



MHSA

Three Year Program and Expenditure Plan

FYs 2020-21 through 2022-23

Public Hearing
June 25, 2020



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.

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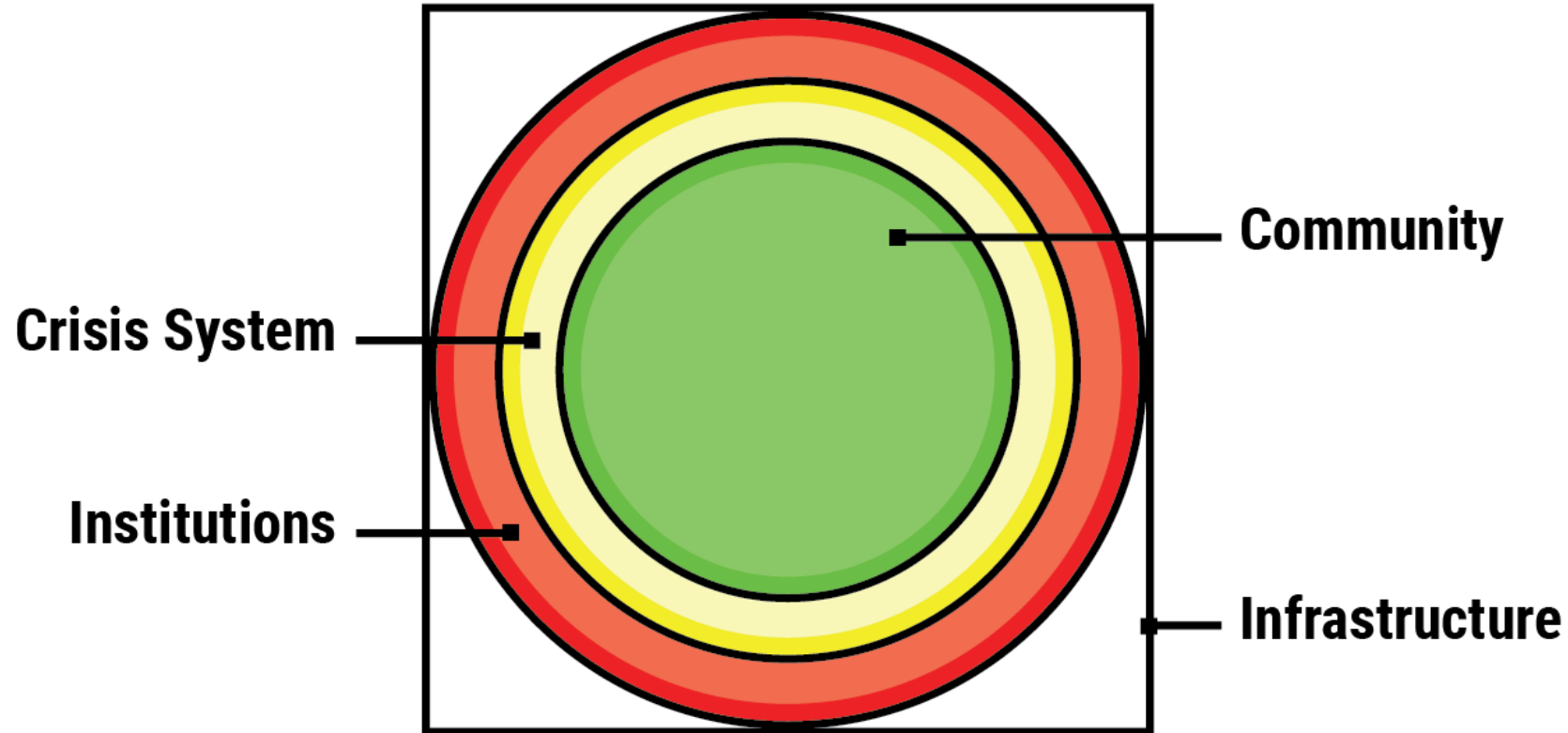
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DOMAINS FOR OUR STRATEGY



LACDMH
Strategic
Plan

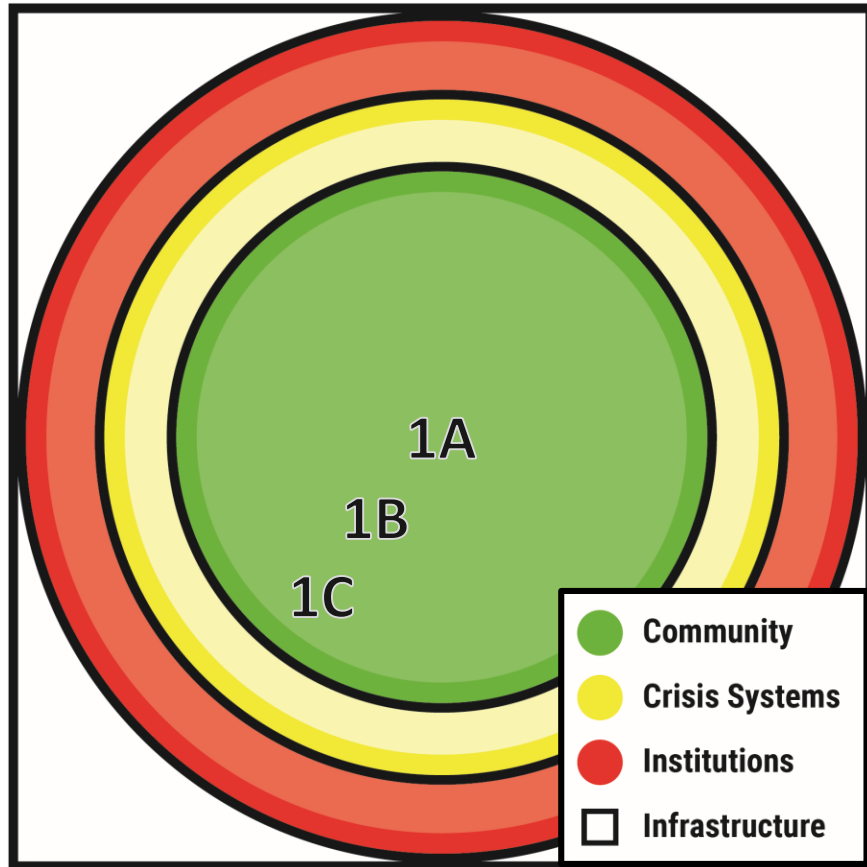
2020 - 2030

Community

Goal 1A – Prevention

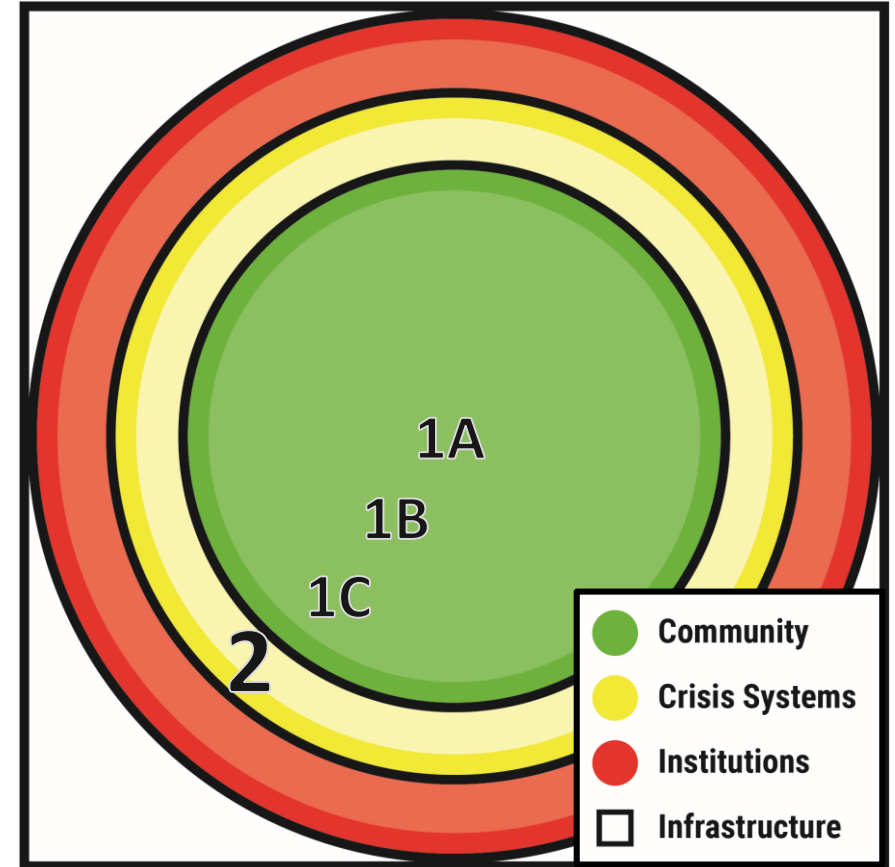
Goal 1B – Social Support

Goal 1C – OP Treatment



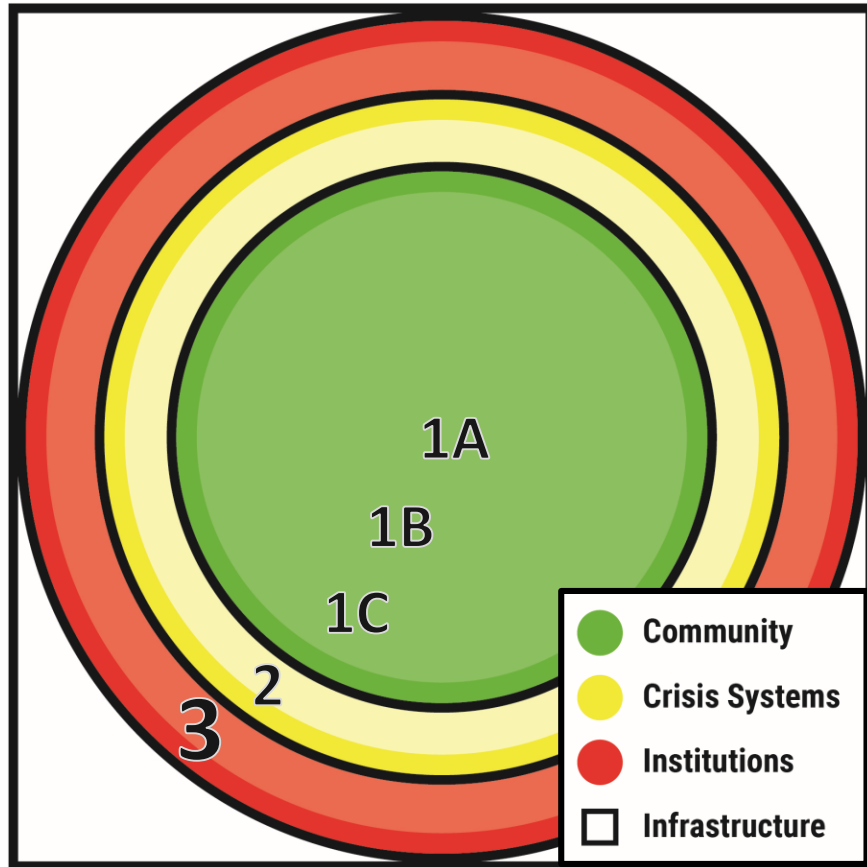
Crisis System

Goal 2 – Intensive Care



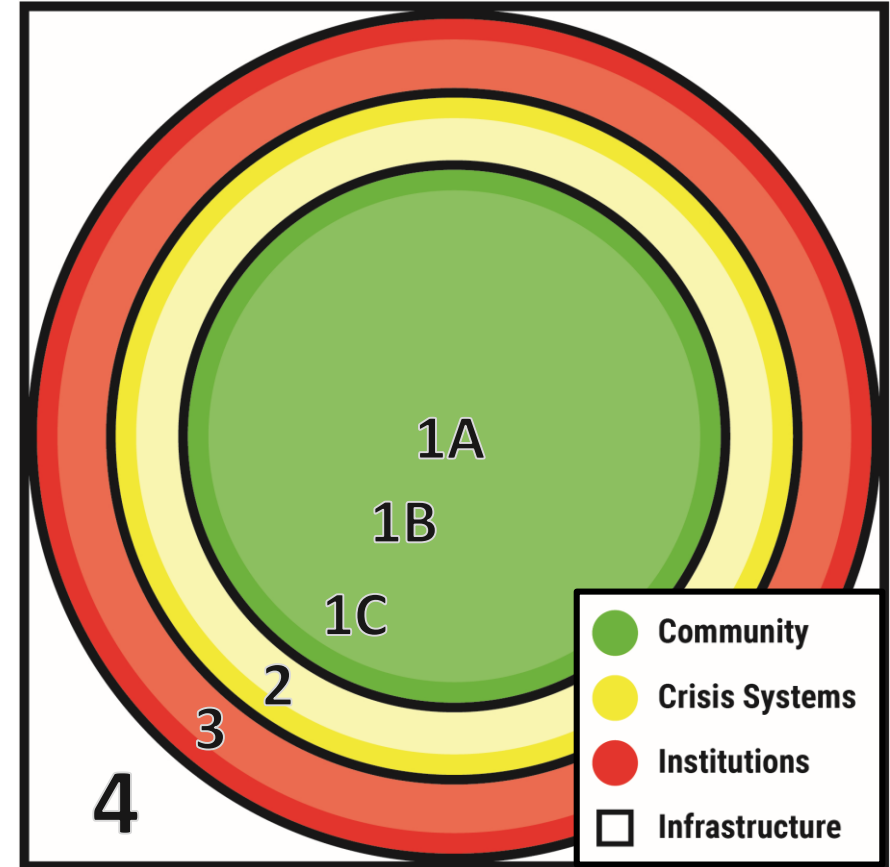
Institutions

Goal 3 – Re-Entry

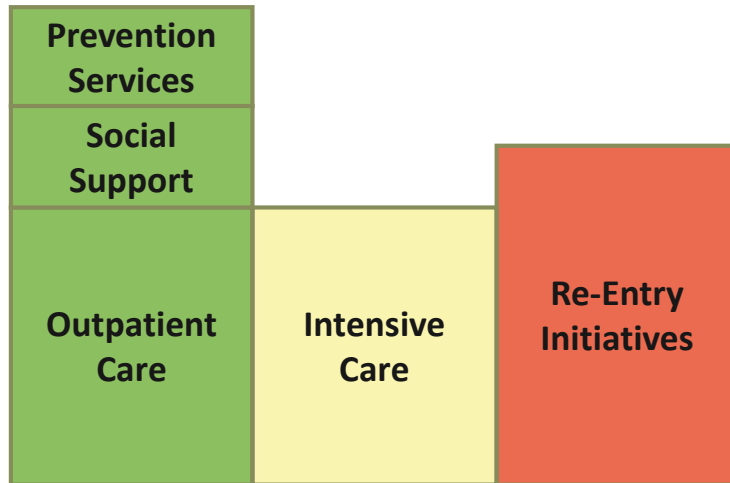


Infrastructure

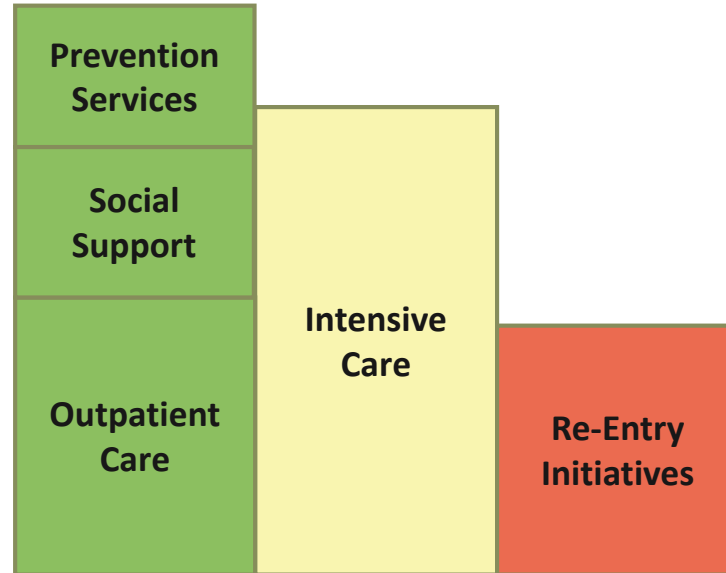
Goal 4 – Org Support



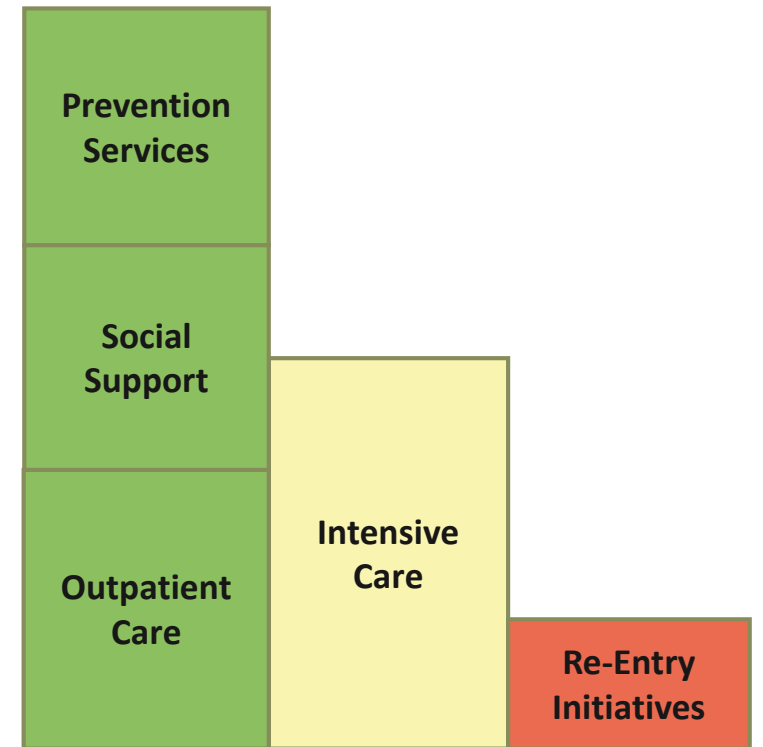
Forecasting LACDMH Investment



2020



2025

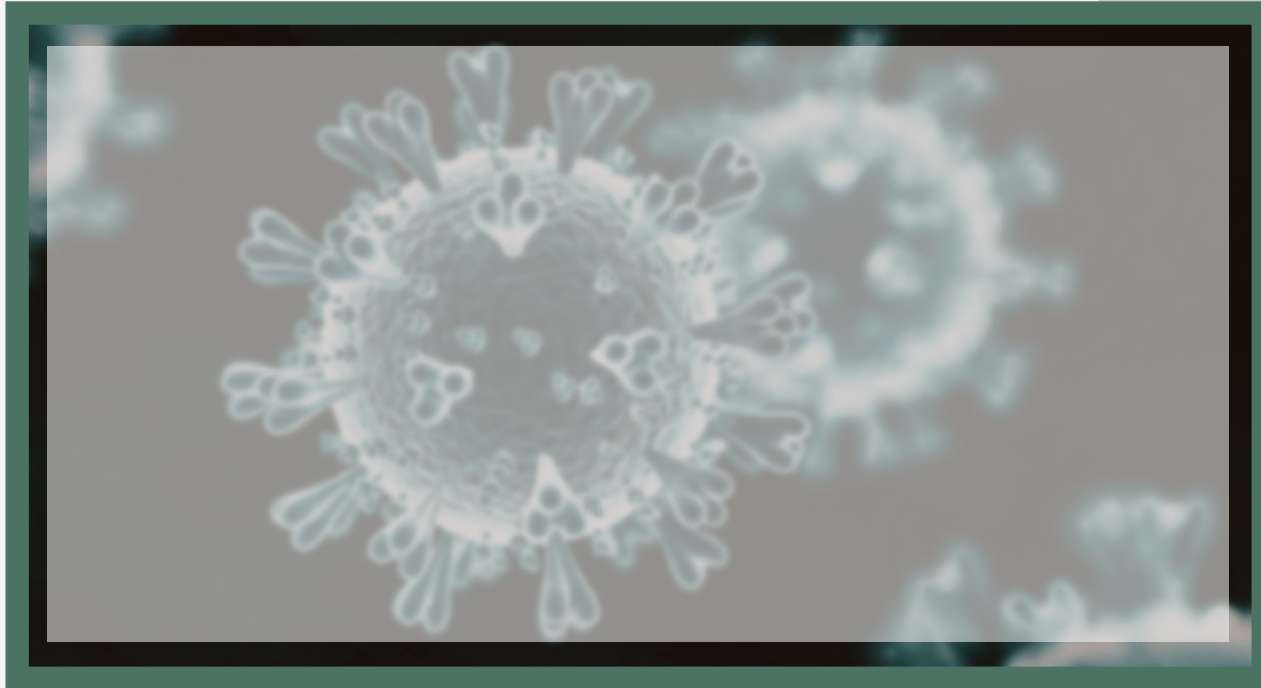


2030

Impact of COVID-19

Financial

**Clinical
Operations**



Community Services and Supports (CSS)

The CSS component of the Plan includes the following programs:

- Full Service Partnership (FSP);
- Outpatient Care Services (Formerly Recovery, Resilience, and Reintegration - RRR);
- Alternative Crisis Services (ACS);
- Linkage to County-Operated Functions/Programs (Linkage);
- Housing Services; and
- Planning, Outreach, and Engagement Services (POE).

Three-Year Plan page 32

Number of clients who received a direct service through CSS in FY 2018-19

Clients Served	New Clients Served
140,153 clients received a direct mental health service: <ul style="list-style-type: none">▪ 40% of the clients are Hispanic▪ 22% of the clients are African American▪ 18% of the clients are White▪ 5% of the clients are Asian▪ 79% have a primary language of English▪ 15% have a primary language of Spanish	46,124 new clients receiving CSS services countywide: with no previous MHSA service <ul style="list-style-type: none">▪ 41% of the new clients are Hispanic▪ 16% of the new clients are African American▪ 16% of the new clients are White▪ 77% have a primary language of English▪ 15% have a primary language of Spanish

FY 2020-21
\$537.1M

FY 2021-22
\$537.1M

FY 2022-23
\$527.1M

Estimated Expenditures

Community Services and Supports

- **FSP PROGRAM REDESIGN** (Page 17)
A new FSP pilot program will restructure contracts to include new program parameters and performance-based criteria
- **OUTPATIENT CARE SERVICES** (formerly known as RRR) (Page 19)
Evaluate existing RRR services to consider its transformation to a comprehensive system for Outpatient Care Services countywide
- **ALTERNATIVE CRISIS SERVICES REDESIGN** (Page 20)
Establish an Intensive Care Division that merges services coordinated by Countywide Resources Management (CRM) and Managed Care and Treatment Authorization Request (TAR) units

Comment Summary

- A need for more long-term services
- Looking at mental health as a whole crisis!! Instead of looking at mental health as individuals
- What alternative types of services will DMH offer to clients that do not have access to technology? Elders, minorities and low-income individuals are disproportionately being left out of accessing services during this time, internet access has become a basic necessity. How will DMH reach these clients in the next twelve months?

Response

- The bulk of our services in outpatient programming is long term, and in the RRR programming category. LACDMH are also planning on enhancing services in this category to better support clients who “graduate” from FSP, and are ready to transition to a lower level of care. Our goal is to provide services that help our clients maintain their wellbeing and stay in community.
- LACDMH try to balance the perspective of “whole system” and “individual”. On one hand we assess and customize at the individual level of client need, while we simultaneously build towards a stronger system that is resilient and responsive to the needs of the individuals who comprise the system.
- LACDMH tries to help clients gain access to technology; but when they are not able to, or prefer not to, LACDMH maintains in-person services. We have offered this option since the beginning of the COVID crisis and will continue for the foreseeable future.

Comment Summary

- Build mental health hospitals
- A need for more long-term treatment facilities
- A need for more intensive services, more hospital beds
- A need for more integrated care in the urgent care centers

Response

- LACDMH is strategically adding more than 500 beds to its network to address the long waitlists and backlogs in the system. This include beds at long-term residential and subacute levels of care. In addition, it is in the process of launching a pilot program for outpatient conservatorship in collaboration with the HOME team, which will also assist with the SMI issue on the street.
- There is no intent to shorten the time on inpatient acute or outpatient units. Rather, performance outcomes that will be analyzed and incentivized include quality of care delivered that is tied to treatment plans and discharge planning. This applies to transition planning from each level of care to the next, from acute inpatient to subacute to outpatient.
- LACDMH Care navigators are intended to serve as consistent points of contact for clients as they graduate from one level of care to the next. These care navigators may serve as liaisons to the client's primary caregiver as needed.
- Our goal is to expand services in each service area.

Comment Summary

- LAPD provides most of the services to the mentally ill.
- Need to increase capacity for psychiatric mobile response team especially for after-hours, weekends, and holidays and for those locations that are further away from downtown LA.
- What new strategies/partnerships will be used to reduce police involvement when someone is having a mental health crisis/emergency?

Response

- LACDMH has a collaborative with LAPD, a co-response model called Systemwide Mental Assessment Response Team (SMART) and Case Assessment Management Program (CAMP). The teams are composed of an officer and a clinician that respond to calls that involve individual with mental health issues. Additionally, LACDMH and LAPD have implemented a Mental Health Intervention Training (MHIT) that consist of modules and interactive trainings conducted by clinicians and officers.
- LACDMH will continue to ensure that psychiatric emergency response teams (PMRT) are available in remote areas at all times. LACDMH is also committed to providing culturally sensitive services.
- Work with the 911 system to provide non law enforcement responses to callers who may not be aware of mental health resources.

Comment Summary

- No timelines for achieving housing for homeless (number of persons housed).
- Lack of specific strategies to address employment, which contributes to successful independent living; lack of occupational therapy presence
- Need supportive trailer parks

Response

- Timelines for implementation and projected number of people served have been added to the plan.
- Through the transformation of the FSP programs, in FY 2020-21 LACDMH plans to strengthen employment services provided by the FSP programs and will require each team to have an employment specialist as part of the staffing pattern. The employment specialist could be an Occupational Specialist.
- The County received trailers from the State that are currently being used for families that were homeless and for individuals that are at high risk of death from COVID. The County is exploring the use of trailer parks for housing individuals that are homeless.

Prevention and Early Intervention (PEI)

PEI includes the following services:

- Prevention
- Early Intervention
- Stigma and Discrimination
- Suicide Prevention

This Plan reflects continued efforts in the expansion of prevention services through community platforms that are outside of traditional clinic settings.

Plan page 65

Number of clients who received a direct service through PEI in FY 2018-19
(not inclusive of all the outreach and prevention efforts)

Clients Served	New Clients Served
50,865 clients received a direct mental health service: <ul style="list-style-type: none">▪ 67% of the clients are children▪ 18% of the clients are TAY▪ 51% of the clients are Hispanic▪ 10% of the clients are African American▪ 8% of the clients are White▪ 3% of the clients are Asian▪ 74% have a primary language of English▪ 23% have a primary language of Spanish	30,369 new clients receiving PEI services countywide: with no previous MHSA service <ul style="list-style-type: none">▪ 23% of the new clients are Hispanic▪ 5% of the new clients are African American▪ 4% of the new clients are White▪ 74% have a primary language of English▪ 22% have a primary language of Spanish

FY 2020-21
\$217.0M

FY 2021-22
\$187.3M

FY 2022-23
\$174.6M

Estimated Expenditures

Comment Summary

- Lack of collaboration with established youth serving organizations in the area of Prevention Community Outreach.
- Partnerships with schools/libraries and other entities - As is the MHSA plans outlines organizations that will partner with for many services, it would be helpful to know how those services will be delivered in the new era of physical distancing.

Response

PREVENTION AND EARLY INTERVENTION

- LACDMH Prevention programs serve clients of all age groups with a focus on reducing risk factors and building protective factors to mitigate the long-term impacts of unaddressed mental health issues. These programs provide mental health education, outreach, early identification and linkage to promote individual, family and community wellbeing.
 - Prevention and Aftercare Networks
 - Youth Diversion and Development Program
 - Community Schools with Los Angeles County of Education
- In response to Covid-19, LACDMH and partnering agencies have taken new measures in addressing the needs of their clients., such as providing tele-mental health services to maintain ongoing services and supports readily available for the community. Providers have also established the use of virtual assessment tools, virtual groups, home delivery or drive up pick-up of concrete goods, designated office hours following all CDC regulations, and virtual meet-up community engagement groups, and trainings through HIPAA approved online platforms. Discussions between schools and LACDMH have centered on how to provide social-emotional support to students, caregivers, and the community while adhering to the physical distancing plans developed by the school sites (e.g. small in-person groups).

Innovation (INN)

INN includes the following programs:

- INN 2 - Community Capacity Building to Prevent and Address Trauma
- INN 3 - Help@Hand (formerly Technology Suite)
- INN 4 - Transcranial Magnetic Stimulation
- INN 5 - Peer Support Specialist Full Service Partnership
- INN 7 - Therapeutic Transportation
- INN 8 - Early Psychosis Learning Healthcare Network

Plan page 120

Requesting timelines be adjusted to the 5-year maximum for the following INN projects:

- INN 2 – Community Capacity Building to Prevent Trauma
- INN 3 – Help @Hand (formerly Technology Suite)
- INN 4 – Transcranial Magnetic Stimulation
- INN 7 – Therapeutic Transport

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Workforce Education and Training (WET)

WET includes the following programs:

- Training and Technical Assistance: Public Mental Health Partnership
- Navigator Skill Development Program
- Learning Net System
- Charles R. Drew Affiliation Agreement - Pathways to Health Academy Program
- Intensive Mental Health Recovery Specialist Training Program
- Expanded Employment & Professional Advancement Opportunities for Parent Advocates, Child Advocates and Caregivers in the Public MH System
- Continuum of Care Reform (CCR)
- Financial Incentive Programs

Plan page 114

- LACDMH will implement a training plan that provides targeted trainings on MHSA and the Community Program Planning process.
- LACDMH plans to expand its existing Second Year Stipend Program to include other classifications, such as psychologists.
- Five-Year Statewide WET Plan: New funding will allow LA County to consider reinitiating financial incentive programs, including but not limited to, the Mental Health Loan Repayment Program

Page 27



Estimated Expenditures

Comment Summary

- No range of numbers per year for staff internships and training (MSWs, Psychologists).
- Will additional training and support be offered to clinicians to help their clients navigate thru this unprecedented time?
- Will WET funds be used to create a curriculum that educates clinicians on how to respond to clients who have intergenerational trauma and have experienced police violence?

Response

- LACDMH does not coordinate internship placements for the public mental health system, rather such agreements are negotiated between the graduate schools and individual contractor programs. LACDMH sponsors internship placements for students placed at LACDMH sites. With regard to training for clinical staff, 80% of the trainings offered at LACDMH are for clinical staff (MSWs, MFTs, Psychologists, Nurses, Substance Abuse Counselors, etc.). Training offerings are posted on the LACDMH internet or promoted via the different specialty programs (Child Welfare, Outpatient Services, Prevention Early Intervention, Forensic Programs). Continuing education credits are offered for 95% of those trainings.
- The following LACDMH website <https://dmh.lacounty.gov/resources/> provides resources for addressing the challenges that present to our communities and mental health consumers/their families. Additional training offerings are pending discussion and development.
- The LACDMH-UCLA Prevention Center for Excellence offers training and a catalog of resources specific to trauma and trauma informed care. Discussions for updating and incorporating training offerings relevant to intergenerational and police violence trauma are forthcoming. Training information is available at: <https://www.wellbeing4la.org/>.

Capital Facilities and Technological Needs (CFTN)

- Capital Facilities

Fund the capital development of a network of Restorative Care Villages on County hospital campuses

- MLK Campus Child & Family WellBeing Center
- Olive View Campus UCC
- Olive View Mental Health Wellness Center
- High Desert Campus UCC

- Technological Needs

- Eight ongoing IT projects

Plan page 147 (TN) & 151 (CF)

CF

FY 2020-21
\$29.3M

FY 2021-22
\$0M

FY 2022-23
\$0M

TN

FY 2020-21
\$5.6M

FY 2021-22
\$6.0M

FY 2022-23
\$6.0M

Estimated Expenditures

Comment Summary

- Technology - Common access to LACDMH data services

Response

- LACDMH is using Software as a Service (SaaS) applications that are cloud based to centralize collection of and therefore expanded availability of data related to a wide array of LACDMH operations. That paired with its Data Warehouse Redesign project (aka Healthcare Enterprise Analytics and Resource Search/Performance Dashboards) creates a more comprehensive, centralized and standardized departmental data environment that will be available for analysis, reporting and other data services. LACDMH is also expanding use of tools, such as Power BI reports and dashboards, which make that data more readily accessible to non-IT users

Comment Summary

- What sorts of technologies will be in place to better coordinate services and not create long delays in coordinating departments or track clients?

Response

- To improve interdepartmental care coordination and tracking of clients:
 - Many of the SaaS applications under development are directly related to client tracking, referral management, facilitating timely access to care, and facilitating access to providers and services that best fit the needs of clients;
 - LACDMH participates in the Countywide Master Data Management program and the open data initiative Enterprise Information Management program which have resulted in a data mart where the identities of clients served across departments with disparate data systems can be linked;
 - Earlier this fiscal year, LACDMH went live on LANES (Los Angeles Network for Enhanced Services – HIE) which allows clinical staff to directly query the HIE to obtain timely healthcare information from other LANES participating organizations;
 - Direct Secure Messaging (DSM) – Essentially an EHR to EHR secure email that allows communication and sharing of patient health information between providers for care coordination;
 - LACDMH has been participating in the development of a countywide RFP to develop a new set of tools to modernize the county's 211 referral management functionality; and
 - LACDMH and DPH are planning to transform their current service delivery models for the treatment of mental health and substance abuse disorders by adopting a modern data exchange platform using the FHIR standard which will enhance data exchange capabilities with contract providers and improve the delivery of services to patients and clients.

Comment Summary

- Can the plan show the amount of funds spent or allocated based on the Communities, such as target population or community demographics) or project idea?
- Data used comes from current utilization and does not capture data for those who need services but are not receiving them.

Response

- The LACDMH team is currently working on the data and will provide to the Mental Health Commission once the information is reviewed and ready for distribution. Moving forward, the information will be incorporated into future plans and annual updates.
- This information can be found on page 50 of the August 2019 LACDMH Cultural Competency Plan Update - Criterion 2 Section: Updated Assessment of Services Needs. The Plan is available online at http://file.lacounty.gov/SDSInter/dmh/1061452_2019CCPlanCR1-8FINAL.pdf.

Comment Summary

- Discuss in more detail how the transition from FSP slots to FSP team based model will occur, specifically will all contractors have to re-apply through an RFP process.

Response

- A multidisciplinary team will have responsibility for a particular population of FSP clients. In the past, if an FSP program had 10 staff, they would have 150 slots allocated (15 slots per team member); 15 clients would be assigned to each clinician, case manager, peer, substance abuse counselor, etc., whereas the new model would have a multidisciplinary team with staff from various disciplines and specialties who could collaborate on clients' needs, which would probably vary over time. For example: a new client entering FSP might have a primary clinician, who partners with a housing specialist, a substance abuse counselor, and a psychiatrist to meet the immediate needs of the client. Over time, that client may become housed and achieve sobriety but it is discovered that he now has diabetes, and is interested in finding part time employment. The primary clinician & psychiatrist would then partner with the team's nurse and employment specialist. The initial phase of FSP transformation will be with current LEs already providing FSP services. After a 2-3 year adaptation/evaluation period, all LEs (including new LEs) would be invited to apply through an RFP process.