

# MHSA Two Year Program and Expenditure Plan, FY 2024-25 through 2025- 26 Highlights

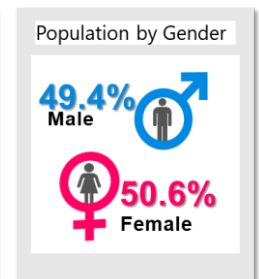
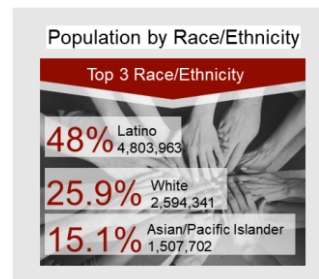
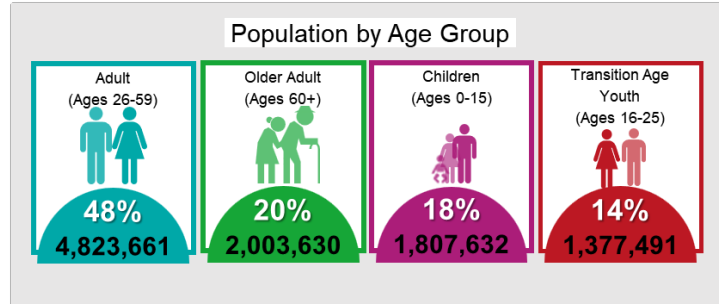


**PREPARED BY:  
MHSA ADMINISTRATION &  
OVERSIGHT DIVISION**

# LOS ANGELES COUNTY POPULATION



The Los Angeles County (County) Department of Mental Health (LACDMH) is the largest county-operated mental health system in the United States. Serving as the local mental health plan in an area with over 10 million residents.

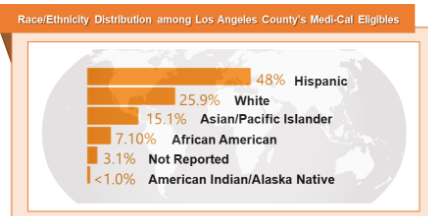
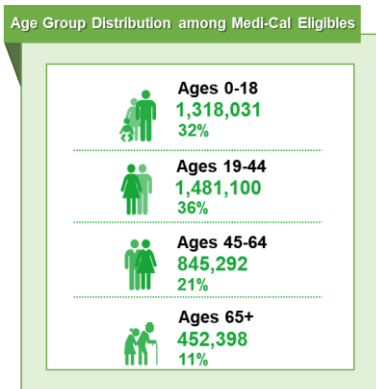


## POPULATION ENROLLED IN MEDI-CAL

This section summarizes the Medi-Cal population and client utilization data by race/ethnicity, language, and age.



Approximately **40%** of the Los Angeles County population makes up the Medi-Cal Eligible population.



## LOS ANGELES HOMELESS SERVICES AUTHORITY

### 2020 GREATER LOS ANGELES HOMELESS COUNTS

The following information is taken from the Quality Assessment and Performance Improvement Evaluation Report 2021 and Work Plan 2022:

The Los Angeles Homeless Services Authority's (LAHSA) results of the 2020\* Greater Los Angeles Homeless Count showed

**66,436 individuals**

in Los Angeles County were experiencing homelessness.

The 2020 Homeless Counts were conducted in January 2020, before the impacts of the COVID-19 pandemic.

Highest Service Area with Individuals Experiencing Homelessness CY 2020

#### SPA 4

had greater than 17,000 individuals experiencing homelessness, the highest of all SPAs.

#### SPA 6

had greater than 5,000 individuals experiencing homelessness who are sheltered.

\*2022 Homeless Count: 65,111 individuals, 45,878 unsheltered, 19,233 sheltered

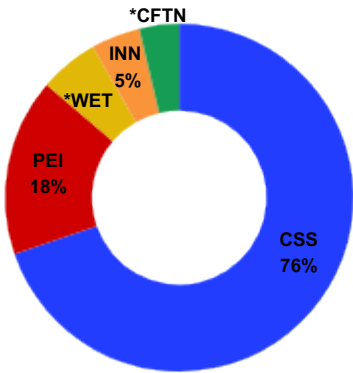


# MHSA INTRODUCTION AND REQUIREMENTS

The MHSA is funded by Proposition 63 and was passed by the Californian electorate in November 2004 and became state law on January 1, 2005. The Act required a one percent (1%) tax on personal incomes above one million dollars (\$1M) to expand mental health services and programs serving all ages.

## MHSA Components

- Community Services and Support (CSS)
- Prevention and Early Intervention (PEI)
- Innovation (INN)
- Capital Facilities and Technological Needs (CFTN)
- Workforce Education and Training (WET)



\*Transfers of CSS funds to WET and/or CFTN are permitted in accordance with MHSA guidelines.

## Three-Year Program and Expenditure Plan and Annual Update



The Los Angeles County must prepare and submit a Three Year Program and Expenditure Plan (Plan) and Annual Update (Update) for MHSA programs and expenditures to Mental Health Oversight and Accountability Commission (MHSOAC) and Department of Health Care Services (DHCS). Los Angeles collaborates and engages stakeholders throughout the planning and development process of the Plan and the Plan must be adopted by the County Board of Supervisors.

## \*MHSA CLIENTS SERVED FY 2022-23

**192,656**  
Unique Clients

Served



**32,254**  
New Clients

Served

### Client Served by Age Group

- 49% Adult (Ages 26-59)
- 23% Child (Ages 0-15)
- 18% TAY (Ages 16-25)
- 13% Older Adult (Ages 60+)



### Client Served by Race/Ethnicity Group

- 39% Hispanic/Latino
- 18% Black/African American
- 16% White
- 18% Unreported
- 5% Asian/Pacific Islander
- 3% Multiple Races
- 1% Native American

\*Only includes a direct mental health service



# COMMUNITY SUPPORT SERVICES

CSS is the largest component of the MHSA. The CSS component is focused on community collaboration, cultural competence, client and family driven services and systems, wellness focus, which includes concepts of recovery and resilience, integrated service experiences for clients and families, as well as serving the unserved and underserved. Housing is also a large part of the CSS component. Services include: Full Service Partnership (FSP), Outpatient Care Services, Alternative Crisis Services, Housing Services, Linkage and Planning, Outreach and Engagement.



# 178,083

## Number of Unique Clients Served

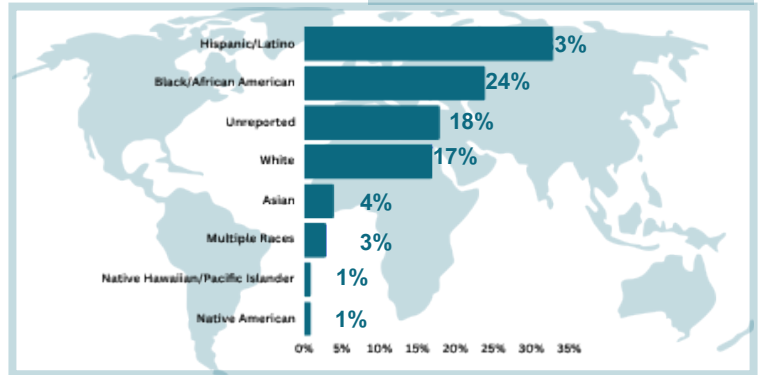


## Full Service Partnership (FSP)

### Race/Ethnicity Group

# 12,941

Unique Clients Served



Client Served by Age Group

**Adult (Ages 26-59)**  
6,563

**Child (Ages 0-15)**  
2,807

**TAY (Ages 16-25)**  
2,273

**Older Adult (Ages 60+)**  
1,692

### Highest Service Area

SA 8  
2,531

SA 4  
2,518

SA 6  
2,501

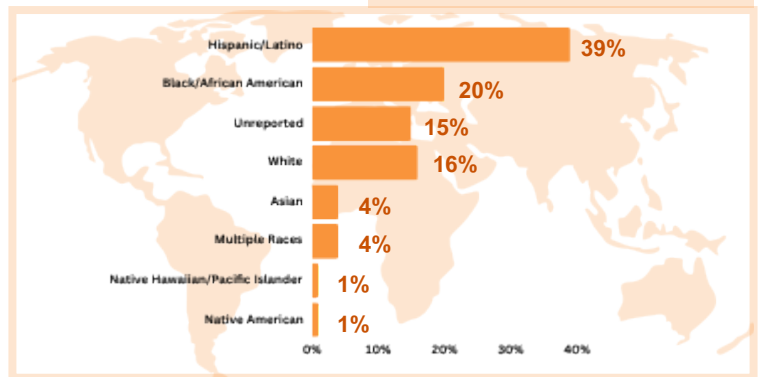


## Outpatient Care Services (OCS)

### Race/Ethnicity Group

# 121,537

Unique Clients Served



Client Served by Age Group

**Adult (Ages 26-59)**  
65,286

**Child (Ages 0-15)**  
20,534

**TAY (Ages 16-25)**  
20,415

**Older Adult (Ages 60+)**  
18,288

### Highest Service Area

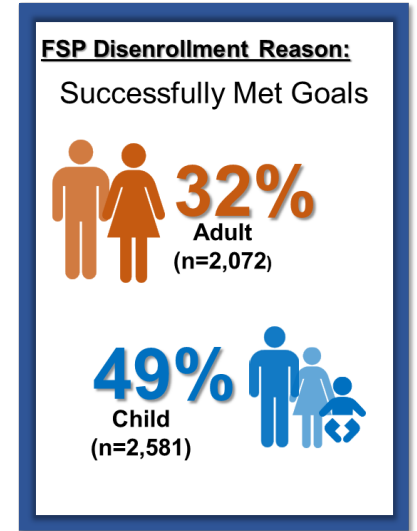
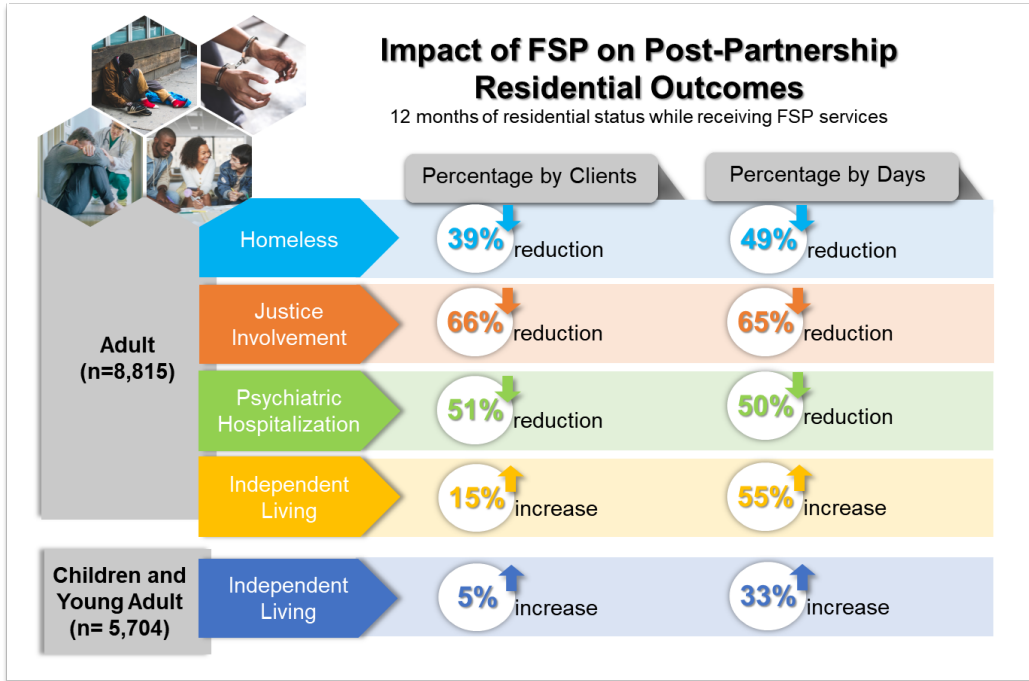
SA 8  
22,579

SA 4  
21,156

SA 2  
19,979

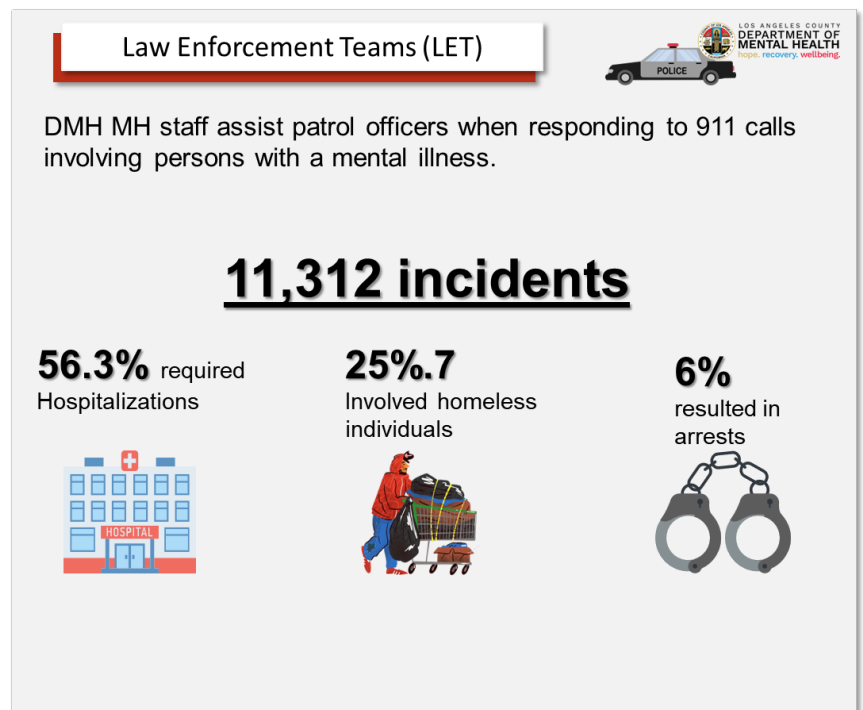
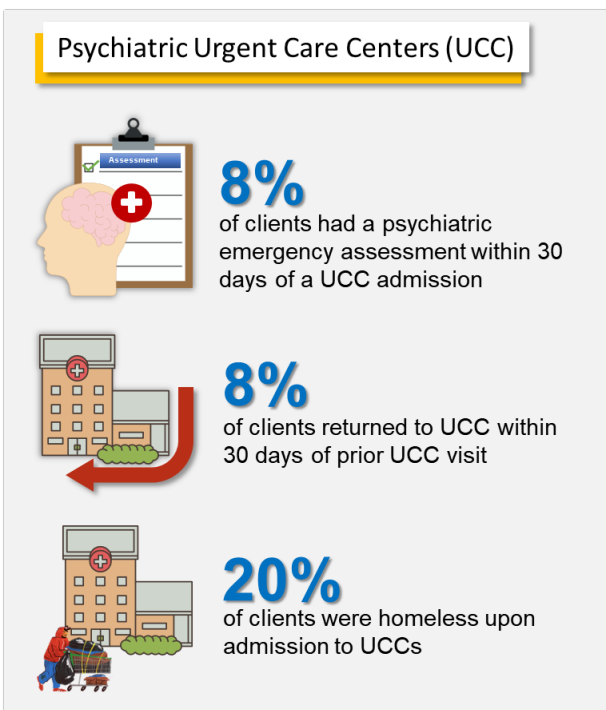
# COMMUNITY SUPPORT SERVICES – OUTCOMES

## Full Service Partnership (FSP) Outcomes



Outcome data for clients with open outcomes in FY 2022-23 with a data cut off of 6/30/2023. Clients had a baseline sometime before 6/30/2023 and no disenrollment Key Event Change before 7/1/22 unless they also had a reestablishment that was active during FY 2022-23. Figures represent cumulative changes, inclusive of all clients through June 30, 2023

## Alternative Crisis Services Outcomes



# COMMUNITY SUPPORT SERVICES – OUTCOMES

## Housing Outcomes

### Capital Investments Program

**75** of the 152 Permanent Support Housing (PSH) developments finished construction, resulting in **1,680** units available for occupancy.

#### Individuals Housed

- **1,764** adult clients and adult family members
- **160** minor children

**90%** housing retention rate for the Capital Investments Program



### Housing for Mental Health (HFMH)

**424** DMH clients were in permanent housing at some point during FY 2022-23.



- Of the 424, **335** were referred by DMH contracted providers and **89** were referred by DHS Office of Diversion and Reentry (ODR).

- **77** individuals were newly referred to the program
- **41** individuals newly moved into housing

**93%** housing retention rate for the HFMH clients

### Federal Housing Subsidies Unit

DMH Housing Authority contracts supported **2,753** tenant-based Permanent Supportive Housing (PSH) units.

#### 3,018 Individuals Housed

- **2,361** adults
- **657** minor children

**96%** housing retention rate for DMH clients residing in these units, with the average length of stay totaling 5 years



### Enriched Residential Care Program (ERC)

As of June 30, 2023, the ERC program was serving a total of **1,238** clients.



- **361** clients were referred to the program and
- **358** clients moved into an Adult Residential Facility (ARF) or Residential Care Facility for the Elderly (RCFE) with ERC financial support

**81%** housing retention rate for the ERC program

### Interim Housing Program (IHP) – Adults

MHSA funds enabled DMH to contract for 618 IHP beds across 21 sites.

- **555** beds for individuals
- **63** family units

IHP served **1,419** individuals and **75** families throughout the fiscal year.

### Interim Housing



### Enhanced Emergency Shelter Program (EESP) – TAY

**2** additional shelters were opened, expanding the total EESP capacity to **110** beds.

1. Male shelter comprised of **14 beds** in Service Area 2, (first EESP shelter to be located in North County)
2. Female shelter comprised of **12 beds** in Service Area 6

EESP served **592** Transitional Age Youth (TAY) during the fiscal year.

## Linkage Outcomes

### Homeless Outreach and Mobile Engagement (HOME)

The Homeless Outreach & Mobile Engagement (HOME) program provides field-based outreach, engagement, support, and treatment to individuals with severe and persistent mental illness who are experiencing unsheltered homelessness.



#### FY 2022-23

The HOME program increased their capacity by adding **67 new positions**.

- Rightsized existing teams to align the team staffing pattern across service areas;
- Expanded the number of HOME teams from **10 to 16 teams**;
- Expanded the administrative infrastructure to support the program expansion;
- Expanded psychiatry services by adding Nurse Practitioners and Psychiatrists in each service area
- Created a HOME Operations and Navigation Team
- Involved in Inside Safe and Pathway Home



# PREVENTION AND EARLY INTERVENTION (PEI)

The goal of the Prevention & Early Intervention (PEI) component of the MHSA is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. The PEI component requires collaboration with consumers and family members in the development of PEI projects and programs. The components are as follows: Early Intervention, Prevention, Stigma and Discrimination and Suicide Prevention.



# 32,206

## Number of Unique Clients Served

### Age Group



**Child**  
(Ages 0-15)

# 61%

19,646



**TAY**  
(Ages 16-25)

# 21%

6,763



**Adult**  
(Ages 26-59)

# 14%

4,508



**Older Adult**  
(Ages 60+)

# 3%

966

### Race/Ethnicity Group

# 49%

**Hispanics**

21% Unreported

10% White

9% Black/African American

3% Multiple Races

3% Asian/Pacific Islander

0.25% Native American

### Highest Service Area

# SA 3

## 6,353

# SA 8

## 5,838

# SA 7

## 5,719



# PREVENTION AND EARLY INTERVENTION (PEI) - OUTCOMES

## Prevention Services Outcomes

### FISCAL YEAR 2022-23 PREVENTION SERVICES:

Community Partnership Programs	Number of Clients Surveyed
Active Parenting Program	90
Antelope Valley Community Family Resource Centers (AV-CFRC)	943
Community School Initiative (CSI)	9,523
Friends of the Children LA (FOTC-LA)	48
Incubation Academy – Transforming Los Angeles	4,163
Community Ambassador Network (CAN)	4,669
Los Angeles Unified School District (LAUSD)	1,101,329
Medical-Legal Community Partnership	959
My Health LA Behavioral Health Expansion Program	27,267
Prevention and Aftercare	787
Prevent Homelessness Promote Health (PH <sup>2</sup> )	132
Strategies for Enhancing Early Developmental Success (SEEDS) Trauma-Informed Care for Infants & Toddlers	379
Los Angeles Unified School District Trauma and Resilience Informed Early Enrichment (TRiEE)	4,615
Veterans Peer Access Network (VPAN)	13,642
Youth-Community Ambassador Network (CAN-Youth)	48

### Prevention & Aftercare (P&A)

**787** Protective Factors Surveys were administered at baseline and after completion of multi-session P&A case navigation services. There was a general increase in protective factors for families from baseline to end of services.

- **Parent/caregiver resilience:** score increased from **2.6 to 3.1**
- **Social connections:** score increased from **2.6 to 3.0**
- **Knowledge of parenting and child development:** score decreased from **3.0 to 2.9**
- **Social and emotional competence of adults:** score increased from **3.8 to 4.1**

**37,565** people attended P&A single events  
**3,437** surveys collected from events  
(only one person per family completing a survey)

#### Families report the following:

- **85.2%** Connected with others
- **81.6%** Discovered something new about themselves or their family
- **87.3%** Learned about community programs and resources that are useful to themselves and/or their family
- **83.1%** Learned something different to do with family
- **86.9%** Learned tips/tools that can strengthen themselves and/or their family's wellbeing

### My Health LA Behavioral Health Expansion Program

**27,267** unique MHLA patients received at least one mental health prevention services and/or activities (MHPS) for the period of July 1, 2022 through June 30, 2023.

Among those who were assessed at both the beginning of the program and end of the program, the scores increased:

- Brief Universal Prevention Program Survey (BUPPS) Protective Factors score increased from **19.4 to 22.6**
- WHO Well Being Subscale increased from **14.7 to 18.2**

This indicates there was an overall increase in protective factors and wellbeing through the course of programming.

### Community Ambassador Network (CAN) (Formerly Innovation 2 Project)

**4,669** participants received a total of **27,192** referrals or linkages for services and supports.

For participants new to CANs, there were significant increases in average scores between baseline and their most recent follow up assessments on both:

- Brief Universal Prevention Program Survey (BUPPS) Protective Factors score increased from **23.0 to 23.6**
- WHO Well Being Subscale increased from **16.5 to 17.4**

This suggests that new participants had improved well-being since enrolling in CANs.

## Early Intervention Outcomes

### Seeking Safety (SS)

Children (13-15)  
TAY  
Adults, Older Adults

**51%**

Reduction in trauma related symptoms (Adults)

**44%**

Reduction in trauma related symptoms (Children)

### Managing and Adapting Practice (MAP)

Young Children  
Children  
TAY (ages 16-21)

**55%**

Reduction in symptoms related to depression

**48%**

Reduction in trauma related symptoms

**44%**

Reduction in symptoms related to anxiety

### Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Honoring Children, Mending the Circle  
Children (ages 3-8)

**51%**

Reduction in trauma related symptoms

### Mental Health Integration Program (MHIP) Formerly Known as IMPACT

Adults

**57%**

Reduction in symptoms related to depression

**54%**

Reduction in symptoms related to anxiety



# PREVENTION AND EARLY INTERVENTION (PEI) - OUTCOMES

## Stigma and Discrimination Reduction (SDR)

### FISCAL YEAR 2022-23 SDR DATA AND OUTCOMES:



**16,218**  
surveys were collected

**93%**

of participants agreed or strongly agreed with the statement: "As a direct result of this training, I am more willing to seek support from a mental health professional if I thought I needed it."

**87%**

of participants agreed or strongly agreed with the statement: "As a direct result of attending this training, I am more likely to believe anyone can have a mental health condition."

**97%**

of participants agreed or strongly agreed with the statement: "The presenters demonstrated knowledge of the subject matter."

**97%**

of participants agreed or strongly agreed with the statement: "The presenters were respectful of my culture (i.e., race, ethnicity, gender, religion, etc.)."

## Suicide Prevention

### FISCAL YEAR 2022-23 SUICIDE PREVENTION DATA AND OUTCOMES:

#### Suicide Prevention Programs

**752** surveys received for suicide prevention trainings

- **95%** of participants agreed or strongly agreed the SP programs were quite successful in meeting their program goals.
- **98%** of participants agreed or strongly agreed with the statement: "as a direct result of this program I am more knowledgeable about professional and peer resources that are available to help people who are at risk of suicide."
- **99%** of participants agreed or strongly agreed with the statement: "The presenters demonstrated knowledge of the subject matter."



#### School Threat Assessment Response Team (START)

**93** presentations were conducted

**991** referrals were served

- **87%** received screenings and/or threat assessments
- **13%** received consultations
- Primary focus of **interventions** centered on:
  - **34%** Initial Screening/Threat Assessment
  - **27%** Outreach & Engagement
  - **21%** Crisis Intervention