step Placements 16

^{*}This total reflects non-Emergency Appointments, and only appointments requiring standard recruitment. Does not include demotions, transfers, class changes, admin reassignments.

Expansion of Homeless Outreach & Mobile Engagement (HOME)

Expanded the **HOME** program by **107** FTE positions

9 Street Teams



16 Street Teams

+Operations & Navigation Team +Wellness & Recovery Team



Operations & Navigation team is responsible for managing planned admissions and bed management Wellness & Recovery team is responsible for preventing individuals from falling through the cracks and supporting transitions to lower levels of care.

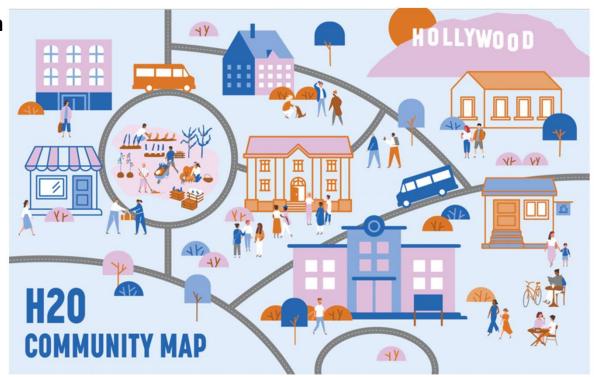
Hollywood 2.0

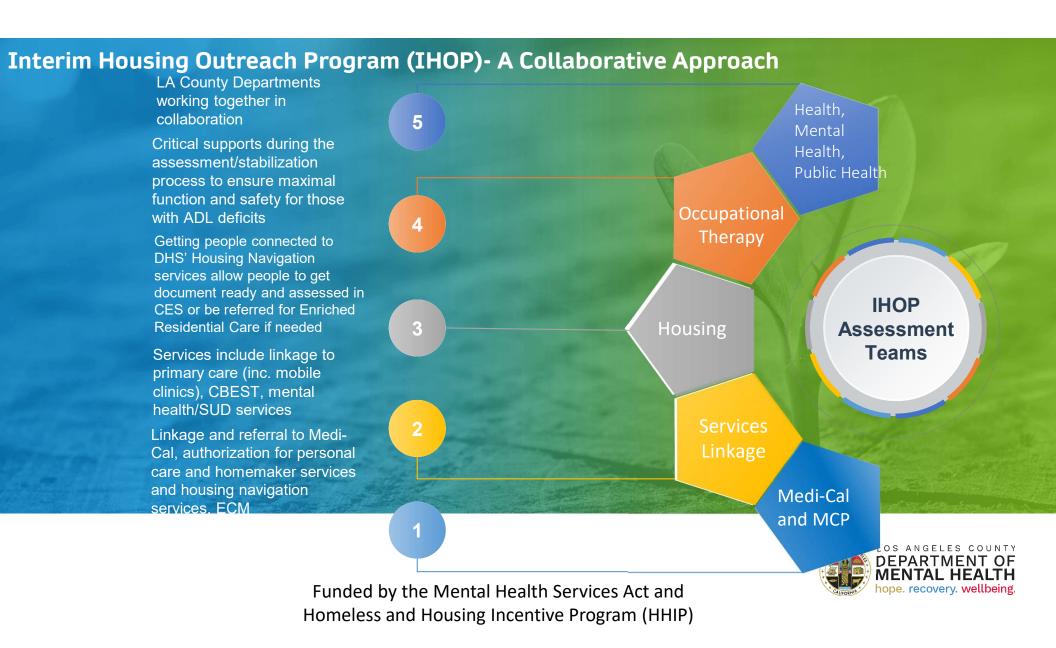
Creating The Hollywood 2.0 Ecosystem

- Hired 52 of 54 FTE for Hollywood Mental Health Cooperative
- +96 Interim Housing Beds (Mark Twain & Hollywood Walk of Fame)
- + 94 beds of Adult Residential
- Clubhouse Program

Coming Soon...

- Supported Employment
- Psychiatric Urgent Care w/Peer Respite





DMH Support With Encampment Resolutions

DMH continues to have a prominent role in the LA City's "Inside Safe" and LA County's "Pathway Home" Initiatives.

Both initiatives consist of targeted Encampment Resolution Efforts to rapidly rehouse people experiencing homelessness and subsequent Service Connection Events to connect newly housed people to services.

Encampment Resolution Efforts

- Encampment Resolutions conducted: 54
 - LA City Inside Safe: 41
 - LA County Pathway Home: 13
- DMH Participated In: 48
 - Participation not requested at 1 PH and 5 IS events
- Number of Clients DMH engaged: 88
- Number of Hospitalizations Required: 3
- Number of Clients Linked to HOME: 21

Service Connection Events

- Total Number of SCEs: 36
- Total HOME Participated In: 36
- Number of Clients HOME engaged: 283
- Outpatient Appointments Scheduled: 157

Challenges DMH Faces when serving PEH

- Legal restrictions
 - Current LPS law and grave disability definition is narrowly focused and the ability to facilitate involuntary treatment is impacted by appropriate and sufficient treatment capacity and hospitals being willing to do conservatorship referrals
 - SB 43 will change the definition of grave disability which may expand who will qualify for involuntary treatment. Planning to implement locally by Jan 1, 2026.
- System capacity restrictions
 - Severe nation-wide shortage of staff (e.g., challenges staffing up ACR PMRT/MCOTs)
 - Shortage of treatment beds, particularly subacute
- Funding restrictions
 - MHSA funds must be spent within 3 years and is highly variable

How Prop 1 Will Impact DMH Services for PEH

- Increase in dedicated housing resources (ongoing BHSA funding category), but new housing category of BHSA does not include services
- New one-time bond funds to support expansion of PSH
- Enhancement of existing programs to meet Assertive Community
 Treatment/Forensic Assertive Community Treatment (ACT/FACT) fidelity
- Development of lower levels of FSP, may allow clients to access FSP earlier than they can today and provide ongoing field-based support to maintain housing
- The expansion of FSP and implementation of the Assertive Community
 Treatment model will facilitate increased quality, oversight, and accountability

