

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

**MENTAL HEALTH SERVICES ACT  
THREE-YEAR PROGRAM AND EXPENDITURE PLAN  
FISCAL YEARS 2020-21 THROUGH 2022-23**

**EXECUTIVE SUMMARY**

**PREFACE**

In November 2004, California voters supported Proposition 63 and passed the Mental Health Services Act (MHSA) that imposes a 1% income tax on personal income in excess of \$1 million. The Act provides the significant funding to expand, improve and transform public mental health systems to improve the quality of life for individuals living with a mental illness. MHSA funds an array of services that starts with prevention and integrates it into a comprehensive system of care to treat the whole person, with focus on wellness, recovery and resilience so that we may keep him/her out of hospitals, off the streets, and out of the jails.

Welfare and Institutions Code (WIC) Section 5847 requires county mental health programs prepare and submit a Three-Year Program and Expenditure Plan (“Three-Year Plan” or “Plan”) followed by Annual Plan Updates for MHSA programs and expenditures. The Plan provides an opportunity for the Los Angeles County - Department of Mental Health (LACDMH) to review its existing MHSA programs and services to evaluate their effectiveness. The Plan also allows LACDMH to propose and incorporate any new programs through a robust stakeholder engagement process, should additional funding be available. It is through this Community Planning Process that LACDMH will obtain important feedback from a broad array of stakeholders. Any changes made to any MHSA program must comply with MHSA regulations, as well as relevant State requirements.

This Plan describes the programs that are funded by MHSA and is organized by the five MHSA components (Community Services and Supports; Prevention and Early Intervention; Innovations; Workforce Education and Training; and Capital Facilities and Information Technology). The first part of the Plan details significant changes that are either being proposed or will be explored within the next three-year period, as outlined below. For the latter, LACDMH will incorporate changes into a Mid-Year Adjustment or an upcoming Annual Update depending upon the timeline of the proposal. The Plan then continues with information related to existing programs that were previously reflected in the prior Three-Year Plan for FYs 2017-18 through 2019-20 and associated Annual Updates, such as relevant program outcomes specific to FY 2018-19.

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**PLAN CHANGES FOR FYs 2020-21 THROUGH 2022-23**

**A. Community Services and Supports (CSS)**

As the largest component with 76% of the total MHSA allocation, CSS was designed with service categories that shape the integrated system of care for clients diagnosed with a serious mental illness. In FY 2018-19, budgeted CSS programs totaled \$528 million and approximately 140,000 unique clients received a direct mental health service through CSS.

- *Full Service Partnerships (FSP) Program Redesign*  
To meet the ever-changing needs of vulnerable children and adults in Los Angeles County (County) requires redesign of the existing slot-based programming model to a team-based model. A new FSP pilot program will restructure contracts to include new program parameters and performance-based criteria.
- *Outpatient Treatment Services - Formerly known as Recovery, Resilience and Reintegration (RRR)*  
Evaluate existing RRR services to consider its transformation to a comprehensive system for Outpatient Treatment Services countywide. RRR services focus on outpatient settings that meet a range of needs for individuals who meet the criteria for specialty mental health services and cross all age groups and include community-based, clinic-based, well-being and peer-run services geared toward reintegration into the community.
- *Alternative Crisis Services Redesign*  
Establish an Intensive Care Division that merges services coordinated by Countywide Resources Management (CRM) and Managed Care and Treatment Authorization Request (TAR) units to allow for a single functional division that streamlines and improves client flow across the system through the strategic deployment of a wider array of resources and services than either TAR or CRM is capable of providing on its own.

#### B. Prevention and Early Intervention (PEI)

PEI is the second largest component of MHSA with 19% of total MHSA allocations. PEI focuses on prevention and early intervention services, education, support, and outreach to individuals and families at risk of developing a mental illness or experiencing early symptoms. In FY 2018-19, budgeted PEI programs totaled \$192 million resulting in approximately 51,000 clients receiving a direct mental health service.

This Plan reflects continued efforts in the expansion of prevention services through community platforms that are outside of traditional clinic settings. The success of these efforts is possible as a result of LACDMH's collaboration with the County Board of Supervisors (Board), a number of County departments, as well as other public partners, including the Los Angeles Unified School District; Los Angeles County Office of Education; UCLA Center of Excellence; and the City of Long Beach.

#### C. Innovations (INN)

This component of MHSA provides 5% funding for time-sensitive projects that introduce new or improved practices or approaches to the delivery of mental health services. The Plan maintains funding that aligns with the various stages of all INN projects. LACDMH is in the process of evaluating all INN projects for effectiveness and consideration of continued funding.

The latest addition to the list of INN projects is the Trieste Project. In May 2019, LACDMH was granted approval by the Mental Health Services Oversight and Accountability Commission to pilot the five-year Trieste Project that provides a comprehensive, human need-based approach to serve people with severe and persistent mental illness, and languishing on the streets in the Hollywood region of the County. The pilot project will add significant services to the existing continuum of acute and urgent care, such as 24/7/365 drop-in centers with kinship services delivered by trained and certified peers; a broad continuum of interim and permanent housing types; training, education, and supported employment; and occupational and recreational

therapy, all as part of a design that aims to promote not only independence but also inclusion and purpose in community for those receiving services.

#### D. Workforce, Education and Training (WET)

While this Plan reflects WET maintaining its current funding of \$23 million that include recent transfers from CSS, new funding is anticipated in FY 2020-21. The Office of Statewide Health Professional Development (OSHPD) is gearing up for implementation of the 2020-25 WET Five-Year Plan designed to carry out the vision of MHSA intended to create and enhance the public mental health system workforce. The allocation amount has not been finalized, but distribution is planned to occur by summer 2020. Also, counties are required to contribute a 33% match that must occur by 2025.

This new funding will allow LACDMH to consider the Mental Health Loan Repayment Program that is managed by OSHPD, the Underserved Cultural Community Graduate Recruitment Program that targets interested individuals from highly unserved/underserved populations within various ethnic group, and other local financial incentive programs. LACDMH will report out in either a Mid-Year Adjustment or upcoming Annual Report that will also address the source of the 33% match.

#### E. Capital Facilities and Technology Needs (CFTN)

- *Capital Facilities*

Recent transfers from CSS have occurred to fund the capital development of a network of restorative care services on hospital campuses across the County. These services are intended for individuals with a mental illness who are being discharged from County psychiatric emergency services, psychiatric inpatient units, and jails. These Restorative Care Villages will provide a comprehensive system of care that includes a mix of residential beds, peer centers, intensive outpatient services, urgent care services, and wellness centers.

- *Technology Needs*

The MHSA-IT plan includes eight projects. LACDMH continues to implement technology projects consistent with overarching MHSA technology goals that increase consumer and family empowerment, and modernize and transform clinical and administrative information systems to facilitate the highest quality, cost-effective services and support for consumer and family hope, recovery and well-being.

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## HOUSING

Over the next three years, LACDMH will continue its investment in the development of permanent supportive housing (PSH) for individuals who are homeless and suffering from a mental illness. Since 2008, LACDMH has invested millions toward building and subsidizing PSH units countywide through its MHSA Housing Program, Mental Health Housing Program and Special Needs Housing Program. Through the State's No Place Like Home Program, LACDMH is investing significant MHSA funds for capital development projects and operating subsidies to house the most vulnerable in Los Angeles County. In total, LACDMH has invested in 141 housing developments across the County with a total of 3,692 MHSA units for eligible tenants and their families.

LACDMH continues its efforts in the countywide movement to combat homelessness by targeting the population that suffers from a serious mental illness and providing the necessary mental health care and

support. The following highlights some of the important LACDMH programs that are funded by MHSAs dollars:

- \$10 million in MHSAs funding was set aside to launch the Housing for Mental Health Program that provides for ongoing rental subsidies, as well as funding for security deposits, utility assistance, and household goods;
- \$9 million to enhance the LACDMH Enriched Residential Care Program that provides clients with the assistance needed to obtain and maintain housing at a licensed residential facility;
- \$11 million to support the countywide Homeless Outreach and Mobile Engagement (HOME) Teams that provide homeless individuals suffering from a serious mental illness with the services needed to transition them from the streets to PSH, including outreach, engagement and linkage to ongoing mental health services and permanent housing resources.

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## **COMMUNITY PLANNING PROCESS**

LACDMH embarked on a streamlined community planning process to ensure the opportunity for stakeholder input in this Plan. This includes presentation of the proposed Plan by LACDMH executive management in order to receive stakeholder feedback in the following ways:

- Engagement of a broader base of stakeholders through a newly developed process; and
- Engagement of the Mental Health Commission (MHC) Executive Committee and the full MHC.