



CLIENT DATA QUARTERLY REPORT

THIRD QUARTER (JANUARY-MARCH) FY 2023-24

Data as of 6/2/24



This quarterly report shows demographic data on clients receiving services funded by the Mental Health Services Act (MHSA) from the Los Angeles County Department of Mental Health (LACDMH). This data was gathered from the MHSA Client Demographic dashboard. Link to dashboard: <https://dmh.lacounty.gov/dashboards/mhsa-client-demographics/>

Introduction

In November 2004, the Mental Health Services Act (MHSA) was passed by Californian voters 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. Once MHSA was written into law, the Welfare and Institutions Code (WIC) Section 5847 required county mental health programs in California to prepare and submit a Three-Year Program and Expenditure Plan ("Three-Year Plan" or "Plan") followed by Annual Plan Updates for all MHSA programs and expenditures. In Los Angeles County, the Plan provides an opportunity for the Department of Mental Health (LACDMH) and its stakeholders to review its existing MHSA programs and services to evaluate their effectiveness. Through the Plan's required Community Planning Process (CPP), LACDMH engages a broad array of stakeholders that provide feedback and input on existing MHSA programs and services which allows LACDMH an opportunity to propose and incorporate new programs and services that meet the diverse needs of all communities served. Changes made to the Plan through the CPP must comply with MHSA regulations as well as relevant State requirements. **In preparation for the CPP, this quarterly report provides an update on the activities, achievements, challenges, and goals of the MHSA services.**

MHSA is made up of five components: Community Services & Support; Prevention & Early Intervention; Innovation; Capital Facilities & Technological Needs; and Workforce Education & Training.

1

Community Services & Support (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; Outpatient Care Services; Alternative Crisis Services (ACS); Housing Services; Linkage to County-Operated Functions/Programs (Linkage); and Planning, Outreach, and Engagement Services (POE).



2

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



3

The **Innovation component** is designed to evaluate the effectiveness of new and/or changed practices or strategies in the field of mental health with a primary focus on learning and process change, rather than filling a program need or gap. As such, Innovation strives to change some aspect of the public behavioral health system that may include system or administrative modifications.



4

The **Capital Facilities and Technological Needs (CFTN)** component works toward the creation of facilities used for the delivery of MHSA services to mental health clients and their families or for administrative offices.



5

Workforce Education and Training (WET) funds are allocated to develop a diverse workforce. Clients and families/caregivers are given skills training to promote wellness and other positive mental health outcomes, deliver client- and family-driven services, and conduct outreach to unserved and underserved populations.



MHSA CLIENTS SERVED¹

116,476

Unique Clients
Served



26,697

New Clients
Served



Demographic Characterisitcs

Age Group

22% Child
16% TAY
48% Adult
14% Older Adult

Number of Clients Served by Service Area

Service Area (SA)

SA 1 - Antelope Valley
SA 2 - San Fernando Valley
SA 3 - San Gabriel Valley
SA 4 - Metro Los Angeles
SA 5 - West Los Angeles
SA 6 - South Los Angeles
SA 7 - East Los Angeles
SA 8 - South Bay

of Unique Clients Served

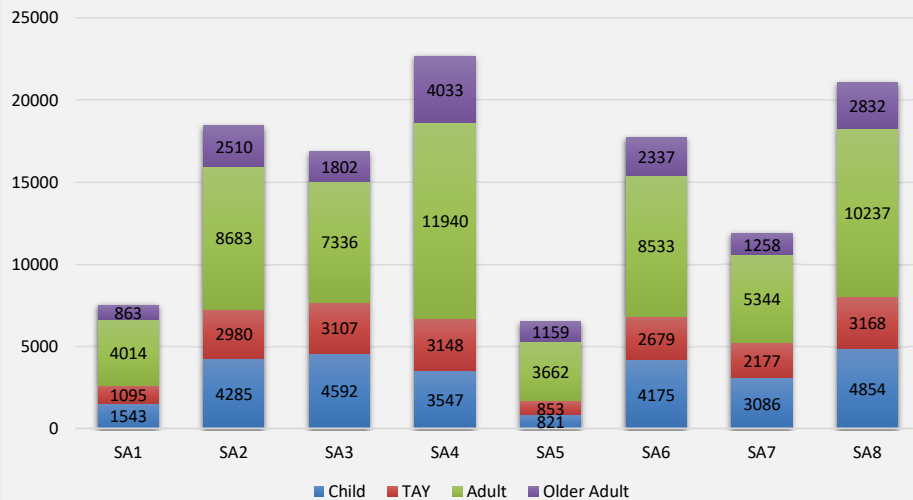
7,491
18,346
16,706
22,563
6,474
17,633
11,789
20,966

of New Clients Served

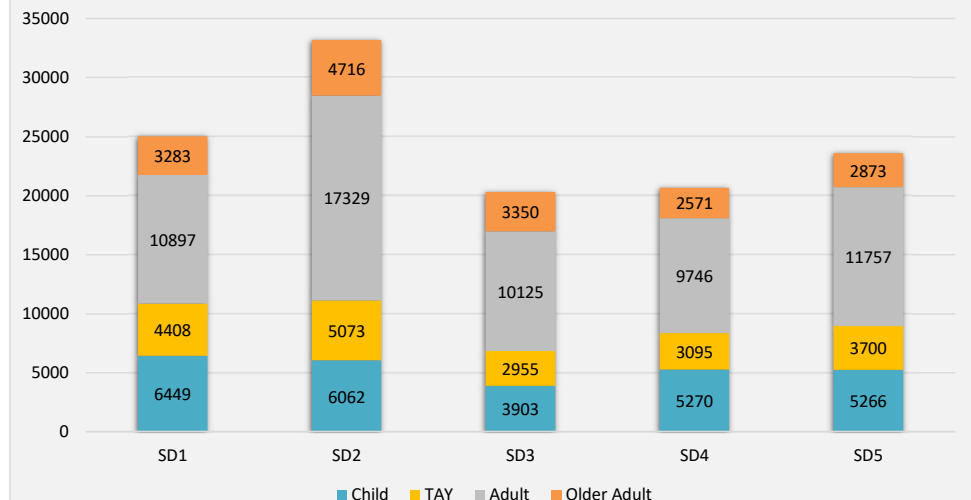
1,598
4,389
4,231
5,145
1,336
3,798
2,717
4,777

Number of Clients Served by Age Group

Age Group by Service Area



Age Group by Supervisorial District



COMMUNITY SERVICES AND SUPPORT (CSS)-CLIENTS SERVED¹

96,235

Total Unique CSS Clients Served

Outpatient Care Services (OCS)

Total OCS Clients Served

76,905

Number of OCS Unique
Clients Served

12,189

Number of New OCS
Clients Served

Age Group	# of Unique Clients Served	# of New Clients Served
Child	12,381	3,777
TAY	11,192	2,149
Adult	40,743	5,507
Older Adult	13,058	818

Service Area (SA)	# of Unique Clients served	# of New Clients Served
SA1	5,180	807
SA2	13,405	2,324
SA3	9,225	1,647
SA4	13,179	2,121
SA5	4,369	595
SA6	11,456	1,618
SA7	6,718	887
SA8	14,162	2,292

Race/Ethnicity Group	Total	%
Hispanic/Latino	29,664	40%
Black/African American	14,545	19%
Unreported	11,402	15%
White	11,870	16%
Asian	3,403	5%
Multiple Races	2,628	3%
Native Hawaiian/Pacific Islander	1,099	1%
Native American	476	1%

Full Service Partnership (FSP)

Total FSP Clients Served

9,378

Number of FSP Unique
Clients Served

589

Number of New FSP
Clients Served

Age Group	# of Unique Clients Served	# of New Clients Served
Child	1,785	258
TAY	1,549	109
Adult	4,839	193
Older Adult	1,287	33

Service Area (SA)	# of Unique Clients Served	# of New Client Served
SA1	603	29
SA2	1,001	62
SA3	1,125	85
SA4	1,811	102
SA5	572	19
SA6	1,728	142
SA7	1,054	75
SA8	1,690	101

Race/Ethnicity Group	Total	%
Hispanic/Latino	3,117	33%
Black/African American	2,217	24%
Unreported	1,614	17%
White	1,560	17%
Asian	399	4%
Multiple Races	287	3%
Native Hawaiian/Pacific Islander	104	1%
Native American	65	1%

Alternative Crisis Services (ACS)

Total ACS Clients Served

7,973

Number of ACS Unique
Clients Served

3,165

Number of New ACS
Clients Served

Age Group	# of Unique Clients Served	# of New Clients Served
Child	891	511
TAY	1,267	553
Adult	4,922	1,647
Older Adult	860	417

Service Area (SA)	# of Unique Clients Served	# of New Clients Served
SA1	328	135
SA2	1,059	493
SA3	1,736	741
SA4	2,499	804
SA5	483	215
SA6	685	255
SA7	832	318
SA8	1,245	485

Race/Ethnicity Group	Total	%
Hispanic/Latino	2,284	33%
White	1,491	22%
Black/African American	1,555	23%
Unreported	971	14%
Asian	246	4%
Multiple Races	179	3%
Native Hawaiian/Pacific Islander	87	1%
Native American	39	1%

PREVENTION AND EARLY INTERVENTION (PEI)-CLIENTS SERVED¹

EARLY INTERVENTION SERVICE COMPONENT

18,727

Number of Unique
Clients Served

9,120

Number of New Clients
Served

56%

of PEI clients served are
Hispanic

Service Area 2

has the highest number
of clients served

Number of Clients Served by Age Group

Age Group	# of Unique Clients Served	# of New Clients Served
Child	12,376	6,736
TAY	3,926	1,393
Adult	2,120	905
Older Adult	477	152

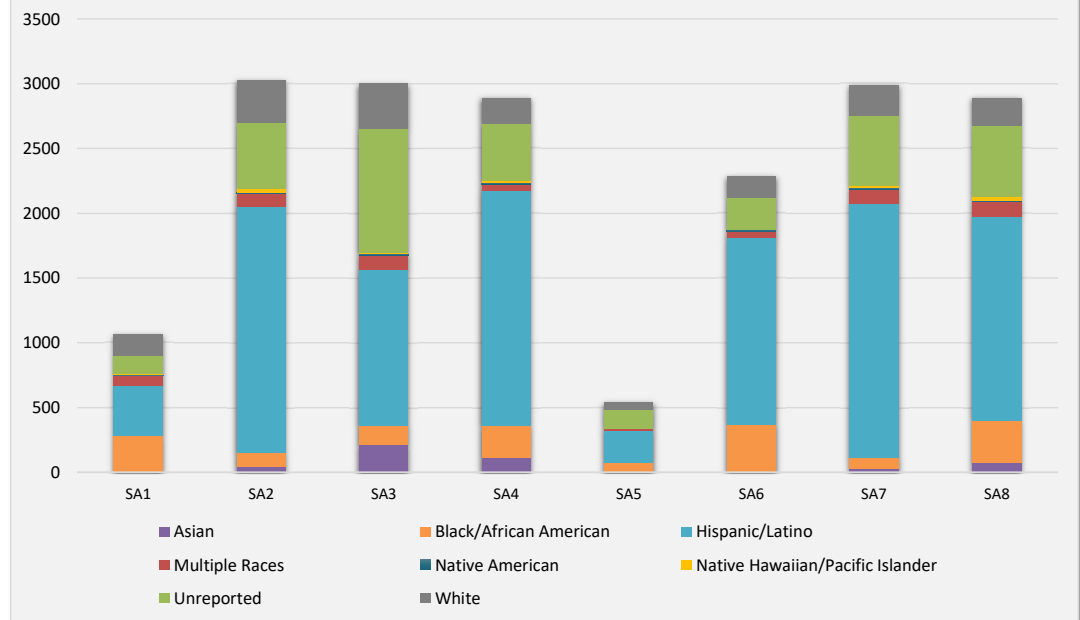
Number of Clients Served by Service Area

Service Area (SA)	# of Unique Clients Served	# of New Clients Served
SA 1	1,070	484
SA 2	3,061	1,602
SA 3	3,007	1,183
SA 4	2,918	1,334
SA 5	547	329
SA 6	2,288	1,364
SA 7	3,014	1,387
SA 8	2,913	1,510

Number of Clients Served by Race/Ethnicity Group

Race/Ethnicity Group	Total	%
Hispanic/Latino	10,479	56%
Unreported	3,501	19%
White	1,709	9%
Black/African American	1,611	9%
Multiple Races	636	3%
Asian	474	3%
Native Hawaiian/Pacific Islander	131	1%
Native American	55	0%

Race/Ethnicity by Service Area



Race/Ethnicity Group

	Highest	Lowest
Asian	SA 3 (7%)	SA6 (0.31%)
Black/African American	SA 1 (26%)	SA 7 (3%)
Hispanic/Latino	SA 7 (66%)	SA 1 (36%)
Multiple Races	SA 1 (7%)	SA 4 (2%)
Native American	SA 1 (1%)	SA 5 (0%)
Native Hawaiian/Pacific Islander	SA 8 (1%)	SA 6 (0.36%)
Unreported	SA3 (32%)	SA 6 (11%)
White	SA 1 (15%)	SA 4 (7%)

¹Cost and client counts are based on Mode 15 services, not inclusive of community outreach services or client supportive services expenditures.

²Alternative Crisis Services does not include Urgent Care Centers data.

PROGRAM SPOTLIGHT

FULL SERVICE PARTNERSHIP (FSP):

Full Service Partnership (FSP) is a comprehensive, intensive, field-based mental health service program. FSP is our most intensive community-based service, providing "whatever it takes" to help a person progress in their recovery journey.

Find out how to access FSP services in your community by contacting your local Service Navigator:

https://file.lacounty.gov/SDSInter/dmh/1102857_ServiceNavigatorContactInformation.pdf

Population



Child & Young Adult (Ages 0-20)

- Must have a **serious emotional disturbance** and
- Meet one or more of the focal population criteria:
 - School absences, suspensions and/or expulsions
 - Psychiatric hospitalization
 - History of suicidal and/or homicidal ideations
 - Open DCFS case
 - Open Probation case
 - Transitioning into the community from a restrictive setting
 - Experienced two (2) or more placements due to behavioral health needs, prodromal or first episode of psychosis, severe mental health issues and not engaging in mental health services, co-occurring disorder
 - Individual or family who lacks a fixed, regular, and adequate nighttime residence

Adult (Ages 21 and above)

The highest acuity clients within defined populations:

- Must have a current **DSM-5/ICD-10 diagnosis** of a major psychiatric disorder and demonstrate a need for an intensive FSP program by virtue of their history and current level of functioning and
- Meet one or more of the focal population criteria:
 - Homeless
 - Justice-involved
 - High utilizers of psychiatric services

Services



FSP services provide an array of intensive outpatient field capable mental health services, including, but not limited to:

- Medication Services
- Individual and Group Therapies
- Case Management
- Linkage to Housing
- Interventions for Substance Use Disorders
- Education and Employment services
- Psychosocial Skills Building

FSP Services aim to help clients:

- Increase their ability to function at optimal levels
- Decrease homelessness and incarcerations
- Reduce unnecessary medical and psychiatric urgent care and emergency room visits and hospitalizations



PROGRAM SPOTLIGHT

FULL SERVICE PARTNERSHIP (FSP) OUTCOMES

Outcomes

Current Enrollment by Month

The All Adult contains info for General Adult FSP (includes former Forensic, Misdemeanor Incompetent to Stand Trial (MIST), Homeless FSP, Integrated Mobile Health Teams (IMHT), and Assisted Outpatient Treatment (AOT-FSP). The All Child contains information for General Child/Young Adult FSP, Wraparound FSP, and Intensive Field Capable Clinical Services (IFCCS). There are other factors that could affect capacity, such as staffing, number of clients currently in outreach and engagement, and data lag for enrollments or disenrollment.

Adult FSP Enrollments

Date	# of Slots	Slots Filled	% of Slots Filled
January 15	9,366	6,556	70 %
January 30	9,426	6,556 (↓0)	69.6 % (↓ 0.4%)
February 15	9,426	6,619 (↑63)	69.6 % (↑ 0.6%)
February 29	9,426	6,588 (↓31)	69.9 % (↑ 0.3%)
March 15	9,426	6,623(↑35)	70.3% (↑ 0.4%)
March 30	9,426	6,666 (↑43)	70.7 % (↑ 0.4%)

Child/Young Adults

Date	# of Slots	Slots Filled	% of Slots Filled
January 15	3,673	2,550 (↑23)	69.4%
January 30	3,673	2,545(↓3)	69.3% (↓ 0.1%)
February 15	3,673	2,536(↓9)	69.0% (↓ 0.3%)
February 29	3,673	2,544 (↑ 8)	69.0% (↑0.3%)
March 15	3,673	2,543(↓1)	69.2% (↓ 0.1%)
March 30	3,673	2,515(↓28)	68.5% (↓ 0.7%)



Questions & Contact

Adult FSP AdultOAFSP@dmh.lacounty.gov

Child/Young Adult FSP ChildYAFSP@dmh.lacounty.gov

FSP Success Story

J's journey is one of resilience, transformation, and unwavering determination. For years, he faced unstable housing, the loss of his mother, and his family not accepting his true identity. He used substances to cope with his inner struggles and often stayed in shelters or on the streets. His mental health issues led to frequent stays in psychiatric hospitals. Each discharge and substance use, coupled with unstable housing, made it difficult for him to take his medications daily as well as making it hard to meet his basic needs, such as food, shelter, and clothing.

Despite these challenges, J held onto a dream that kept him going: the dream of fully transitioning to align his physical self with his true identity as a transgender man. This dream was about changing his body and reclaiming his life and sense of self.

J's turning point came when he connected with a local LGBTQIA organization and Telecare FSP. The community embraced him, offering not only support but genuine camaraderie. With the team's help, he was connected to a board and care facility where he found stable housing, meaningful connections with others, and the ability to take his medications daily, which was a struggle before with his unstable housing. Staying at the new housing also allowed him to attend groups and find connections that helped him explore his newfound spirituality. Due to unstable housing and non-compliance with medications, he almost couldn't go through with his bottom surgery, but finding stable housing led him to resources that supported him in securing it. For the first time in years, he had a place to call home—a sanctuary where he could begin to rebuild his life.

With stable housing, J's mental health began to improve. He actively pursued his dream of transitioning and rebuilding his life.

**Name has been changed to protect confidentiality.*