Mental Health Services Act (MHSA) and Behavioral Health Services Act (BHSA) Updates

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MENTAL HEALTH SERVICES ACT (MHSA)



In November 2004, California voters supported Proposition 63 and passed the Mental Health Services Act (MHSA) that imposes a 1% income tax on personal income in excess of \$1 million.



The MHSA provides significant funding to expand, improve and transform public mental health systems to improve the quality of life for individuals living with a mental illness. Major areas of focus are Community Services and Supports inclusive of Full-Service Partnership, Prevention and Early Intervention, and Innovations.



The MHSA requires county mental health programs implement a Community Planning Process to develop a Three-Year Program and Expenditure Plan followed by Annual Plan Updates for MHSA programs and expenditures. The Plan and Annual Updates are reviewed in an annual Public Hearing held by the Mental Health Commission.



The Plan provides an opportunity for the Los Angeles County Department of Mental Health (LACDMH) to

Review its existing MHSA programs and services to evaluate their effectiveness.

Propose and incorporate any new programs through a robust stakeholde engagement process, should additional funding be available.



The Mental Health Commission is also responsible for reviewing the Community Planning Process to ensure the County meets MHSA expectations and is inclusive of a broad range of community voices.



The MHSA Two-Year Program and Expenditure Plan for Fiscal Years 2024-25 through 2025-26 was adopted by the County Board of Supervisors on May 21, 2024. The Annual Update for FY 2025-26 is nearly complete and the Public Hearing set for April 10.

BEHAVIORAL HEALTH SERVICES ACT (BHSA)



In March 2024, California voters narrowly passed Proposition 1, the Behavioral Service Act which maintains the 1% income tax on personal income in excess of \$1 million and makes significant shifts in how funds are spent.



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



Makes changes to the scope of planning and reporting to include programming beyond those that are MHSA/BHSA funded. This includes all other funded programs and services delivered by LACDMH and all funded services and programming delivered by Substance Abuse Prevention and Control.



- Changes the structure and purview of the Mental Health Commission to become the Behavioral Health Commission responsible for:
- Review and evaluate the local public mental health (MH) and substance use disorder (SUD) treatment system.
- Advise the governing body on services delivered in the MH and SUD treatment system.



The Behavioral Health Commission has continued responsibility for oversight of the Community Planning Process and the Public Hearing.



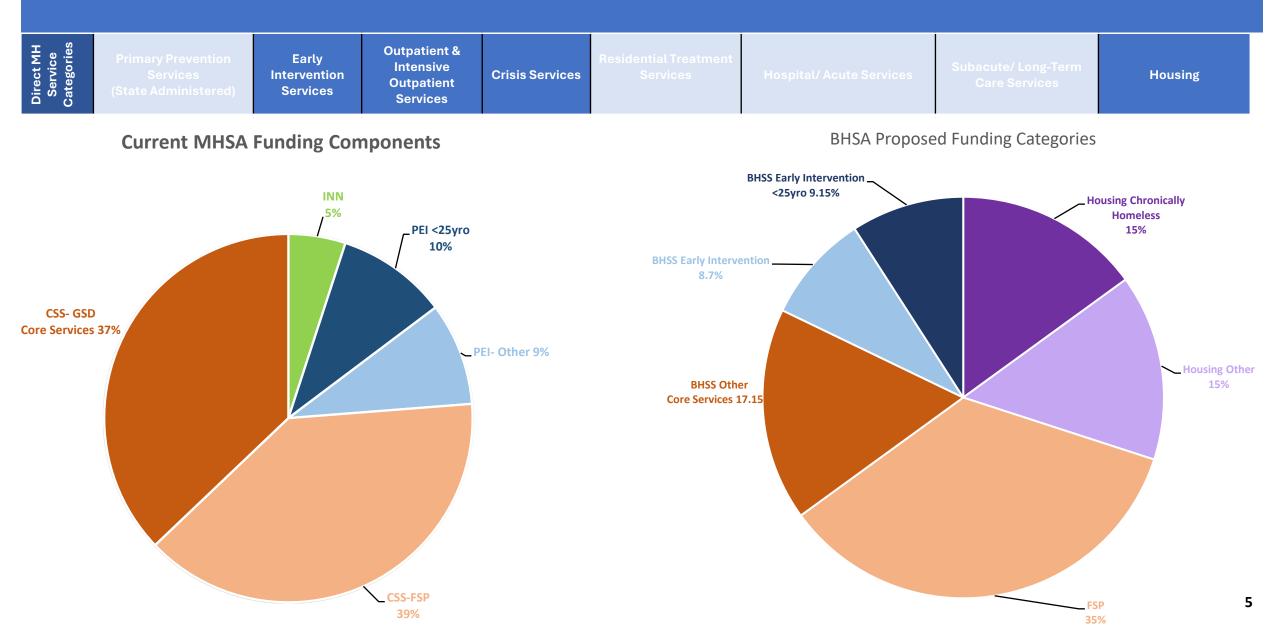
DMH and SAPC are partnering to develop and implement the BHSA planning process which will kick off on March 28, 2025. The first BHSA plan is due June 30, 2026, and BHSA will be implemented on July 1, 2026.

Behavioral Health Continuum of Care

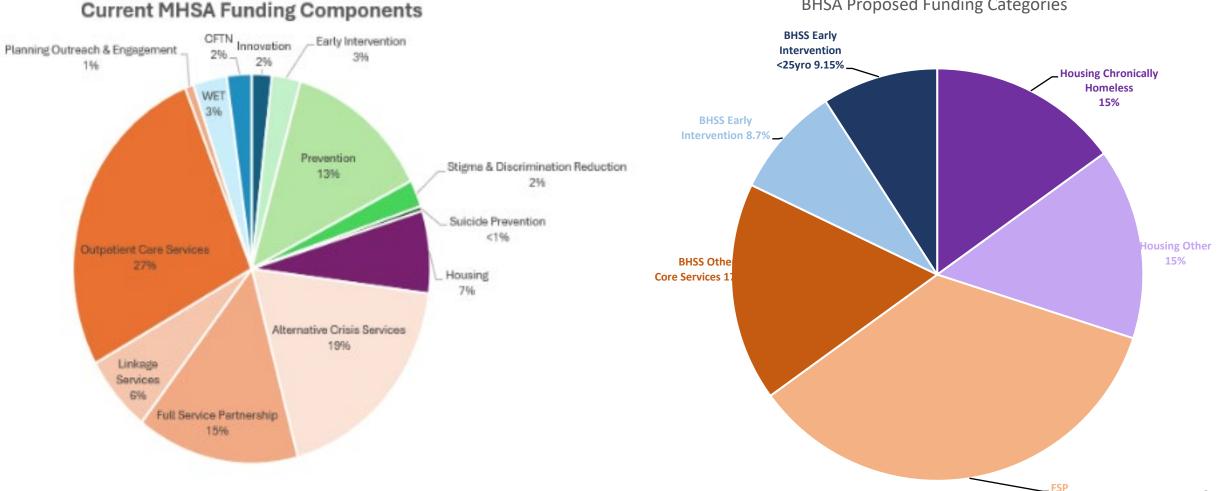
Direct SUD Service Categories	Primary Prevention Services	Early Intervention Services	Outpatient Services	Intensive Outpatient Services	Crisis and Field-Based Services	Residential Treatment Services	Inpatient Services	Housing Intervention Services
Direct MH Service Categories	Primary Prevention Services (State Administere d)	Early Intervention Services	Outpatient & Intensive Outpatient Services	Crisis Services	Residential Treatment Services	Hospital/ Acute Services	Subacute/ Long-Term Care Services	

Graphic taken from California Department of Health Care Services presentation slides on BHSA.

MHSA Components vs. BHSA Categories



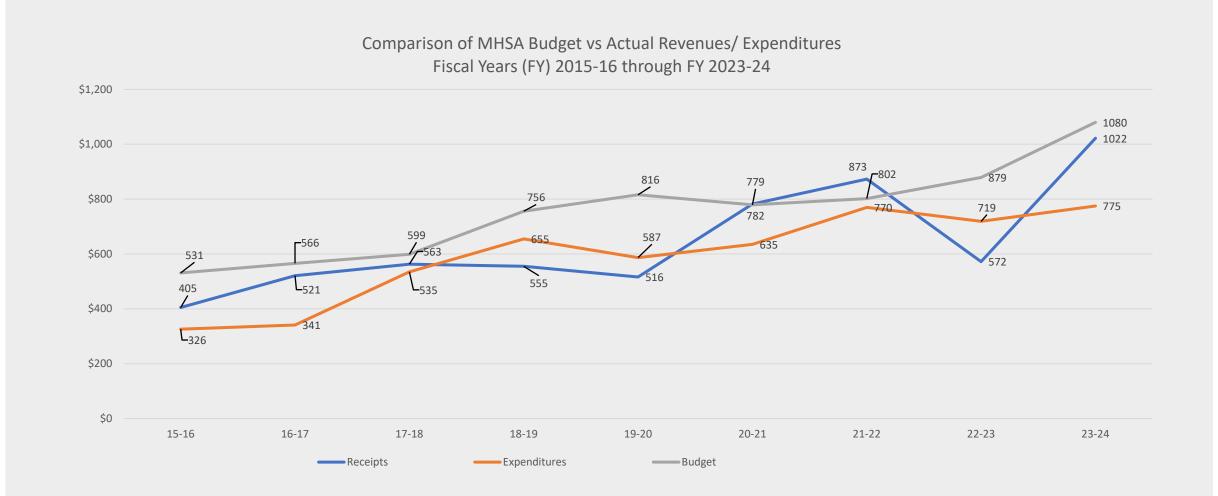
MHSA Actuals vs. BHSA Categories



BHSA Proposed Funding Categories

35%

MHSA Revenue and Expenditures



Mental Health Services Act (MHSA) Mid-Year Adjustment

Mid-Year Adjustment to the MHSA Two-Year Program and Expenditure Plan Fiscal Years 2024-25 through 2025-26





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MHSA Mid-Year Adjustment



The Los Angeles County Department of Mental Health, as required under the Mental Health Services Act (MHSA), is opening a public review and comment period for the MHSA Mid-Year Adjustment, Fiscal Year (FY) 2024-25, regarding changes made to the MHSA Three-Year Program and Expenditure Plan, FYs 2024-25 through 2025-26, adopted by the Los Angeles County Board of Supervisors on May 21, 2024.

The changes proposed will occur in this FY 2024-25.

Innovation

Therapeutic Transportation (TT)

- TT is part of a Board Motion adopted by the Los Angeles County Board of Supervisors in 2017 to improve the standard of care for mentally ill individuals.
- TT is an alternative to transport individuals experiencing a mental health crisis via ambulance.
- The goal of the TT is to provide rapid response to those individuals who meet criteria for a 5150/5585 or may just need transportation to a clinic, urgent care or any other social service entity
- TT has concluded its programming in FY 2022-23.

Community Services and Supports (CSS)

Program Name:

Alternative Crisis Services - Psychiatric Mobile Response Team (PMRT)

Proposed Action

The County is proposing to continue using Community Services and Supports-Alternative Crisis Services funding to support its programming.

Fiscal Action Funding will begin in FY 2024-25 and is ongoing.

Workforce Education and Training (WET)

Training and Technical Assistance (TTA)

Proposed Action:

- Support ongoing and necessary Departmental training that provide support for the continued development of staff, both in clinical and non-clinical topics.
- These trainings include subjects that are required by licensed staff to acquire or maintain licensure, and essential to the ability to deliver direct mental health services to our consumers.
- This will provide additional resources that support the expected 600+ trainings during FY 24-25 and FY 25-26, training over 16,000 mental health providers and staff. Inclusive of MHSA WET dollars projected to be utilized for expert trainers, the shift will also be used for necessary supplies, training materials, room rentals, and ancillary services, such as Audio/Video.

<u>Fiscal Action:</u> Approximately \$1.9 million. Funding will begin in FY 2024-25 and is ongoing.

Proposed Action:

- Due to their business needs, the Department of Health Services could no longer utilize the existing space for the LA General psychiatry outpatient clinic and approached LACDMH to transition adult clients, along with the USC Psychiatry Residents, to the nearby LACDMH Northeast Mental Health Center (3303 North Broadway, Los Angeles 90031).
- LACDMH is working collaboratively with LA General to transition children and youth impacted by this closure to LACDMH specialty mental health providers.
- The residents continue to provide direct services (e.g. psychiatric evaluation, medication, management, crisis intervention) as part of their required Post Graduate Residency Training and receive faculty supervision by USC faculty and DMH physicians.

Fiscal Action

\$1.1 million to cover the cost of faculty supervision. Cost will be ongoing.

Capital Facilities and Technological Needs (CFTN)

CFTN Capital Project – Tenant Improvement/New Facilities

Proposed Action

 Reallocate Crocker Street project funds to Capital Project – Tenant Improvement/New Facilities.

CFTN

Crocker Street

- The Crocker Street project will not be implemented as planned.
- A portion of these funds will support the Martin Luther King Transition Age Youth Wellness Center.

Fiscal Action Shift \$10 million dollars in FY 2024-25 and \$3,807,519 in FY 2025-26. **CFTN** Modern Call Center & Integrated Behavioral Health Information System

Proposed Action

- Increase the budget for the Modern Call Center to support the unique requirements to modernize the 24/7 Access Center workflows and technology. More time is needed for the contract.
- Increase the budget for IBHIS to purchase the case management system and to migrate the system.
- Terminate funding for Digital Workplace: WiFi at Clinics. Project has ended.

Fiscal Action

Increase the budget by \$6,407,388 in FY 2024-25



Prevention Programming

Document the Parks Wellbeing Project programming in the Two-Year Program and Expenditure Plan. This project was approved for inclusion by the Stakeholders and its programming is reflected in the total budget. This project establishes wellbeing stations in key parks to engage community members in wellness activities and ensure there are safe spaces in the community that welcome all people. The goal is to implement prevention programming by enhancing existing parks' specialty programming to increase protective factors such as resilience. socio-emotional skill building in children/youth, teens and adults to bring about social connectedness within the communities. The intent is to invest in the re-design of outdoor and under-utilized existing park spaces where Parks After Dark, Teen, and Senior Prevention programs are housed. This project will also create well-being lounges to promote community gathering and mental well-being activities and elevate intergenerational wellness activities.

Capital Facilities and Technological Needs

Tenant Improvement/New Facilities will include:

- High Desert Crisis Residential Treatment Program
- High Desert Crisis Stabilization Unit
- High Desert Mental Health Hub
- East San Gabriel Valley Remodeling
- Jacqueline Avant Children and Family Center Third FI Refurb
- PEDs and CSU at Olive view Medical Center

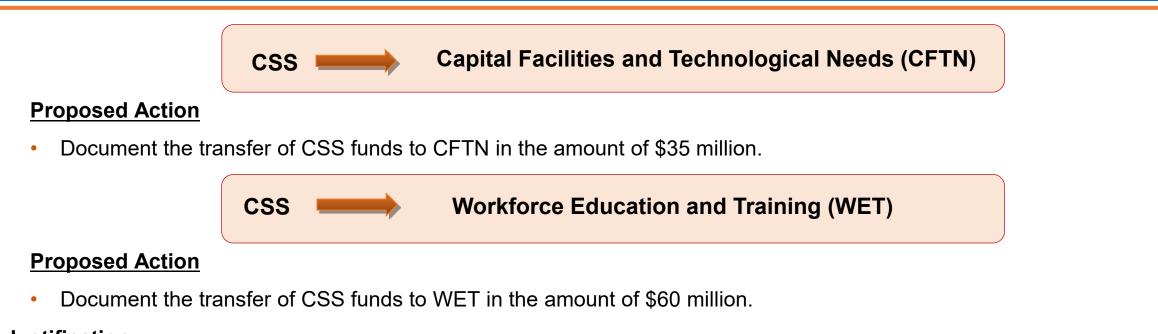
MHSA Prudent Reserve

The MHSA Prudent Reserve Assessment/Reassessment form is being resubmitted to indicate a change in the Prudent Reserve maximum calculation.

The 988 Suicide & Crisis Lifeline

Document 988 Suicide & Crisis Lifeline is funded by CSS – Alternative Crisis Services in addition to PEI – Suicide Prevention.

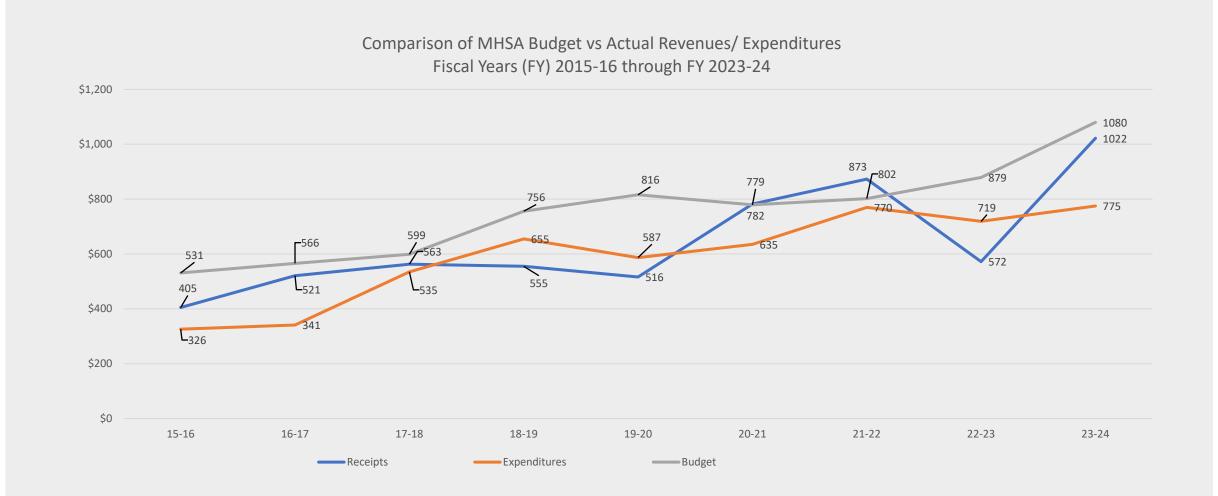
Community Services and Supports (CSS)



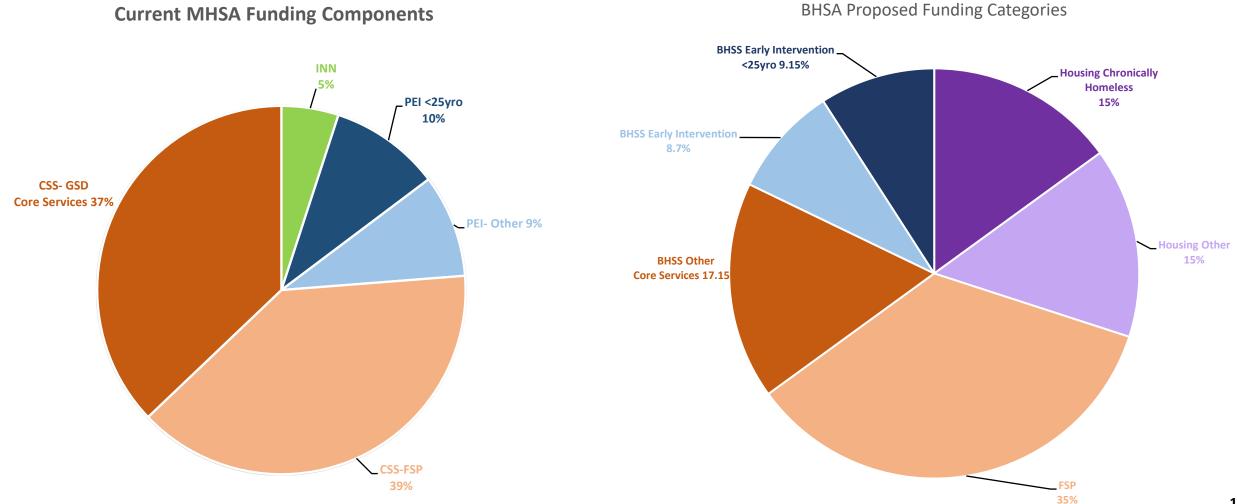
Justification:

- This shift will preserve these funds for future use where they will be needed following implementation of BHSA.
- Annual MHSA revenues have increased faster than spending and remain highly volatile.
 - MHSA CSS funds must be spent within three years to avoid reversion.
 - CSS funds may be shifted to CFTN and/or WET, in which the reversion timeline is 10 years.
 - Ongoing programming is currently well funded, the limitation on current service expansion is related to staffing, not funding.
 - The implementation of BHSA will result in a substantial decrease in the ability to fund both WET and CFTN categories to the reduction in BHSS (formerly CSS) allocations.

MHSA Revenue and Expenditures



MHSA Components vs. BHSA Categories





MHSA Annual Update

Fiscal Year 2025-26

CPT Meeting February 2025



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 ANNUAL UPDATE PRESENTATION OVERVIEW









