DEPARTMENT OF MENTAL HEALTH DIRECTOR'S UPDATE:

MENTAL HEALTH COMMISSION

February 22, 2024

Connie Draxler, Acting Chief Deputy Director

Department of Mental Health

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
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Proposition 1 Behavioral Health Services Act: Overview

***Disclaimer:** County Board of Supervisors does not currently have a position on Prop 1, but may choose to adopt a position in the future. Therefore DMH cannot take a position at this time, we can only share information. The goal of today's presentation is to share objective information*

- Senate Bill (SB) 326 and Assembly Bill (AB) 531 have passed legislature and were signed by Gov. Newsom on October 12, 2023. Combined they become **Proposition (Prop) 1** on the March 2024 ballot. If approved, programmatic changes will begin July 1, 2026. Administrative funding for the new community planning process will begin January 2025.

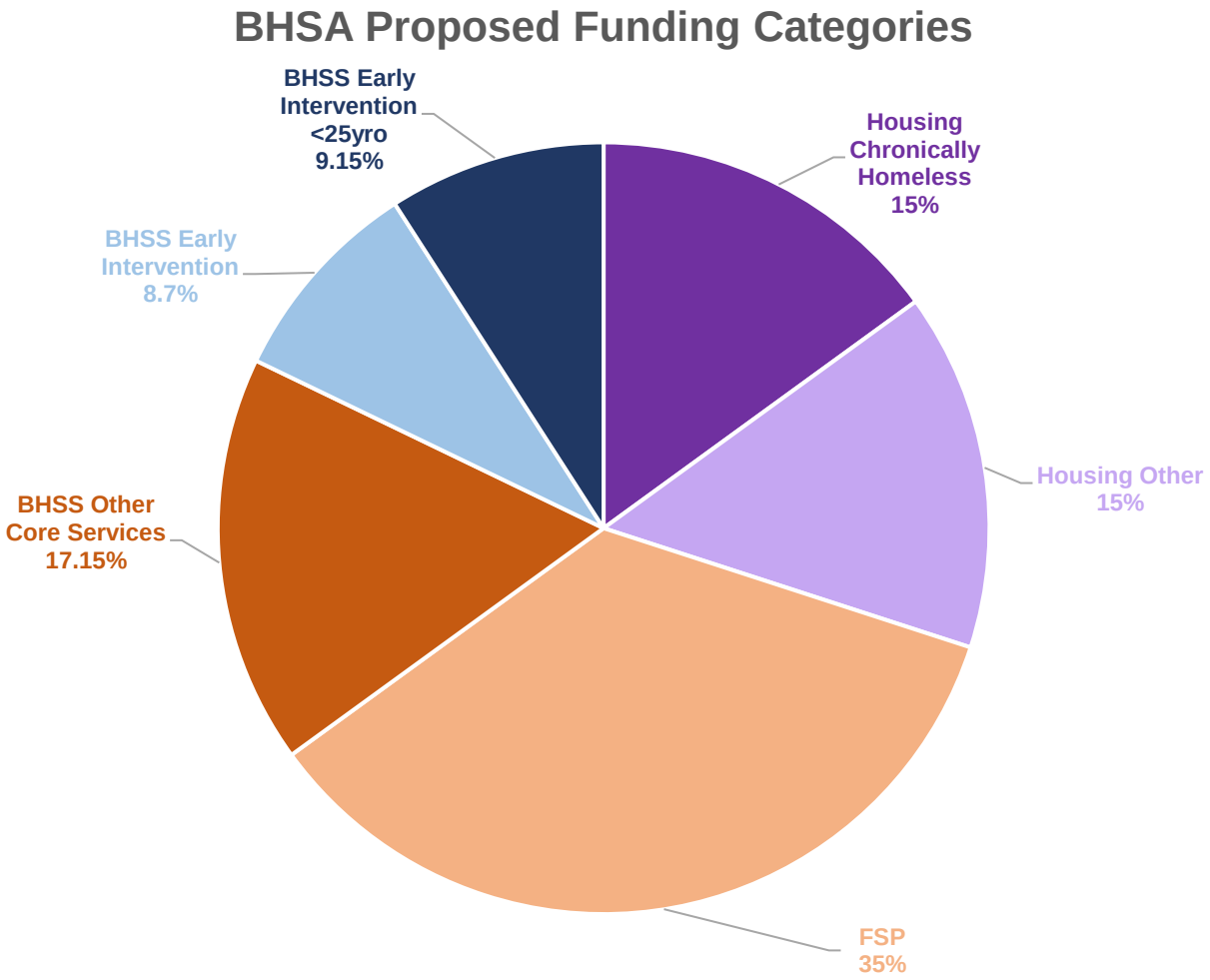
- Adds a $6.3B Housing bond to fund treatment facilities and housing for homeless (AB531)

- Proposes significant shifts in MHSA allocations, impacting funding from core mental health services (Outpatient, Crisis, Linkage) to create a new housing category (SB 326)

Proposition 1 Behavioral Health Services Act Updates (Formerly SB 326)

- New: Proposed Allocations include
  - Housing: 30%;
  - FSP: 35%;
  - Behavioral Health Services and Supports (BHSS) 35%
    - Flexible : 17.15%;
    - Early Intervention: 17.85%

- Allows for a 7% shift from a single category with a maximum shift of 14% total with State approval.



Proposition 1 Behavioral Health Services Act Updates (Formerly SB 326)

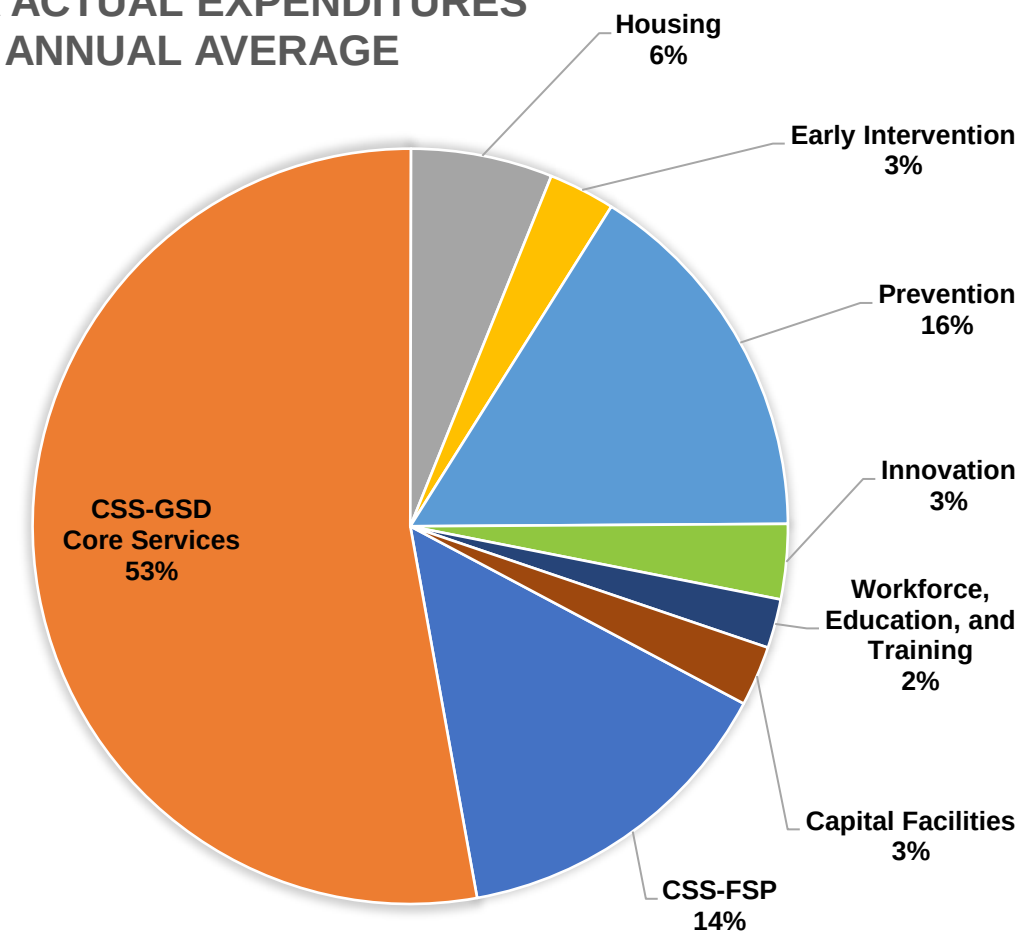
- Requires counties to provide new Substance Use Disorder (SUD) services to SUD-only populations, no additional funding will be added
- No specific allocation for Prevention, Suicide Prevention, Anti Stigma, Workforce Education and Training, and Capital Facilities and Technological Needs which are current funding categories under MHSA
- Prevention and Workforce Education and Training will be State administered

$6.38B General Obligation Bond for Housing (Formerly AB 531)

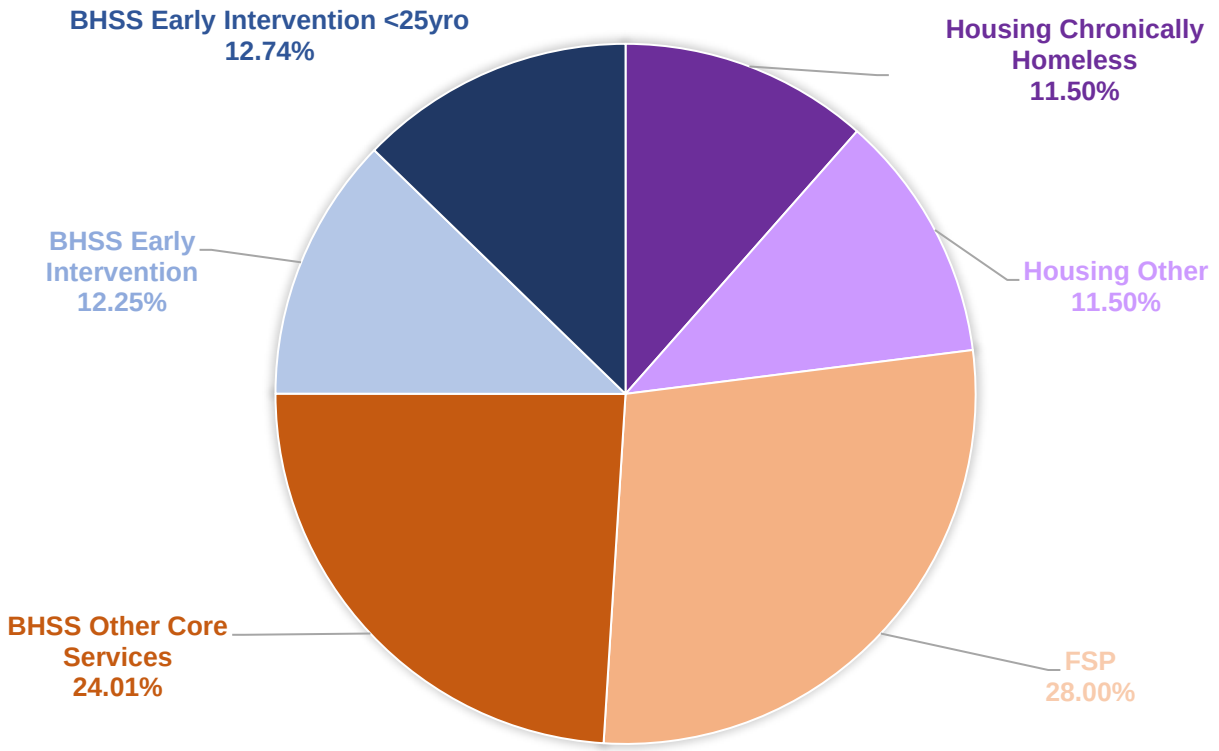
- If passed the State has identified $4.4B for grants for behavioral health treatment and residential settings
  - Of this $1.5B will be awarded to counties, cities, and tribal entities for behavioral health treatment and residential settings
- If passed, the State has identified $1.065B of housing investments for veterans who are at risk of homelessness, experiencing homelessness, or experiencing chronic homelessness who have behavioral health needs or a substance use disorder
- If passed, the state has identified $922 million worth of investments for Californians (not specifically for veterans) who are at risk of homelessness, experiencing homelessness, or experiencing chronic homelessness who have behavioral health needs or a substance use disorder

MHSA Actuals vs. BHSA Adjusted Categories

MHSA ACTUAL EXPENDITURES ANNUAL AVERAGE



BHSA ADJUSTED CATEGORIES



What is included in Core Services?

"Core Services" refers to all non-FSP programs under Community Services and Supports.

- Outpatient Programs: Directly Operated and Contracted, all age groups
- Urgent Care Centers
- Psychiatric Mobile Response Teams
- Crisis Residential Treatment Programs
- Planning, Outreach, and Engagement

What is Included in “Other”?

- Prevention: 16% of the MHSA expenditures – Includes Prevention, Suicide Prevention, and Anti-Stigma and Discrimination
- Innovation: 3.21% of the MHSA expenditures
- Workforce Education and Training (WET): 2.1% of MHSA Expenditures
- Capital Facilities: 2.6% of MHSA Expenditures

What is Different with these BHSA Categories?

All categories are inclusive of individuals who are substance use only.

Full-Service Partnership:

- Assertive Community Treatment Model (ACT) and Forensic Assertive Community Treatment Model (FACT), Individual Placement and Support Model, and High-Fidelity Wraparound
- Ongoing outpatient to continue to meet needs for enrolled participants
- Ongoing engagement services necessary to maintain enrolled individuals in their treatment plan inclusive of clinical and non-clinical services

What is Different with these BHSA Categories?

Early Intervention (EI):

- Biennial list of evidence-based and community defined evidence practices published by DHCS will guide services
- EI programs must be individualized, no population-based approaches

- EI programs must emphasize reduction of:
  - Disparities in behavioral health
  - Suicide and self harm, incarceration, school suspension/expulsion/failure to complete– including early childhood 0-5,
  - Unemployment,
  - Prolonged suffering,
  - Homelessness,
  - Removal of children from homes,
  - Overdose, and
  - Mental illness in children and youth from social, emotional, developmental, and behavioral health needs in early childhood

What is Different with the New Housing Category?

Housing Category

- Includes, but not limited to, rental subsidies, operating subsidies, shared housing, family housing
- Does NOT include mental health services and supports.
- May include capital development at a maximum of 25% of this category, beginning FY 32/33
- Counties can use BHSA for housing supports for non-Medi-Cal where managed care plans have not elected to cover housing
- Housing supports as defined by DHCS, include but not limited to the Community Supports Guide.
- 51% to support individuals defined as Chronically Homeless per the TBD State definition

Strategies Going Forward

Consider Outpatient programs that can be funded with FSP:

- Multiple levels of FSP: ACT, FSP, Lower Level of FSP
- Outpatient services for individuals at risk of hospitalization, homelessness, justice involvement, and child welfare involvement
- Linkage services which serve individuals how are, or at risk of hospitalization, homelessness justice involvement, and child welfare involvement

Consider Prevention and Outpatient programs that can be funded with Early Intervention:

- Review Prevention programs which provide direct contact, and can provide claimable services

Review other sources of funding

Remaining Questions for the State to Answer

Full Service Partnership

- Inclusive of Crisis Services?
- Regulations change for lower levels of care?
  - Outcome Measures
  - 24/7 Field Response

Early Intervention

- Will there be revised regulations, and will they accommodate services current included in outpatient and linkage?
- Will there be a change in the 18-month limit in services?

Housing

- Bill language references Community Supports Policy Guide, can these services be claimed as non Medi-Cal services?

Prevention

How will prevention funds be disseminated to communities?

Principles and Considerations if Proposition 1 Passes

- Maintain engagement with the workforce and community throughout the process
  - Stakeholder townhalls
  - Stakeholder workgroups
- Questions to consider:
  - What strategies and resources are available to ensure continuity of care in outpatient, crisis, and linkage services?
  - How can we ensure Peer services continue to play a role in all levels of care?
  - What strategies and resources can be implemented to support the needs of underserved communities, children, youth, and families served in Prevention programming?

Engaging the Provider and Stakeholder Communities

- Updates to be provided in the Stakeholder Meetings
  - March 19 Stakeholder meeting will provide an update, next steps, and offer opportunity for input. (St. Annes 9:30-12:30)
- Continued updates in Provider Meetings
- Provider Workgroups
- Goal is Continuity
- DMH will continue to advocate for flexibility

SB 43 (Eggman) – Planning for Implementation

- **SB 43 Gravely Disabled (Eggman) = Signed and chaptered**

- Expands the definition of “gravely disabled” to include individuals with severe Substance Use Disorders (without co-occurring mental illness) and individuals who are unable to meet their needs for food, clothing, shelter, personal safety, or necessary medical care
  - 1st major change to the LPS law since its inception in 1967

- LA County Board of Supervisors adopted resolution in December 2023 delaying local implementation until January 1, 2026

- DMH working with DPH-SAPC to develop local implementation plan. Departments have created an executive workgroup.

SB 43: Implications on Capacity & Other Considerations

- **Capacity challenges expected throughout the LPS system**

  - **Expectation for more people to be placed on involuntary holds:**

  As a result of the expanded definition of grave disability, SB 43 is anticipated to result in increases in the numbers of people placed on 5150 holds (up to 72 hours) that will result in capacity needs at LPS facilities where 5150s are placed (e.g., emergency rooms, psychiatric emergency rooms, crisis stabilization units).

  - **Expectation for more people to be placed on longer holds:**

  A portion of those 5150s is anticipated to result in longer term involuntary holds such as 5250s (up to 14 days) all the way to conservatorships, resulting in capacity needs in longer term LPS facilities (e.g., inpatient psychiatric hospitals and other Institutions for Mental Disease).

SB 43: Implications on Capacity & Other Considerations

- **Capacity challenges expected throughout the LPS system**
  - **Expectation that lack of capacity for involuntary SUD care will increase strain on LPS settings:**

  Given current LPS facility constraints and the fact that there are no LPS designated facilities within the specialty SUD system in California, as well as the specialized needs related to severe SUD and medical care, there will be capacity constraints in LPS settings.

- **Involuntary SUD Care**
  - Involuntary SUD treatment is poorly studied and there are significant risks of pushing people with SUD further into the shadows; implementation of SB 43 will need to be carefully executed.
  - Will need to work with SUD treatment providers to create appropriate facilities and service models.

DMH Implementation Considerations

- Operationalizing new definitions
- Re-training and re-designation of individuals who can do 5150's
- Re-training and re-designation of acute psychiatric facilities (over 40 facilities)
- Confirmation with POST on training law enforcement on new definitions
- Training Deputy Public Guardians
- Coordination with Superior Court and Patients Rights on involuntary hold hearings

New Workgroups Established

- DMH is organizing internal and external workgroups to address these operational areas:
  - Client Flow, System Mapping and System Guidelines
    - Co-leads: Debbie Innes-Gomberg, Theion Perkins and Jaclyn Baucum
  - Designation and Training
    - Lead: Debbie Innes-Gomberg
  - Treatment and Care Planning
  - Management of Individuals Ineligible for New Criteria
  - Court Processes/Adherence to Court Orders
    - Leads: Will Birnie and Luis Leyva
  - Community Education and Collaboration
  - Staffing and Budgetary
  - Managed Care Plan Coordination
    - Lead: Jaclyn Baucum

CARE Metrics:
December 1, 2023 to February 21, 2024

- Calls to Self Help Center: 36
- Contacts with individuals at court:52
- Community Contacts:312
- Referrals from partners to DMH: 34
- Petitions filed with Court: 67
- Active petitions today: 49
- Petitions dismissed: 18
- Individuals who have housing: 40
- Individuals with housing needs: 27

*Family members have filed ALL the petitions to date

CARE Next Steps

- Continue hiring efforts: approximately 50% of clinical and administrative staff are hired/onboarding
- State Departments and other members of Cal HHS will be conducting an on-site visit of LA County CARE Programs on February 26-27 including site visits and team member interviews

Thank you

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