

▶▶ **MHSA Update**
MH Commission
September 28, 2023

MHSA Administration



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
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Los Angeles County Department of Mental Health MHSA Stakeholder Process

An Update on the MHSA Three-Year Plan

Community Planning Process

and the Community Planning Team

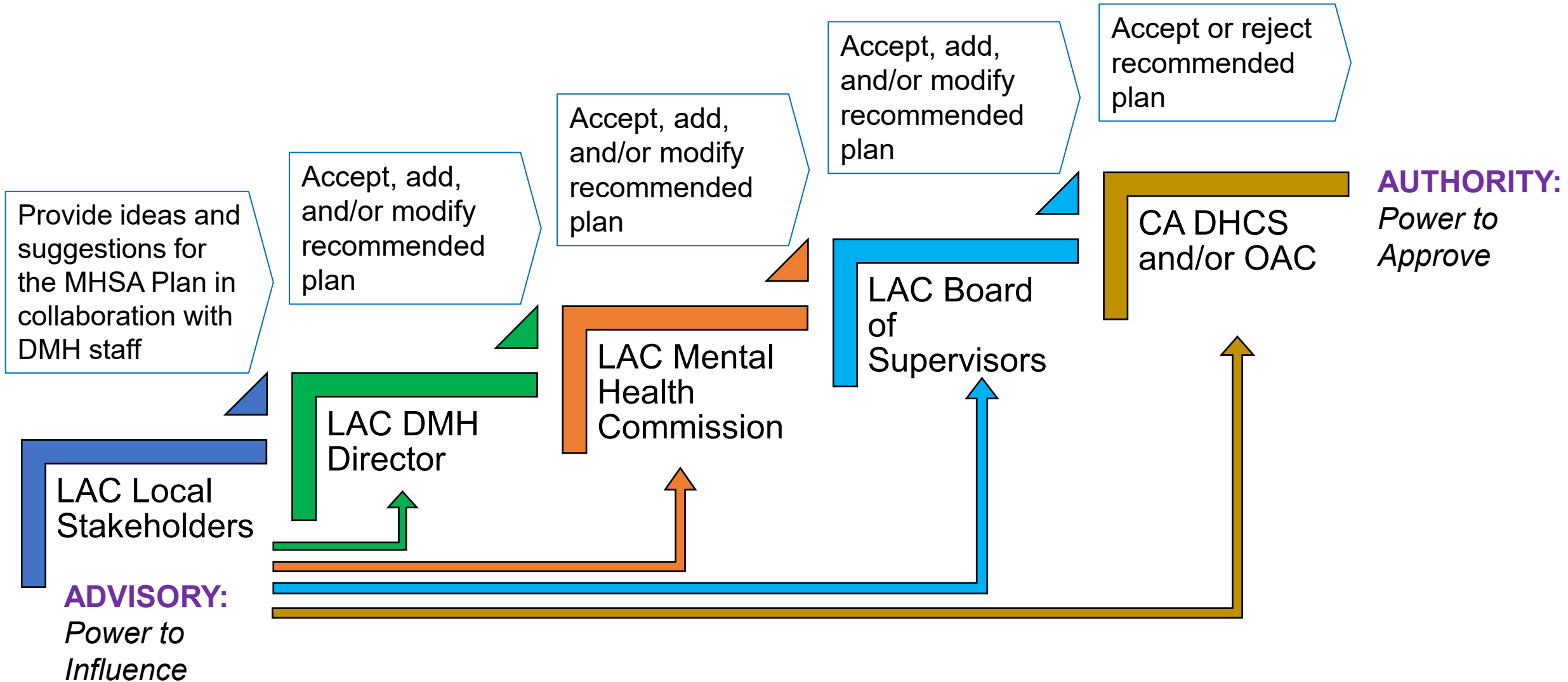
OBJECTIVES

1. Orient on the purpose, focus, and scope of the Community Planning Process (CPP) for the *MHSA Three-Year Plan*.
2. To describe the make up and purpose of the Community Planning Team (CPT) and how the structure differs from the YourDMH Framework

Note on the Plan: The Three-Year Plan is a Two-Year Plan for FY 24-25 and FY 25-26

- The current *MHSA Three-Year Plan* ends in fiscal year 2023-24, but it was supposed to end in 2022-23. Plan was extended one year due to pandemic related delays.
- The State requires all counties to revert to the original three-year fiscal year cycle prior for reporting consistency across all counties.
- Los Angeles County's *MHSA Three-Year Plan* will therefore cover only two fiscal years from 2024-25 and 2025-26 to successfully revert back to original 3-year timeline.

Local MHSA Plan Approval Process

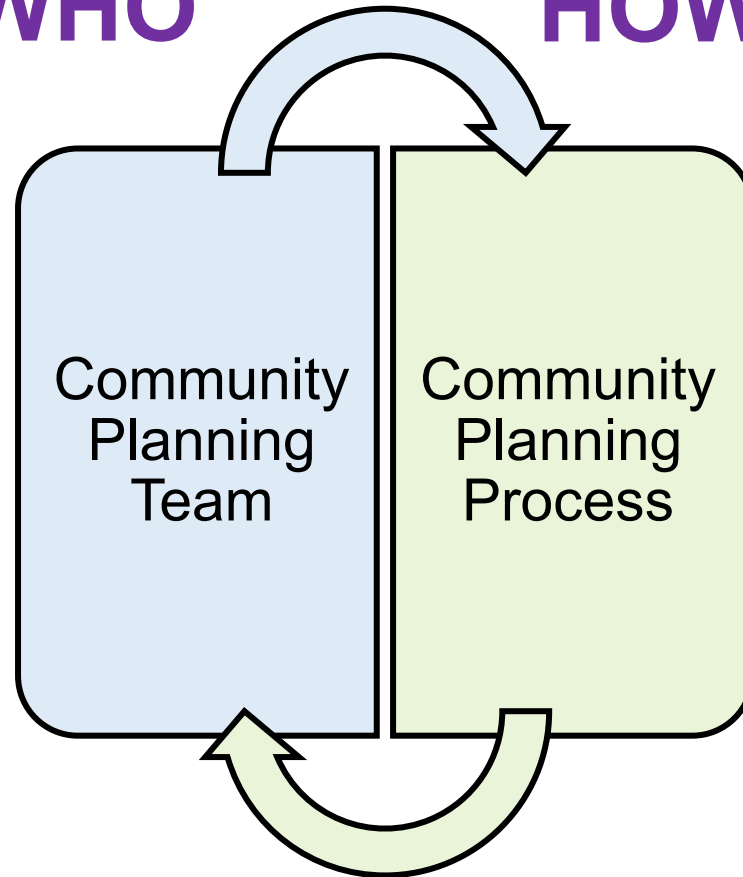


OVERVIEW:

Community Planning Process

TWO PARTS

WHO **HOW**



- Multiple stakeholder groups
- Demographic and cultural diversity
- People with lived experience as consumers, family members, caregivers, and peers

- Meaningful engagement opportunities: input and recommendations through larger group sessions and 4 smaller focused workgroups
- Concrete supports for equitable participation for all groups

Who?

COMMUNITY

PLANNING TEAM

Multi-stakeholder

Diverse



About the CPT

Purpose: The Community Planning Team's purpose is to generate recommendations for Los Angeles County's *MHSA Three-Year Plan*

CPT vs. Stakeholders at Large and the Public: Stakeholder meetings are public and can be attended by anyone. The general public can provide input in the Community Process but are not voting members on the final recommendations to DMH on the Plan. CPT, including Stakeholders at Large members are tasked with receiving all input from the Community Planning Process and voting on recommendations to formally submitted to DMH for the Draft Plan

CPT vs. YourDMH: Multi-stakeholder groups vs. CLT (i.e. only SALTs and UsCC)

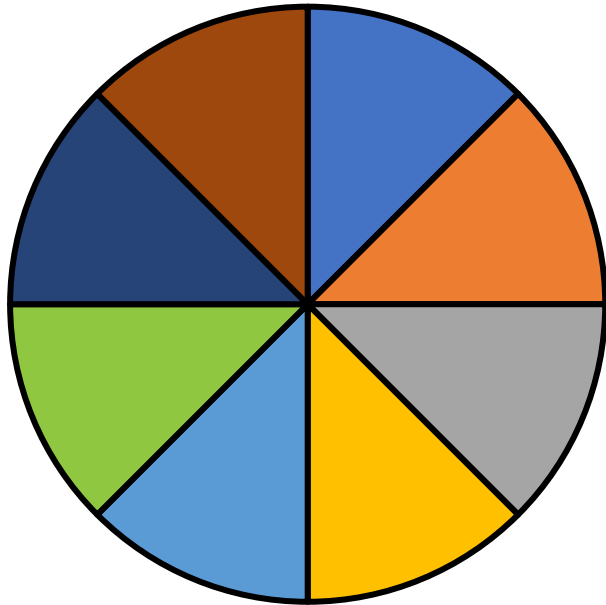
Power:

- The Community Planning Team is an ADVISORY body.
- It has the power to recommend (i.e., influence).
- It does not have the authority to approve the *MHSA Three-Year Plan*.

CPT DESIGN

UNIVERSAL CITATION: [9 CA Code of Regs 3200.270](#)

- The State Code of Regulations for MHSA names specific stakeholder groups that must be involved in the community process.

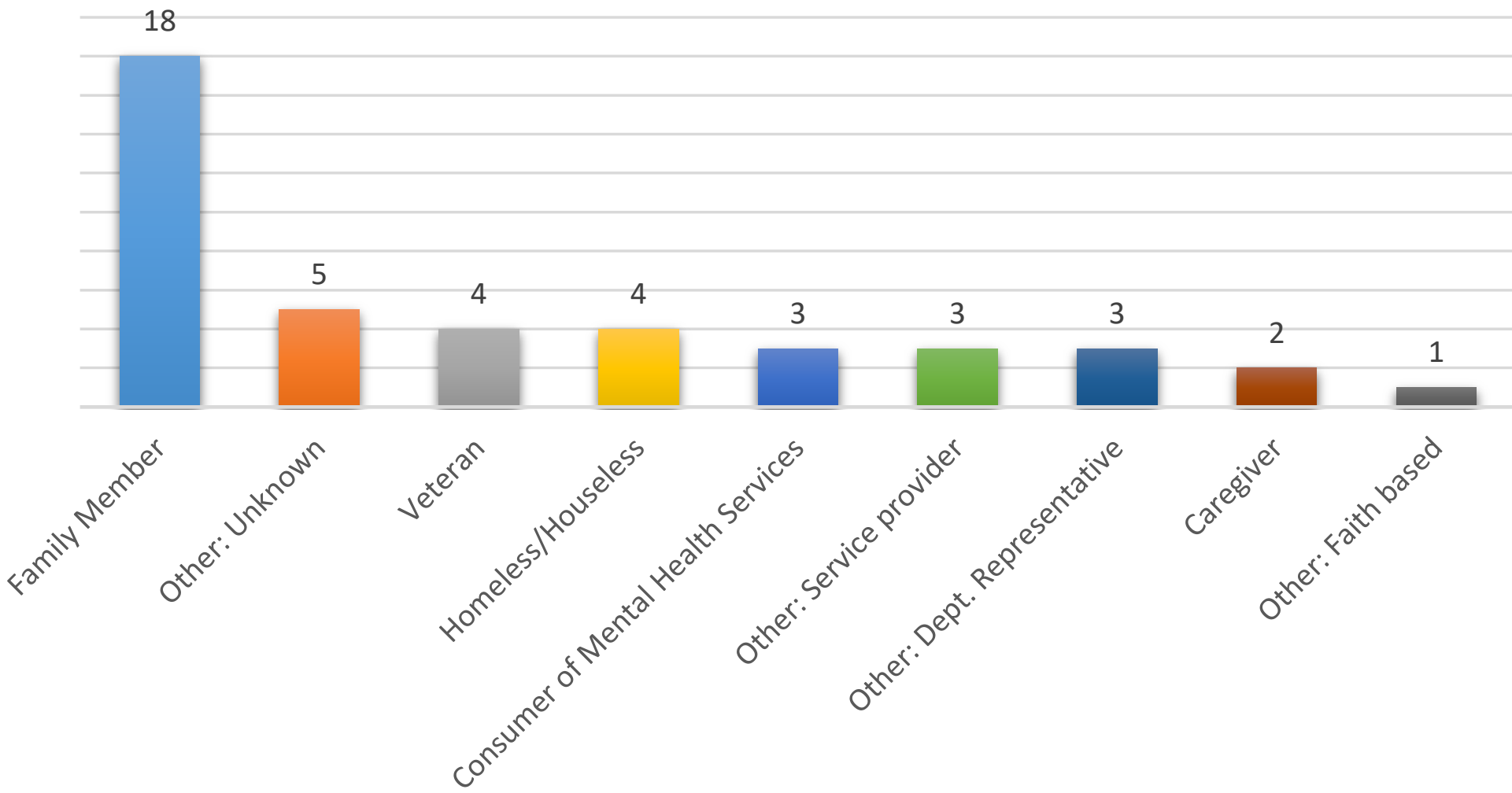


Stakeholder Groups
• Individuals with serious mental illness and/or serious emotional disturbance and/or their families;
• Providers of mental health and/or related services such as physical health care and/or social services;
• Educators and/or representatives of education;
• Representatives of law enforcement;
• Any other organization that represents the interests of individuals with serious mental illness/ and/or serious emotional disturbance and/or their families.

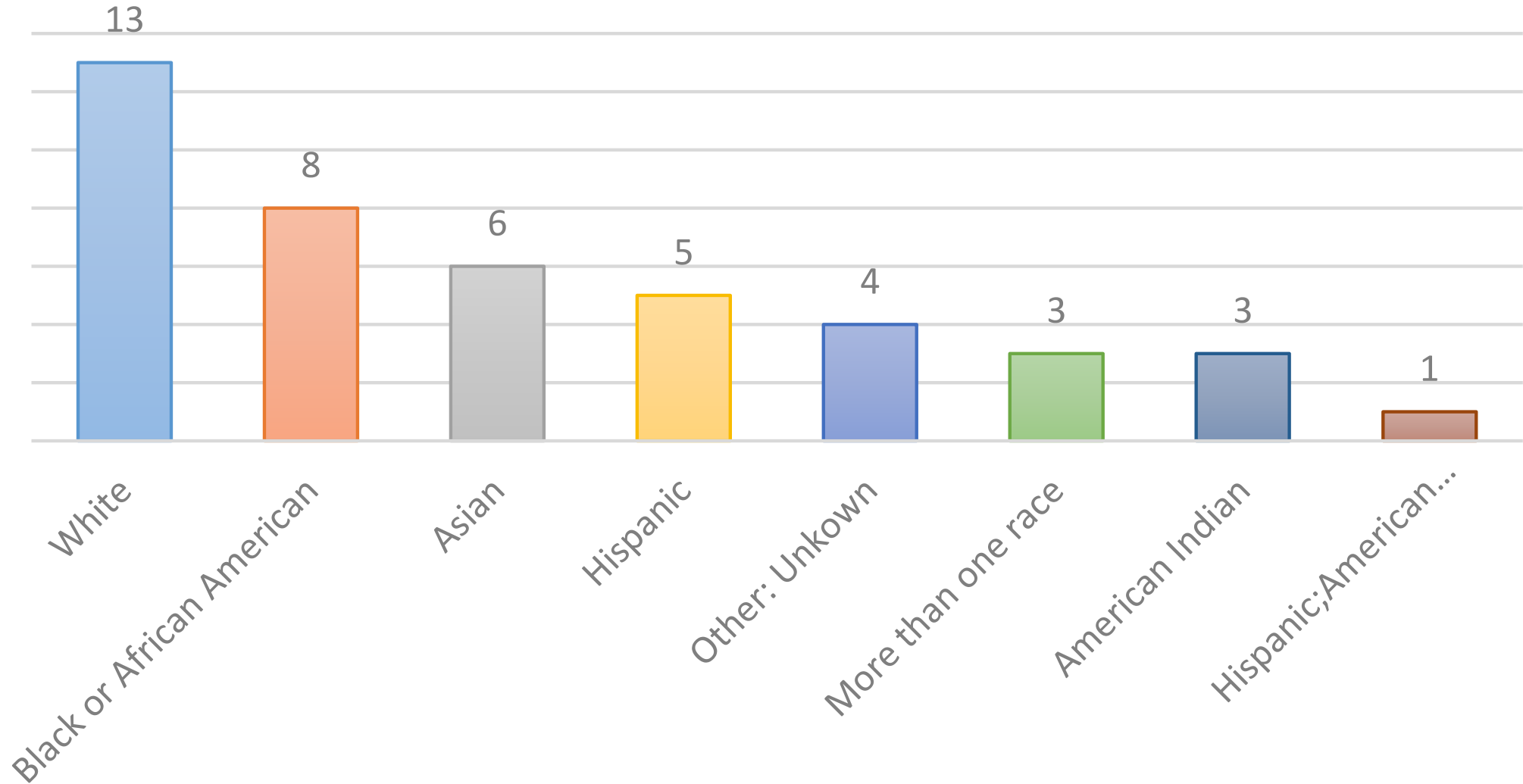
CPT DIVERSITY PROFILE AS OF 9/25/23

- **The following Excel charts were developed with the latest data received from Community Planning Team members as of September 25, 2023**
- **Highlights:**
 - Total number of CPT slots: 108
 - Total number of CPT members: 43 confirmed members /65 still waiting for Diversity Survey completion
 - Total number of CPT Alternate Slots: 16
 - Total number of CPT Alternate members confirmed: 6

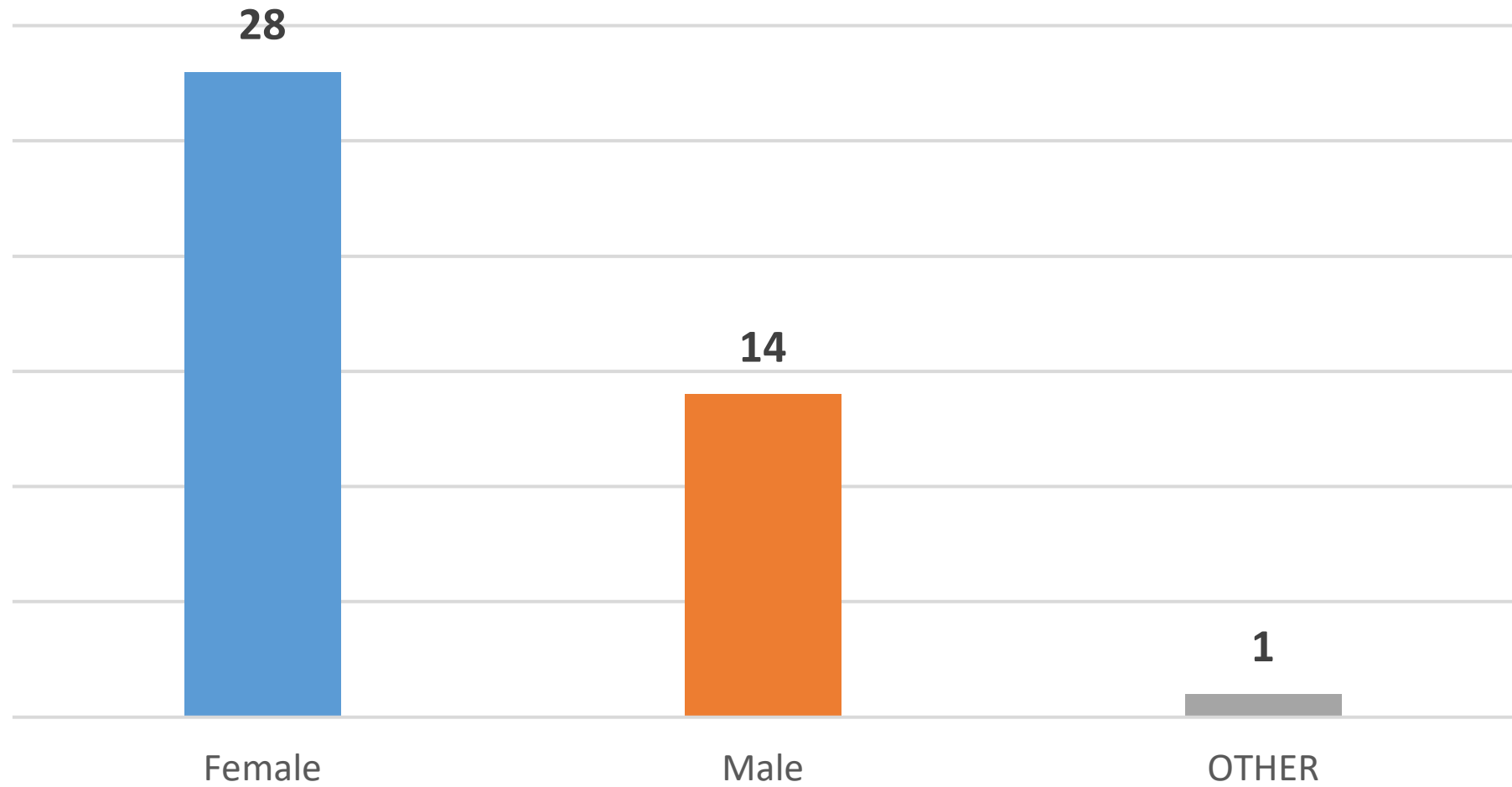
CPT MEMBER PRIMARY LIVED EXPERIENCE



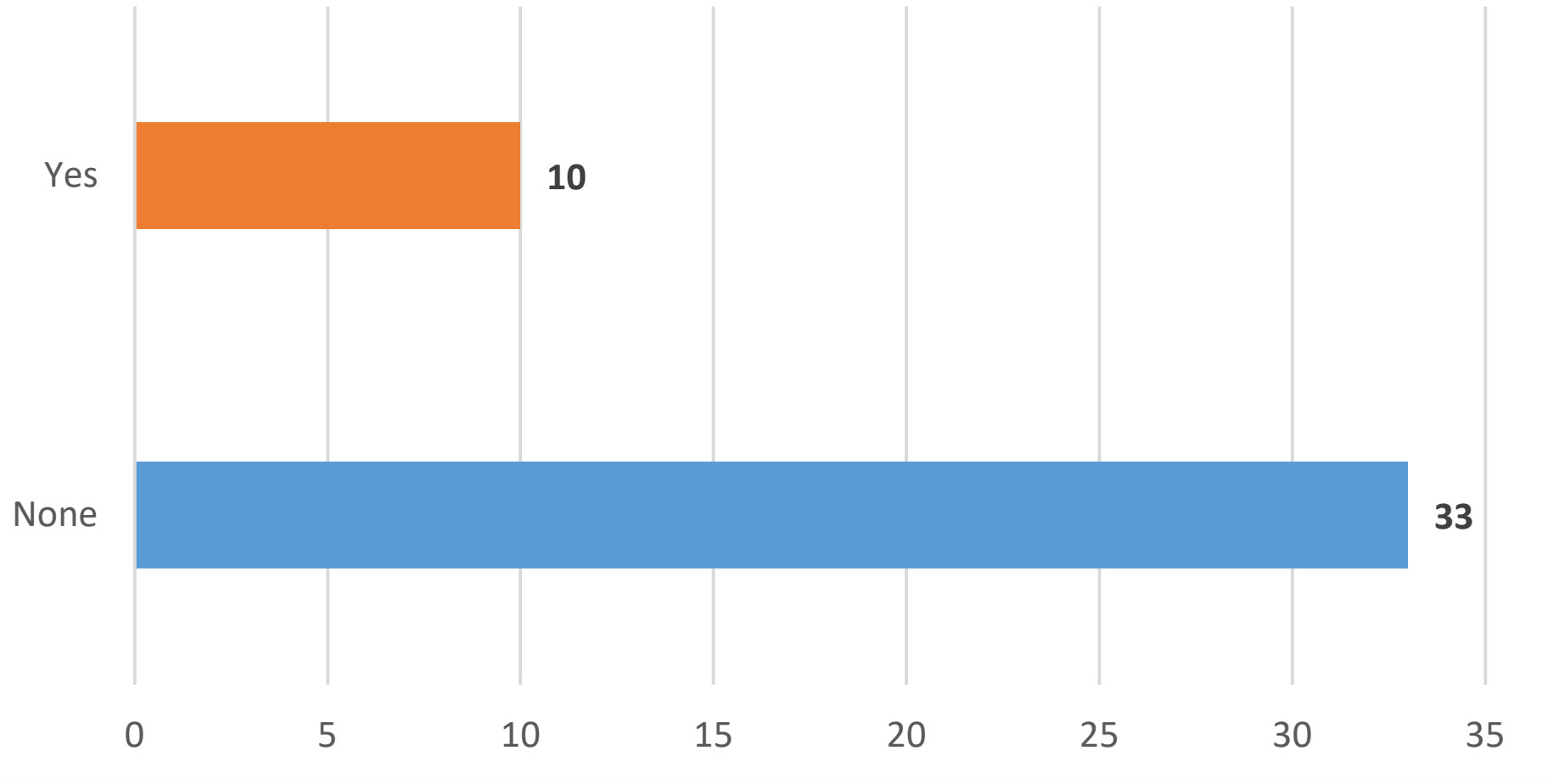
CPT MEMBER CULTURAL DIVERSITY



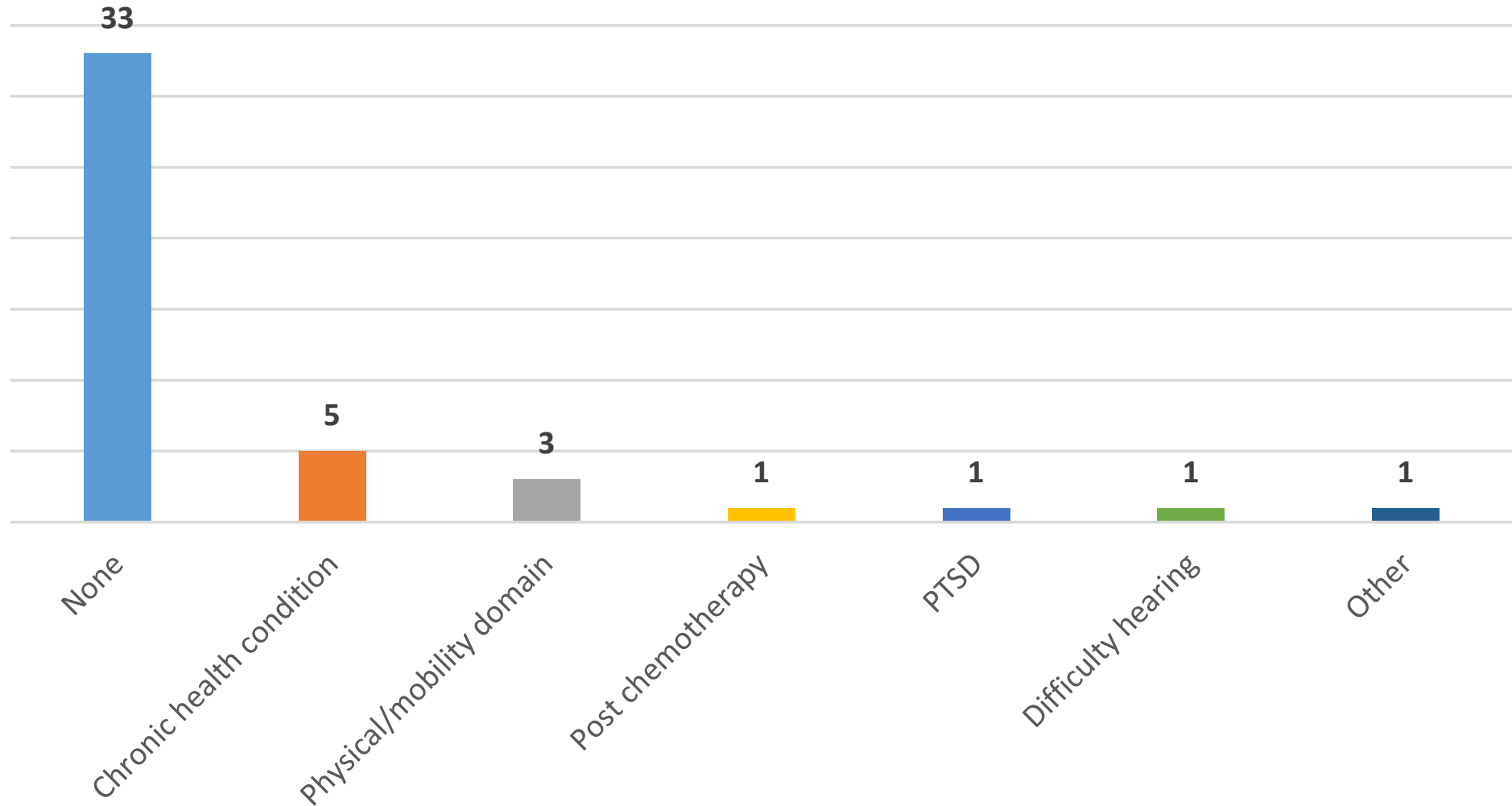
CPT MEMBER - GENDER (CURRENT)



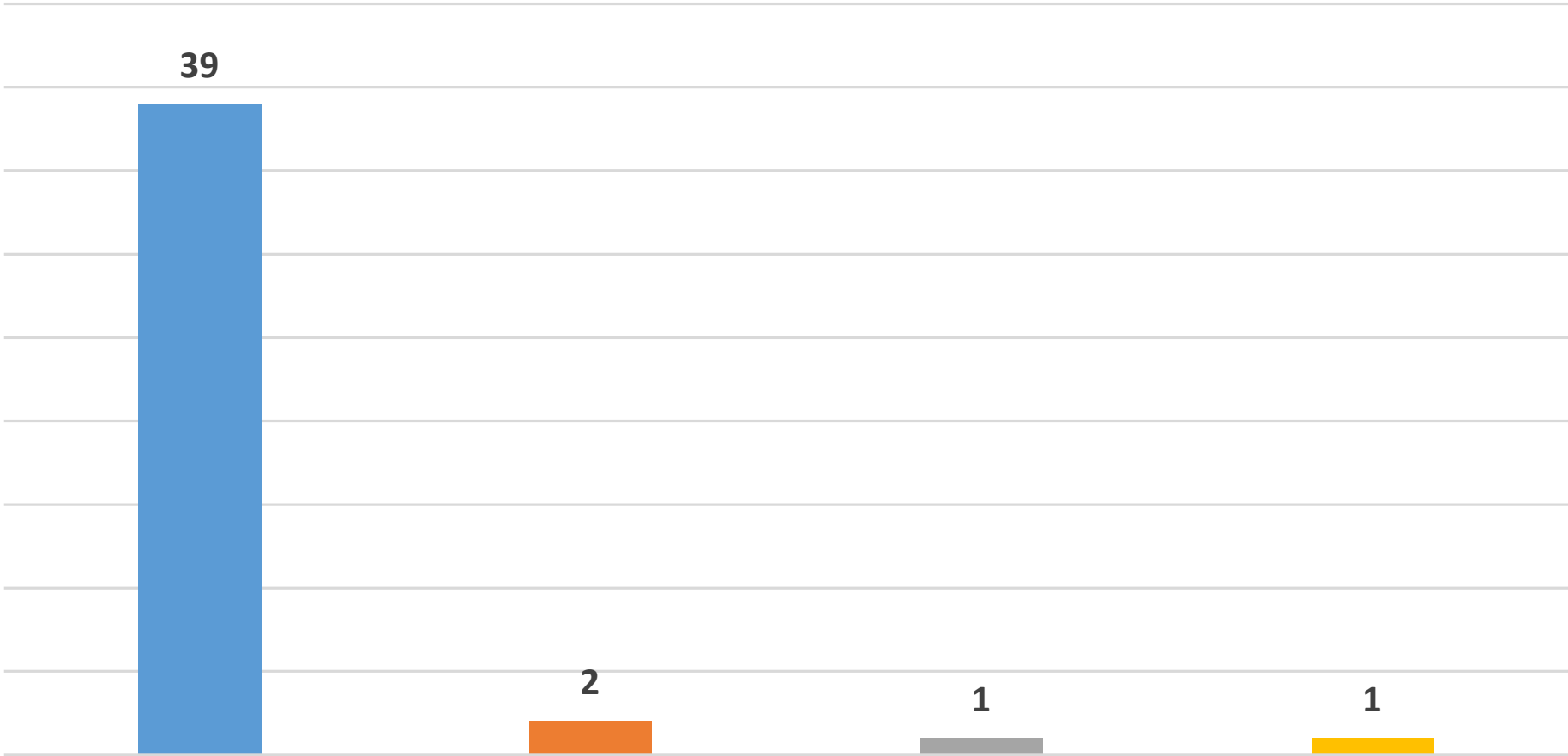
CPT MEMBERS WITH DISABILITY



CPT MEMBERS Count of Specific Disability



CPT-PRIMARY LANGUAGE



English

Spanish

Armenian

Korean

CPT DIVERSITY PROFILE AS OF 9/25/23

Next steps to confirming Diversity Data for 65 remaining CPT slots:

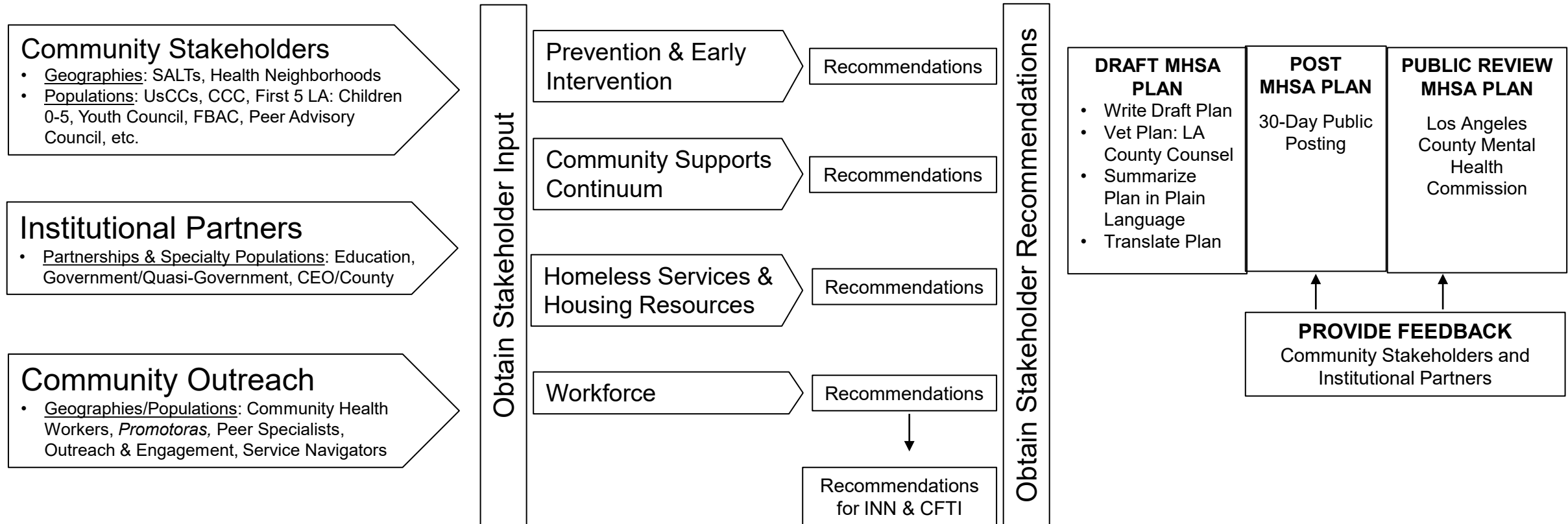
- Friday, 9/29: Meeting with MH Commission CPT Representatives to select 9 slots for: Community Health Workers/Promotoras: 2 candidates/1 alternate; Housing & Homelessness: 1 candidate/1 alternate; Peer Specialist: 2 candidates/1 alternate; Service Providers: 2 candidates/1 alternate; Veterans: 2 candidates/1 alternate
- Tuesday, 10/3: CPT Meeting reminder announcement and support for individuals to complete survey

**How??
COMMUNITY
PLANNING
PROCESS**



BIRD'S EYE VIEW: COMMUNITY PLANNING PROCESS

PHASE 1: INPUT	PHASE 2: RECOMMENDATIONS	PHASE 3: CPP CLOSING
July August September	October November December	January February March
FOCUS: Understand needs, review data, generate suggestions. *CPT Member Confirmation	FOCUS: Analyze needs, assess options, develop recommendations	FOCUS: Final stakeholder feedback and plan approval.



*Community Proposals Reviewed during Phase 2

PHASE 1: STAKEHOLDER INPUT (July-September)

Focus and Activities

- DMH provided an overview of the stakeholder process and timeline
- DMH provided stakeholders with data on mental health needs for different populations across LA County and overview of various components of the MHSA-funded system and the issues and gaps
- Stakeholders provided feedback and input on what they view as key mental health needs of their respective communities and/or places
- Stakeholders begin the initial work of formulating the four workgroups for the purposes of continued planning
- Stakeholders provided input and feedback through other monthly stakeholder meetings, including standing SALT, UsCC, CCC, and FBAC meetings

PHASE 2: STAKEHOLDER RECOMMENDATIONS

(October-November)

FOCUS: Stakeholders will develop recommendations and build consensus on recommendations to put forward to the CPT for the 2-year Plan in four areas (Workgroups):

1. Prevention and Early Intervention (PEI);
2. Community Supports Continuum (CSC);
3. Homeless Services and Housing Resources (HSHR), &
4. Workforce (WKF)

PHASE 3: CPP CLOSING (December – March 2024)

FOCUS: Final stakeholder feedback and plan approval.

- **DECEMBER:** The CPT will final recommendations to DMH for the Draft Plan
- **JANUARY:** Draft *MHSA Two-Year Plan*, summarize in plain language, translate, and vet (County Counsel).
- **FEBRUARY:** Post *MHSA Three-Year Plan* for a 30-day public comment period. *Stakeholder groups will be invited to review the plan and gather comments during their monthly sessions.*
- **MARCH:** Los Angeles County Mental Health Commission's review of the proposed *MHSA Three-Year Plan*.

MEETING CALENDAR

Meetings are held from 9a-12p. In person meetings held at St. Anne's located at 155 N. Occidental Blvd, LA, CA.

Up to date meeting information, links and handouts are always available at our MHSA site on the DMH webpage at: [Mental Health Services Act \(MHSA\) - Department of Mental Health \(lacounty.gov\)](https://www.lacounty.gov/dmh/mhsa).

Inquiries can be submitted to communitystakeholder@dmh.lacounty.gov

DATES	GROUP	MODE	LOCATION
October 3	CPT	In Person Only	St. Anne's Conference Center
October 27	Workgroups	Online Only	N/A
November 7	CPT	In Person Only	St. Anne's Conference Center
November 17	Workgroups	In Person Only	St. Anne's Conference Center
December 5	CPT	In Person Only	St. Anne's Conference Center
December 15	CPT	In Person Only	St. Anne's Conference Center

Contact Information

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MHSA Administration Division

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THANK YOU!

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Kalene Gilbert, LCSW

Mental Health Services Act Coordinator



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▶▶ SB 326 Update

- As noted in the legislative report, the Senate Bill (SB) 326 and Assembly Bill (AB) 531 have passed legislature. When signed by Gov. Newsom they will be combined to become Proposition (Prop) 1 on the March 2024 ballot.
- New: Expanded target population
 - Counties may serve individuals with debilitating substance use disorder, and must include this population in planning.
- New: Housing Category
 - Includes, but not limited to, rental subsidies, operating subsidies, shared housing, family housing;
 - May include capital development at a maximum of 25% of this category, beginning FY 32/33; and
 - Does NOT include mental health services and supports.

▶▶ SB 326 Update: Allocations

- New: Proposed Allocations include
 - Housing: 30%;
 - FSP: 35%;
 - Behavioral Health Services and Supports/Flexible: 17%;
 - Early Intervention Child: 9%; and
 - Early Intervention All Age: 9%.
- Allows for a 7% shift among categories with a maximum shift of 14% with State approval.

▶▶ SB 326 Update

Programmatic Impacts

- Programmatic areas of impact include:
 - Prevention will be State administered;
 - Innovations is no longer has a mandatory allocation, may be implemented within any component;
 - DHCS will identify Evidenced Based Practices and Community Defined Evidenced Based Practices (CDEPs)
 - Workforce Education and Training (WET)/Capital Facilities Technological Needs (CFTN);
 - WET will be State administered,
 - CFTN will need to come out of the Behavioral Health Services and Supports (BHSS) category which covers all outpatient, crisis, and linkage services.
 - Outpatient Care Services: Current allocation is 37%, will be reduced to 17%
 - Outpatient Clinic Services includes clinic services for all age groups, linkage programs such as HOME, and Crisis Services including UCCs and PMRT.

▶▶ SB 326 Update

Planning and Reporting

- Changes to the local mental health board (commission)
 - Renamed the Behavioral Health Board (or Commission),
 - Shall advise on community mental health and substance use disorder services delivered by local mental health or behavioral health agency;
 - Must include a member 25 years old or younger.
- Changes to the planning process and reporting
 - Include substance use;
 - Include managed care; and
 - Looks at multiple funding streams, not just MHSA.
 - Include the 5 largest cities; Los Angeles, Long Beach, Santa Clarita, Glendale, and Lancaster

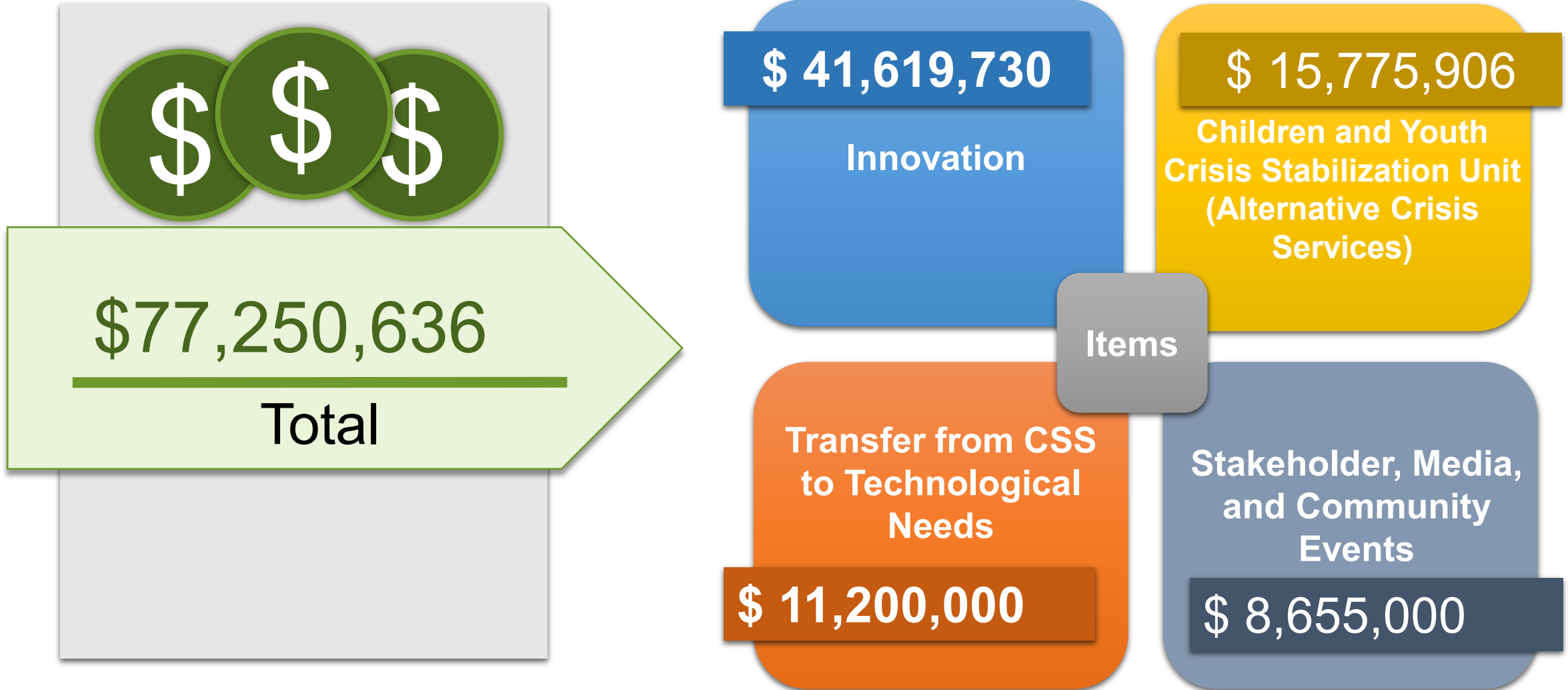
▶▶ SB 326 Update

Next Steps

- Next Steps for DMH:
 - Seek clarification on transition guidelines and when bill language (or lack of language) will significantly impact planning and budgeting;
 - Complete a thorough analysis of impact by component;
 - Educate stakeholders, providers, and workforce on Prop 1 and potential impacts; and
 - Consider strategies in the planning process over the next two years to support transition.

▶▶ Mid-Year Adjustment

Funding for FY 2023-24 Breakdown





Innovation

MHSA Component

Interim Housing Multidisciplinary Assessment & Treatment Teams

Proposed Action

The Oversight and Accountability Commission (OAC) approved the Innovation project on March 7, 2023. Propose to add **\$155,927,580** to the MHSA budget to cover program costs for 5 years.

Fiscal Action

Add ongoing Innovation funding in the amount of **\$155,927,580** to be spent during FYs 2023-24 through 2027-28. Fiscal Year 2023-24 amount is \$41,619,730.

▶▶ Community Services and Supports (CSS)

MHSA Component

	Program Name	Proposed Action	Fiscal Action
Community Services and Supports - Housing	Community Care Expansion	Stakeholders approved the use of \$11,200,000 million in one-time MHSA funding designated for licensed residential facility capital improvements.	Transfer one time Community Services and Supports Housing funding to Capital Facilities and Technological Needs in the amount of \$11,200,000 .
Community Services and Supports – Alternative Crisis Services	Children and Youth Crisis Stabilization Unit (CSU)	<p>Add children and youth crisis stabilization service component to the Alternative Crisis Services plan. Work began in 2021.</p> <p>Restorative Care Villages for Children and Youth Olive View MLK High Desert</p>	Add Community Services and Supports – Alternative Crisis Services on going funding in the amount of \$15,775,906 for Fiscal Year 2023-24 and an annualized amount of \$31,638,291 for Fiscal Years 2024-25 and 2025-26.

▶▶ Community Services and Supports (CSS)

MHSA Component

Program Name

Proposed Action

Fiscal Action

**Community
Services and
Supports –
Outpatient Care
Services**

Wellness Centers

In FY 2017-208, LACDMH renamed its funding plans. All outpatient services, including Wellness is now under the Outpatient Care Services (OCS) LACDMH believes that wellness, recovery, and peer services are essential to the entire continuum of care. LACDMH is integrating its Wellness teams into outpatient service sites. Peer Run Centers and Peer Resource Centers remain as standalone services. Peer Run and Peer Resource Centers include peer support (individual and group), advocacy, linkage, social connections and supports.

No fiscal impact

►► Prevention and Early Intervention - Prevention

MHSA Component

Stakeholder Engagement, Community Activities and Media & Outreach

Proposed Action

LACDMH finalized budgeting plans for Stakeholder, Media, and Community Activities, including May is Mental Health Month activities in May 2023. To continue vital stakeholder, community outreach, and media anti-stigma activities, LACDMH is adding \$8.65M to the ongoing allocation of \$17M for FY 23-24 only. The California Mental Health Services Authority (CalMHSA) is the identified statewide fiscal intermediary to facilitate these activities, approved by the LA County Board of Supervisors on June 19th, 2023.

Fiscal Action

Add Prevention and Early Intervention funding in the amount of **\$8,655,000** for Fiscal Year 2023-24.



Plan of Correction

Proposed Action

Department of Health Care Services provides the county with a written Performance Contract Review Report which includes a description of each finding, suggested improvements, a description of any corrective action(s) needed, and timeframes required for the county to come into compliance. LACDMH will incorporate items as requested into the MHSAs Annual Update, FY 2023-24. Items include the MHSAs 101 Training and the MHSAs Issue Resolution process.

Fiscal Action

No fiscal impact

Questions?



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