



WELLNESS • RECOVERY • RESILIENCE

MHSA Two Year Program and Expenditure Plan

Fiscal Years 24-25 through 25-26

Community Planning Meeting

February 6, 2024



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

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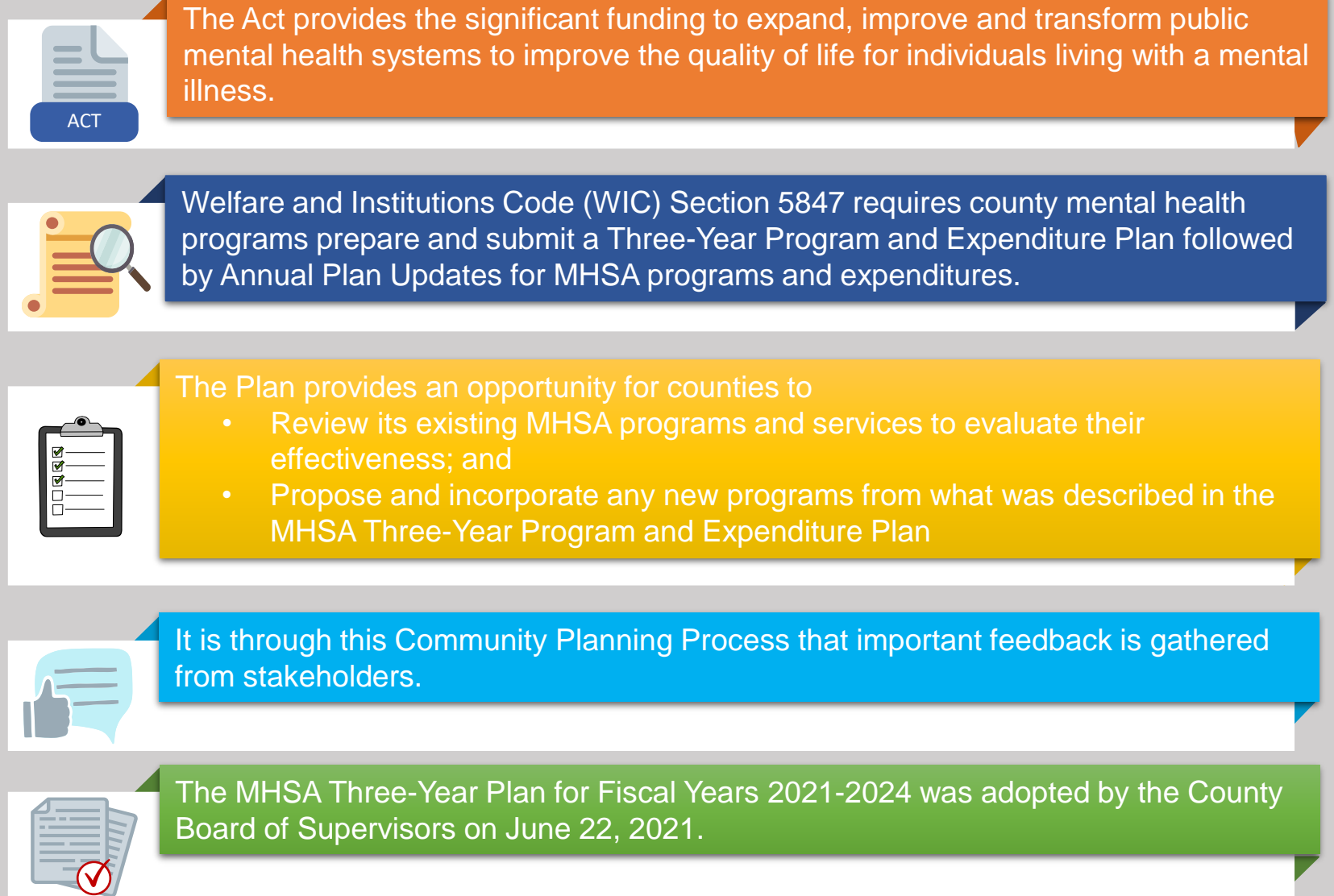
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Next Steps and Timeline

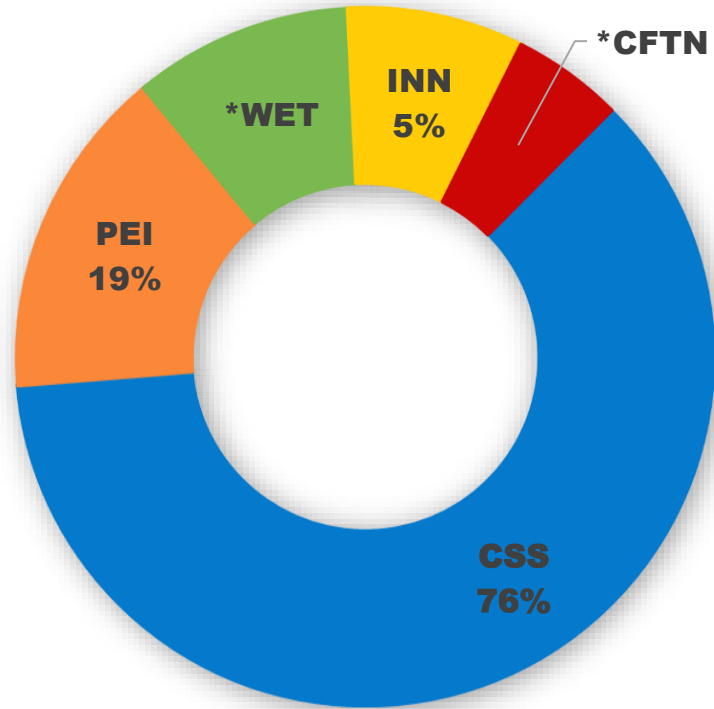
MENTAL HEALTH SERVICES ACT AND THE PURPOSE OF THE ANNUAL UPDATE



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.



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)



INNOVATIONS (INN)



CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

MHSA CLIENT COUNTS FISCAL YEAR 2022-23

Community Service and Supports (CSS)

About CSS

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

CSS PROGRAMS:

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

UNIQUE CLIENTS SERVED

178,083 unique clients received a direct service.

Ethnicity

- 38% Hispanic
- 17% African American
- 15% White
- 5% Asian/Pacific Islander
- 1% Native American

Primary Language

- 80% English
- 13% Spanish

NEW CLIENTS WITH NO PREVIOUS MHSA SERVICE

50,764 new clients were served with no previous MHSA service.

Ethnicity

- 37% Hispanic
- 15% African American
- 15% White
- 3% Asian/Pacific Islander
- 0.42% Native American

Primary Language

- 77% English
- 12% Spanish

CLIENT DATA BY SERVICE AREA

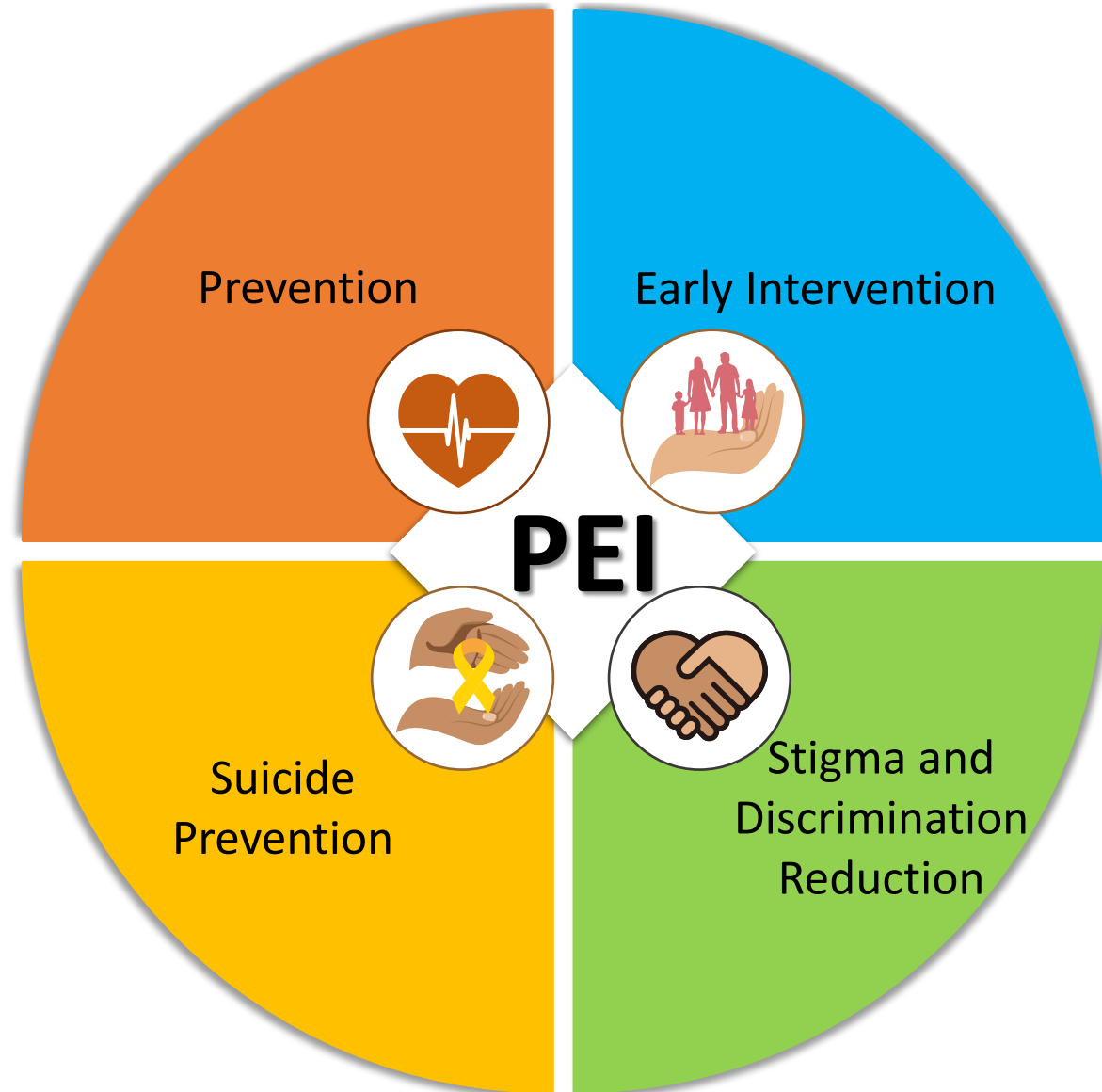
Service Area	Number of Clients Served	Number of New Clients
SA1 – Antelope Valley	13,718	3,380
SA2 – San Fernando Valley	28,536	7,712
SA3 – San Gabriel Valley	27,516	8,162
SA4 – Metro	35,058	9,675
SA5 – West	10,122	2,563
SA6 – South	26,453	6,741
SA7 – East	19,353	4,132
SA8 – South Bay	33,097	8,399

PREVENTION AND EARLY INTERVENTION (PEI)

Components

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 AND EARLY INTERVENTION PROGRAMS

Prevention Services

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 such as social connectedness and support.



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 ²)	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 AND EARLY INTERVENTION PROGRAMS

Early Intervention Services – FY 2022-23

Program Description

Directed toward individuals and families for whom a short (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve mental health problems and avoid the need for more extensive mental health treatment.

UNIQUE CLIENTS SERVED

36,206 unique clients received a direct service.

Ethnicity

- 49% Hispanic
- 9% African American
- 10% White
- 3% Asian/Pacific Islander
- 3% Multiple Races
- 0.25% Native American

Primary Language

- 76% English
- 21% Spanish

NEW CLIENTS WITH NO PREVIOUS MHSA SERVICE

15,016 new clients were served with no previous MHSA service

Ethnicity

- 44% Hispanic
- 9% African American
- 7% White
- 3% Multiple Races
- 0.69% Native American

Primary Language

- 75% English
- 21% Spanish

CLIENT DATA BY SERVICE AREA

Service Area	Number of Clients Served	Number of New Clients
SA1 – Antelope Valley	3,602	1,401
SA2 – San Fernando Valley	5,284	2,128
SA3 – San Gabriel Valley	6,236	2,710
SA4 – Metro	5,169	2,164
SA5 – West	1,439	596
SA6 – South	3,436	1,772
SA7 – East	5,661	2,238
SA8 – South Bay	5,818	2,142

PREVENTION AND EARLY INTERVENTION PROGRAMS

Suicide Prevention

Program Description

The Suicide Prevention program provides 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.

Suicide Prevention Programs

FISCAL YEAR 2022-23 SUICIDE PREVENTION DATA AND OUTCOMES:

School Threat Assessment Response Team (START)

Los Angeles County received

752 surveys

from its Suicide Prevention training
and education services.



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

PREVENTION AND EARLY INTERVENTION PROGRAMS

Stigma and Discrimination Reduction (SDR)

Program Description

The purpose of SDR is to reduce and eliminate barriers that prevent people from utilizing mental health services by prioritizing information and knowledge on early signs and symptoms of mental illness through client-focused, family support and education and community advocacy strategies. Los Angeles County's Department of Mental Health has implemented Stigma Discrimination Reduction (SDR) programs in the form of training and education.

FISCAL YEAR 2022-23 SDR DATA AND OUTCOMES:



16,218
surveys were collected

93%

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

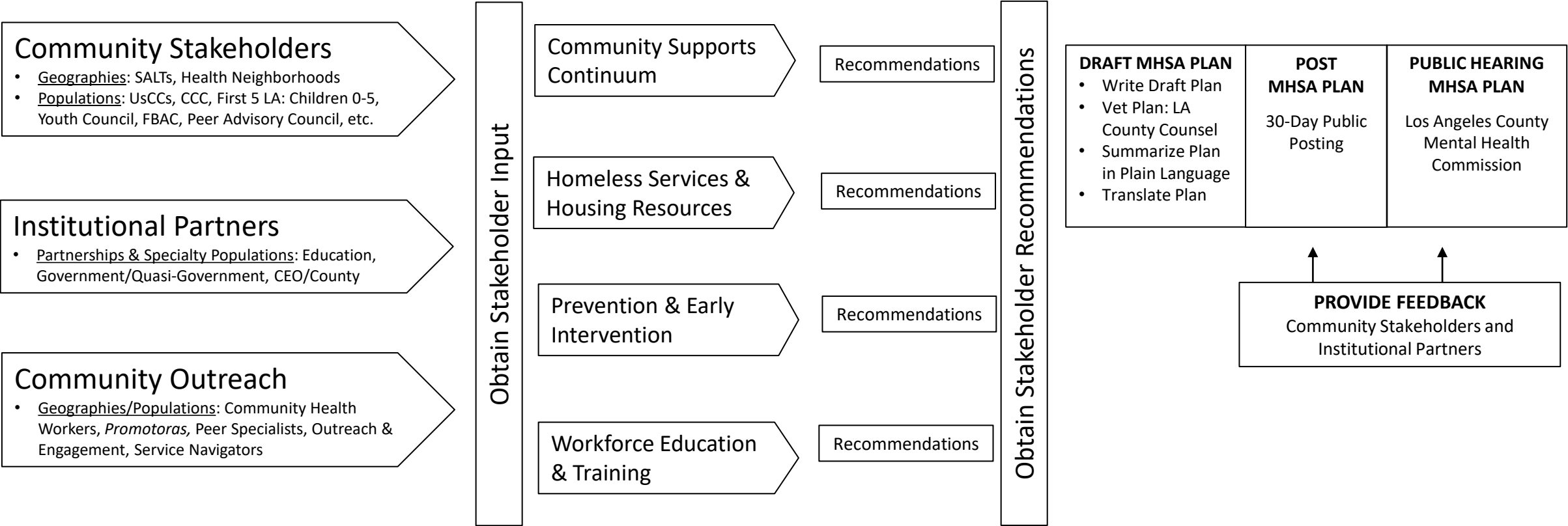
97%

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

COMMUNITY PLANNING PROCESS

Three Phases

PHASE 1: INPUT	PHASE 2: RECOMMENDATIONS	PHASE 3: CPP CLOSING
July August September	October November December	January February March
FOCUS: Understand needs, review data, generate suggestions.	FOCUS: Analyze needs, assess options, develop recommendations	FOCUS: Final stakeholder feedback and plan approval.



FROM INPUT TO RECOMMENDATIONS

713

133

CSC

- 1 – Lack of X...
- 2 – Poor quality of Y...
- 3 – Gap in service Z...
- N – Et cetera

4 CATEGORIES
52 RECS

1. Emergency Response
2. Psychiatric Beds
3. FSPs
4. Access to Quality Care

118

HSHR

- 1 – Lack of X...
- 2 – Poor quality of Y...
- 3 – Gap in service Z...
- N – Et cetera

5 CATEGORIES
97 RECS

1. Eviction Prevention
2. Street Outreach
3. Housing Options
4. Service Quality
5. Specific Populations

288

PEI

- 1 – Lack of X...
- 2 – Poor quality of Y...
- 3 – Gap in service Z...
- N – Et cetera

3 CATEGORIES
136 RECS

1. Populations
 - a. Early Childhood & Birth-5
 - b. Underserved Communities
2. Access
 - a. School-Based
 - b. Community Engagement
3. Effective Practices
 - a. Suicide Prevention
 - b. Evidence Based Practices/
Treatment

174

WET

- 1 – Lack of X...
- 2 – Poor quality of Y...
- 3 – Gap in service Z...
- N – Et cetera

4 CATEGORIES
52 RECS

1. Mental Health Career Pathways
2. Residency and Internships
3. Financial Incentives
4. Training and Technical Assistance

SORTING RECOMMENDATIONS

CSC (52 RECS)

A. PROGRAMS, SERVICES, INTERVENTIONS

1. EXISTS ALREADY: Expand and/or Improve?
2. DOES NOT EXIST: Add?

B. POLICIES, PRACTICES, ADVOCACY



NOT POSSIBLE: 4 [52-4 = 48 possible recommendations]



POSSIBLE 1: 24 (50%) DMH already doing this work and plans to continue.



POSSIBLE 2: 24 (50%) DMH needs feedback for one-time funds.



CSC WORKGROUP: RANKED LIST

1.

2.

N.

HSR (97 RECS)

A. PROGRAMS, SERVICES, INTERVENTIONS

1. EXISTS ALREADY: Expand and/or Improve?
2. DOES NOT EXIST: Add?

B. POLICIES, PRACTICES, ADVOCACY



NOT POSSIBLE: 7 [97-7 = 90 possible recommendations]



POSSIBLE 1: 61 (68%) DMH already doing this work and plans to continue.



POSSIBLE 2: 29 (32%) DMH needs feedback for one-time funds.



HSR WORKGROUP: RANKED LIST

1.

2.

N.

PEI (136 RECS)

A. PROGRAMS, SERVICES, INTERVENTIONS

1. EXISTS ALREADY: Expand and/or Improve?
2. DOES NOT EXIST: Add?

B. POLICIES, PRACTICES, ADVOCACY



NOT POSSIBLE: 5 [136-5 = 131 possible recommendations]



POSSIBLE 1: 90 (69%) DMH already doing this work and plans to continue.



POSSIBLE 2: 40 (31) DMH needs feedback for one-time funds.



PEI WORKGROUP: RANKED LIST

1.

2.

N.

WET (52 RECS)

A. PROGRAMS, SERVICES, INTERVENTIONS

1. EXISTS ALREADY: Expand and/or Improve?
2. DOES NOT EXIST: Add?

B. POLICIES, PRACTICES, ADVOCACY



NOT POSSIBLE: 5 [52-5 = 47 possible recommendations]



POSSIBLE 1: 31 (66%) DMH already doing this work and plans to continue.



POSSIBLE 2: 16 (34%) DMH needs feedback for one-time funds.



WET WORKGROUP: RANKED LIST

1.

2.

N.

MID-YEAR ADJUSTMENTS

FISCAL YEAR (FY) 2023-24

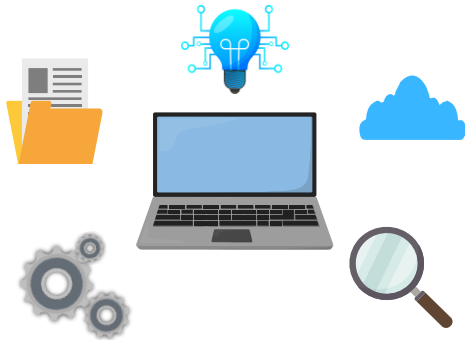


CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

Proposed Action: Include documentation to indicate the transfer of Community Services and Supports (CSS) funding to fund the following CFTN projects:

Technological Projects:

Integrated Behavioral Health Information System (IBHIS) – Netsmart, IBHIS – Microsoft Agreement, Data Warehouse restructuring, purchasing of hardware, hiring application developers, redesigning the Department's website and new technology projects.



Capital Facilities Projects:

Tenant Improvement/New Facilities, Exodus Eastside Urgent Care Center, Support the award received from the Behavioral Health Continuum Infrastructure Program award to build a Children & Youth Crisis Stabilization Unit (CSUs), Mental Health Hub for Department of Children and Family Service involved children and youth, as well as an Adult Crisis Residential Treatment Program on the High Desert Restorative Care Village campus, the designing of a fence for the Los Angeles and Olive View Restorative Care Village to help keep the campus from trespassers entering and causing destruction to property and potential harm those on the campus, and the purchasing of furniture for the CSUs and Hubs at the Martin Luther King, Jacqueline Avant Center and the Olive View Children and Youth Center. In addition, the amount will be utilized to increase and improve existing capital facilities infrastructure to accommodate the needs of current and expanded MHSA programs.

Fiscal Action: \$49,000,000 of which \$3.44M is new

MID-YEAR ADJUSTMENT (CONTINUED)

FISCAL YEAR (FY) 2023-24



WORKFORCE EDUCATION AND TRAINING (WET)

Proposed Action

Include documentation to indicate the transfer of CSS funds to fund new WET projects and the existing WET projects: Training and Technical Assistance, Residency and Internship, Financial Incentive, and Mental Health Career Pathway. In addition, the amount will be used to purchase certification training and associated fees related to the new State Mental Health Peer Specialist Certification (SB 803). Once certified, select peer delivered services will be reimbursable by Medi-Cal. CalMHSA has been designated by the State as the sole entity to implement these certification efforts.

Program Name

- Residency and Internship
- Training and Technical Assistance
- Financial Incentive
- Mental Health Career Pathway

Fiscal Impact




\$42,000,000 of which \$217K is new

MID-YEAR ADJUSTMENT (CONTINUED)

FISCAL YEAR (FY) 2023-24



COMMUNITY SERVICES AND SUPPORTS (CSS)

Program Name	Proposed Action	Fiscal Action
 Housing	Increasing interim housing funding for participants enrolled in the Homeless Outreach and Mobile Engagement (HOME) program. This action will 1) to increase bed availability in some areas where there are few interim housing beds available; 2) to support clients with needs that are higher acuity and who, as a result, have not been able to successfully remain at traditional DMH interim housing sites; and 3) to ensure there are interim housing options without exclusionary criteria for those that cannot access the current interim housing beds. In addition, HOME staff are already needing to see clients on a daily basis, so being able to have HOME-specific sites allows HOME to set up programming for clients that meets their specialized needs.	\$3,106,099
 Housing	Increasing interim housing funding for participants enrolled in the Women's Community Re-Entry Program (WCRP). The WCRP is seeking hotel/motel rooms with no exclusionary criteria for clients served by WCRP that have specific needs related to their treatment and housing that impact their ability to successfully remain at traditional DMH interim housing sites. Having clients housed together eases service delivery, which impacts the ability of the program to serve more individuals.	\$2,013,212
 Prudent Reserve	Transfer funds from CSS into Prudent Reserve (PR). Per WIC 5847(b)(7), counties are required to establish and maintain a prudent reserve to ensure children, adults, and seniors can continue receiving services at current levels in the event of an economic downturn. The Prudent Reserve is funded with monies allocated to the Community Services and Supports component and cannot exceed 33% of a county's average distribution for the previous five years.	\$40,000,000

MID-YEAR ADJUSTMENT (CONTINUED)

FISCAL YEAR (FY) 2023-24



PREVENTION AND EARLY INTERVENTION (PEI)

Proposed Action

Include documentation to reflect previously approved programming in the MHSA Annual Update, FY 2023-24: Anti-Racism, Diversity and Inclusion (ARDI) training, Power of the Pack Program: DBA Wolf Connection, Take Action, Peer, Family and Community Supports Towards Stigma and Discrimination Reduction: NAMI Urban LA and NAMI Greater LA and iPrevail.

Program Name: **Prevention**

Fiscal Action:

- No fiscal impact.
- Amount for programming is currently included in the Prevention budget in the MHSA Annual Update, FY 2023-24.



Thank you



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