

# MHSA Three-Year Program and Expenditure Plan

Fiscal Years 2021-22 to 2023-24

Presentation to the  
Mental Health Commission  
Executive Committee Meeting  
February 11, 2021



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

Our mission is to optimize the hope, wellbeing and life trajectory of Los Angeles County's most vulnerable through access to care and resources that promote not only independence and personal recovery, but also connectedness and community reintegration.

# MHSA Three-Year Program and Expenditure Plan Presentation

- ▶ Overview of the Community Planning Process (CPP)
  - ▶ Activities and Meeting Dates
  - ▶ Upcoming Important Dates
  - ▶ Summary of Stakeholder Needs Assessment and Feedback
- ▶ Review of Existing and Proposed New Programs and Services by MHSA Component
  - ▶ Community Services and Supports Component
  - ▶ Prevention and Early Intervention Component
  - ▶ Workforce Education and Training Component
  - ▶ Innovations Component
  - ▶ Capital Facilities & Technology
- ▶ Questions and Feedback

# MHSA THREE-YEAR PLAN COMMUNITY PLANNING PROCESS

- ▶ The Community Planning Process (CPP) is used to obtain feedback from a broad array of stakeholders on the MHSA Three-Year Plan (Plan) for Fiscal Years (FYs) 2021-22 thru 2022-24

## CPP Activities and Meeting Dates:

- ▶ Oct 21, 2020 - DMH presented a timeline of scheduled CPP efforts for FY 2020-21 to the Community Leadership Team (CLT), made up of Co-Chairs from 2 stakeholder networks: the Service Area Leadership Teams (SALTs) and Underserved Community Groups (UsCC), their feedback was collected
- ▶ Oct-Nov 2020 - DMH conducted multiple meetings with SALTs and UsCCs to present MHSA background, components, and programs. These stakeholders were provided demographic and consumer needs info for each Service Area. A Needs Assessment was conducted at each meeting and an Online Survey was used to collect feedback
- ▶ Feb 11, 2021- A Summary of the Plan, including an overview of Stakeholder Feedback collected will be presented to the MH Commission Executive Committee to receive input and feedback

## Upcoming Important Dates:

- ▶ March 5, 2021- A Summary of the Plan, including Stakeholder Feedback will be presented to the CLT to receive input and feedback
- ▶ March 18, 2021 - The full version of the draft Plan will be posted at the DMH Website.
- ▶ April 22, 2021 - Public Hearing by the Mental Health Commission will take place to receive a Vote on the Plan.

## MHSA THREE-YEAR PLAN COMMUNITY PLANNING PROCESS

- ▶ The CPP Community Needs Assessment and Discussion with each of the SALTs and UsCCs involved a questionnaire used to collect input from these stakeholders concerning the unmet needs within their service areas and/or cultural groups
- ▶ Input received from the Community Needs Assessment reflected 8 major themes
  - ▶ Additional Mental Health Services across all ages, geographic areas, and cultural groups with a special focus on services for Children and Youth and the API community
  - ▶ A focus on levels of care
  - ▶ Additional Supportive Housing and Beds
  - ▶ Data
  - ▶ Training
  - ▶ Funding for Non-Direct Services
  - ▶ Covid-19 Safety Measures
  - ▶ Social Equity
- ▶ In addition, stakeholder feedback was also received via an Online Survey made available during the entire course of the CPP timeline/process
- ▶ All stakeholder input and concerns were collected and addressed by DMH Subject Matter Experts and compiled in one document for distribution and inclusion in the finalized Plan

## MHSA THREE-YEAR PLAN

### MHSA PLAN COMPONENTS

- ▶ MHSA funded programs and services are developed and implemented under 5 Plan Components
- ▶ **MHSA Plan Components include:**
  - ▶ Community Services and Supports (CSS)
  - ▶ Prevention and Early Intervention (PEI)
  - ▶ Workforce Education and Training (WET)
  - ▶ Innovations (INN)
  - ▶ Capital Facilities & Technology (CAP/IT)

# EXISTING AND PROPOSED NE PROGRAMS AND SERVICES BY MHSA COMPONENT

## COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

### Overview

- ▶ Largest MHSA component with 76% of the total MHSA allocation
- ▶ For clients with a diagnosed serious mental illness
- ▶ For FY 2019-20
  - ▶ Approx. 147,766 unique clients received a direct service
  - ▶ 50,502 new clients served with no previous MHSA service (38% Hispanic, 15% African American, 16% White, 78% have a primary language of English, 14% have a primary language of Spanish)

Service Area	Number of Clients Served	Number of New Clients
SA 1 - Antelope Valley	8,786	4,800
SA 2 - San Fernando Valley	21,926	10,345
SA 3 - San Gabriel Valley	19,602	11,721
SA 4 - Metro	31,318	16,743
SA 5 - West	10,236	5,698
SA 6 - South	28,413	15,796
SA 7 - East	12,662	7,406
SA 8 - South Bay	30,675	17,317

# EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

## Full Service Partnership (FSP)

### FY 2019-20 Data by Program/Service

- ▶ Provides services guided by a commitment to do “whatever it takes,” for clients within defined focal populations to assist them in achieving their recovery goals
- ▶ In FY 2019-20
  - ▶ 3,584 Child Slots-3,994 Served
  - ▶ 1,410 Transition Age Youth Slots- 2,950 Served
  - ▶ 10,986 Adult Slots-7,715 Served
  - ▶ 885 Older Adult Slots-1,897 Served
- ▶ Reduces: homelessness, incarceration and hospitalization
- ▶ Increases: Independent Living

### Proposed Changes in the Three-Year Plan

- ▶ Redesign from slot-based programming model to a team-based model
- ▶ Restructure FSP contracts to include new program parameters for all ages
- ▶ Add performance-based criteria to FSP contracts to ensure continuous improvement of client care
- ▶ Incentivize providers for improved client outcomes in reductions in homelessness, justice involvement, psychiatric hospitalization and increases in independent living
- ▶ Transform Housing FSP to the new Housing and Supportive Services Program

# EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

## Outpatient Care Services (OCS)

### FY 2019-20 Data by Program/Service

- ▶ Provides Community-Based Services, Clinic-Based Services and Wellbeing Services, including:
  - ▶ Transition Age Youth Probation Camps
  - ▶ Transition Age Youth Drop In Centers
  - ▶ Integrated Care Program
  - ▶ Older Adults Training
  
- ▶ In FY 2019-20 Served
  - ▶ 24,549 Children
  - ▶ 17,971 Transition Age Youth
  - ▶ 57,620 Adults
  - ▶ 14,934 Older Adults

### Proposed Changes in the Three-Year Plan

- ▶ No proposed changes at this time



## EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

### Alternative Crisis Services (ACS)

#### FY 2019-20 Data by Program/Service

- ▶ Residential Bridging-linkage services for clients with co-occurring mental health and medical issues
- ▶ 8 Urgent Care Centers located in SAs 2, 4, 5, 6, and 8, approx. 122 Beds, 47,435 client contacts
- ▶ Enriched Residential Services -1,401 admissions
- ▶ 10 Crisis Residential Treatment Centers with a total of 147 Beds
- ▶ Law Enforcement Teams fielded 20,995 calls, of which 66% reported being homeless. Of those calls, there were only 646 (3%) arrests.

#### Proposed Changes in the Three-Year Plan

- ▶ No proposed changes at this time

# EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT

## COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

### Housing

#### FY 2019-20 Data by Program/Service

- ▶ \$390M in housing capital investments through No Place Like Home, \$50M additional to be awarded
- ▶ 2,399 tenant-based Permanent Supportive Housing (PSH) units
- ▶ \$10M in ongoing rental subsidies for 413 clients in FSP programs who are homeless with high acuity
- ▶ \$2.4M for 1,082 households for move-in costs needed to transition from homelessness to housing
- ▶ Expanded Enriched Residential Care Program to provide funding for licensed residential facility to serve a final census of 572 clients at FY end
- ▶ 504 interim housing beds to provide 1,129 individuals and 153 families with short-term shelter and case management services

#### Multi-Yr Housing Investments

- ▶ \$970M for 140 permanent housing developments, funding 3,608 units for individuals with serious mental illness
- ▶ Operating subsidies for 13 of 140 housing developments
- ▶ Housing Full Service Partnership services at 92 housing sites
- ▶ \$500K in funding from the Conrad N. Hilton Foundation for the short-term housing needs of individuals released from prison
- ▶ \$100M to develop PSH at Restorative Care Village sites on hospital campuses

# EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

## Housing

### County Initiative to Expand Mental Health Bed Capacity and Improve Service Quality

- ▶ Pilot program to procure various types of beds that are funded by different sources (MHSA, Sales Tax Realignment, SAMHSA)
- ▶ Covid-19 created greater need for beds to:
  - ▶ Focus on prevention and diversion to subacute and open residential treatment beds, as well as crisis residential beds
  - ▶ Decompress County hospital beds
- ▶ Strategy to invest resources in open residential beds associated with
  - ▶ MHSA Alternate Crisis Services-Enriched Residential Services, Crisis Residential Care, Congregate Care and Urgent Care Centers
  - ▶ MHSA Housing-Enriched Residential Care

### FY 2020-21 Budget at Gross Cost

(includes partial implementation of Bed Pilot)

- ▶ Acute Psych Hospitals -\$209M
- ▶ Subacute - \$194M (includes IMD, Medical SNF, State Hospitals & State Hospital Alternatives)
- ▶ Open Residential - \$38M (includes Enriched Residential Services, Crisis Residential, Enriched Residential Care & Congregate Care)
- ▶ Other - \$49M (Urgent Care Center Chairs)

**Total Budgeted \$490M**

# EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT

## PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT

### Overview

- ▶ Second largest MHSA component with 19% of the total MHSA allocation
- ▶ Focus on providing preventative and early intervention strategies, education, support and outreach to those at risk of developing mental illness or experiencing early symptoms
- ▶ Programs/Service Components include:
  - ▶ Prevention
  - ▶ Early Intervention
  - ▶ Suicide Prevention
  - ▶ Stigma and Discrimination Reduction

# EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT

## Priority Populations

- ▶ The Mental Health Services Oversight and Accountability Commission has established PEI Priorities for the new 3-Year Plan
- ▶ DMH allocated PEI funding based on the below priority populations in the previous 3-Year Plan

PEI	% Allocation
Suicide Prevention	2%
SDR	1%
Strengthening Family	12%
Trauma	26%
Families Under Stress	40%
At Risk Youth	14%
Vulnerable Communities	3%
	100%

- ▶ The new 3-Year Plan will continue to align PEI programs and services with the above priority populations, as appropriate.

# EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT

## FY 2019-20 Data by Program/Service

- ▶ Approximately 47,602 unique clients received a direct service
  - ▶ 65% Children, and 19% Transition Age Youth
  - ▶ 45% Hispanic, 9% African American, 8% White, and 2% Asian
  - ▶ 74% primary language of English and 22% primary language of Spanish
  - ▶ 26,381 new clients (44% Hispanic, 8% African American, 8% White, 74% primary language of English and 22% primary language of Spanish)
  - ▶ Below are clients served by Service Area

Service Area	Number of Clients Served	Number of New Clients
SA 1 - Antelope Valley	3,410	2,990
SA 2 - San Fernando Valley	7,596	5,840
SA 3 - San Gabriel Valley	8,494	6,414
SA 4 - Metro	6,329	5,388
SA 5 - West	1,828	1,685
SA 6 - South	6,049	5,163
SA 7 - East	6,720	5,892
SA 8 - South Bay	7,923	6,846

## EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT

### FY 2019-20 Data/Outcomes by Program/Service

- ▶ Provided an array of PEI Programs/Projects, Prevention Programs, Early Intervention Programs, Evidence Based Practices, Promising Practices, Community Defined Programs
- ▶ Early Intervention Programs consistently produces significant symptom reductions pre and post treatment
- ▶ Raised awareness of the importance of mental and emotional wellbeing and health, and the impact of trauma through outreach training and partnerships;
- ▶ Promoted resilience strategies on systems and communities;
- ▶ Built organizational and community capacity to promote wellbeing and resiliency and to recognize and respond to trauma and mental health needs;
- ▶ Built bridges to mental health care when it is requested

## EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT

### Continued Work in the Three-Year Plan

- ▶ Expand Community Based Platforms that increase access to preventative supports thru collaborations with other County Departments, including but not limited to Libraries, Parks, DCFS, DPH, DPSS, CEO, and WDACs and other community initiatives that increase access and awareness, including but not limited to School Based Community Access Platforms, Veterans Peers Access Platforms, Transforming LA (Incubation Academy), and Regional Prevention Fund.
- ▶ Collaborate with UCLA on development and launch of an interactive, trauma-focused training platform through the Center of Excellence.
- ▶ Assessed CalMHSA Mini-Grants
- ▶ We Rise Campaign



# EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT INNOVATIONS (INN) COMPONENT

## Overview

- ▶ Provides 5% funding for time-sensitive projects that introduce new or improved practices or approaches to the delivery of mental health services.
  
- ▶ INN projects
  - ▶ INN 2 - Community Capacity Building to Prevent Trauma
  - ▶ INN 3 - Technology Suites
  - ▶ INN 4 - Transcranial Magnetic Stimulation “TMS”
  - ▶ INN 5 - Peer Operated FSP
  - ▶ INN 7 - Therapeutic Transport
  - ▶ INN 8 - Early Psychosis Learning Network
  - ▶ INN 9 - Conservatee Support
  - ▶ TRIESTE

## EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT INNOVATIONS (INN) COMPONENT

### Continued Work in the Three-Year Plan

The following projects will require extensions to the original project timeline due to delayed implementation. The timelines will adjust to the 5-year maximum.

- ▶ INN 2 Community Capacity Building to Prevent Trauma-Additional 1-year extension
- ▶ INN 3 Technology Suites-Additional 2-year extension
- ▶ INN 4 TMS - Additional 2-year extension
- ▶ INN 7 Therapeutic Transport-Additional 2-year extension

# EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT WORKFORCE EDUCATION AND TRAINING (WET) COMPONENT

## Overview

- ▶ Focused on creating and supporting a workforce that is culturally competent, consumer/family driven and promotes the transformation of mental health services to a strength based approach that is inclusive of recovery, resilience and wellness

## Updates for FY 2020-21

- ▶ Proposed use of the MHSA State WET Regional Partnership Grant to fund a Loan Repayment Program similar to the State's Mental Health Loan Assumption Program (MHLAP)
  - ▶ Public review and comment period was July 23, 2020 to August 21, 2020.
- ▶ Proposed suspension of MHSA WET Stipend Program for Fiscal Year 2020-2021 due to the economic impact of COVID-19 resulting in curtailments across County Departments
  - ▶ Curtailments impact recruitment of students who will likely not have the ability to be hired and would be placed at risk of having to repay the stipends.
  - ▶ The public review and comment period was July 15, 2020 to August 13, 2020.

# EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT WORKFORCE EDUCATION AND TRAINING (WET) COMPONENT

## Continued Work in the Three-Year Plan

- ▶ Training and Technical Assistance: Public Mental Health Partnership
- ▶ Navigator Skill Development Program
- ▶ Learning Net System/EventsHub
- ▶ Charles R. Drew Affiliation Agreement - Pathways to Health Academy Program
- ▶ Charles R. Drew Affiliation Agreement - Psychiatric Residency Program
- ▶ Intensive Mental Health Recovery Specialist Training Program
- ▶ Expanded Employment and Professional Advancement Opportunities for Parent Advocates, Child Advocates and Caregivers in the Public Mental Health System
- ▶ Financial Incentive Programs
- ▶ Interpreter Training Program
- ▶ DMH+UCLA Public Partnership for Wellbeing
- ▶ DMH/Harbor-UCLA Post Doctoral Fellowship
- ▶ Peer Focused Training
- ▶ Licensure Preparation Program (MSW, MFT, PSY)
- ▶ WET Regional Partnership
- ▶ Continuum of Care Reform (CCR)

## EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT CAPITAL FACILITIES/TECHNOLOGY (CAP/IT) COMPONENT

### Overview

- ▶ Capital Facilities funds infrastructure to accommodate the implementation of MHSA programs
- ▶ Technology Needs funds technological supports/projects to advance two overarching MHSA goals
  - ▶ Increase consumer and family empowerment towards providing the tools for secure consumer and family access to health information; and
  - ▶ Modernization of Transformation of clinical and administrative information systems to ensure quality of care, parity, operational efficiencies and effectiveness

## EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT CAPITAL FACILITIES/TECHNOLOGY (CAP/IT) COMPONENT

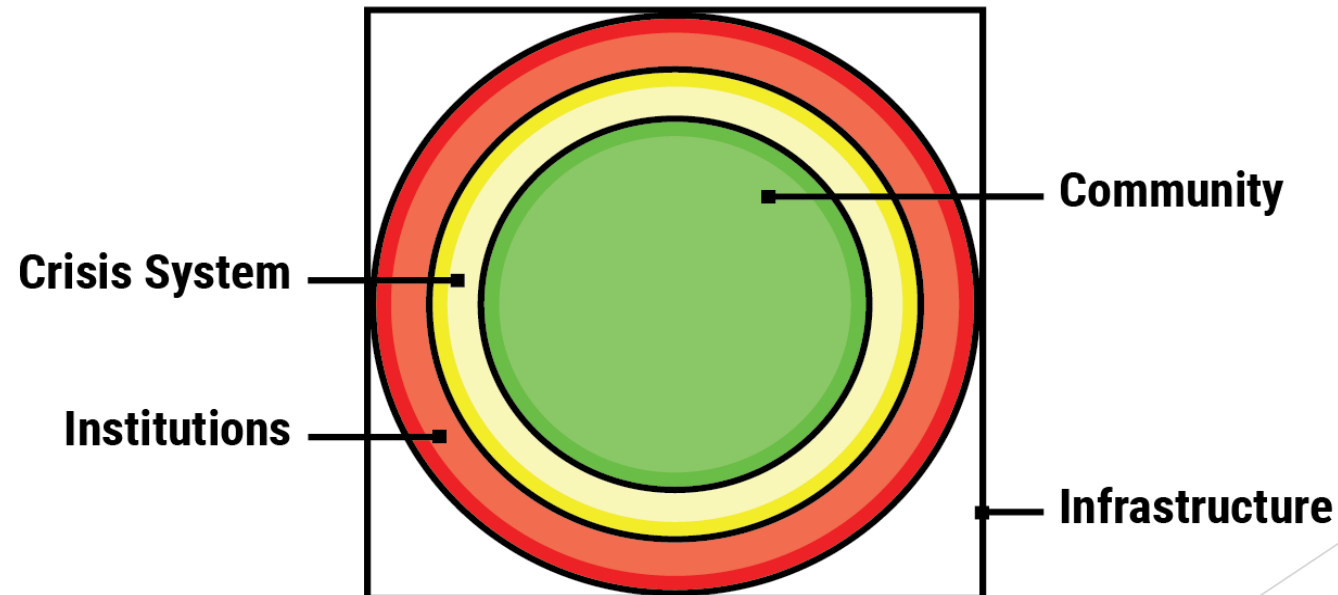
### Proposed Changes in the Three-Year Plan

- ▶ DMH Call Center Modernization Project to design and implement multiple technological and business process improvements.
  - ▶ Improve client care delivery and enhance the Agent experience
    - ▶ Simplify call workflows and case documentation
  - ▶ Build a foundation to grow the DMH ecosystem
  - ▶ Reduce time-to-care with the extension of integration capabilities to Provider and Crisis Response Teams
  - ▶ Drive a reduction in call hold times
  - ▶ Automate call and client analytics

# MHSA Three-Year Program and Expenditure Plan FYs 2021-22 to 2023-24 and the DMH Strategic Plan

- ▶ DMH will align programs and services in the 3-Year plan with the Department's Strategic Plan which is focused on 4 major Domains: Community, Crisis System, Institutions and Infrastructure
- ▶ The Plan will identify how programs and services fit within each domain and the expected outcomes to achieve the goals of the Strategic Plan

## DOMAINS FOR OUR STRATEGY



# MHSA Three-Year Program and Expenditure Plan FYs 2021-22 to 2023-24

Questions and Feedback



# MHSA Three-Year Program and Expenditure Plan FYs 2021-22 to 2023-24

THANK YOU FOR YOUR PARTICIPATION