WELLNESS • RECOVERY • RESILIENCE

MHSA Annual Update

Fiscal Year 2025-26

Behavioral Commission Meeting
March 13, 2025

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

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.

PRESENTATION OVERVIEW

1. Purpose of the MHSA and Development of the Annual Update
2. Community Planning Process
3. Population Enrolled in Medi-Cal in Los Angeles County
4. Overview of MHSA Components
5. Community Service and Supports (CSS)
6. Prevention and Early Intervention (PEI)
7. Workforce Education and Training (WET)
8. Innovation (INN)
9. Capital Facilities and Technological Needs (CFTN)
10. Budget

MENTAL HEALTH SERVICES ACT MAIN POINTS AND DEVELOPMENT OF THE ANNUAL UPDATE

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 Act provides the significant funding to expand, improve and transform public mental health systems to improve the quality of life for individuals living with a mental illness.

Welfare and Institutions Code (WIC) Section 5847 requires county mental health programs prepare and submit a Three-Year Program and Expenditure Plan followed by Annual Plan Updates for MHSA programs and expenditures.

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

- Review its existing MHSA programs and services to evaluate their effectiveness; and
- Propose and incorporate any new programs through a robust stakeholder engagement process, should additional funding be available.

It is through the Community Planning Process that LACDMH will obtain important feedback from a broad array of stakeholders.

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.

COMMUNITY PLANNING PROCESS

The goal of the Community Planning Process is to ensure community stakeholders take an active role in advising the County on service needs across all Los Angeles County communities. LACDMH takes a collaborative and inclusive approach to understanding community priorities through a community-driven partnership that engages the large, multicultural, and diverse community stakeholder group within the County.

The following meetings shared updates and collected questions/concerns. They took place both virtually and in person, with documents translated in both Spanish and Korean.

April – June 2024

Informational meetings which included:

- MHSA Foundational / Educational Video Development
- Integration of Call Center for Mental Health and Substance Use Service
- Data and Accountability 101: Introduction to Results Based Accountability (RBA)
- Data and Accountability 201

July 2024 – December 2024

MHSA Program **updates** were provided on the following:

- Full Service Partnership
- Outpatient Care Services
- Los Angeles County Population level data and service utilization
- Housing
- Linkage
- Alternative Crisis Services
- Workforce Education and Training
- Interim Housing Outreach Program (IHOP)
- Hollywood 2.0
- Innovation 7: Therapeutic Transportation
- Innovation 8: Early Psychosis Learning Network
- Prevention and Early Intervention

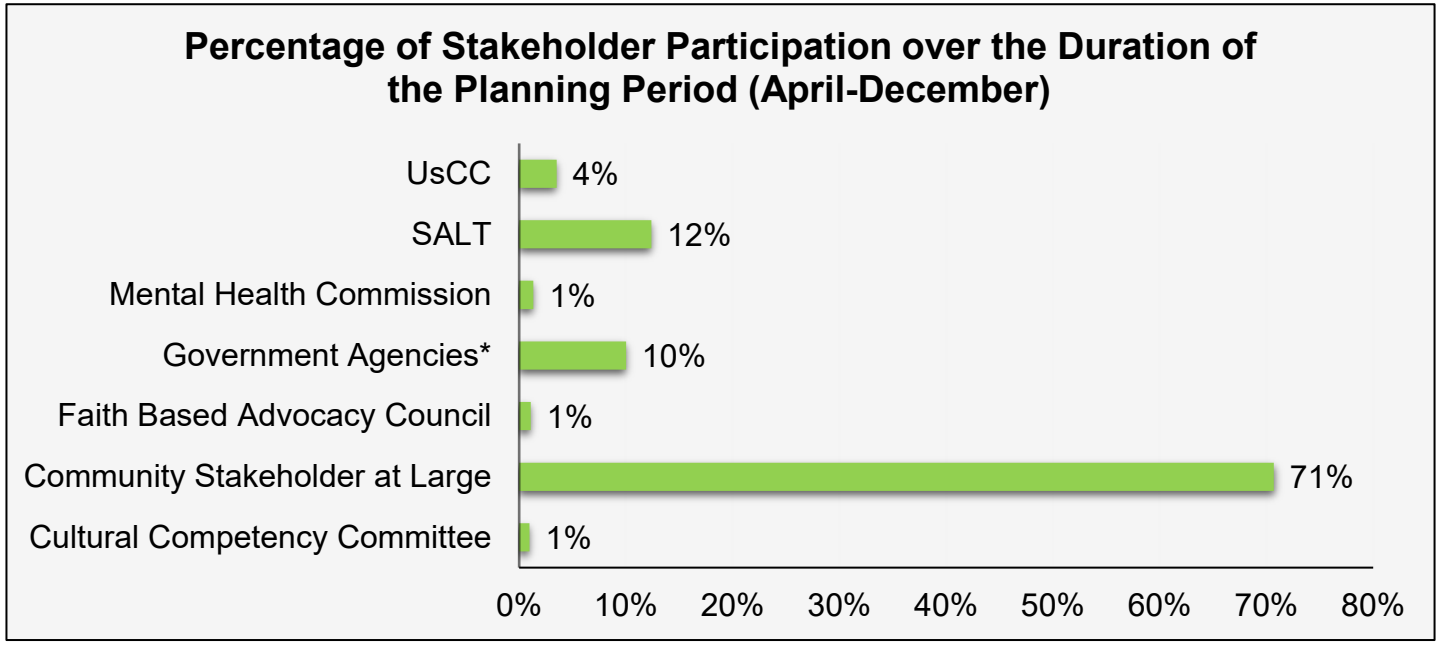
COMMUNITY PLANNING PROCESS
Stakeholder Participation

Community Planning Team
Based on recommendations from DMH stakeholders and management, the CPT includes five categories with a corresponding number of representatives:

Stakeholder Categories	Representatives
1.Community Leadership Team	30
2.Community Stakeholder Groups	41
3.County Departments	19
4.Education System	5
5.Government/Quasi-Government Agencies	5
Total:	**100**

Stakeholder Participation by Month

Month	Number of Attendees
April	31
May	104
June	112
July	107
August	251
September	177
October	204
November	55
December	70



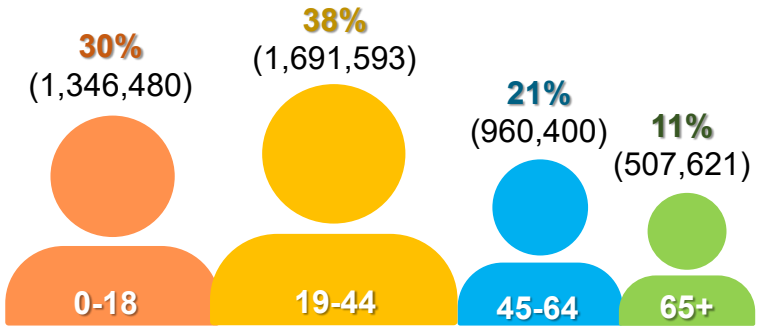
*Government Agencies include: Chief Executive Office, Probation Department, Department of Health Services, Department of Public Health, Fire Department, Public Defender, Board of Supervisors, Justice Care and Opportunities and Los Angeles Homeless Services Authority (LAHSA)

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 are Medi-Cal Eligibles.

Age Group Distribution among Los Angeles County's Medi-Cal Eligibles



Top 3 Primary Languages

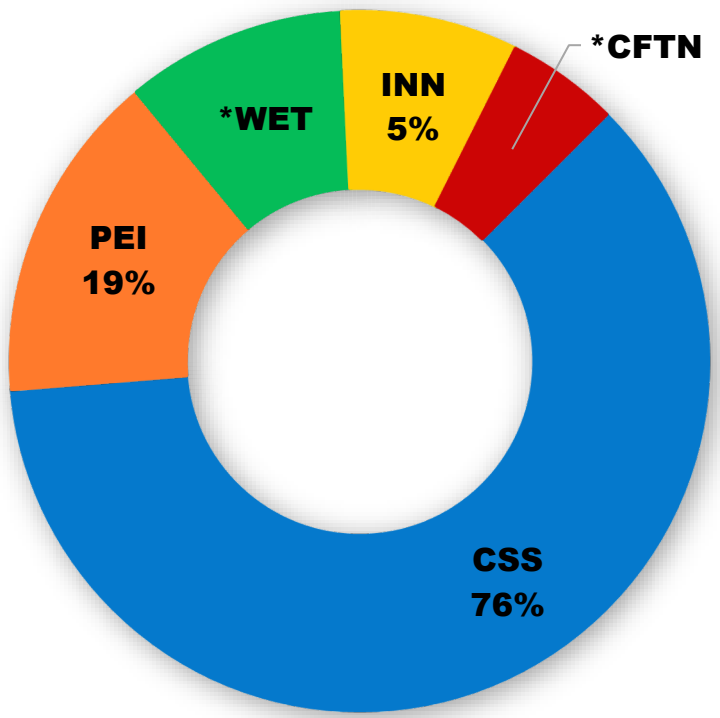
60%	English (2,638,861)
33%	Spanish (1,451,889)
2%	Armenian (91,924)

Race/Ethnicity Distribution among Los Angeles County's Medi-Cal Eligibles

58%	Latino 2,615,305	10%	Unreported 448,691
13%	White 585,378	9%	Asian/Pacific Islander 413,293
10%	African American 436,740	0.1%	American Indian/Native American 6,688

Note: The following data is taken from the California Health and Human Services Agency Open Data Portal, Medi-Cal Certified Eligibles Tables by County, Month of Eligibility, Race/Ethnicity, Gender and Age Group. Downloaded on April, 2024.

MHSA OVERVIEW BY COMPONENTS



- CSS, PEI and INN percent of total annual MHSA allocations shown below
- *WET and CFTN allocations are funded by transfers from CSS

COMMUNITY SERVICES AND SUPPORTS (CSS)

PREVENTION AND EARLY INTERVENTION (PEI)

WORKFORCE EDUCATION AND TRAINING (WET)

INNOVATION (INN)

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

COMMUNITY SERVICE AND SUPPORTS (CSS) – FY 2023-24
Component and Client Served

About CSS

- Largest MHSA component with **76%** of the total MHSA allocation
- For clients diagnosed with a serious mental illness (SMI)

CSS Programs:

- Full Service Partnership
- Outpatient Care Services
- Alternative Services Crisis
- Housing Services
- Linkage
- Planning, Outreach and Engagement Services

Clients Served

162,836

unique clients received a direct service through CSS

Client Served by Service Area

Service Area	Number of Clients Served
SA1 – Antelope Valley	12,330
SA2 – San Fernando Valley	26,259
SA3 – San Gabriel Valley	24,457
SA4 – Metro	35,809
SA5 – West	11,017
SA6 – South	26,592
SA7 – East	15,861
SA8 – South Bay	32,567

*Clients served may have received services in more than one service area. Number of clients counted are for direct services and do not include outreach efforts.

FULL SERVICE PARTNERSHIP (FSP)

Program Description

FSP programs provide a wide array of services and support, guided by a commitment by providers to do "whatever it takes within the resources available to help the highest acuity clients within defined populations make progress on their paths to recovery and wellness.

Priority Population

- Children (ages 0-15)
- Transition Age Youth (TAY) (ages 16-25)
- Adult (ages 26-59)
- Older Adult (ages 60+)

Services

FSP services are provided by multi-disciplinary teams of professional and paraprofessional and volunteer providers who have received specialized training preparing them to work effectively with children and young adults (ages 0-20) and adults (ages 21+).

FSP teams provide 24/7 crisis services and develop plans with the client to do whatever it takes within the resources available, and the recovery plan agreed between the client and the FSP provider team to help clients meet individualized recovery, resiliency, and development and/or recovery goals or treatment plan.

FSP teams are responsive and appropriate to the cultural and linguistic needs of the client and their families.

Key Activities

Clinical Services

- 24/7 Crisis Response Services
- Counseling and Psychotherapy
- Field-Based Services
- Integrated Treatment for Co-Occurring Mental Health and Substance Abuse Disorder
- Case Management to provide linkages to services to employment, education, housing, and physical health care

Non-Clinical Services

- Peer and Parent Support Services
- Self-Help and Family Support Groups
- Wellness Centers
- Respite Care

Intended Outcomes

1. Reduce serious mental health systems, homelessness, incarceration, and hospitalization.
2. Increase independent living and overall quality of life.

FULL SERVICE PARTNERSHIP (FSP)
Clients Served FY 2023-24

FSP Clients Served

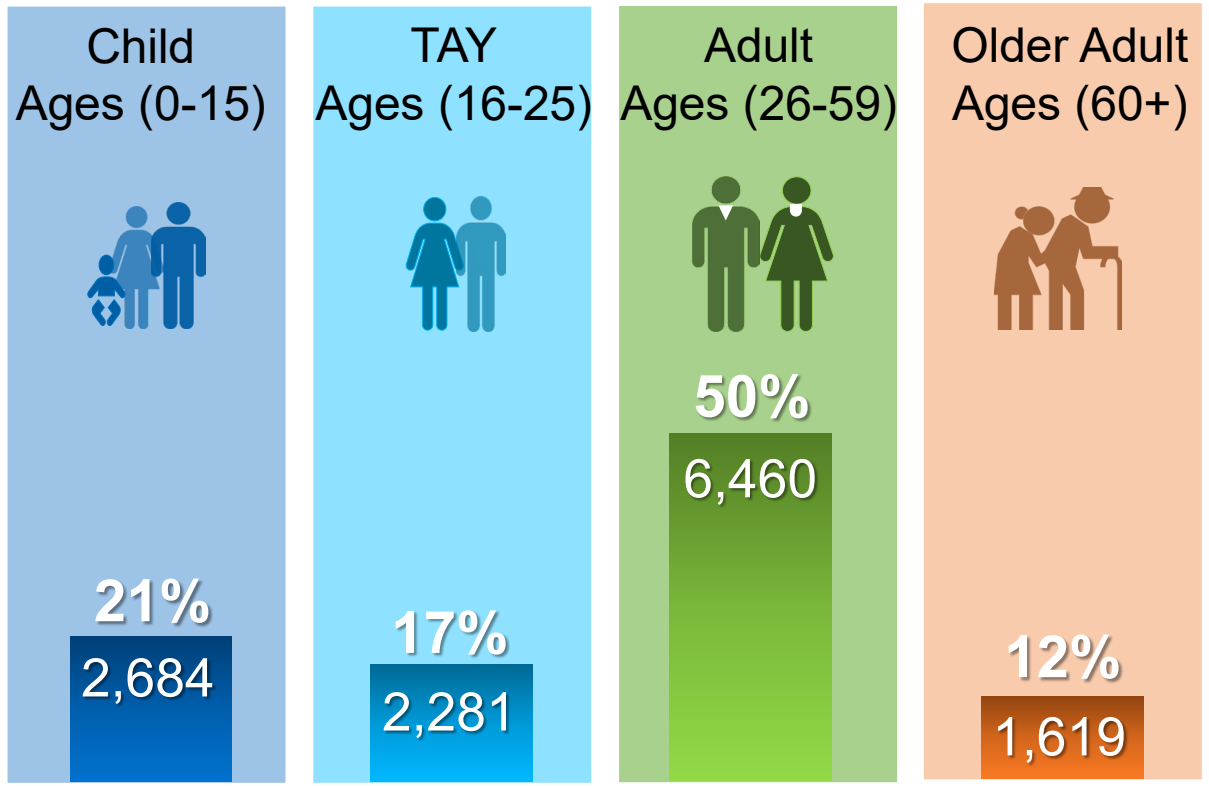
***UNIQUE CLIENTS SERVED**

12,585
unique clients received a direct service.

***NEW CLIENTS WITH NO PREVIOUS MHSA SERVICE**

877
new clients were served with no previous MHSA service.

FSP Clients Served by Age Group



*New Clients is a subset of Unique Clients Served
**This data was gathered from the MHSA Client Demographic dashboard. Data was last updated on 7/7/24.

OUTPATIENT CARE SERVICES (OCS)

Program Description

- OCS provides a broad array of integrated community-based, clinic and/or field-based services in a recovery-focused supportive system of care.
- OCS provides a full continuum of services to all age groups.
- OCS strives to provide culturally sensitive and linguistically appropriate services.

Services Include:

- Assessments
- Individual and/or Group therapy
- Crisis Intervention
- Case Management
- Housing
- Employment Support
- Peer Support
- Co-Occurring Disorders Treatment,
- Medication Support Services (MSS) and Medication Assisted Treatment (MAT)

The intensity, location (community/field or office/clinic) and duration of the service(s) depend on the individualized need of each client and will likely change over time.

Priority Population

- **Child (ages 0-15):** Comprehensive services, specifically ages 0-5
- **Transition Age Youth (TAY) (ages 16-25):** Enhanced Emergency Shelter Program, Supported Employment Individual Placement and Support (SEIPS) and Drop-in Centers
- **Adult (ages 26-59):** Comprehensive services, Peer Run Respite Care Homes and Peer Resource Centers
- **Older Adult (ages 60+):** Geriatric Evaluation Networks Encompassing Services Intervention Support (GENESIS) program

Key Activities

Clinical Services

- Individual, Group, and Family Therapy
- Crisis Resolution/Intervention
- Evidence-Based Treatments
- Medication Support Services, including MAT
- Outreach and Engagement
- Co-Occurring Disorder Services
- Screenings and Assessments to determine level of care needs
- Case Management

Ancillary Services

- Peer Resource Centers
- Peer Support
- Family Education and Support Linkage to various resources housing services
- Vocational and Pre-Vocational Services

The primary goal of OCS is to engage individuals in active participation in their treatment journey toward recovery.

OUTPATIENT CARE SERVICES (OCS)
Clients Served FY2023-24

OCS Clients Served

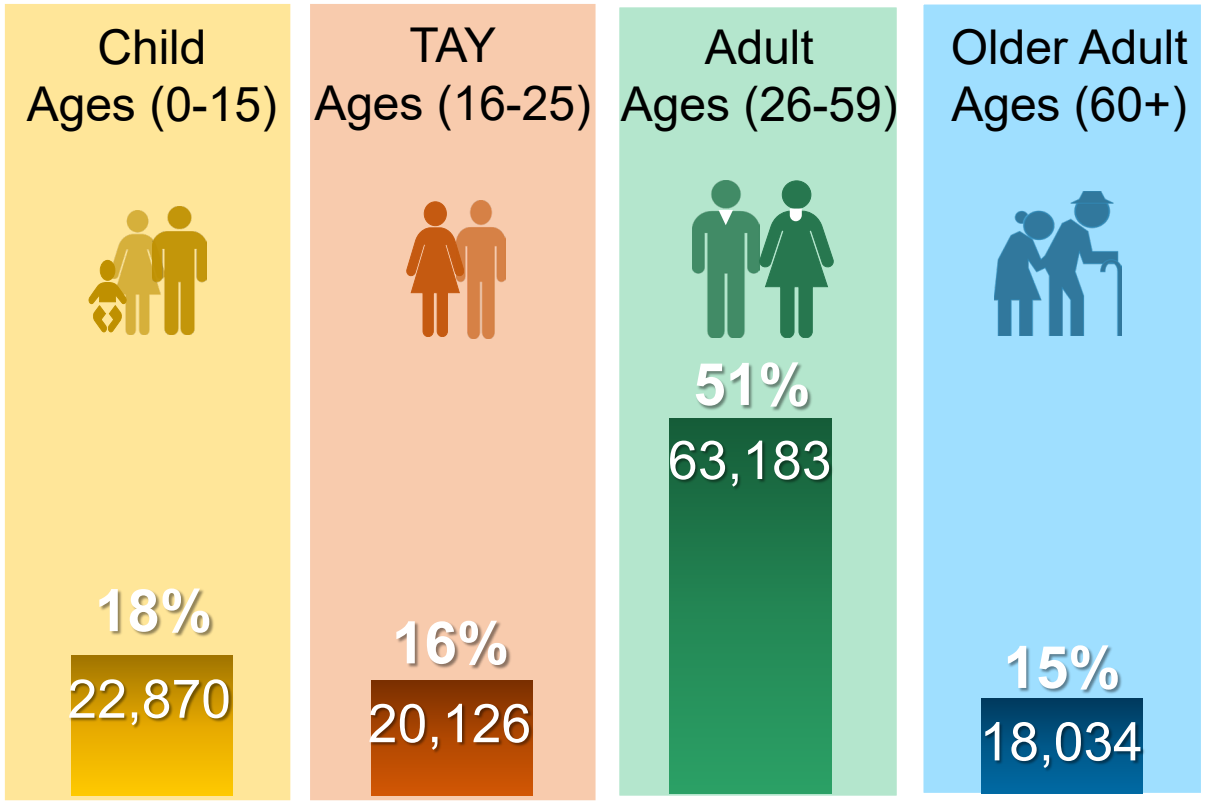
***UNIQUE CLIENTS SERVED**

121,247
unique clients received a direct service.

***NEW CLIENTS WITH NO PREVIOUS MHSA SERVICE**

24,454
new clients were served with no previous MHSA service.

OCS Clients Served by Age Group



*New Clients is a subset of Unique Clients Served

**This data was gathered from the MHSA Client Demographic dashboard. Data was last updated on 7/7/24.

ALTERNATIVE CRISIS SERVICES (ACS)

Program Description

ACS provides a comprehensive range of services and supports for mentally ill individuals that are designed to provide alternatives to emergency room care, acute inpatient hospitalization and institutional care; reduce homelessness; and prevent incarceration.

Services:
These programs are essential to crisis intervention and stabilization, service integration, and linkage to community-based programs, e.g., FSP and Assertive Community Treatment programs, housing alternatives, and treatment for co-occurring substance abuse.

Population:
ACS serves individuals 18 years of age and older of all genders, race/ethnicities, and languages spoken.

ACS Programs:

- Residential and Bridging Care (RBC) Program
- Psychiatric Urgent Care Centers
- Enriched Residential Services (ERS)
- Crisis Residential Treatment Programs (CRTP)
- Law Enforcement Teams (LET)
- Restorative Care Villages
- Psychiatric Mobile Response Teams (PMRT)
- 988 Crisis Call Center Services (also known as The 988 Suicide & Crisis Lifeline) – See the Suicide Prevention section for outcomes and program content.

Key Activities

- Divert clients as appropriate to mental health urgent cares
- Divert clients as appropriate to Crisis Residential Treatment Programs
- Utilize mental health clinician teams in the fields as alternatives to crisis response

Intended Outcomes

- **Reduce utilization of psychiatric emergency rooms and inpatient acute psychiatry**
- **Reduce incarceration of persons with severe and persistent mental illness**

HOUSING

Program Description

DMH provides a wide variety of housing resources and supportive services for individuals experiencing homelessness who have a Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) including temporary housing, permanent housing, move-in assistance, eviction prevention and specialty mental health and housing case management services. DMH also administers funds that support capital development, capital improvements and operating subsidies.

Housing Programs

The following DMH programs provided clients who were experiencing homelessness or at risk of homelessness with housing resources and supportive services:

- Capital Investments Program
- Housing Supportive Services Program
- Intensive Case Management Services Program
- Federal Housing Subsidies Unit
- Housing Assistance Program
- Housing for Mental Health Program
- Diversion, Reentry and Mental Health Program
- Enriched Residential Care Program
- Interim Housing Program
- Enhanced Emergency Shelter Program for Transition Age Youth (TAY)

Key Activities

- Provide Interim and Permanent Housing
- Move-In Assistance
- Supportive Services for Housing Retention
- Preserve Licensed Residential Care Settings
- Invest in New Housing Resources

Intended Outcomes

Assist Clients to:

- Access interim Housing
- Secure Permanent Housing
- Retain Permanent Housing through Financial Assistance and Supportive Services

Increase:

- Housing Resources such as Rental Subsidies for DMH Clients
- Number of Interim Housing Beds for DMH Clients
- Investments in the development of Permanent Supportive Housing (PSH) Units for DMH clients

HOUSING
Outcomes FY 2023-24

Capital Investments Program

110 of the 162 Permanent Support Housing (PSH) developments finished construction, resulting in **2,706** units available for occupancy.

Individuals Housed

- **2,536** adult clients and adult family members
- **127** minor children
- **149** unknown/not report

Over half of all clients resided in **Service Areas 4** and **6**.

Housing for Mental Health (HFMH)

407 DMH clients were in permanent housing at some point during FY 2023-24..

- Of the 407 clients, **340** were FSP clients referred by DMH contractors and **67** were FSP clients with justice involvement referred by DHS Office of Diversion and Reentry (ODR).
- **49** individuals were newly referred to the program
- **39** individuals newly moved into housing

93% housing retention rate for the HFMH clients

Federal Housing Subsides Unit

DMH Housing Authority contracts included 2,749 housing vouchers. These vouchers helped to provide housing to **2,498** households across all Service Areas, which was a **14%** increase from the previous fiscal year.

3,606 Individuals Housed

- **2,613** adults
- **993** minor children

95.5% housing retention rate for DMH clients residing in these units. The average length of stay for clients was 5.67 years.

Enriched Residential Care Program (ERC)

In FY 2023-24, the ERC program served a total of **1,452** unique clients.

- **470** clients were referred to the program and
- **523** 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

HOUSING
Outcomes FY 2023-24

Interim Housing Program (IHP) – Adults

The Interim Housing Program (IHP) is intended to provide shelter services for adults with Serious Mental Illness (SMI) and their minor children who are experiencing homelessness and do not have adequate income to pay for temporary housing.

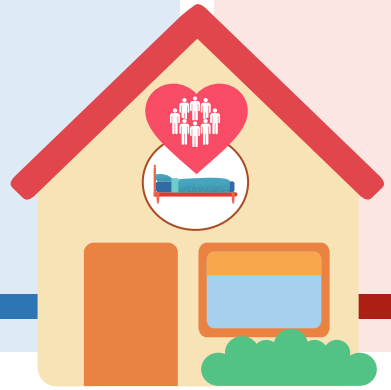
Outcomes

MHSA funds enabled DMH to contract for **763** IHP beds across **24** sites.

- **700** beds servings **1,750** individuals
- **63** family units serving **95** families
- IHP average occupancy rate was **90%**

The highest number of clients served was in **Service Area 4** and the lowest number of clients served was in Service Area 3.

A total of **1,081** IHP clients exited the program, of which **32%** exited to permanent housing.



Enhanced Emergency Shelter Program (EESP) – TAY (18-25)

The Enhanced Emergency Shelter Program (EESP) uses MHSA and other funds to serve the urgent housing needs of the TAY population, ages 18-25. This includes TAY who are unhoused or at immediate risk of becoming unhoused with no alternative place to stay and no significant resources or income to pay for shelter and are experiencing mental health concerns and willing to accept the treatment offered.

During FY 2023-24 the EESP capacity was **110** beds, with shelters in **Service Areas (SA) 2, 4,** and **6**.

EESP served **575** Transitional Age Youth (TAY) during the fiscal year.

Client Served by SA

SA 2	SA 4	SA 6
1 Shelter	3 Shelters	4 Shelters
90 Clients	189 Clients	296 Clients

LINKAGE

Program Description

Linkage provides programming that works with those in the community to connect them to essential services that include treatment, housing and other mental health service programs throughout the County. Linkage programs include:

- Jail Transition and Linkage Services
- Mental Health Court Linkage
- Service Area Navigation
- Homeless Outreach and Mobile Engagement (HOME)
- Veteran & Military Family Services

Key Activities

- Assist the judicial system with individual service needs assessments of defendants, link defendants to treatment programs, and provide support and assistance to defendants and families
- Assist a multi-disciplinary team in considering candidates' eligibility and suitability for pre-trial rapid diversion and linkage to treatment services
- Develop alternate sentencing, mental health diversion and post-release plans that consider best fit treatment alternatives and Court stipulations

Intended Outcomes

- Linkage programming engages in joint planning efforts to ensure that an active locally-based support network comprised of community partners, including community-based organizations, other County departments, intradepartmental staff, schools, health service programs, faith-based organizations, and self-help and advocacy groups
- Increase access to mental health services and strengthen the network of services available to clients in the mental health system
- Promote awareness of mental health issues and the commitment to recovery, wellness and self-help
- Engage with people and families to quickly identify currently available services, including supports and services tailored to a client's cultural, ethnic, age and gender identity

LINKAGE
Outcomes FY 2023-24

Homeless Outreach and Mobile Engagement (HOME)

The HOME program provides field-based outreach, engagement, support, and treatment to individuals with severe and persistent mental illness who are experiencing unsheltered homelessness.

HOME serves individuals 18 and over who are experiencing chronic unsheltered homelessness and who have profound mental health needs and associated impairments.

Key Activities

HOME provides the following to the people we serve:

- Basic Needs Provision
- Housing
- Mental Health Assessment
- Psychiatry
- Nursing care
- Medication Management
- Psychiatric Rehab
- Case Management
- Involuntary Hospitalization
- Outpatient Initiated Conservatorship

Outcomes

Data for fiscal year 23-24:

- **2,200** clients served
- **246** were treated involuntarily
- **Conservatorships**
  - **96** LPS Referrals for HOME clients
    - **87** Appointed
    - **9** Failed
- **168** clients moved into permanent housing
- **247** clients moved into interim housing

PLANNING OUTREACH AND ENGAGEMENT

Program Description

Aims to inform the public about MHSA programs and services, garner community input, and integrate feedback into the O&E planning process.

O&E activities focus on reaching a wide diversity of backgrounds and perspectives represented throughout the county, with a special emphasis on unserved, underserved, inappropriately served and hard-to-reach populations.

O&E creates an infrastructure that supports partnerships with community resources and providers, schools, community-based agencies, Faith-Based organizations, historically disenfranchised communities, and other county departments.

POE programs:

- Service Area Liaisons
- Underserved Cultural Communities Unit (UsCC)
- Stipend for Community Volunteers, examples include Wellness Outreach Workers (WOW) and the Countywide Client Activity Fund (CCAF)

Key Activities

- Outreach communities throughout the County by conducting conferences and special events
- Communities and education community members using various media and print media, as well as grassroot level community mental health presentations.
- Communicate and educate community members using various media and print media, as well as and grassroot level community mental health presentations
- Conduct surveys to gather results for data analysis to continue planning, outreach and engagement activities
- Enlist the help of community members to collaborate in outreach and engagement activities
- Planning facilitation

Intended Outcomes

01 Increase mental health awareness to all communities within the County

02 Identify and address disparities amongst target populations

03 Reduce stigma discrimination by educating and empowering communities to understand the importance of mental health care

04 Increase access to care for mental health services provided by LACDMH and contract providers

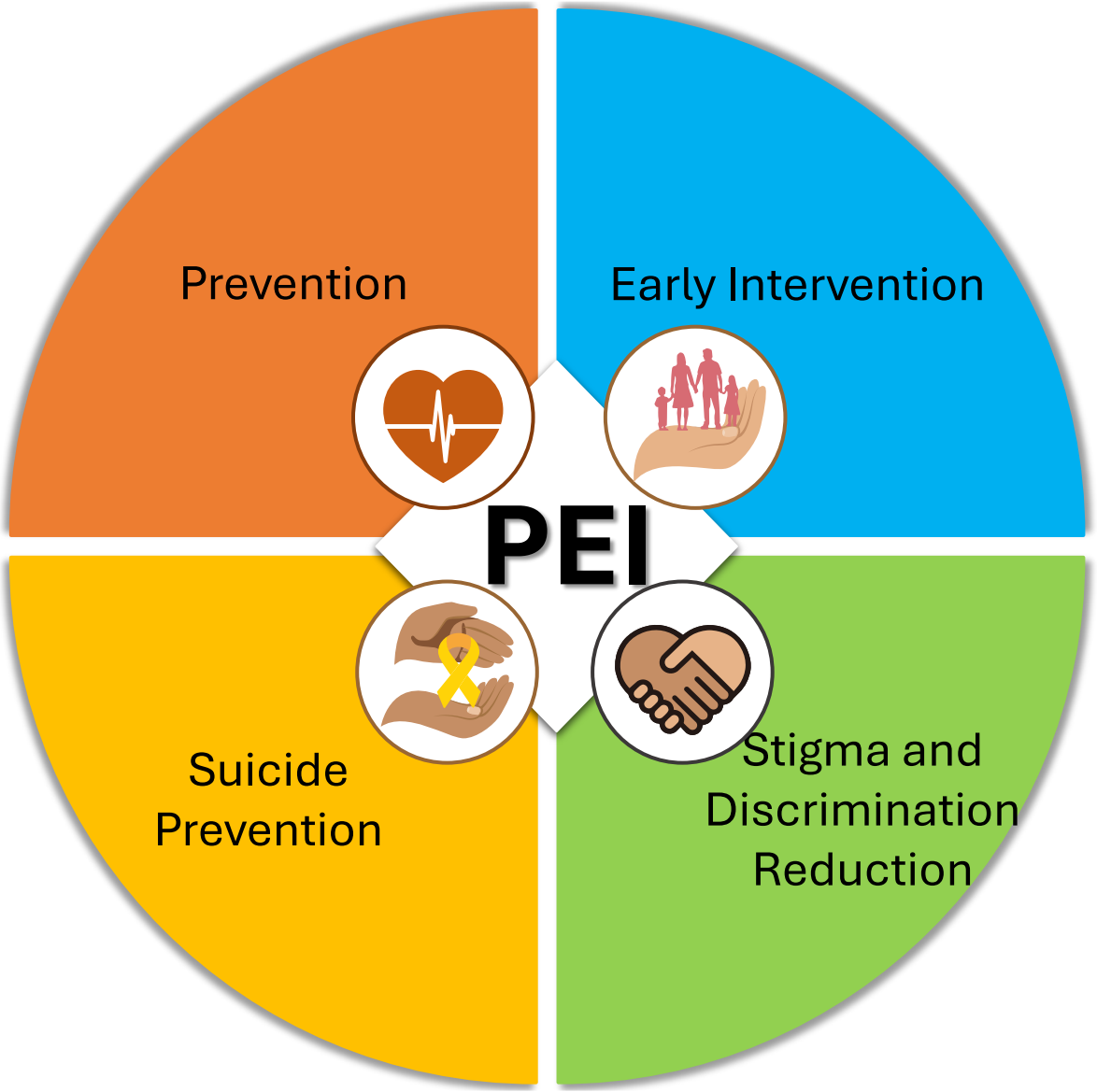
PREVENTION AND EARLY INTERVENTION (PEI)
Component

About PEI

- Second largest MHSA component with **19%** of the total MHSA allocation

- Focus on providing preventative and early intervention strategies, education, support and outreach to those at risk of developing mental illness or experiencing early symptoms.

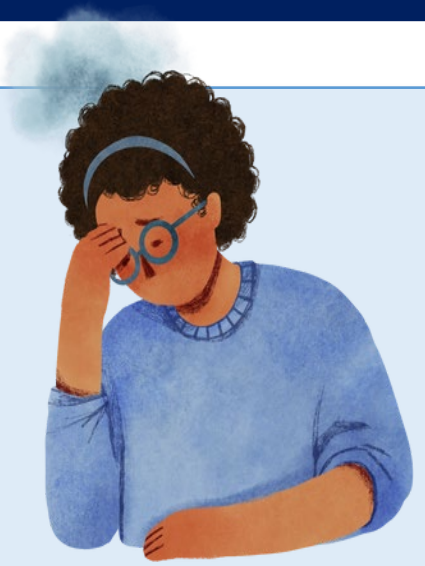
- PEI includes the following services:
  - Prevention
  - Early Intervention
  - Stigma and Discrimination Reduction
  - Suicide Prevention



PREVENTION

Program Description

Prevention activities and services are geared toward addressing the risk factors associated with the onset of mental health illness or emotional disturbance including a focus on enhancing protective factors.



Example of Protective Factors:

- Social Connections
- Concrete Support in Times of Need
- Knowledge of Parenting and Child Development
- Social and emotional competence

Target Population

- Individuals who are not currently receiving mental health services,
- Individuals or large groups of individuals who may be at-risk or at-risk, or
- Part of the general population to promote prevention in mental health.

Priority Populations

Priority Populations include the following:

- Trauma-exposed individuals;
- Individuals experiencing onset of serious psychiatric illness;
- Individuals experiencing extreme stressors; and
- Underserved cultural populations.

PREVENTION SERVICES
Clients Served FY 2023-24

Community Partnership Programs	Number of Clients Served
Abundant Birth Project	133
Community Schools Initiative (CSI)	19,038
Creative Wellbeing (Arts & Culture)	4,325
First 5 LA - Home Visitation: Deepening Connections and Enhancing Services	480
Friends of the Children LA (FOTC-LA)	53
Medical-Legal Community Partnership	2,747
Prevention and Aftercare	37,697
SEED School of Los Angeles (SEED LA)	174
Wolf Connection: Wolf Lessons for Human Lives	1197
Youth Development Network Program	264
Los Angeles County Library	18,814
Los Angeles Department of Parks and Recreation	145,950
Promotores	135,099
United Mental Health Promoters	86,929
Veterans Peer Access Network (VPAN) *Through the Veteran Support Line	9,642

PREVENTION SERVICES
Outcomes FY 2023-24

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

Staff faced challenges in collecting surveys consistently across all participants due to virtual programming and the diversity of event formats. As a result, not all participants were tracked across all survey periods.

986 participants completed the Brief Universal Prevention Program Survey (BUPPS).

- BUPPS Protective Factors score from **23 to 23**
- WHO Well-Being score increased from **17 to 18**
- Parenting score decreased from **17 to 16**

The program demonstrated modest improvements in participants' well-being.

My Health LA Behavioral Health Expansion Program

59,727 unique MHLA patients received at least one mental health prevention services and/or activities (MHPS) for the period of July 1, 2020 through and including January 31, 2024.

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

- BUPPS Protective Factors score increased from **19.58 to 22.3**
- WHO Well-Being score increased from **14.71 to 17.82**

This indicates there was an overall increase in protective factors and wellbeing through the course of programming. This program ended as of January 2024.

Prevention & Aftercare (P&A)

527 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 from baseline to end of services.

- **Parent/caregiver resilience**: score increased from **2.5 to 3.1**
- **Social connections**: score increased from **2.4 to 3.0**
- **Knowledge of parenting and child development**: score decreased from **2.8 to 2.7**
- **Social and emotional competence of adults**: score increased from **3.6 to 3.9**
- **Social and emotional competence of children**: score increased from **2.8 to 3.0**

37,697 people attended P&A single events
3,068 surveys collected from events
(only one person per family completing a survey)

The following protective factors were noted:

- **85.0%** Connected with others
- **79.8%** Discovered something new about themselves or their family
- **87.2%** Learned about community programs and resources that are useful to themselves and/or their family
- **85.3%** Learned something different to do with family
- **88.1%** Learned tips/tools that can strengthen themselves and/or their family's wellbeing

EARLY INTERVENTION

Program Description

Directed toward individuals and families for whom a short, relatively low-intensity intervention is appropriate to measurably improve mental health problems and avoid the need for more extensive mental health treatment. Early intervention services feature the inclusion of evidence based and community defined evidence-based treatment, providing clients with access to proven, research-supported interventions.

Requirements

- Target population are individuals with less intense mental health needs who would benefit from short-term services.
- Services are short-term and time-limited (usually less than 18 months).
- Outcome measures are required to be administered for every Evidence-Based Practice (EBP) and PEI program.

Target Population

- **Children/Youth in Stressed Families**
  (Treating family members with the goal of alleviating the mental health symptoms of the child/youth, also qualify).
- **Underserved Cultural Populations**
- **Individuals Experiencing Onset of Serious Psychiatric Illness**
- **Trauma-Exposed**
- **Children/Youth at Risk for School Failure**
- **Children/Youth at Risk of or Experiencing Juvenile Justice Involvement**

EARLY INTERVENTION SERVICE
Clients Served FY 2023-24

***CLIENTS SERVED**

36,144

unique clients received a direct service

8,322

new clients were served with no previous MHSA service

Clients Served by Race/Ethnicity and Primary Language

Ethnicity
- 55% Hispanic
- 21% Unreported
- 9% White
- 8% African American
- 3% Multiple Races
- 2% Asian/Pacific Islander
- 1% Native Hawaiian
- 0.25% Native American

Primary Language
- 76% English
- 21% Spanish

CLIENT DATA BY SERVICE AREA

Service Area	Number of Clients Served	Number of New Clients
SA1 – Antelope Valley	2,012	752
SA2 – San Fernando Valley	5,900	2,780
SA3 – San Gabriel Valley	6,034	2,348
SA4 – Metro	5,482	2,355
SA5 – West	1,048	492
SA6 – South	4,211	2,253
SA7 – East	6,602	2,820
SA8 – South Bay	5,219	2,239

*New Clients is a subset of Unique Clients Served

STIGMA AND DISCRIMINATION REDUCTION (SDR) TRAINING
Outcomes FY 2023-24

FISCAL YEAR 2023-24 SDR DATA AND OUTCOMES:

2,496*

surveys were collected

91% 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."

84% 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."

96% of participants agreed or strongly agreed with the statement: "The presenters demonstrated knowledge of the subject matter."

95% of participants agreed or strongly agreed with the statement: "The presenters were respectful of my culture (i.e., race, ethnicity, gender, religion, etc.)."

**In FY 23-24, (2,496) surveys were collected, down from (16,218) in FY 22-23. This change is most likely explained by a shift in program funding. In FY 22-23, the majority of SDR programs were provided by Promotores de Salud, which had its funding changed from SDR to Prevention in FY 23-24.*

SUICIDE PREVENTION (SP)

Program Description

The Suicide Prevention Program provides suicide prevention services through multiple strategies by strengthening the capacity of existing community resources and creating new collaborative and comprehensive efforts at the individual, family, and community level.

These services include:

- **Community outreach** and **education** in the identification of the suicide risks and protective factors.
- **Linking direct services** and **improving the quality of care** to individuals contemplating, threatening, or attempting suicide.
- **Access** to evidence-based interventions trained suicide prevention hotlines.
- **Building the infrastructure** to further develop and enhance suicide prevention programs throughout the county across all age groups and cultures.

Some of the key elements to suicide prevention are:

1. Focus on fostering prevention and well-being
2. Promote early help seeking
3. Ensure a safe and compassionate response
4. Implement a system of short- and long-term support

SUICIDE PREVENTION (SP)
Outcomes FY 2023-24

FISCAL YEAR 2023-24 SUICIDE PREVENTION DATA AND OUTCOMES:

Suicide Prevention Programs

688 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)

84 presentations were conducted

850 referrals were served

- **90%** received early screenings and/or threat assessments
- **10%** received consultations
- Primary focus of **interventions** centered on:
  - **39%** Initial Screening/Threat Assessment
  - **23%** Crisis Intervention
  - **11%** Linkage

WORKFORCE EDUCATION AND TRAINING (WET) Component

About WET

The Los Angeles County MHSA - Workforce Education and Training (WET) Plan seeks to address the fundamental concepts of creating and supporting a workforce (both present and future) that is culturally competent, consumer/family driven and promotes the transformation of mental health services to a strength-based approach that is inclusive of recovery, resilience and wellness. Such tenets are cornerstones of MHSA.

The Plan provides opportunities to recruit, train and re-train public mental health staff to meet those mandates.

The County will transfer funds from its CSS account into the WET account to fund the following WET categories:

1. **Training and Technical Assistance**

2. **Residency and Internship**

3. **Financial Incentives**

4. **Mental Health Career Pathways**

INNOVATION (INN)
Component

About INN

The Innovation programs are designed to do **one** of the following:

- Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention (PEI).
- Make a change to an existing practice in the field of mental health, including but not limited to, application to a different population.
- Apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.

Innovation programs should result in **one (or more)** of the following:

- Increase access to mental health services to underserved groups.
- Increase the quality of mental health services, including measurable outcomes.
- Promote interagency and community collaboration related to mental health services or supports or outcomes.
- Increase access to mental health services.

Five percent **(5%)** of total funding for each county mental health program for Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) is reserved for Innovation.

- Innovation programs are short-term.
- At the end of the project a County must decide whether funding should continue using a different source (like CSS or PEI).
- Evaluation data is used to support decision-making.

Programs for FY 2023-24	Programs Continuing/Starting in FY 2025-26
Innovation 8: Early Psychosis Learning Healthcare Network	Hollywood 2.0
Hollywood 2.0	Interim Housing Multidisciplinary Assessment & Treatment Teams
Interim Housing Multidisciplinary Assessment & Treatment Teams	Children's Community Care Village

INNOVATION: NEW PROJECT – FY 2025-26

BHSA Transformation Project: DMH is seeking support to join an already approved statewide INN project to provide consultation, technical assistance and support for DMH and its providers as they transition from MHSA to BHSA. We are focused on supporting transformation of Prevention, Full Service Partnership, and Client Run Centers.

P.A.T.H.W.A.Y.S. Providing Access to Treatment, Health, Wellness, and Youth Support

DMH proposes targeted one-time funding and technical assistance (TA) to strengthen programs with proven outcomes. This initiative aims to enhance organizational capacity, achieve Medi-Cal certification, and ensure the long-term sustainability of these programs by claiming Medi-Cal. Thus, the Prevention Division is proposing a pathway ending in new CBOs contracting with the Department to deliver claimable services, through a contract that is not the traditional SD M/C contract.

Transformation from Peer Resource Centers to Clubhouses

This Innovation project proposes to redesign the system in preparation for the county's transition to Behavioral Health Services Act (BHSA) and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative. The purpose of this INN Project is to transform the existing Peer Resource Centers into the Clubhouse model, assuring alignment with BHSA and BH Connect.

Full Service Partnership (FSP)

The FSP program provides a wide array of services and supports, guided by a commitment by providers to do "whatever it takes" within the resources available to help the highest acuity clients within defined populations make progress on their paths to recovery and wellness. This project will allow for technical assistance and support for outpatient providers transitioning to become Full Service Partnership providers and will support any newly contracted Full Service Partnership providers.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN) Component

About CFTN

Capital Facilities and Technological Needs means projects for the acquisition and development of land and the construction or renovation of buildings or the development, maintenance or improvement of information technology for the provision of Mental Health Services Act administration, services, and supports. Capital Facilities and Technological Needs does not include housing projects.

The County transferred funds from its CSS account into the CFTN account to fund projects.

Projects – Fiscal Year 2023-24

During FY 2023-24, the following facilities have incurred either design fees, project management fees, construction fees and/or plan checks using either Capital Project – Tenant Improvement/New Facilities or Pool dollars/Unanticipated projects funds:

- Jacqueline Avant Children and Family Center
- Olive View Children's Crisis Stabilization Unit
- LA General Urgent Care Center

Upcoming Projects – Fiscal Year 2025-26

- Tenant Improvement/New Facilities
- LA General Mental Health Rehabilitation Centers
- Children's Community Care Village High Desert
- Jacqueline Avant Transition Age Youth (TAY) Center
- Modern Call Center
- Integrated Behavioral Health System
- Technological Improvements

FY 2024-25 MHSA PLAN UPDATE - REVISION
Summary by Component

MHSA Component	Two Year Plan Update FY 2024-25	Revised Plan Update FY 2024-25	Changes
Community Services and Supports	$701,400,000	$502,057,001	($199,342,999)
Prevention and Early Intervention	$271,499,999	$203,442,301	($68,057,698)
Innovation	$50,963,914	$55,525,130	$4,561,216
Workforce Education and Training	$45,300,000	$105,118,436	$59,818,436
Capital Facilities and Technological Needs	$107,600,000	$133,297,220	$25,697,220
Total	**$1,176,763,914**	**$999,440,089**	**($177,323,825)**

FY 2025-26 RECOMMENDED BUDGET
Revenues & Funding $ 4,153.6 Million

Primary Funding Sources

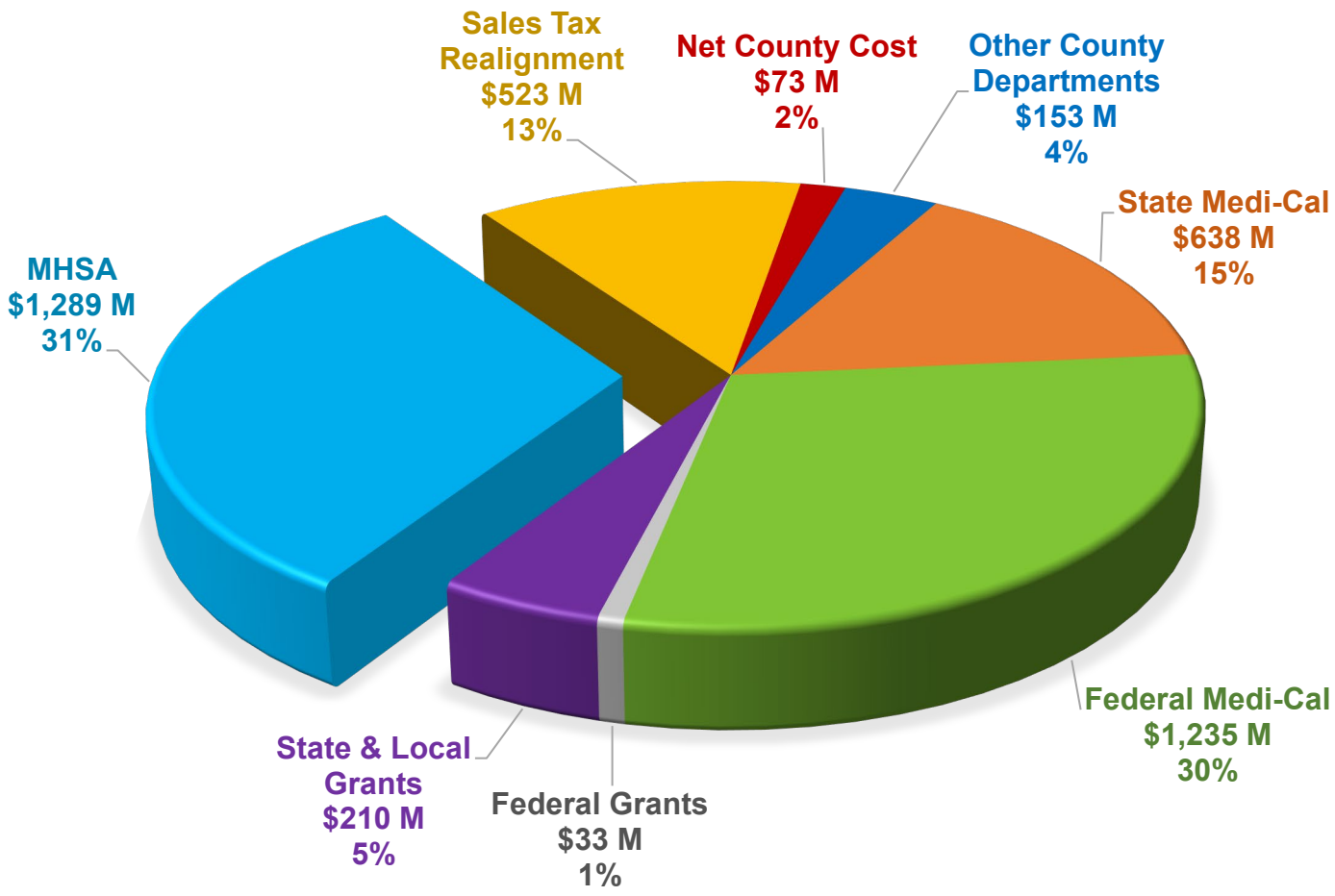
45% **State and Federal Medi-Cal ($1,873 Million)**
Mandated mental health services for eligible clients who meet medical necessity criteria for Medi-Cal

31% **MHSA ($1,289 Million)**
Outpatient; recovery and wellness-oriented services; outreach and engagement; prevention and early intervention services; workforce education and training; housing; capital; technology; and innovative projects

13% **Sales Tax Realignment ($523 Million)**
Treatment services in institutional settings, including Probation halls and camps, STRTPs and CTFs for youth and locked mental health treatment beds for adults

10% **Grants and Other Revenues ($396 Million)**

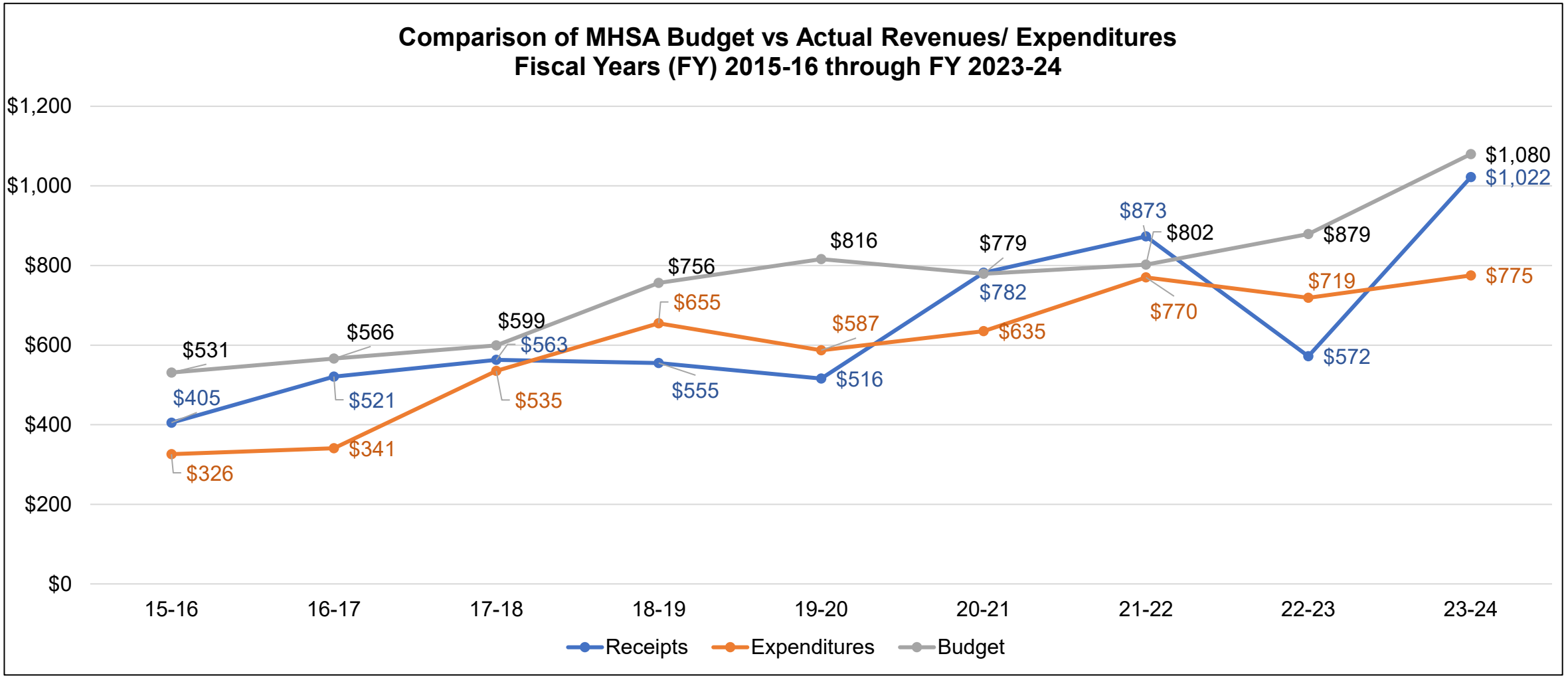
2% **NCC ($73 Million)**



FY 2025-26 BUDGET PROJECTION CHANGES
Summary by Component

MHSA Component	Two Year Plan Update FY 2025-26 MHSA Fund	Estimated CSS Funds Needed FY 2025-26	Changes
Community Services and Supports	$767,400,000	$672,679,944	($94,720,056)
Prevention and Early Intervention	$207,700,000	$203,322,385	($4,377,615)
Innovation	$60,353,688	$132,355,339	$72,001,651
Workforce Education and Training	$20,300,000	$28,491,571	$8,191,571
Capital Facilities and Technological Needs	$41,599,999	$56,990,524	$15,390,525
Total	**$1,097,353,687**	**$1,093,839,763**	**($3,513,924)**

MHSA – A HISTORICAL LOOK



Note - Data is point in time. Total Medi-Cal expenditures (for which MHSA may fund local cost share) will not be final until ~ 18 months after FYE.

MHSA 3-YEAR FORECAST

($ in millions)	2023-24	2024-25	2025-26
Carry-Over Funds	$ 1,158.2	$ 1,476.4	$ 1,284.6
Prudent Reserve	147.5	147.6	147.6
Fund Balance	**1,305.7**	**1,624.0**	**1,432.2**
Projected Allocation (includes interest)	1,099.9	928.4	688.2
Total Available Fund Balance	**2,405.6**	**2,552.4**	**2,120.4**
Projected Utilization	(781.7)	(1,120.2)	(1,084.8)
Projected Ending Fund Balance	$ 1,623.9	$ 1,432.2	$ 1,035.6

Innovation	$ 152.6
WET	$ 82.6
CFTN	$ 70.5

Estimated Fund Balance for Reallocation to BHSA Components (includes $ for Prudent Reserve) $ *729.9*

*CBHDA's Fiscal Forecasting Webinar is scheduled for mid-February 2025. FY 2025-26 projected allocation is based on CBHDA's May 2024 Forecast and is subject to change.

CONSIDERATIONS

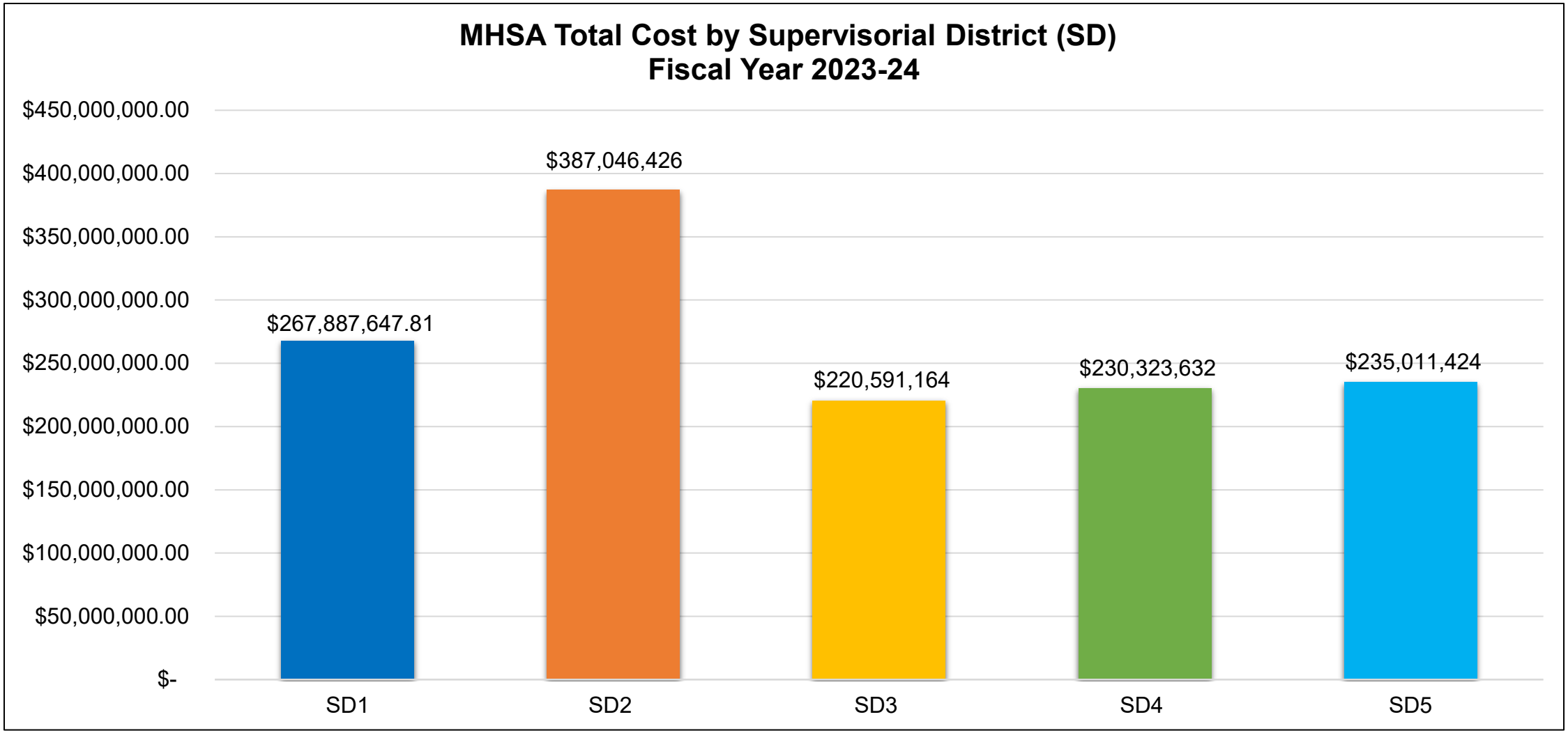
Significant Revenue Volatility

Strategic transfer of CSS funds to Prudent Reserve, WET, CFTN to prolong reversion period + pay for on-going costs

WET and CFTN will retain current 10 year-reversion period post BHSA implementation

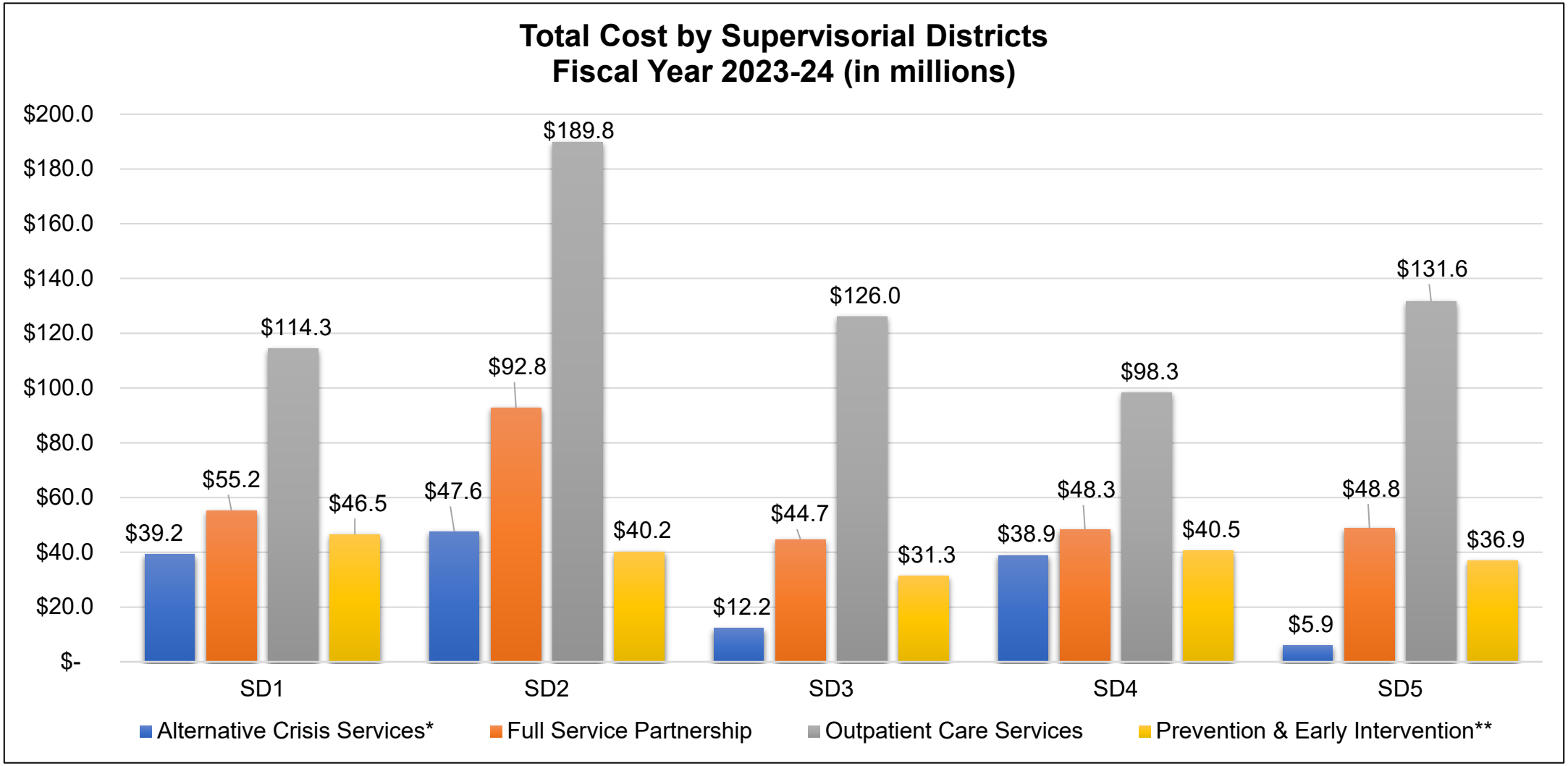
County – directed split of remaining CSS + PEI fund balance across BHSA categories – old money, new rules

MHSA – TOTAL COST



Total Costs only include direct services billed to an MHSA billing plan and not invoiced or client supportive services.

MHSA – TOTAL COST



**Total cost includes Urgent Care Center Services*

***These costs are only Early Intervention Services. Prevention services are Countywide and data is not collected by a service area or supervisorial district.*

Thank you

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

MENTAL HEALTH SERVICES ACT
PROPOSITION 63
CALIFORNIA
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