

Los Angeles County Department of Mental Health
▶▶ Prevention Bureau
Behavioral Health Services Act – Early Intervention
October 15, 2024



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

▶▶ BHSA Prevention-Information Session

- This session is intended to provide information on the BHSA, updates on changes to MHSA programing outlined in statute, and receive comments and questions
- This is not a planning session. Planning for the 3- year BHSA plan begins in early 2025.

Background: Mental Health Services Act (MHSA)

What:

- Existing law: Proposition 63, passed by California voters on November 2, 2004. Five components: **Prevention & Early Intervention**, Innovations, Community Support Services, and Workforce & Education Training, and Capital Facilities and Technological Needs (with CSS funds).

Purpose:

- To expand and transform California's behavioral health system to better serve individuals/families with serious mental health problems.

Action:

- Authorized MHSA to be amended by 2/3 vote of the legislature. Authorized the legislature to add provisions to clarify procedures and terms of the MHSA by majority vote.

▶▶ MHSA Prevention & Early Intervention (PEI)

The goal of PEI services is to prevent mental illness from becoming severe and disabling and improving timely access to services for underserved populations.

- Roughly 19% of funds go to Prevention and Early Intervention programs.
- Because half of all mental health disorders start by the age of 14 years, at least 51% of the PEI funds required to be spent on services for individuals ages 0 to 25 years.

▶▶ MHSA Prevention (P)

Activities are aimed at reducing risk factors for developing a potentially serious mental illness and improving social determinants of health and protective factors.

Prevention efforts:

- Occur prior to a diagnosis for mental illness
- Improve communities by reducing dependency on outside systems
- Vary at different levels of intensity
 - a tiered system level approach allows for universal, selective and indicated preventive strategies to address unmet needs

▶▶ MHSA Early Intervention (EI)

EI services are generally directed toward individuals and families for whom a mental health condition is early in its manifestation. EI services have the goal of supporting wellbeing in major life domains, thus avoiding the need for more extensive/intensive mental health services

EI services are generally:

- relatively low intensity and short in duration (not to exceed 18 months)
- for individuals and families impacted by first break/onset of psychosis or depression; can deviate from low intensity and short duration, and continue beyond 18 months, but not longer than four years.

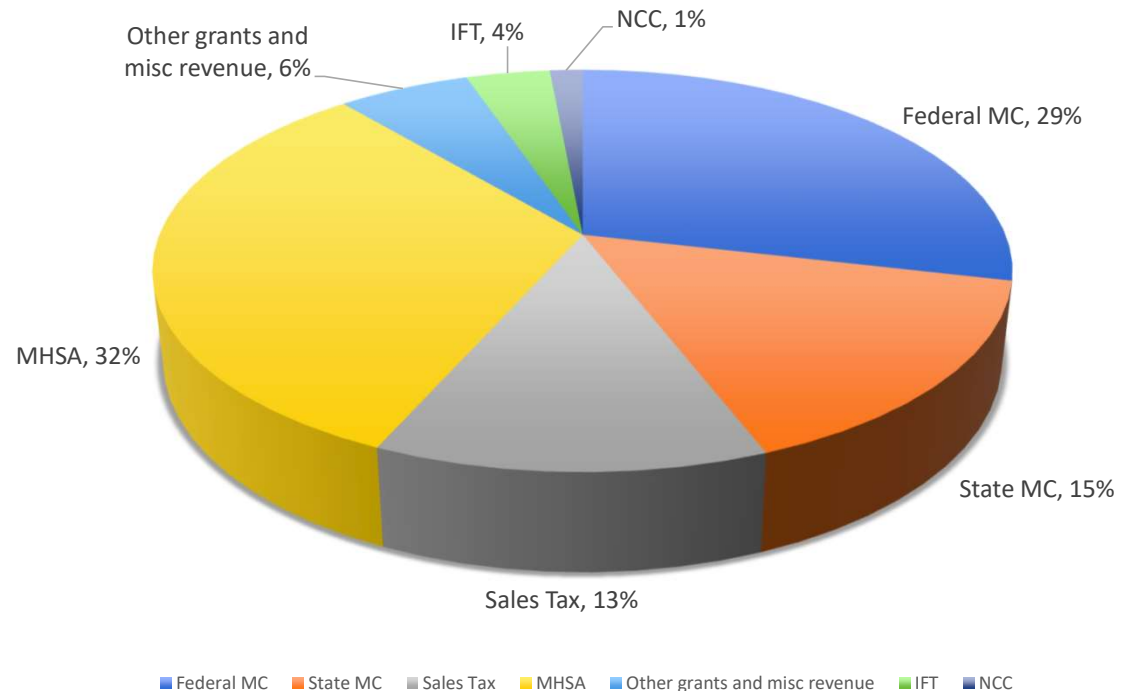
Los Angeles County Department of Mental Health

▶▶ FY 24-25 Adopted Budget and Revenues and Funding

Primary Funding Sources:

- **44% State and Federal Medi-Cal (\$1.81 Billion)**
Mandated mental health services for eligible clients who meet medical necessity criteria for Medi-Cal.
- **32% MHSA (\$1.32 Billion)**
Outreach, engagement, prevention, outpatient services, housing, capital, technology, workforce enrichment, and projects to mental health innovations.
- **13% Sales Tax Realignment (\$512.8 Million)**
Treatment services in institutional settings, including Probation halls/camps, STRTPs and CTFs for youth and locked mental health treatment beds for adults.
- **10% Grants and Other Revenues (\$394.5 Million)**
- **1% NCC**

FY 2024-25 Adopted Budget - Revenue + Funding



▶▶ Senate Bill (SB) 326: Behavioral Health Services Act (BHSA)

- Legislative Findings:

- 1 in 20 adults is living with a serious mental illness (SMI).
- 1 in 13 children has a serious emotional disturbance (SED).
- 1 in 10 Californians meet the criteria for a substance use disorder (SUD).
- Veterans have a higher rate of suicide and experience higher rates of mental illness or substance abuse disorder.
- Many Californians who are homeless experience a mental health condition
- Many Californians who are homeless have had a period in their life during which they regularly used illicit drugs
- Limited community-based care facilities contributes to growing crisis of homelessness and incarceration among individuals living with behavioral health challenges

Behavioral Health Services Act (BHSA)

Overview

Makes significant shifts in Mental Health Services Act (MHSA) allocations, impacting funding from core mental health services (Outpatient, Crisis, Linkage) to create a new Behavioral Health Services Act housing category.

Expands the focus of the service categories and the target populations served, including those with substance use disorders.

Makes significant shifts in planning and reporting for the Mental Health Services Act/Behavioral Health Services Act.

Expands the purview of the Mental Health Commission to include Substance Use Disorder Services.

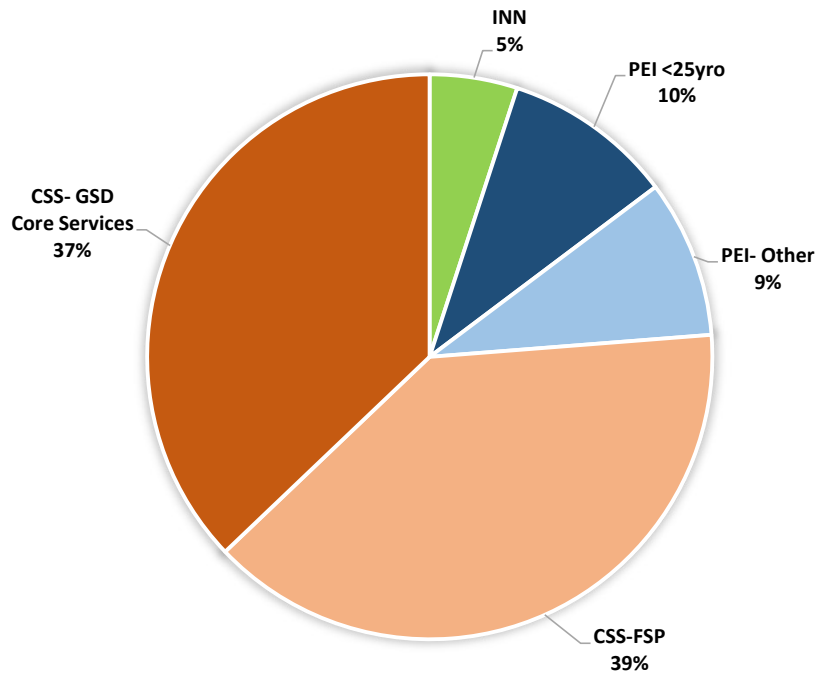
Advances Community Defined Evidence Practices (CDEPs) as key strategy for reducing health disparities and increasing community representation.

Programmatic changes will begin July 1, 2026. The Community planning process will begin January 2025.

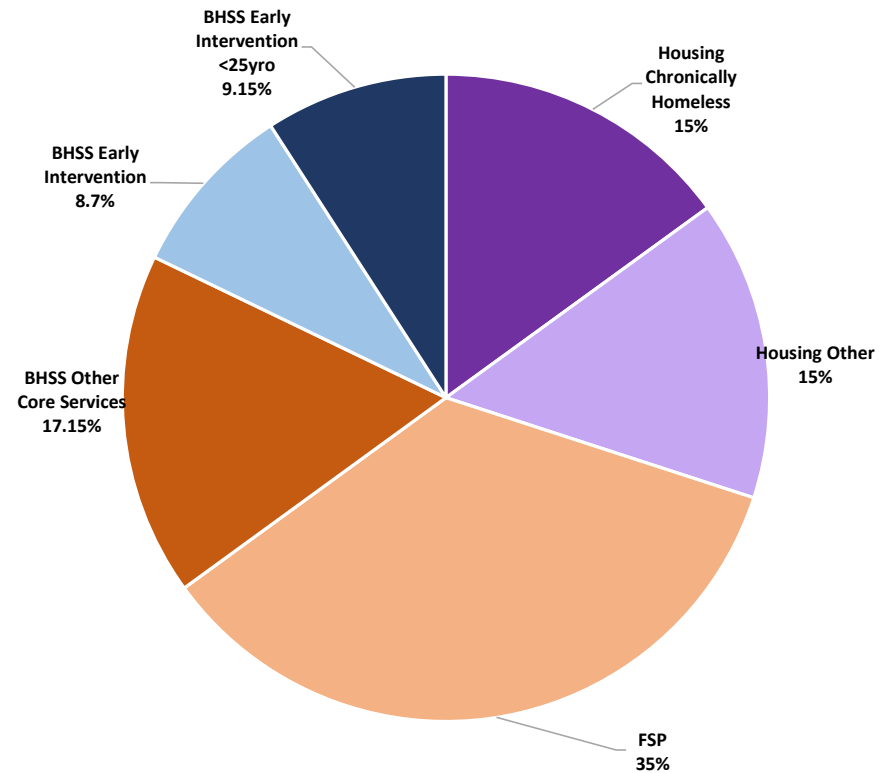
MHSA Components vs. BHSA Categories

▶▶ New BHSA Categories Effective July 1, 2026

CURRENT MHSA FUNDING COMPONENTS



BHSA



Estimated BHSA Expenditure Shifts

BHSA Comparison: Estimated Dollar Impact with State Share

| Category | Current Expenditure | Future Allocation | Difference |
|---|----------------------|----------------------|-----------------|
| Full-Service Partnerships | \$106,806,000 | \$196,401,000 | \$89,595,000 |
| Housing | \$44,985,000 | \$161,329,000 | \$116,344,000 |
| Early Intervention | \$21,103,000 | \$175,288,000 | \$154,185,000 |
| Other (Prevention, INN, WET) | \$176,969,000 | - | (\$176,969,000) |
| Core Services (Outpatient, Crisis, Linkage) | \$392,393,000 | \$168,414,000 | (\$223,979,000) |
| State | \$37,113,000 | \$77,937,000 | \$40,824,000 |
| Total | \$779,369,000 | \$779,369,000 | - |

*Based on three-year revenue average FY 20-21 to FY 22-23. Does not reflect shift to prudent reserve or SUD only expenditures.

*This estimate reflects the maximum funding that can be made available for Core programming if LA utilizes the option to request a shift of 7% from housing and 7% from FSP to fund the BHSS Early Intervention and Core services category.

MHSA Prevention

SERVICES

- Reduce risk factors
- Improve protective factors and social determinants of health
- Included Stigma and Discrimination Reduction Programs & Suicide Prevention Programs

VS

BHSA Prevention DRAFT

SERVICES

- Target entire population of state, county or particular community to reduce risk of individuals developing Mental Health or Substance Use Disorder
- Activities designed to reduce the prevalence of mental health and substance use disorders and resulting conditions.
- Population-Based prevention programs shall incorporate EBPs or Community-Defined Evidence Practices.

MHSA Prevention

TARGET POPULATION

- Individuals not currently receiving mental health services
- Individuals, families, or large groups (such as communities) who may be at-risk or currently at-risk
- General population

VS

BHSA Prevention DRAFT

TARGET POPULATION

- Birth to 5, inclusive of TAY and foster youth
- Populations at elevated risk for a mental health, substance misuse, or substance use disorder.
- Reduce stigma associated with seeking help for mental health challenges and substance use disorders.
- Populations disproportionately impacted by systemic racism and discrimination.
- Prevent suicide, self-harm, or overdose.
- Schoolwide or classroom basis and may be provided by a community-based organization off campus or on school grounds.

MHSA Early Intervention

SERVICES

- Promotes recovery for a mental illness early in its emergence, includes relapse prevention
- Time limited (Short-term, usually less than 18 months) – except for first psychotic break
- Relatively low intensity intervention
- May include services to parents, caregivers, and other family members of the person with early onset of a mental illness, as applicable

VS

BHSA Early Intervention DRAFT

SERVICES

- Focus on reductions of negative outcomes
- Reduce disparities in health care
- Expand community-defined evidence practices and evidence-based practices
- Programs emphasize Outreach, Access and Linkage, and **MH and SUD** Treatment Services
- MH and SUD** services may be provided to individuals to prevent disorders from becoming severe and/or disabling.

MHSA Early Intervention

TARGET POPULATION

- Participants' risk of a potentially serious mental illness, either based on individual risk or
- membership in a group or population with greater than average risk of a serious mental illness,
- i.e. the condition, experience, or behavior associated with greater than average risk

VS

BHSA Early Intervention DRAFT

TARGET POPULATION

- Individuals, not population-based
- Individuals presenting with mental health and/or **substance use disorders**, early in its emergence
- Individuals in crisis
- Community members who are “potential responders” for someone presenting with mental health or substance use disorder
- Individuals and members of groups who are identified as at-risk
- Members of the individual's support system (parents and/or care givers)

BHSA Early Intervention

▶▶ DRAFT

- Early Intervention Aims to reduce the likelihood of certain adverse outcomes:
 - Mental illness in children and youth from social, emotional, developmental, and behavioral needs early in childhood
 - Removal of children from homes
 - School suspensions, expulsions, referral to alternative community school, or failure to complete
 - Prolonged suffering
 - Overdose
 - Suicide and Self-Harm
 - Unemployment
 - Homelessness
 - Incarcerations

BHSA Early Intervention

▶▶ DRAFT

- Early Intervention Programs must include the following three components:
 - Outreach
 - Access and Linkage to care
 - Mental Health and Substance Use Disorder Treatment Services

Planning - Analysis



Planning set to begin early 2025 for Early Intervention and all other programs.

We are still waiting for guidance from the State.

Counties are required to maximize Federal Financial Participation (FFP), which means we will continue to analyze existing services to see how to expand and maximize FFP.

Prevention Programming centralized at the state.

Early Intervention services will need to grow.

We are also doing ongoing analysis of prevention programs to determine how they map against the new (proposed) regulatory language for Early Intervention.

▶▶ Top 10 EBP Services Utilized

- Managing and Adapting Practice (MAP) [Ages 0-23; Age varies based on focus of treatment]
- Individual Cognitive Behavioral Therapy (Ind. CBT) [Age 16+]
- Trauma-Focused CBT [Age 3-18]
- Child-Parent Psychotherapy (CPP) [Age 0-6]
- Interpersonal Psychotherapy for Depression (IPT) [Age 12+]

▶▶ Top 10 EBP Services Utilized

- Seeking Safety (SS) [Age 13+]
- Mental Health Integration Program (MHIP) Formerly known as IMPACT [Age 18+]
- Parent-Child Interaction Therapy (PCIT) [Age 2-7]
- Portland Identification and Early Referral (PIER) Early Psychosis Program [Age 12-25]
- Dialectical Behavioral Therapy (DBT) [Age 13+]

Potential Impact on Services

- It's hard to know the full impact, primarily because DHCS is still developing guidance regarding Prevention and Early Intervention and the services covered by each funding source.
- Prevention programs
 - State is centralizing funding for population-based prevention.
 - There has been little information from CDPH regarding what this will look like.
- LA County Prevention programs
 - Exploring work we fund through Stigma and Discrimination Reduction funds to see where it best fits in new funding categories.
- LA County Prevention programs
 - Analyzing our various programs funded with MHSA Prevention funds to see how they align with new legislation and Early Intervention parameters.

Questions / Comments / Reflections



Behavioral Health Services Act
(BHSA) Early Intervention
Questionnaire



<https://forms.office.com/g/eizac0Q3HA>

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