



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services
Oversight & Accountability Commission

Commission Teleconference Meeting June 15, 2023 Presentations and Handouts

- | | | |
|------------------------------|----------------|--|
| <u>Agenda Item 5:</u> | •Presentation: | 2024-2027 Strategic Plan Outline |
| <u>Agenda Item 6:</u> | •Presentation: | Public Behavioral Health Workforce Development and Retention Program Innovation Proposal |
| | •Handout: | Update on Addressing the Behavioral Health Worker Shortage in San Diego County |
| | •Handout: | Letters of Support |
| | •Handout: | San Diego Tribune Article |
| <u>Agenda Item 7:</u> | •Presentation: | Family Ties: Youth and Family Wellness |
| <u>Agenda Item 8:</u> | •Presentation: | Interim Housing Multidisciplinary Assessment and Treatment Teams |
| | •Handout: | Los Angeles County Department of Mental Health DMH Priorities & Accomplishments |
| | •Handout: | Hollywood 2.0 Update |
| | •Handout: | Hollywood 2.0 Update Addendum |
| | •Handout: | Hollywood 2.0 Annual Report July 2022 – June 2023 |
| <u>Miscellaneous:</u> | •Handout: | 12-Month Rolling Commission Meeting Calendar (Tentative) |

Draft: Pre-decisional and for discussion only



2024-2027 Strategic Plan Outline

Pre-read materials for discussion

JUNE 15TH, 2023



Update | 2024-2027 Strategic Plan effort

The Commission is in the **early stages of developing the Strategic Plan** for the coming years (2024-2027)

As part of this effort, we aim to

- Reflect on the **Commission's work to date and lessons learned** from the last three years
- Understand and articulate **how our work fits into context** amid an evolving mental health landscape
- Surface and evaluate **opportunities to catalyze transformational change**

Today represents **one of many opportunities to engage**

...designed to be an inclusive and collaborative process

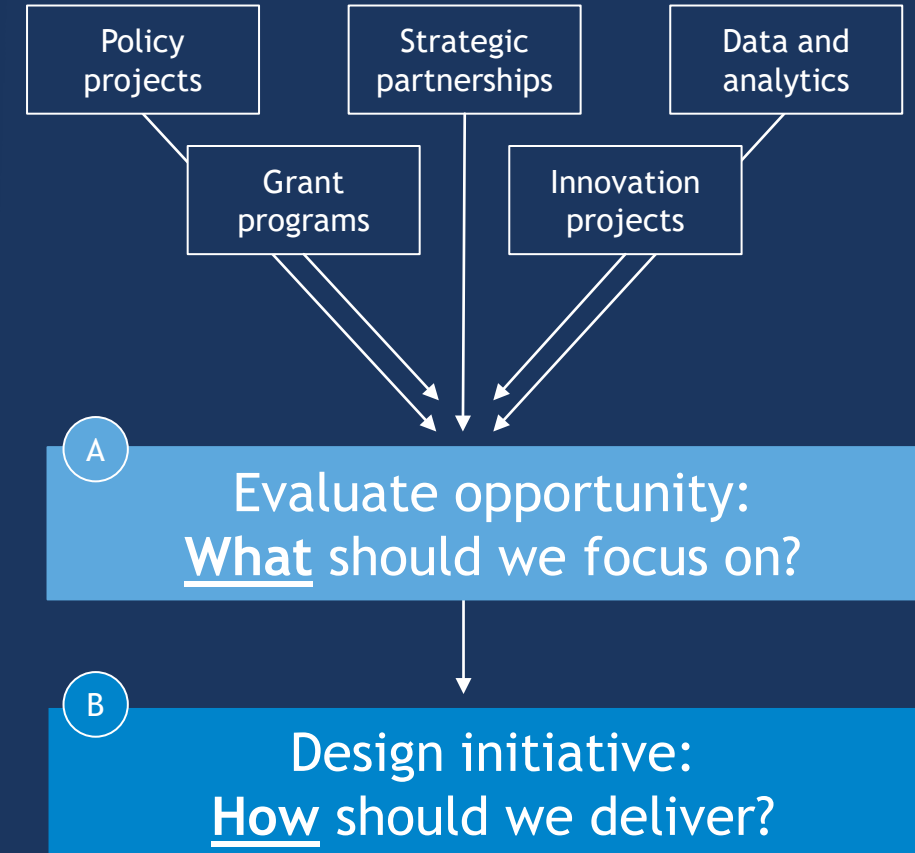
- Commission seeks to meaningfully engage community partners, experts and the public throughout
- Diverse opportunities for input (e.g., interviews, listening sessions, public forums) will continue through the rest of 2023
 - 20+ engagements to date
 - Public forum June 16th 11a
- Complete draft plan will be publicly released by November 30th

Recall | We are building a decision-making framework to guide our opportunity assessment...

This tool will be designed to help us:

- **Standardize our approach** to collect data and **measure the potential impact** of an initiative
- **Prioritize** across initiatives and make funding decisions accordingly
- **Look across our portfolio** to understand opportunities for impact and collaboration
- **Consider tradeoffs** between addressing current challenges and new, emerging threats
- **Design and monitor programs** in a way that maximizes outcomes for target populations

...which can be utilized across our portfolio of activities



Decision-making framework | Criteria identified to guide opportunity assessment



Do these categories resonate? What would you add or update?

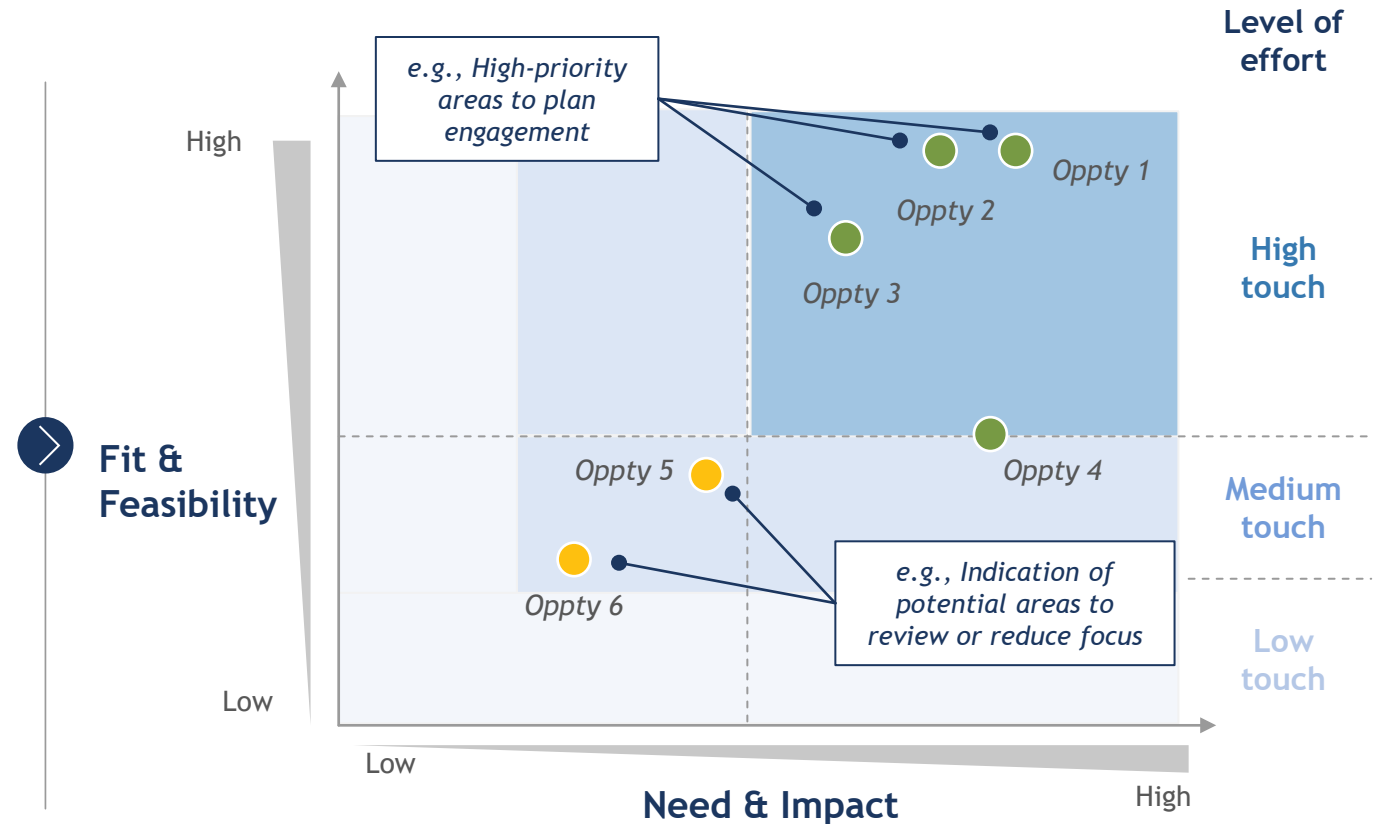
Illustrative example | Framework can be used to take a portfolio view of investments

Criteria can be applied to a selection of new opportunities....

Oppty	Need	Impact	Fit	Feasibility	Rationale
Oppty 1	●	●	●	●	
Oppty 2	●	●	●	●	
Oppty 3	●	●	●	●	
Oppty 4	●	●	●	●	
Oppty 5	●	●	●	●	
Oppty 6	●	●	●	●	

Key	High	●	Medium	●	Low	●
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...and support the Commission to define level of focus and effort across the portfolio



The logo for MHSOAC features the letters 'MHSOAC' in a bold, white, sans-serif font. A thin white horizontal line is drawn across the middle of the letters, passing through the center of the 'S' and 'O'.

MHSOAC

**Mental Health Services
Oversight & Accountability Commission**



Public Behavioral Health Workforce Development and Retention Program Innovation Proposal

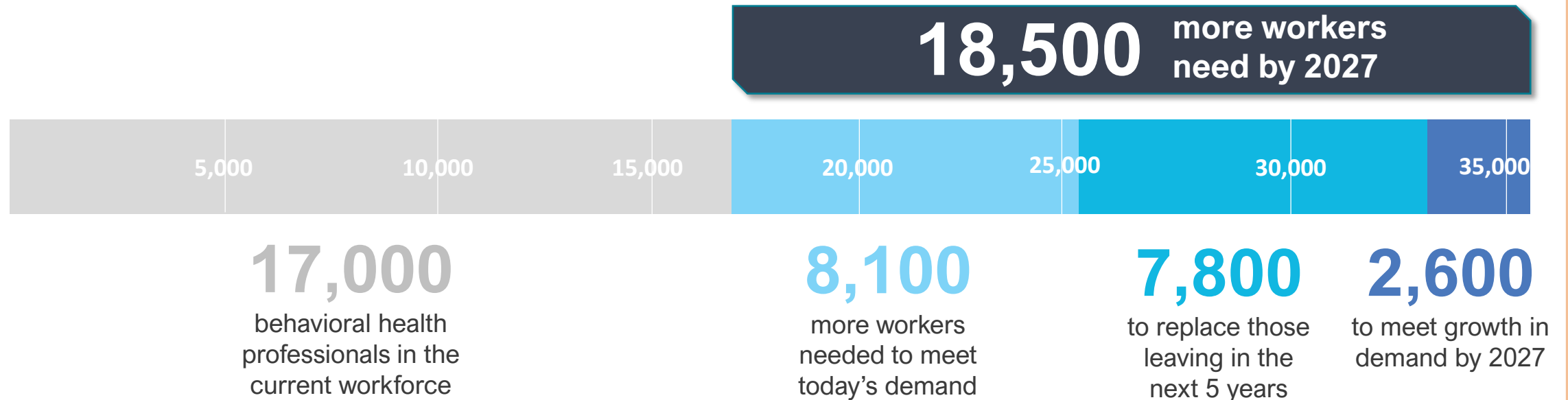
Nadia Privara, Assistant Director, Behavioral Health Services
County of San Diego, Health and Human Services Agency
Presented to the Mental Health Services Act Oversight and Accountability
Commission

June 15, 2023





Behavioral Health Workforce Shortage



Public Behavioral Health Workforce Development and Retention Program

Program Components

1. Outcomes-Based Renewable Training and Tuition Fund
2. Upskilling to Meet Professional Needs Program, for:
 - Community Based Health Workers
 - Peer Support Specialists
 - Substance Use Disorder Counselors
 - Licensed Behavioral Health Clinicians
 - Psychiatric Nurses
3. Home Ownership Incentive Program





2022 Needs Assessment of Behavioral Health Workforce

- Surveyed 1,600 regional behavioral health workers and students
 - Numerous recommendations for a representative, skilled, and qualified behavioral health workforce
 - Build a regional behavioral health workforce training fund
 - Financial assistance in exchange for public service

Community Program Planning (CPP) Process

- Gathered input from 500 stakeholders through the CPP process
 - Lack of providers, high staff turnover consistently cited as critical barriers to accessing services
 - Burnout among providers and low pay as key drivers of ongoing staffing shortages leading to longer wait times and scheduling appointment difficulties

Outcomes and Goals



Anticipated Outcomes

- Up to **2,100** Individuals who receive Outcomes-Based Renewable Training and Tuition Fund
- Up to **750** Individuals who obtain Upskilling to Meet Professional Needs
- Up to **150** Individuals who receive a Home Ownership Incentive

Learning Goals

- Test the degree to which financial incentives package can attract and retain the workforce
- Assess the three program components and determine the Return on Investment
- Determine impact on reduction of vacancies and increase in job satisfaction in targeted professions

Budget Highlights



Annual Operating Costs and Numbers Served

<i>Cost Category</i>	<i>Annual Cost</i>	<i>Numbers Served</i>
Outcomes-Based Renewable Training and Tuition Fund	\$6,572,154	430
Upskilling to Meet Professional Need	\$3,576,864	150
Home Ownership Incentive Program	\$1,209,211	30
Program Management and Grants Administration	\$1,000,000	-
Program Evaluation	\$714,286	-
Other Costs	\$1,927,485	-
Total Estimated Cost	\$15,000,000	-

Proposed Motion

That the Commission approves San Diego County's Innovation Project, as follows:

Name:	Public Behavioral Health Workforce Development and Retention Program
Amount:	Up to \$75,000,000 in MHSA Innovation funds
Project Length:	Five (5) years

The logo for the Mental Health Services Oversight & Accountability Commission (MHSOAC). It features the acronym 'MHSOAC' in a bold, white, sans-serif font. The letter 'O' is stylized with a white sunburst or gear-like pattern inside it. A thin white horizontal line runs through the middle of the letters.

Mental Health Services
Oversight & Accountability Commission



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
1600 PACIFIC HIGHWAY, ROOM 206, MAIL STOP P-501
SAN DIEGO, CA 92101-2417
(619) 515-6555 • FAX (619) 515-6556

PATTY KAY DANON
CHIEF OPERATIONS OFFICER

April 28, 2023

TO: Supervisor Nora Vargas, Chairwoman
Supervisor Terra Lawson-Remer, Vice Chair
Supervisor Joel Anderson
Supervisor Nathan Fletcher
Supervisor Jim Desmond

FROM: Nick Macchione, Agency Director
Health and Human Services Agency

UPDATE ON ADDRESSING THE BEHAVIORAL HEALTH WORKER SHORTAGE IN SAN DIEGO COUNTY

OVERVIEW

Like other communities across the nation, San Diego County is experiencing a critical shortage of behavioral health workers. On October 11, 2022 (10), the San Diego County Board of Supervisors (Board) approved several recommendations to advance a comprehensive strategy to address the regional behavioral health workforce shortage. These recommendations stemmed from findings included in the August 2022 *Addressing San Diego's Behavioral Health Worker Shortage Report* (Report), a report commissioned by the County of San Diego and produced by the San Diego Workforce Partnership to better understand the local behavioral health workforce shortage and identify specific solutions to address this gap. According to the Report, approximately 18,500 additional behavioral health workers are needed by 2027 to meet the region's growth in demand, with 8,100 of those new workers needed today just to meet current demand.

The Report outlined the following five proposed solutions to address the behavioral health workforce shortage in San Diego County:

- Invest in Competitive Compensation;
- Pursue Administrative Relief Opportunities;
- Establish Regional Training Centers of Excellence;
- Build a Regional Workforce Training Fund; and
- Continue Listening to Workers.

The Report also outlines legislative and administrative policy recommendations to support development and preservation of the local behavioral health workforce. This memorandum provides an update on advancing five key recommendations within the August 2022 *Addressing San Diego's Behavioral Health Worker Shortage Report* and implementing strategies that attract and retain a qualified behavioral health workforce in San Diego County

Update on a Plan to Invest in Competitive Compensation for Behavioral Health Workers by Establishing Competitive Salaries

The local behavioral health workforce was broadly defined for the purpose of the Report to include both County-employed and non-County workforce, and wherever appropriate and feasible, the Report focused on behavioral health workers that serve those eligible for publicly-funded insurance. According to findings in the Report, which drew from focus groups, survey data, and labor market data analyses, local behavioral health professionals across occupations are paid less than their counterparts in most California counties. The Report notes that other strategies related to developing and retaining behavioral health workforce will have limited effect if relative pay gaps for behavioral health jobs continue to increase against other industries, non-behavioral health care settings, and private practice. To address the issue of competitive compensation, per Board direction on October 11, 2022 (10), the County conducted an analysis of the feasibility of further investment in competitive compensation for County direct service behavioral health workforce, and County-contracted behavioral health workforce in alignment with the wage recommendations for ten major categories of behavioral health professionals addressed in the Report (Social and Human Services Assistants; Psychiatrists; Psychiatric Aides; Community Health Workers; Marriage and Family Therapists; Mental Health and Substance Use Disorder [SUD] Social Workers; Clinical, Counseling and School Psychologists; SUD counselors; Registered Nurses; and Psychiatric Technicians).

County Workforce

Adjustments to wages for County workforce, inclusive of classifications that fall into the ten categories described in the Report and listed above, are generally addressed as part of the County's labor management and negotiations processes. On June 28, 2022 (14), the Board approved three-year agreements with behavioral health workforce represented by the Service Employees International Union, Local 221 (SEIU) and the Association of San Diego County Employees (ASDCE), as well as compensation changes for behavioral health workforce unrepresented employees. The agreements and changes included ongoing base and supplemental pay net increases, including various premiums and equity adjustments, ongoing flex credit increases, and one-time monetary payments. To further address County workforce compensation beyond the currently programmed adjustments through Fiscal Year (FY) 2023-24, further Board direction would be needed to initiate any formal dialogue related to compensation in order to align with current labor practices.

In order to determine aggregate projected costs associated with any increases to compensation, a definition of County behavioral health workforce would need to be specified. If all County classifications that could fall into the ten categories of workforce referenced in the Report were to be included in the definition, this would have impacts beyond BHS and its settings, and into other departments within the Health and Human Services Agency (HHS), as well as other County departments including the Sheriff's, Public Defender, and Probation where behavioral health classifications are utilized. In HHS alone, there are approximately over 600 FTE in over 80 classifications across 15 bargaining units that could potentially be impacted by any changes focused on behavioral health workforce.

Importantly, the County's current process that informs whether a service, including behavioral health services, is able to be provided by a contractor may be impacted by any adjustments to County staff compensation. A decision whether a service is able to be provided by a contractor includes a determination of Economy and Efficiency. Economy and Efficiency determinations are conducted pursuant to County Charter sections 703.10 and 916 where the County intends to employ a contractor to provide services. Charter sections 703.10 and 916 require a determination that services can be provided more economically and efficiently by an independent contractor than by persons employed in the classified service. Charter Section 916 also states: "Nothing in this Article prevents the County from employing an independent contractor when the Board or

Purchasing Agent determines that services can be provided more economically and efficiently by an independent contractor than by persons employed in the Classified Service."

County-contracted Workforce

BHS alone manages over 340 contracts for over \$750 million in services across the behavioral health continuum of care, which is delivered by a workforce comprised of individuals across many professions, including and not limited to peer support specialists, licensed clinicians, psychiatrists, nurses, substance use counselors, case managers, community health workers, and administrative staff. Contractors are expected to manage their own workforce as employers, within established contract budgets negotiated as part of the procurement process. Budgets for staffing as well as other costs are generally proposed by offerors during the procurement process.

To support competitive compensation for contracted workforce, BHS utilizes a market cost analysis as a required component of planning for new procurements and re-procured services. Market cost analyses support the development of contract service budgets through a combination of adjusted local compensation data from the Bureau of Labor Statistics, estimated operating costs, and indirect costs, while also taking into account other key adjustment factors including the acuity of the service, service settings, housing needs, and service specialties, when applicable. The market cost analysis also factors in anticipated year-over-year increases in the cost of doing business; and importantly, do not rely on current contract budgets as a basis. Contracted service budgets are established as part of the procurement process and reflected in the County's annual operational plans and established budgets. Depending on program needs and changes, County departments have the ability to administratively adjust budget line items within contract awarded and appropriated limits.

The State's California Advancing and Innovating Medi-Cal (CalAIM) initiative is positioned to impact the manner in which behavioral health services are both delivered and paid for. For County workforce, this may include new opportunities to draw down Medi-Cal revenues to support costs associated with behavioral health worker compensation. For contracted workforce, this may include moving from cost-reimbursement contracting models, which provide payment for allowable costs, to a focus on value-based models, where payment is more closely tied to measures of the quality of care. These new payment structures may offer opportunities for contractors to, within a rate structure, approach productivity and compensation for their employees in new and different ways to maximize quality, while optimizing available revenue.

Update on a Plan to Pursue Administrative Relief by Implementing the "Opportunities" Found in the Report with an Update on Progress Every 120 Days on Implementation Status

As behavioral healthcare as a discipline becomes more integrated and aligned with physical healthcare, the challenges of mainstream healthcare service provision are also increasingly experienced by behavioral health providers. Documentation requirements in particular are cited in the Report as drivers of behavioral health provider dissatisfaction and intent to leave the field; this aligns with broader healthcare industry trends regarding health care provider satisfaction and retention.

In order to streamline administrative requirements for County-contracted and operated services, with the aim of increasing retention and reducing intent to leave the field, BHS with the assistance of the Department of Purchasing and Contracting has issued a procurement for a consultant to provide technical implementation guidance of the Report's administrative relief recommendations. This implementation guidance will ensure administrative relief is achieved in conformance with all applicable laws and regulations, while upholding healthcare best practices and quality standards. Additionally, as the manner in which services are funded by various State and federal funding streams often drives documentation requirements the consultant will be providing guidance regarding opportunities to leverage CalAIM payment reform—which seeks to incentivize value-based care—to achieve administrative efficiencies. Stakeholders across the continuum of care will be engaged by the

consultant as part of this effort, and staff will provide updates on progress every 120 days on the status of implementation.

Update on a Plan to Establish Regional Behavioral Health Training Centers of Excellence

Regional behavioral health training centers of excellence (COEs) are described by the Report as multi-purpose sites that serve the public and develop core competencies in training and supervision programs that create a pipeline for in-demand behavioral health jobs. COEs would also provide technical assistance and operational support to other community-based organizations to establish their own training programs and provide applied research opportunities for innovations in service delivery, training efficacy, and workforce optimization. In alignment with Board direction on December 13, 2022 (31), the County is in the process of executing a grant agreement with Interfaith Community Services to establish the first, pilot regional COE. This pilot will serve as a means to test the COE concept, determine its scalability, and inform future plans for other potential COEs.

Update on a Plan to Build a Regional Behavioral Health Workforce Training Fund and Identify Private Sector, County, State, and Federal Resources that Could Be Invested

According to the Report, investments of over \$425 million are needed to expand the region's behavioral health worker talent recruitment, training, and education systems in order to develop the additional 18,500 workers needed over the next five years. Steps to build a Regional Behavioral Health Workforce Training Fund are outlined below:

- As an initial step, procurement for technical implementation guidance is recommended based upon staff review. Technical advice is a critical success factor for design of a revolving training fund that: appropriately balances inflows and outflows of capital to ensure sustainability; has sound governance structures to ensure accountability and appropriate use of public and private funding; has the administrative capacity for functions such as outcomes-based loan origination; and has eligibility criteria, payment terms, and participants that ultimately support fund goals.
- With the technical implementation support noted above, a governance structure should be established, and participating partners identified. A determination must be made whether the County will be the backbone organization of a Regional Behavioral Health Workforce Training Fund and either directly or through a contracted entity administer the fund. If the County is to be the backbone organization, staff recommends that a Request for Information be issued to identify community partners interested in participating in the fund; to inform operational models; to support equitable access to this opportunity; and help define the field of potential investors.
- Additionally, if the County's role in such a training fund is to include direct administration of the fund, Board authority would need to be established to authorize the formation of the fund itself, as well as appropriate budgeted staffing and other resources. Consideration should also be given to whether the County would participate in the fund as an employer, providing funding to subsidize the education and training of County employees.

Resources that could be leveraged to invest in a Regional Behavioral Health Workforce Training fund were researched and will continue to be explored. Key updates are outlined below.

Mental Health Services Act (MHSA) Innovation Proposal

The MHSA Innovation component of California's MHSA funding stream offers counties the opportunity to try new approaches that can inform current and future mental health practices and approaches. BHS has developed a MHSA Innovation project proposal comprised of three new distinct components that would be a part of the training fund:

- a) Outcomes-Based Renewable Training and Tuition Fund;
- b) Upskilling to Meet Professional Needs program; and
- c) Tiered Loan Forgiveness and Home Ownership Incentive program.

More detailed information about the Innovation proposal, including program details, proposed funding, and evaluation factors are available on the County's MHSa website where we also invite community members to provide input as part of the 30-day public review and comment period. Following the conclusion of the 30-day public comment period on May 4, 2023, BHS will incorporate community feedback and submit the final proposal to the Mental Health Services Oversight and Accountability Commission for approval. HHSa will seek Board approval of the proposal via Board Letter on May 2, 2023.

American Rescue Plan Act (ARPA) Funding

Pursuant to Board direction given on August 30, 2022 (20) to reallocate a portion of the ARPA funding framework for behavioral health renewable funds, staff is reviewing the Board's ARPA funding framework and its alignment with implementation of a Regional Workforce Training Fund. Additional updates will be provided in a separate staff report focused on ARPA.

Update on Strategies to Continue Listening to Workers during Implementation of the Aforementioned Recommendations, Planning, and Progress Reporting

In September 2022, the County Department of Human Resources hired a consultant to conduct a comprehensive employee engagement survey of over 12,000 County workers which included County behavioral health workforce. Out of the 436 behavioral health workforce respondents, the data indicated that the 40% of the workforce was fully engaged. The highest key driver and organizational trend of employee engagement was the category of Diversity and Inclusion. Employees overwhelmingly indicated that, "I feel like I belong working here" and that the County "values diversity, equity, and inclusion." Enterprise-level data from the survey were shared with all County staff in a forum on March 29, 2023. The County will continue to solicit feedback for an inclusive engagement process and will re-survey biennially to measure improvement.

In order to continue listening to workers in the broader regional behavioral health workforce, authorization of a procurement and allocation of associated funding would be needed to engage a consultant to conduct third party surveys of regional workforce. In alignment with the Report's recommendations, this consultant would also provide updates to the community and convene a Behavioral Health Workforce Steering Committee to ensure continued momentum and progress.

Update on a plan to Implement a Regional Master Training Agreement with San Diego Area Community Colleges, Colleges, and Universities that Provide Practicum Placements for Future Behavioral Health Professionals

Under its current training model, BHS offers practicum placements for future behavioral health professionals in both County-operated settings as well as County-contracted settings. Service-learning agreements occur between County contractors and colleges/universities. Each student is required to complete the respective organizations' training and background screening process before placement. Colleges/universities often have established relationships with contracted providers and seek out continued interest for student placement. Interested students also reach out to BHS directly for student placement opportunities. These requests are disbursed to County-operated programs for consideration, with memoranda of agreement (MOAs) established between the college/university and the County prior to student placements.

Implementation of a regional master training agreement would include establishing baseline training and screening processes for contracted providers who provide supervised clinical experiences, which would need to align with County risk management and subcontracting practices. Individual colleges and universities and individual legal entities would need to agree to all provisions in such an agreement.

In alignment with this effort and as a pilot for potential broader application, in October 2022 HHSA established a Memorandum of Agreement with San Diego State University to launch the *Live Well Center for Innovation and Leadership*. The Live Well Center for Innovation and Leadership adapts the national Academic Health Department model, a formal affiliation of a local public health department and an academic institution, to enhance such things as training, research, service, and workforce development. A key goal of this partnership is to establish systems and processes to increase the workforce pipeline of critical positions needed by HHSA and other regional employers in the fields of public health and human/social services, particularly behavioral health. This would include effort such as enhanced supervised internships and paid student worker opportunities within County programs, expanded placement opportunities for students and new professionals with contractor and *Live Well San Diego* partner organizations, increased research and evaluation efforts to improve service delivery, and joint training arrangements that leverage County and SDSU subject matter expertise in preparing the health and human service workforce of the future.

In addition to the next steps outlined above, updates on progress in addressing the behavioral health workforce shortage will be provided to the Board, in alignment with Board direction. For questions on this report please contact Aurora Kiviat via phone at (619) 559-8117 or via email Aurora.Kiviat@sdcounty.ca.gov.

Respectfully, -



NICK MACCHIONE, Agency Director
Health and Human Services Agency

c: Helen Robbins-Meyer, Interim Chief Administrative Officer



JOEL ANDERSON

Serving the cities of:
El Cajon
Poway
Santee

Serving the San Diego communities of:
Allied Gardens
Carmel Mountain Ranch
Del Cerro
Grantville
Kearny Mesa
MCAS Miramar
Miramar Ranch
Rancho Bernardo
Sabre Springs
San Carlos
San Pasqual Valley
Scripps Ranch
Serra Mesa
Stonebridge
Tierrasanta

Serving the County communities of:
4S Ranch
Alpine
Barrett
Blossom Valley
Bostonia
Boulevard
Campo
Crest
Cuyamaca
Dehesa
Del Dios
Descanso
Dulzura
Eucalyptus Hills
Fernbrook
Flinn Springs
Granite Hills
Guatay
Harbison Canyon
Jacumba
Jamul
Johnstown
Julian
Lake Hodges
Lake Morena
Lakeside
Morena Village
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Ramona
San Diego Country Estates
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Tecate
Tierra del Sol
Winter Gardens
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Serving the tribal governments of:
Barona
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Capitan Grande
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Inaja-Cosmit
Jamul Indian Village
La Posta
Manzanita
Sycuan
Viejas

May 15, 2023

Ms. Mara Madrigal-Weiss
Chair
Mental Health Services Oversight & Accountability Commission
1812 9th Street
Sacramento, CA 95811

Dear Ms. Madrigal-Weiss,

I am writing to express my support for the County of San Diego Behavioral Health Services' funding request to implement the Public Behavioral Health Workforce Development and Retention program. The County is seeking \$15 million in Mental Health Services Act (MHSA) Innovation funds for this program.

According to a 2022 report entitled: *Addressing San Diego's Behavioral Health Worker Shortage*, there is a shortage of more than 8,000 professionals across eleven key behavioral health occupations in our region. This report also highlights the need to attract or retain an additional 18,500 professionals between 2022–2027 to meet the increasing need for behavioral health care as a result of the ongoing opioid crisis and continued impacts of the COVID-19 pandemic.

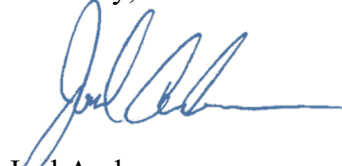
An innovative and multi-faceted approach is needed to sustain the existing workforce level and keep pace with population growth and workers exiting the field. This approach must include activities beyond the established field of workforce education and training programs. The MHSA Innovation Public Behavioral Health Workforce Development and Retention program will address this need by enhancing the County's ability to recruit and maintain the behavioral health workforce through the following three strategies: 1) an Outcomes-Based Renewable Training and Tuition Fund; 2) Upskilling to Meet Professional Need; and 3) a Home Ownership Incentive Program.

Utilizing MHSA Innovation funds to recruit and retain an essential public behavioral health workforce will allow us to increase access to behavioral health care across San Diego County. As the Supervisor representing the largest area of rural and unincorporated communities in the region, I am aware of the gaps in the delivery of behavioral and mental health services in my district. The requested funding, if awarded, will help to ensure the necessary staffing level for the rural programs that provide services to this underserved population.

Ms. Mara Madrigal-Weiss
May 15, 2023
Page 2

Again, I strongly support the Behavioral Health Services' request of \$15 million of MHSA Innovation funding annually, which will allow us to implement the Public Behavioral Health Workforce Development and Retention program. Thank you in advance for your consideration of my request.

Sincerely,



Joel Anderson
Supervisor, Second District

Cc: Mr. Toby Ewing, Executive Director



Nora Vargas

CHAIRWOMAN

San Diego County Board of Supervisors

May 9, 2023

Mental Health Services Oversight & Accountability Commission
1812 9th Street
Sacramento, CA 95811

Dear Mental Health Services Oversight & Accountability Commission:

I am pleased to support the County of San Diego (County) Health and Human Services Agency (HHS), Behavioral Health Services' *Public Behavioral Health Workforce Development and Retention* program that is being proposed through the utilization of Mental Health Services Act (MHSA) Innovation funds.

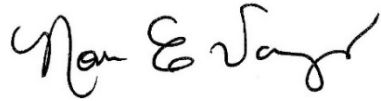
According to a 2022 report entitled: *Addressing San Diego's Behavioral Health Worker Shortage*, there is an existing shortage of more than 8,000 professionals across eleven key behavioral health occupations, and a need to attract or retain an additional 18,500 professionals between 2022–2027 to meet increasing need for behavioral health care due to the ongoing opioid crisis as well as impacts of the COVID-19 pandemic.

To sustain the existing workforce and keep pace with population growth and workers exiting the field, an innovative and multi-faceted approach is needed beyond the established field of workforce education and training programs. The MHSA Innovation *Public Behavioral Health Workforce Development and Retention* program boldly addresses this need by improving the County's ability to recruit and maintain the behavioral health workforce through three distinct strategies, including: 1) an Outcomes-Based Renewable Training and Tuition Fund, 2) Upskilling to Meet Professional Need, and 3) a Home Ownership Incentive Program.

Utilizing MHSA Innovation funds to recruit and retain an essential public behavioral health workforce will increase regional access to behavioral health care across San Diego County and advance the County's vision of a just, sustainable, and resilient future for all. As the Chair of the County of San

Diego, my colleagues and I are proud to fully support this proposal. For questions, please feel free to contact Senior Policy and Fiscal Advisor Ruth Martin at Ruth.Martin@sdcounty.ca.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Nora E. Vargas". The signature is fluid and cursive, with the first name "Nora" being the most prominent.

Nora Vargas
Chairwoman, San Diego County Board of Supervisors
Supervisor, First District

**COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS
TUESDAY, MAY 02, 2023**

MINUTE ORDER NO. 5

SUBJECT: APPROVE THE MENTAL HEALTH SERVICES ACT INNOVATION PUBLIC BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT AND RETENTION PROGRAM PROPOSAL AND AUTHORIZE SUBMISSION TO THE MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION, ISSUE COMPETITIVE SOLICITATIONS AND AWARD CONTRACTS, AND EXPLORE PARTNERSHIPS TO SUSTAIN THE WORKFORCE DEVELOPMENT AND RETENTION PROGRAM (DISTRICTS: ALL)

OVERVIEW

Under the leadership of the San Diego County Board of Supervisors (Board), the County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS) continues making strides to advance the transformation of the behavioral health system to a system of regionally distributed services that are accessible to all individuals and families in need. The Mental Health Services Act (MHSA) is a critical resource that provides dedicated ongoing funding to counties to support prevention, early intervention, and treatment services, along with funding for information technology and workforce development and training. MHSA-funded programs serve children, youth, and families, transition age youth, adults, and older adults who are experiencing serious mental illness or serious emotional disturbance, with an emphasis on services accessible to unserved and underserved populations and care that is responsive to cultural and linguistic needs. The MHSA is comprised of five components: Community Services and Supports; Prevention and Early Intervention; Innovation; Workforce Education and Training; and Capital Facilities and Technological Needs.

To address the significant behavioral health workforce challenges that have impacted the region, BHS is proposing a new MHSA Innovation program that would be a first-of-its-kind *Public Behavioral Health Workforce Development and Retention Program* that aligns with several of the strategies outlined in the *Addressing San Diego's Behavioral Health Worker Shortage* report published in August 2022. The proposed Innovation program will offer three new distinct components, including: (a) Outcomes-Based Renewable Training and Tuition Fund, (b) Upskilling to Meet Professional Needs, and (c) Tiered Loan Forgiveness and Home Ownership Incentive. These new approaches will be evaluated for their effectiveness as stand-alone programs as well as their additive benefit when combined with traditional practices.

Today's action requests the Board approve the MHSA Innovation Public Behavioral Health Workforce Development and Retention Program proposal and following the required 30-day public comment period, submit the Innovation proposal to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) for approval. Additionally, today's action requests the Board authorize competitive solicitations to implement the MHSA Innovation Public Behavioral Health Workforce Development and Retention Program, contingent on approval by the MHSOAC. Finally, today's action requests the Board to authorize the Agency Director, Health and Human Services Agency or designee to explore partnerships and other opportunities to leverage additional funding and resources to sustain the proposed program.

Today's actions support the County of San Diego's vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind, as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished by creating an innovative program to address an unmet need within the San Diego County region by recruiting, training, and retaining a diverse public behavioral health workforce.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Approve the Mental Health Services Act Innovation Public Behavioral Health Workforce Development and Retention Program proposal including: (a) Outcomes-Based Renewable Training and Tuition Fund; (b) Upskilling to Meet Professional Needs Program; and (c) Tiered Loan Forgiveness and Home Ownership Incentive Program, and authorize the Agency Director, Health and Human Services Agency to submit the proposal to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for approval.
2. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting, to issue competitive solicitations for the implementation of the Public Behavioral Health Workforce Development and Retention Program, and upon successful negotiations and determination of a fair and reasonable price, award one or more contracts for an initial term of up to one year, with four option years, and up to an additional six months, if needed; and to amend the contracts to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency, contingent upon approval by the MHSOAC and the availability of funds.
3. Authorize the Agency Director, Health and Human Services Agency or designee to explore partnerships and other opportunities with public and private entities to leverage additional funding and resources to expand and sustain the Behavioral Health Workforce Development and Retention Program.

EQUITY IMPACT STATEMENT

The vision of the Mental Health Services Act (MHSA) is to build a system in which mental health services are equitable and accessible to all individuals and families within the region who are experiencing serious mental illness or serious emotional disturbance. According to the 2021 California Health Interview Survey conducted by the University of California Los Angeles in 2021, 10 percent of San Diegans reported experiencing serious psychological distress in the past month. However, residents living below 200% of the federal poverty level, those who reported a history of incarceration, or who identified as black, Hispanic/Latino, or multiracial, reported higher percentages of serious psychological distress compared to others.

The County of San Diego Health and Human Services Agency, Behavioral Health Services serves a diverse population of all ages, but especially those disproportionately impacted by serious mental illness or serious emotional disturbance, including black, indigenous and people of color, individuals experiencing homelessness, children who are commercially sexually exploited, children and adults with justice involvement, people with complex behavioral health needs, and individuals in at-risk age

groups. The MHSA Innovation Public Behavioral Health Workforce Development and Retention Program proposal makes substantial investments toward equitable workforce recruitment, development, and retention to build a behavioral health workforce that is culturally competent, linguistically diverse, and reflects the diversity of the populations being served.

SUSTAINABILITY IMPACT STATEMENT

Mental Health Services Act (MHSA) programs provide services to children, youth, and families, transition age youth, adults, and older adults in a community-centric approach while taking into consideration language and cultural barriers to ensure equitable access for those in need of behavioral health services. The MHSA Innovation Public Behavioral Health Workforce Development and Retention Program will make substantial enhancements to the recruitment, development, and retention of the behavioral health workforce. Specifically, this item supports the County of San Diego's (County) Sustainability Goal #1 of engaging the community in meaningful ways by ensuring that community voices are heard in the development of this program. This will be accomplished by offering a 30-day public comment period, during which the public can provide feedback on the proposal. Additionally, this item supports the County's Sustainability Goal #4 of protecting the health and well-being of everyone in the region by ensuring a culturally competent and linguistically diverse workforce that reflects the diversity of the populations being served.

FISCAL IMPACT

Funds for this request are included in the Fiscal Year (FY) 2023-25 CAO Recommended Operational Plan in the Health and Human Services Agency (HHSA). If approved, this request will result in estimated costs and revenues of approximately \$0.5 million in FY 2023-24, and an estimated costs and revenues of \$15.0 million in FY 2024-25. The funding source is the Mental Health Services Act. There will be no change in net General Fund cost and no additional staff years. To ensure sustainability of these programs, HHSA will explore and initiate partnerships, grants, and other opportunities with public and private entities to leverage additional resources.

BUSINESS IMPACT STATEMENT

N/A

ACTION:

ON MOTION of Supervisor Anderson, seconded by Supervisor Desmond, the Board of Supervisors took the following actions, on Consent:

1. Approved the Mental Health Services Act Innovation Public Behavioral Health Workforce Development and Retention Program proposal including: (a) Outcomes-Based Renewable Training and Tuition Fund; (b) Upskilling to Meet Professional Needs Program; and (c) Tiered Loan Forgiveness and Home Ownership Incentive Program, with a preference for new construction and/or newly built homes where feasible and cost effective, and authorize the Agency Director, Health and Human Services Agency to submit the proposal to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for approval.

2. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorized the Director, Department of Purchasing and Contracting, to issue competitive solicitations for the implementation of the Public Behavioral Health Workforce Development and Retention Program, and upon successful negotiations and determination of a fair and reasonable price, award one or more contracts for an initial term of up to one year, with four option years, and up to an additional six months, if needed; and to amend the contracts to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency, contingent upon approval by the MHSOAC and the availability of funds.
3. Authorized the Agency Director, Health and Human Services Agency or designee to explore partnerships and other opportunities with public and private entities to leverage additional funding and resources to expand and sustain the Behavioral Health Workforce Development and Retention Program.

AYES: Vargas, Anderson, Desmond
ABSENT: Fletcher
NOT PRESENT: Lawson-Remer

State of California)
County of San Diego) §

I hereby certify that the foregoing is a full, true and correct copy of the Original entered in the Minutes of the Board of Supervisors.

ANDREW POTTER
Clerk of the Board of Supervisors



Signed
by Andrew Potter

May 5, 2023

Mental Health Services Oversight & Accountability Commission
1812 9th Street
Sacramento, CA 95811

Dear Mental Health Services Oversight & Accountability Commission:

On behalf of the Behavioral Health Advisory Board in the County of San Diego, I am pleased to support the County of San Diego (County) Health and Human Services Agency (HHS), Behavioral Health Services' *Public Behavioral Health Workforce Development and Retention* program that is being proposed through the utilization of Mental Health Services Act (MHSA) Innovation funds.

According a 2022 report entitled: *Addressing San Diego's Behavioral Health Worker Shortage*, there is an existing shortage of more than 8,000 professionals across eleven key behavioral health occupations, and a need to attract or retain an additional 18,500 professionals between 2022–2027 to meet increasing need for behavioral health care due to the ongoing opioid crisis as well as impacts of the COVID-19 pandemic.

To sustain the existing workforce and keep pace with population growth and workers exiting the field, an innovative and multi-faceted approach is needed beyond the established field of workforce education and training programs. The MHSA Innovation *Public Behavioral Health Workforce Development and Retention* program boldly addresses this need by improving the County's ability to recruit and maintain the behavioral health workforce through three distinct strategies, including: 1) an Outcomes-Based Renewable Training and Tuition Fund, 2) Upskilling to Meet Professional Need, and 3) a Home Ownership Incentive Program.

Utilizing MHSA Innovation funds to recruit and retain an essential public behavioral health workforce will increase regional access to behavioral health care across San Diego County and advance the County's vision of a just, sustainable, and resilient future for all. As the Chair of the Behavioral Health Advisory Board for the County of San Diego, my colleagues and I are proud to fully support this proposal. For questions, please feel free to contact me at Billstewart461@gmail.com.

Sincerely,



Bill Stewart
Chair, Behavioral Health Advisory Board
County of San Diego

San Diego Union Tribune article

<https://www.sandiegouniontribune.com/news/health/story/2023-05-02/county-to-pursue-groundbreaking-mental-health-training-programs>

County to pursue groundbreaking mental health training programs

Proposal asks state's permission to spend \$75 million over five years on tuition assistance, loan forgiveness trial program

BY PAUL SISSON
MAY 2, 2023 4:41 PM PT

With the approval of three new initiatives Tuesday, San Diego County is taking its first steps in addressing a mental health care worker shortage that is predicted to grow significantly over the next five years.

On a unanimous vote, county supervisors affirmed a new “workforce and retention program” which, if it receives state approval, would create a renewable training and tuition fund, an “upskilling” program for existing professionals and a loan forgiveness and “home ownership incentive” program for behavioral health specialists.

Finding ways to address the cost and availability of training to attract new workers, and to retain those already serving clients, was a significant recommendation of last year’s assessment of mental health care needs in San Diego County, though low wages and difficult working conditions were also large factors that remain unresolved.

Supervisor Terra Lawson-Remer emphasized Tuesday that the program is only part of the action necessary to truly come to grips with what the report estimates will be a shortage of 18,500 professionals by 2027.

“It’s imperative that these positions come with wages and benefits necessary for workers to really be able to make a living and make ends meet and for these to be sustainable jobs in the long term,” Lawson-Remer said. “I think this proposal is a step in the right direction but absolutely want to keep us really focused on long-term solutions which is increasing wages, increasing benefits and improving working conditions for folks that are serving our community in the behavioral health field.”

In October, the board directed county staff to return in 180 days with fleshed-out ideas about how pay might be increased, especially in some jobs that the workforce study indicated were among the worst-paid in the state. Psychiatrists, for example, had an average 75th percentile median wage of about \$165,000 in San Diego County compared to a median of \$329,385 among all Californian metropolitan areas. On the other side of the spectrum, psychiatric aides compensated in the 75th percentile — the point at which half made less and a quarter made more — were said to make about \$31,000 annually compared to about \$42,000 in metro areas statewide.

Though they have not abandoned the wage issue, supervisors also did not say Tuesday when they will be ready to discuss pay. Any significant movement should be visible in the county behavioral health department’s annual budget presentation later this month.

The three initiatives included in Tuesday’s approval would be submitted to the state Mental Health Services Oversight and Accountability Commission as a five-year innovation project. The commission oversees use of money that counties received from the Mental Health Services Act, which imposed a 1 percent state income tax for filers earning more than \$1 million annually.

The pilot program would run from July 2024 through June 2029, expending about \$75 million in county MHSA funds during that span. At about \$15 million per year, the outlay would be a relatively small percentage of overall services act revenue, which totaled \$251 million in the 2021-22 budget year, according to the county.

After five years, an outside evaluator would examine the program's results and make recommendations on whether it reached its goals and should be continued.

Three initiatives inside the larger trial program include:

- An outcomes-based renewable training fund which would provide no-interest loans and upfront financing “to students completing behavioral health clinical training and supervision programs.” Students wouldn't have to start paying these training loans back until they had a county job paying at least \$50,000 per year. Staying on the job for five years or more would result in any remaining balance being forgiven. About 1,900 new workers are estimated to be hired through the program, which would spend about \$4.6 million annually during the five-year period, according to a draft state application.
- An “upskilling” program would spend about the same amount annually on helping existing workers with the county or with county-contracted organizations earn licenses or certifications for a range of jobs such as community behavioral health worker, peer support specialist, substance abuse disorder counselor, licensed behavioral health clinician and psychiatric nurse. For some positions, the process will involve apprenticeship programs, offering scholarships as a way of helping to retain workers. About 750 workers are expected to participate.
- A tiered loan forgiveness and home ownership program would allocate about \$2 million per year toward helping “establish an incentive for county staff to live and work in San Diego County.”

Details on all three initiatives are not fully fleshed out in the documents made public so far. Luke Bergmann, director of behavioral health services for the county, said this week that additional information, especially application processes and other critical details such as who will be eligible, will be specified if state approval is received.

“We want to make sure that the state is supportive of this,” Bergmann said.

As near as he could tell, the director added, using mental health services revenue to support workers would be a first.

“MHSA funding has traditionally been used to stand up small direct services programs,” Bergmann said. “It has not been used before to address workforce issues, certainly not at this scale.”



FAMILY TIES: YOUTH AND FAMILY WELLNESS
TUOLUMNE COUNTY BEHAVIORAL HEALTH
LINDSEY LUJAN, DEPUTY DIRECTOR

PROPOSED INNOVATION CONCEPT

- Create non-mandated activities and alternatives for youth and families
- Promote these activities in the systems that are most affected by youth and family's trauma
 - ✓ Child Welfare Services
 - ✓ Foster youth
 - ✓ Children's system of care partners
 - ✓ MHSA Outreach and Engagement
 - ✓ Perinatal
 - ✓ Probation/Judicial programs

IDENTIFIED AREA OF INNOVATION

➤ 5-Year Data Analysis

- *Rate of return for youth is 20%*
- *First average length of stay for admission is just at a year*
- *Average length of stay for second admission is 7 months*
 - *This number continues to decrease with each new admission*
- *20% of the youth over 5 years receives crisis services*
 - *Of those 20% that receive a crisis service, the average number of crisis per youth is four (4). Combined with an average length of stay of one (1) year, this means one crisis per quarter*

➤ The Primary Problem

- *The primary problem is we need to reduce rate of return for youth by increasing their length of stay within the first admission by engaging youth and families concurrently.*

PROPOSED INNOVATION CONCEPT

- Connect families and youth with alternative and non-traditional mental health approaches
 - Mindfulness classes, mediation, sound therapy, yoga
- Introduce families to these non-traditional approaches through engaged family nights
 - Movie nights, themed food nights, bingo night
- Create ongoing educational opportunities with mild to moderate providers to help maintain ongoing stability with each step down
- Integrate Prevention and Early Intervention (PEI) education to youth

GAPS AND PROPOSED FIRST STEPS

- More youth stakeholder input to guide the project
 - Are these alternatives something youth are interested in?
 - Do alternative times and locations work for not just for families, but for youth?
 - What themes are youth most interested in?
 - Would youth engage in alternative treatment options?
- Barriers to this
 - Youth population in Tuolumne is small, how do we get the youth input we need?
 - Work with MHSOAC to create financial incentives to get youth to participate in feedback session.



QUESTIONS

Proposed Motion

That the Commission approves the use of up to \$925,891.04 in Innovation Funds over five (5) years for Tuolumne County's Family Ties: Youth and Family Wellness Innovation Project, on the condition that Tuolumne County:

- **Enhances the project's Youth Engagement;**
- **Reassesses the project's design in response to its enhanced Youth Engagement; and**
- **Informs the Commission regarding the project's development and implementation.**

MHSOAC

Mental Health Services
Oversight & Accountability Commission

▶▶ Interim Housing Multidisciplinary Assessment and Treatment Teams

- Los Angeles County Innovations Proposal
- La Tina Jackson, LCSW, Deputy Director, Countywide Engagement
- Kalene Gilbert, LCSW, Mental Health Services Act Coordinator



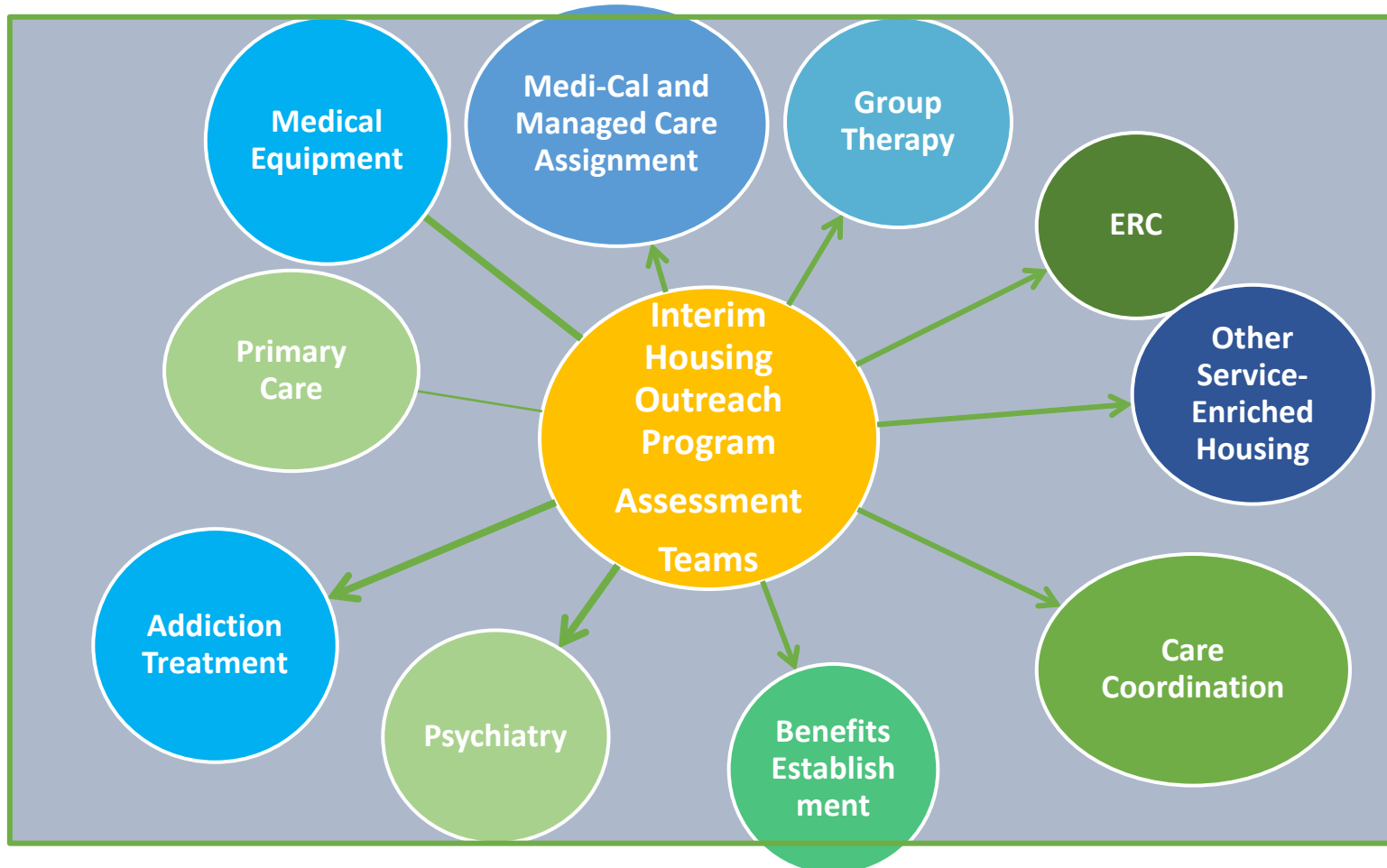
Interim Housing

▶▶ Multidisciplinary Assessment & Treatment Teams

Program Overview

- The Interim Housing Multidisciplinary Assessment and Treatment Teams will serve all of Los Angeles County and will be comprised of staff from Department of Mental health, Department of Public Health Substance Abuse Prevention and Control (SAPC) and Department of Health, Housing for Health teams in an effort to ensure the full spectrum of client needs can be addressed.
- Teams will be assigned to support interim housing sites which include approximately 220 sites and 14,376 beds. There are an additional 11 interim housing sites in the pipeline to provide an additional 1,037 beds to support people experiencing homelessness.

Interim Housing Outreach Program



Partners Include:

- Department of Mental Health
- Department of Public Health Substance Abuse Prevention and Control (SAPC)
- Department of Health – Housing For Health Division
- Los Angeles County Chief Executive Office – Housing Initiative
- Health Plans
- Homeless Service Providers

Assessments and linkage to medical, behavioral health, support with activities of daily living, care supports and housing services.

▶▶ The Innovation

The key elements that make this project innovative are:

- ◀ The implementation of dedicated field-based multidisciplinary teams that are specifically outreaching, engaging and providing peer services, direct mental health, physical health and substance use services to clients in interim housing at their interim housing location, which is an entirely new service setting. This includes 24/7 crisis response. Peer roles include direct service and promotion to roles in leadership and supervision.
- ◀ The partnership with the managed care organizations that will allow the County to leverage private resources from local health plans to support interim housing client needs.

▶▶ System Gaps and Needs

- The Los Angeles County of Board of Supervisors voted to declare a State of Emergency related to Homelessness on January 10, 2023
- The project is designed to address current gaps in behavioral health and physical health services, substance use treatment, support interim housing stability, facilitate transition to permanent housing and prevent a return to homelessness.
- There is no on-site behavioral health support to support residents. The lack of support increases risk of exit to the streets when there is no intervention or advocacy available.
- Need for education, consultation and stigma reduction among interim housing staff
- Need for coordinated care – often there are multiple health, mental health, and social service needs

▶▶ Community Engagement

LA County Homeless Initiative Planning:

August-October 2022

18 virtual Listening Sessions that drew more than 750 attendees, including those with lived experience

November 8-22, 2022

- Public Comment Period

January 27, 2023

- Presentation and feedback solicited to the DMH MHSA Stakeholder Body

February 21, 2023

- Presentation and feedback solicited from the Mental Health Commission

▶▶ Learning Questions

- By implementing this innovative project, LACDMH intends to learn if having dedicated field-based, multidisciplinary teams serving interim housing sites result in the following:
- Increased access to mental health services and co-occurring SUD services by interim housing residents? - Increased exits to permanent housing?
- Decreased exits to homelessness?
- Will the increase in knowledge and skills on serving people with severe mental illness feel more confident in being able to serve this population in their interim housing sites?
- Does on-site and timely access to substance use treatment in interim housing settings reduce the incidence of overdose related fatalities and increase substance use recovery outcomes for interim housing residents?

▶▶ Annual Budget

	Existing Sites	Existing Beds	Pipeline Sites	Pipeline Beds	Total Sites	Total Beds	Annual Budget Distribution
SPA 1	9	278	1	38	10	316	\$ 617,083.28
SPA 2	35	2,787	1	148	36	2,935	\$ 5,862,291.16
SPA 3	11	487	2	132	13	619	\$ 1,234,166.56
SPA 4	64	5,013	3	239	67	5,252	\$ 10,490,415.76
SPA 5	19	525	-	-	19	525	\$ 1,049,041.58
SPA 6	43	3,211	3	400	46	3,611	\$ 7,219,874.38
SPA 7	15	932	1	80	16	1,012	\$ 2,005,520.66
SPA 8	24	1,143	-	-	24	1,143	\$ 2,314,062.30
Total	220	14,376	11	1,037	231	15,413	\$ 30,792,455.67

Annual INN Funds Calculated using the total INN requested less the one-time amount.

Questions?



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

▶▶ Proposed Motion

The Commission approves Los Angeles County's Innovation Project, as follows:

- Name: Interim Housing Multidisciplinary Assessment and Treatment Teams
- Amount: Up to \$155,677,581 in MHSA Innovation funds
- Project Length: Five (5) years



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

**DMH Priorities & Accomplishments
July 1, 2022 – February 9, 2023**

DR. LISA H. WONG
INTERIM DIRECTOR
2/14/2023

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DMH Priorities & Accomplishments

July 1, 2022 – February 9, 2023

Priorities	Accomplishments
Addressing Homelessness	<p>Street Psychiatry (SP) Expansion</p> <ul style="list-style-type: none"> ○ Expanded street psychiatry capacity with MD & 3 residents ○ Formalized agreement to add six new street psychiatry residents ○ Three residents transitioning to permanent DMH positions in SP <p>Skid Row</p> <ul style="list-style-type: none"> ○ Launched dedicated specialty team (in addition to existing Homeless Outreach Mobile Engagement (HOME) team) ○ Skid Row “concierge service” coordinator ○ Exploring partnership with Housing for Health to build a service community (similar to Restorative Care Villages) <p>HOME Team</p> <ul style="list-style-type: none"> ○ Created Operation & Navigation team as part of the service array for HOME to interface with inpatient facilities working with HOME clients to transition out of acute care into lower levels of care ○ HOME provides an average of over 3,000 services per month ○ For the period of July 2022-January 2023: <ul style="list-style-type: none"> ▪ provided a total of 23,381 services ▪ housed 291 unique clients ▪ conserved 31 unique clients ○ HOME psychiatrists host several residency programs in the field, including Olive View, USC and Charles Drew University as well as DMH Nurse Practitioner Student Clinical Rotations

	<p>General</p> <ul style="list-style-type: none"> • Office of the Public Guardian (OPG): <ul style="list-style-type: none"> ○ HOME coordinates with OPG to provide intervention and inpatient resources during the conservatorship phase ○ Monitors and maintains placement for 93 conserved individuals ○ Provides support and continuity of services for an additional 23 individuals in the conservatorship process • DMH participates in coordinated efforts to respond to the State of Emergency on Homelessness, including attending all Inside Safe Initiative meetings, and active participation in four workgroups: Contracting and Procurement, Hiring, Services and Spending • Received positive media coverage from L.A. Times and CBS on the work of the DMH HOME team and Street Psychiatry. Working with other media outlets to help spread the word about HOME services and DMH’s commitment to the unhoused population. • Homelessness & Housing specialists in each service area administrative team • Implementing Housing Specialists in all adult outpatient clinics to help clients experiencing homelessness, and prevent those at risk of homelessness from becoming homeless; requesting additional items in Final Changes for those clinics who do not have housing teams • Training for all outpatient programs to consistently capture homelessness data
	<p><u>Housing and Services</u></p> <p>Capital Investments in Permanent Supportive Housing (PSH)</p> <ul style="list-style-type: none"> • DMH participated in 8 Grand Opening and 5 Ground Breaking events for PSH developments across the County with DMH Mental Health Services Act (MHSA) investments <ul style="list-style-type: none"> ○ These 13 properties have 294 MHSA Units with an MHSA investment of \$65.94 million ○ 903 total units of affordable housing • Worked with Los Angeles County Development Authority (LACDA) to finalize the Request For Proposals (RFP) recommendation to the Board to enter into an Exclusive

Negotiating Agreement (ENA) with Century Housing to develop PSH as part of the Restorative Care Village at LAC-USC; 1st ENA meeting between LACDA, DMH and Century Housing was on September 28, 2022

Community Care Expansion (CCE)

- The initial portion of the funding targets construction and expansion of facilities; LA County was allocated a set aside of \$135,281,766 which will be administered by the State
- The second portion of the funding, called Preservation Funds, is for rehabilitation and preservation of existing Adult Residential Care Facilities (ARF) and Residential Care Facilities for the Elderly (RCFE), prioritizing those at highest risk of closure with a high percentage of qualified experiencing or at-risk of homelessness
- DMH accepted the Preservation Funds on behalf of LA County in the amount of \$53,497,135 for Capital Projects (CP) and \$19,654,821 for Operating Subsidy Payments (OSP) on July 13, 2022, and received the award letter from the State on August 15, 2022. DMH is partnering with LACDA who will administer the CP funds.
- On November 29, 2022, DMH held a webinar in collaboration with LACDA for licensed care facility operators to provide updates on the CCE program and gather operator feedback. DMH has also been in conversation with the Los Angeles Residential Care Association (LARCA) to solicit feedback on the program from their membership.
- DMH submitted the CCE Implementation Plan to the State for review on January 30, 2022, and is awaiting feedback while continuing to strategize on program design with partner agencies in preparation of a Spring 2023 implementation of the program

Care First Community Investment (CFCI)

- DMH worked with the CEO Jail Closure Implementation Team and the Care Transitions Team to develop and implement a new CFCI Interim Housing Program (IHP) which targets individuals with Serious and Persistent Mental Illness (SPMI) that are being released from jail under Senate Bill (SB) 317, Assisted Outpatient Treatment and Rapid Diversion

	<ul style="list-style-type: none"> • The CFCI IHP is operated by Special Services for Groups (SSG) and there are two locations, one in Service Area (SA) 4 with 22 beds and the other in SA 6 with 23 beds • DMH also expanded SSG’s Full Service Program by 100 slots, about half of which will be used to serve the clients in the CFCI IHP <p>Housing and Homelessness Incentive Program</p> <ul style="list-style-type: none"> • DMH applied for, and was approved for, a \$1.5 million grant from the LA Care and Health Net managed care plans to secure the services of consultants who will assist with implementing long-needed technical infrastructure that will enhance the Department’s ability to capture, analyze, and report out on housing data including demographic data of those served by DMH housing resources <p>Interim Housing Multidisciplinary Assessment and Treatment Teams</p> <ul style="list-style-type: none"> • DMH developed a MHSa Innovation funding proposal totaling \$190M to create new regional, field-based, multi-disciplinary teams Countywide dedicated to serving people experiencing homelessness who are living in interim housing. The project will address current gaps in behavioral health and physical health services, support interim housing stability, facilitate transition to permanent housing and prevent a return to homelessness. This effort will also be a partnership with managed care organizations that will allow the County to leverage additional Housing and Homelessness Incentive Program (HHIP) funding from local health plans to support interim housing client needs. • Innovation funding proposal was posted for public comment on January 20, 2023, and presented to stakeholders on January 31, 2023
<p>Justice Involved Population</p>	<ul style="list-style-type: none"> • Full Service Partnership (FSP) added 3 half teams, one full team, and augmented one existing team to better meet the needs of SB 317 and other justice involved clients • Started 1st cohort of MCRP (Men’s Community Re-Entry Program) participants in East Los Angeles Community College Substance Abuse Counselor Certification program in collaboration with the Department of Human Resources (DHR)

	<ul style="list-style-type: none"> • Implemented MCRP sex offender treatment certification program through the California Sex Offender Management Board. This allows the program to provide evidence based, court authorized treatment for registered sex offenders. • Advanced Community Assistance, Recovery & Empowerment (CARE) Court Implementation Planning, including submission of a MHSA innovation proposal for increased role of peer supporters for DMH implementation. Stakeholder review is in process, closing in February 2023 for funding consideration. • Updated structure and staffing of the Mental Health Court Liaison program • Added supervision of 3 psychiatry fellows, resulting in 730 evaluations for the courts • Rapid Diversion Program assessed a total of 867 clients (MacArthur Grant Funded) • Assisted Outpatient Treatment (AOT) accepted an additional 58 clients • Juvenile Court MH Services (JCMHS), July 2022-January 2023: <ul style="list-style-type: none"> ○ Reviewed an estimated 5000 Psychotropic Medication Authorization Form applications and provided opinions to assist the courts with making decisions ○ Served approximately 72 youth cases in the Multidisciplinary cross-over youth program (youth who are in the dependency system, but then become juvenile justice-involved) • JCMHS staff providing Juvenile Competence Remediation Services (juvenile justice-involved youth who are incompetent to stand trial) to youth • ODR Support: Identified and committed \$25 million funding to DHS/Office of Diversion & Reentry (ODR) to add treatment & housing capacity for SB 317 clients
<p style="text-align: center;">CARE Court Implementation</p>	<ul style="list-style-type: none"> • Accelerated CARE Court Implementation Planning – LA County joined Cohort 1 • Completed preliminary implementation plan • Weekly DMH high level staffing meeting to discuss implementation elements • Participation in statewide cohort meetings with California Health and Human Services (CalHHS) and County Behavioral Health Directors Association of California (CBHDA) • Meeting with county partners in compliance with board report back motion from 12/20/23—DPH, DHS, DCFS, CEO • Meeting with court personnel at Norwalk and Hollywood courthouses; Court implementation meeting pending/TBA • Working to format board report backs and participation in CEO team meetings

	<ul style="list-style-type: none"> Submitted MHSa innovation proposal for increased role of peer supporters for DMH implementation. Stakeholder review is current, closing in February for funding consideration.
Employment Services	<ul style="list-style-type: none"> New contract with Department of Rehabilitation (DOR) (DMH/DOR Interagency Cash Transfer Agreement) effective July 1, 2022, and during FY 2022-23, is projected to serve 1,500 DMH clients 21 Seriously Mentally Ill (SMI) DMH clients successfully employed for over 90 days and will now have DOR cases closed Worked with USC School of Occupational Therapy to implement fellowship for graduates to do employment services in DMH Peer Resource Centers (PRC)
Outpatient Care Services (OCS)	<ul style="list-style-type: none"> 87,643 new outpatient service requests in Q1 and Q2 during FY 22/23 (7/1/22-12/31/22), including both Legal Entity (LE) & Directly Operated (DO) programs, excluding Psychiatric Mobile Response Teams (PMRT) 169,149 distinct clients (both LE & DO, does not include inpatient or residential) served in outpatient programs during Q1 and Q2 FY 22/23 (this number is actually a significant undercount due to data lag times) Established Maternal Mental Health Champions in each Service Area Established LGBTQ+ Champions in each Service Area Implemented Phase I Core Components in all DO Adult Outpatient Programs Implemented tracking and feedback system for initial intakes, first time medication evaluations, and follow up appointments across DO OCS programs Board approval of a new Antelope Valley (AV) Child and Family Clinic which will include 32.0 Full Time Employees (FTE) that will service children and families in SA 1 AV area New Koreatown Mental Health Clinic opened on December 7, 2022
Peers	<ul style="list-style-type: none"> Implemented Peer Resource Centers (PRC) <ul style="list-style-type: none"> Koreatown Olive View <i>Bienestar</i> MLK/BHC Covina

	<ul style="list-style-type: none"> • Convened local and county-wide peer advisory groups to provide feedback for PRCs and peer certification • Developed materials and trainings for Peer Certification • Worked with State to prepare for Peer Certification • Worked with HR to develop scope of work and assignment bonus for Certified Peers
<p>Hollywood 2.0 Pilot Project</p>	<ul style="list-style-type: none"> • DMH contracted with Hollywood 4WRD as our stakeholder engagement partner for Hollywood 2.0 effective June 1, 2022 • Board approval to hire additional items for Hollywood 2.0 Pilot Program • Initial meetings started August 2022 to engage the public about the intent and scope of the pilot, and to solicit their input in the areas of program design, supportive employment, and supported housing. Workgroups are facilitated by Hollywood 4WD, but led by DMH staff with expertise in the areas of interest. • DMH staff representing several divisions met regularly to discuss the logistics of implementing the project, and developed an organizational chart, duty statements for staff, and a proposed budget. Identified internal team to work on various contracting items expeditiously. • Hiring Fair for clinical vacancies held on 1/27/23 • Identified Acting Program Manager • Developed the Hollywood Mental Health Cooperative framework. Implemented Clinical Infrastructure meetings to discuss tailored services for those experiencing SPMI in the Hollywood community. • Community Crosswalk Event held on 2/10/23 where workgroup participants identified proposals to be implemented in Hollywood 2.0 Pilot Program • Executed Memorandum of Understanding (MOU) with the International Mental Health Network to allow collaboration with non-profit that promotes expansion of person-centered care • DMH Housing and Job Development Division (HJDD) worked in collaboration with community stakeholders, including Hollywood 4WRD, and other DMH Hollywood 2.0 leads to implement the Housing and Employment strategies recommended by stakeholder groups

	<ul style="list-style-type: none"> • As part of this initiative, DMH HJDD will be growing the number of interim housing, licensed residential facility, and permanent supportive housing resources that are available to serve Hollywood 2.0 clients that are in the Hollywood region • DMH HJDD is also developing a RFP to implement a clubhouse that will utilize the Clubhouse International standards and serve adults who have a serious mental illness and are living, working and/or receiving mental health treatment in the Hollywood area– many of whom may be unhoused or at-risk of homelessness
<p>Alternative Crisis Response (ACR)</p>	<ul style="list-style-type: none"> • As of July 2022, DMH assumed responsibilities for ACR • DMH stood up an ACR unit to sit within DMH to provide operations, define activities, execution oversight, and direction necessary in accordance with key ACR goals and objectives • ACR core team functions: <ul style="list-style-type: none"> ○ Oversee the network of ACR services and providers in the County and relevant funds, including the County’s 9-8-8 Crisis Call Center, Psychiatric Mobile Response Teams, Mobile Crisis Outreach Teams, crisis receiving facilities, and supporting ACR-specific infrastructure ○ Ensure crisis response services and systems are coordinated and comprehensive throughout the County ○ Advocate, in coordination with other subject matter experts, at the Local and State level, when there are gaps in the crisis response system
<p>988 Crisis Call Center Expansion, 988 Launch and Media Efforts, Field Intervention Team (FIT) expansion, and other key ACR partnerships/initiatives</p>	<ul style="list-style-type: none"> • In anticipation of the official July 16, 2022, 9-8-8 launch, DMH developed and released a competitive solicitation for 9-8-8 crisis call center services. On July 15, 2022, a contract was signed with Didi Hirsch Mental Health Services to be the 9-8-8 Crisis Call Center within LA County. Services began on July 16, 2022. • DMH engaged with media outlets to promote the 9-8-8 launch and to highlight the County’s investment in 9-8-8 services. DMH provided interviews to TIME magazine, KPCC, Spectrum News, L.A. Times, CBS/KCAL, and Cal Matters. • DMH participated in a press conference with Congressman Tony Cárdenas (CA-29) and Didi Hirsch Mental Health Services to showcase 9-8-8, and to discuss the need for long-term federal and state funding. DMH continues to provide presentations in the community and with our stakeholders to foster awareness and education.

	<ul style="list-style-type: none"> • Public Facing Microsite: <ul style="list-style-type: none"> ○ DMH developed a 9-8-8 public facing microsite on the DMH website to include education about 9-8-8 in Frequently Asked Questions (FAQ) sheets and charts, as well as a marketing toolkit that local cities and organizations can utilize to help spread the word about this new resource ○ The ready-made ads are available in all LA County threshold languages • Implemented warm transfers from Didi Hirsch 988 to DMH for callers needing FIT dispatch (Oct 2022 for third parties and Feb 2023 for first parties) • Developed internal dashboard to track key metrics related to ACR (Nov 2022) • Conducted training for Didi Hirsch 988 on new types of calls and warm transfers to DMH (Feb 2023) • FIT Expansion: <ul style="list-style-type: none"> ○ Sycamores began operating 1 FIT October 2022; 2nd team in operation Feb 2023 ○ Executed contract amendment with Vista del Mar (Jan 2023). Currently in discussion and planning stages for implementation of their teams. • Dispatch Board: <ul style="list-style-type: none"> ○ Developed dispatch board to centrally track all calls needing FIT (Feb 2023) ○ Developed standardized protocols for FIT dispatch (Feb 2023) ○ Implementation Feb 15, 2023 • Law Enforcement partnership: <ul style="list-style-type: none"> ○ Presented to Countywide Criminal Justice Coordination Committee (CCJCC) on ACR (Jan 2023); Supervisor Hahn motioned to form workgroup ○ First workgroup on Feb 9, 2023 • DMH continues to work with cities regarding possible partnerships; currently partnering with the City of West Hollywood to develop a pilot to blend city and county capacity and resources by implementing a city-funded low-acuity care team that leverages the DMH crisis continuum of care including 988 and FIT when needed
<p style="text-align: center;">Psychiatric Mobile Response Teams (PMRT) Expansion</p>	<ul style="list-style-type: none"> • DMH is in the on-boarding stage of hiring 16 peer staff to add to the existing PMRT program. This will enable the addition of eight additional PMRT teams, as each peer will be paired with an existing PMRT clinician. • Of 16 available Community Health Worker (CHW) positions, 15 have been hired and one is in process; a Mental Health Clinical Supervisor will also be added

	<ul style="list-style-type: none"> • Of two Supervising Community Health Worker (SCHW) staff positions, one has been hired and the other is in process • Another additional 14 CHW and two SCHW are targeted to be hired this year
<p align="center">Mobile Crisis Outreach Teams (MCOT) Expansion</p>	<ul style="list-style-type: none"> • DMH developed and released a competitive solicitation for contracted MCOT services, which are mobile crisis response teams consisting of one behavioral health clinician and one peer support specialist • The responding bids were evaluated and contracting will be finalized. The first MCOT contract was fully executed on September 13, 2022, with Sycamores. They will provide MCOT services in service areas (SA) 1, 2, 3, 4 and 6. DMH is in discussions with another potential MCOT provider for SAs 7, and 8. As of December 29, 2022, DMH executed a contract with Vista Del Mar to provide services in SA 5. • In addition, DMH has issued an on-going MCOT solicitation that will prioritize SAs 4, 5, and 6 as well as high need Metro areas
<p align="center">Therapeutic Transport Program</p>	<ul style="list-style-type: none"> • The Therapeutic Transportation Program: Expanding Our Real-Time Response to Mental Health Crises Los Angeles County (L.A. County) has been transforming its approach to serving seriously mentally ill individuals by focusing on service and care instead of criminalization. This pilot project offers a supportive and expedited alternative to the transportation needs of acute mentally ill clients requiring involuntary holds by providing a psychiatric technician, a peer, and a driver that are deployed via LA City Fire to mental health urgent calls. • Therapeutic Transport has been implemented in all 5 Supervisorial Districts • Collaborations with other cities are in process
<p align="center">Community Crisis Response</p>	<p>Monterey Park Mass Casualty Event</p> <ul style="list-style-type: none"> • DMH mobilized to aid the victims, families, and witnesses of the shooting at the Star Ballroom and provided the following response: <ul style="list-style-type: none"> ○ Provided support to witnesses waiting to be interviewed by detectives ○ Deployed clinicians who were culturally competent and spoke Mandarin and Cantonese to aid families, victims, and the community ○ Assisted in death notifications to 8 families

	<ul style="list-style-type: none"> ○ Participated in the Vigil held at Monterey Park on January 31st ○ Provided assistance at the Langley Senior Citizen Center for two weeks ○ Continues to provide services as needed and coordinating with other LEs and CBOs, Including the AAPI Equity Alliance ○ DMH clinician served as the official translator to Vice President Kamala Harris ● Post-Event Efforts <ul style="list-style-type: none"> ○ Staffed Lunar New Year events in Alhambra & San Gabriel to share DMH & other resources ○ Met with OEM and other partners to debrief and document lessons learned ○ Planning for “Tea Time” outreach events at Senior Centers to provide additional supports; 1st Tea Time held at Langley Senior Center in Monterey Park week of 2/13/23 ○ Planning for post-event outreach to youth through school platforms; 1st event projected to be at Mark Keppel High School
<p>Staffing</p>	<ul style="list-style-type: none"> ● From July 2022 – January 2023, DMH completed 505 new hires & promotions (does not include the over 100 candidates who have been selected and are in process with HR). For comparison, DMH completed 519 new hires & promotions for the entire Fiscal Year 2021-22. ● Significant Leadership Hires: <ul style="list-style-type: none"> ○ Human Resources (HR) Director (position previously vacant for over three years) ○ Administrative Deputy ○ Service Area Chief for Service Area 1 ○ Senior Deputy Director, Child Wellbeing & Prevention ○ Deputy Director, Prevention ○ Program Manager IV (MHSA Division) ○ Program Manager III (Intensive Care Division) ○ Program Manager II (Olive View Mental Health Center) ○ Program Manager II (East San Gabriel Valley Mental Health Center) ○ Manager III (Information & Technology) ○ Program Manager II (Hollywood Mental Health Center) ○ Program Manager II (Valley Coordinated Children’s Services)

- Program Manager II (DMH Help Line / ACCESS)
 - Program Manager II (Women’s Community Reintegration Program)
 - Program Manager II (Barry J. Nidorf Juvenile Hall)
 - Program Manager I (Veteran’s Peer Access Network)
 - Program Manager I (Child Welfare / Wraparound)
 - Program Manager I (Men’s Community Reintegration Program)
 - Program Manager I (San Fernando Child and Family Services)
- Psychiatry Workforce:
 - Promoted three MDs to Supervising Mental Health Psychiatry positions
 - 11 new staff psychiatrists hired
 - Reactivated the DMH MD Loan Repayment Program
 - The DMH sponsored residency program graduated its first class of four resident physicians
 - Hired 2 Relief Mental Health (MH) Psychiatrists and 1 Full time MH Psychiatrist
 - Reactivated Locums Tennis Contract which will allow DMH to hire temporary psychiatrists
 - On Jan 21, 2023, DMH hosted a Saturday Job Fair for current graduating psychiatry residents / fellows where 14 candidates attended
 - Working with HR & CEO to reclassify Associate Medical Director positions to allow for supervision of Supervising Psychiatrists at the regional level
- Clinics & Outpatient Services:
 - Vacancies filled and on boarded in directly operated clinics (does not include candidates who have been selected and are in process with HR):
 - January 2023 – 28 positions
 - December 2022 – 23 positions
 - November 2022 – 27 positions
 - October 2022 – 37 positions
 - September 2022 – 27 positions
 - August 2022 – 46 positions
 - July 2022 – 36 positions

	<ul style="list-style-type: none"> ▪ 80 pending hiring transactions ▪ 183 candidates currently in stages of recruitment /interviews ○ Continuing to recruit and fill vacancies in all areas of the department, with a focus on serving high acuity, homeless, and justice-involved populations, as well as field response
<p>Recruitment and Retention Efforts</p>	<p><u>Loan Forgiveness</u></p> <p>DMH Reinstated the Psychiatrist Student Loan Forgiveness program</p> <ul style="list-style-type: none"> • For FY 2022-23, as of September 21, 2022, the total amount of awards granted for Student Loan Repayment is \$400,000 and Recruitment Incentive is \$75,000 for a grand total of \$475,000 • By the end of FY 2022-23, DMH estimates that additional awards granted for Student Loan Repayment and Recruitment will be \$1,419,657 and \$150,000, respectively, which will be an estimated total of \$2,044,657 for the fiscal year • Working with CalMHSA on loan forgiveness & tuition reimbursement for psychiatric technicians to create a pipeline to help staff field programs and crisis response <p><u>Financial Incentives</u></p> <p>DMH is working on financial incentives that are available to the public mental health workforce, including those that go directly through the California Department of Health Care Access and Information (HCAI):</p> <ul style="list-style-type: none"> • Re-initiated the Stipend program for graduating social work, psychology, and psychiatric nurse practitioner students • Recruitment incentives for mental health psychiatrists • Reimbursement for relocation expenses for out-of-area mental health psychiatrists who meet selection criteria • Mental Health Loan Repayments awards to over 850 mental health staff in our Legal Entity and directly operated programs after completing one year of service • Field assignment bonus for specialized mobile mental health teams • Currently working with CEO to explore the possibility of signing and retention bonuses, as well as sabbaticals for high acuity programs

Recruitment Efforts

- Meeting with DHR to develop a mechanism to recruit for hard to fill positions
- Conducted Selection Fairs, attended Career Fairs, and Professional meetings for recruitment opportunities
- Continued collaboration with Charles R. Drew University to sponsor a psychiatry residency training program, adding child psychiatry
- Created a dedicated psychiatry recruitment staff
- Increasing the number of Directly-operated clinics and contracted providers serving as training sites
- Licensed Psychiatric Technician (LPT) recruitment:
 - DMH is finalizing an agreement with Mount San Antonio College (Mt. SAC) for DMH to serve as a training rotation site for Psychiatric Technician students
 - DMH is working to add LPTs to the Stipend Program, funded through MHSAs Workforce Education and Training (WET)
- DMH is working with DHR to ensure parallel, streamlined hiring processes to recruit and on-board new social work, psychology and marriage and family therapy graduates, as well as interested graduating student trainees, to fill outpatient mental health vacancies, alongside flexibilities associated with the Emergency Declaration on Homelessness and associated hiring flexibilities
- DMH is working with DHR to conduct job fairs with on-the-spot conditional hiring capabilities
- DMH county operated sites will expand student training in the Fall 2023:
 - 9 sites will train psychology students
 - 30 sites will train social work students
 - 2 sites will train occupational therapy students
- DMH is outreaching to current student trainees and will continue ongoing efforts to recruit them into employment with DMH

Academic Outreach

- Outreach to partner with schools and professional organizations
- Pipeline/engagement in high schools emphasizing work in the public mental health system

Flexibility

DMH continues to promote a flexible work schedule:

- 71% of workforce teleworking at least one day a week; and
- 14% of workforce teleworking four to five days a week
(Data from pay period of January 1, 2023 – January 15, 2023)
- Alternate work schedules to accommodate higher education goals and client needs

Collaboration with Network Providers

Hiring and retention practices discussed with our network providers, and a range of options implemented by our providers, as a means of increasing access to care:

- DMH increased the Countywide Maximum Allowance
 - provides the opportunity for Legal Entity Contractors to increase staff salaries
 - January 4, 2023: Network Providers informed Countywide Maximum Allowance rates increased by 15% (specifically to increase ability to offer more competitive salaries)
- Bonuses (General sign-on bonuses and specialty sign-on bonuses)
- Alternative work schedules (e.g., telework, hybrid and flexible work schedules)
- Hiring consultants to promote diversification and retention to promote greater work-life satisfaction
- Encouraging the use interns from multiple disciplines
- Providing education and resources on recruitment and retention techniques
- Utilizing a variety of different types of services to increase client attendance
- October 13, 2022: Provided information related to the above bullets regarding staff retention strategies and staff incentives during the All Provider Meeting
- January 12, 2023: Provided additional information related to improving Access to Care and Transition of Care protocol during the All Provider Meeting
- On-Going: DMH meets regularly with all Legal Entity Network Providers to discuss staffing issues, challenges, and strategies for recruitment and retention

Mental Health Bed Expansion

Restorative Care Villages (RCV)

DMH, with the support of a grant from the California Health Facilities Financing Authority (CHFFA), funded the construction of 240 Crisis Residential Treatment Program (CRTP) beds at four County health care campuses.

- The CRTPs are part of the RCV on each campus that will support integrated direct care services including physical health, behavioral health, housing, social, and other wraparound services
- As of 2/8/23:
 - Opened three (3) Crisis Residential Treatment Programs (CRTP) at Olive View, Rancho Los Amigos, and LAC-USC RCV campuses
 - A fourth program is slated to open February 15, 2023, at the MLK BHC
 - This adds 48 beds to the existing CRTP network. An additional 176 beds at the remain in process
- **LAC+USC RCV: DMH CRTPs**
 - A grand opening was held on July 7, 2022, to commemorate the completion of construction of the first phase of the LAC+USC RCV
 - The total project budget for the LAC+USC CRTPs was \$44,316,000. They were funded by the DMH's State 2011 Realignment revenue in the amount of \$34,316,000 and SB 82 Grant from the California Health Facilities Financing Authority (CHFFA) in the amount of \$10,000,000.
 - Telecare-Magnolia House opened October 2022
- **Behavioral Health Center (BHC) on the MLK Campus**
 - DMH's Adult Outpatient Program moved into the BHC from the Augustus Hawkins Building on April 11, 2022
 - DMH's Peer Resource Center opened on August 8, 2022
 - The total project budget for the BHC was \$335,714,000. CHFFA funded \$15,100,000 of the build out for the CRTP and two pods of the fifth floor Mental Health Rehabilitation Center (MHRC). DMH funded the remainder of its 59.8% share (\$183,071,260) with debt financing.
 - The RFA for the Psychiatric Health Facility was published. The Department is in the process of vetting a potential contractor.

- The RFA for the two justice-involved Mental Health Rehabilitation Centers and the general Mental Health Rehabilitation Center is anticipated to be released February 15, 2023
- Central Star CRTP anticipates opening at MLK BHC in February 2023

- **Olive View RCV: DMH CRTPs, Wellness Center and Mental Health Urgent Care Center (MHUCC)**

- The Wellness Center opened on August 1, 2022
- The MHUCC opened on August 22, 2022
- Telecare-Olive House opened October 2022
- The project budget for the Olive View CRTPs was \$50,896,000. They were funded by the State 2011 Realignment revenue in the amount of \$40,896,000 and a SB 82 Grant from CHFFA in the amount of \$10,000,000.
- The project budget for the Mental Health Wellness Center (MHWC) was \$13,144,000 and \$14,665,000 for the MHUCC. They were funded by State Mental Health Services Act revenue in the amount of \$23,609,000. The remainder of the MHUCC cost was funded by a SB 82 Grant from CHFFA in the amount of \$4,200,000.

- **Rancho Los Amigos RCV: DMH CRTPs**

- The project budget for the CRTPs was \$44,973,000. They were funded by the State 2011 Realignment revenue in the amount of \$34,973,000 and SB 82 Grant from CHFFA in the amount of \$10,000,000.
- Telecare-Citrus House opened September 2022
- Central Star opened January 2023

	<p><u>Contract Collaborations:</u></p> <ul style="list-style-type: none"> • 24-Hr Residential Treatment Facility RFA including new Statement of Works (SOW) for all of our levels of care • The Department has arranged for priority access to the following beds at acute inpatient level of care in the past 90 days (11/22 – 2/23): <ul style="list-style-type: none"> ○ 15 acute inpatient psychiatry transitional beds ○ Access to another 10 acute inpatient psychiatry transitional beds starting July 1, 2023 ○ The Department is also exploring contracting for priority access to acute inpatient psychiatry beds for Field Intervention Teams (FIT) to serve persons experiencing homelessness and justice-involved populations
<p>Child Welfare and Child Wellbeing</p>	<p>General</p> <ul style="list-style-type: none"> • Expanded the Multidisciplinary Assessment Team (MAT) program, which completes comprehensive assessments and linkages to services for newly detained children and youth by the Department of Children and Family Services (DCFS) <ul style="list-style-type: none"> ○ The program assesses approximately 4,500 children and youth annually ○ The program recently expanded to include 250 children (age 0-five years) under voluntary family services, with the goal of preserving the family, ensuring safety and wellbeing • DMH established an MOU with DCFS for the placement of youth aged 18 and over who have severe mental illness, are not appropriate for acute inpatient level of care, but are not yet ready to live independently and continue to require support • DMH launched the Fetal Alcohol Spectrum Disorder (FASD) training to enhance providers’ knowledge and skills on defining and recognizing the behavioral signs of FASD of youth in the child welfare system. The first training was offered on 10/27/2022, to date 7 sessions were offered and 739 clinicians have been trained. • DMH increased Qualified Individual (QI) assessments completed by DMH clinicians by 10% from October 1, 2022, to January 31, 2023. The QI Assessment process is part of the Family First Prevention Services Act (FFPSA), which seeks to reduce the use of congregate care for children. • Initiated solicitation to expand Transition Age Youth (TAY) Drop-In Center services throughout the County

	<ul style="list-style-type: none"> Executed agreements to provide supported employment services to TAY receiving mental health services
	<p>Supporting and Expanding Mental Health Education and Awareness</p> <ul style="list-style-type: none"> Enhanced County and community partnerships to support and expand mental health education and awareness in the community. Participated in the Department of Parks and Recreation Teen Summit by raising awareness about mental health resources and offered professional development to their OurSPOT staff by delivering a MH 101 and Access to MH Care Presentation. Collaborated with the Los Angeles County Youth Commission and other County partners to elevate youth voices regarding mental health by engaging youth via youth listening sessions and a Countywide survey. The partnership also resulted in forming a workgroup dedicated to centering youth voices and responding to the Board Motion “Centering Youth Voices” which was submitted on July 14, 2022.
	<p>Early Identification and Engagement in the Schools</p> <ul style="list-style-type: none"> Collaboration with the Department of Public Health (DPH) Wellbeing Centers by creating two new workshops, “Dealing with Stress” and “How to be Social Media Savvy and Safe” for the new School Year 22-23 Partnership between School Based Community Access Platform (SBCAP) Clinicians and DPH Youth Education Supervisors to offer a series of seven workshops to all 9th graders at 11 of their Well Being Center School Sites Collaboration with the Emergency Outreach and Triage Division to create a campaign to address targeted and mass violence prevention on school campuses <ul style="list-style-type: none"> A new workshop promoting school safety and the DMH School Threat Assessment and Response Team (START) work created School safety promotion integrated into existing SBCAP workshops The START educational workshop is 80 percent complete, with only the recording portion remaining The START educational campaign “If It Doesn’t Feel Right, It Probably Isn’t”—which seeks to educate youth on violence prevention—launched in mid-January with poster

messaging at 260 high schools in L.A. County and reaching an estimated 228,000 students

- High risk school districts included, as determined by the Office of Violence Prevention as part of their research
- Center point of the START campaign is a PSA (Public Service Announcement) that is currently in development. The PSA will feature a high school gun violence survivor and activist lending her powerful voice to engage youth.
- Conducted research with two L.A. County youth focus groups; indications were that youth respond to authentic experiences of real people, not actors. As such, spokesperson for PSA was sought and engaged by our DMH staff who provided first response for the Saugus high school shooting in 2019. Expect this powerful PSA to launch in early March.
- A total of 250 attendees attended two trainings on September 24, 2022, and November 15, 2022. The trainings were collaborative with the Los Angeles Joint Regional Intelligence Center (JRIC) and coordinated with Los Angeles Police Department Providing Alternatives to Hinder Extremism (PATHE) Program. These trainings advanced participants' knowledge and skills on how to:
 - Utilize a risk assessment measure to identify and assess prospective individuals
 - Address the specific needs of client
 - Link clients to appropriate services across agencies and community resources
 - Follow up contacts to determine if the interventions have reduced the risk of their re-activation on a trajectory or pathway to violence
- October 19, 2022: START collaborated with the University of Southern California (USC) Rossier School of Education in a half-day Campus Threat Assessment Symposium held at the USC Campus. The program invited K-12 educators, university leaders, and security professionals. The goal was to assist these professionals in further developing and enhancing their threat assessment skills. The topics were Data Driven Approach, Threat Teams: Function, Selection, and Training, Integration of threat assessment and

	<p>Care/Support Models, Care Based practical applications exercises, and Building Trust and Collaboration with team and Community.</p> <ul style="list-style-type: none"> ▪ December 15, 2022: START conducted a virtual training for the Oregon Police Department who attended the START presentation at Boise University. The training was on Threat Assessment and Risk Management. An additional training has been requesting on De-escalation Strategies and Interviewing Techniques. ▪ February 2023 launch of free tele-mental health services to 1.3 million L.A. County public school students in partnership with Los Angeles County Office of Education (LACOE) and Hazel Health
<p style="text-align: center;">Anti-Racism, Diversity and Inclusion (ARDI) Initiative</p>	<ul style="list-style-type: none"> • Produced the 2022 LACDMH Annual Cultural Competence Plan report • Issued solicitation for Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex and 2-Spirit (LGBTQI2-S) Transitional Age Youth (TAY) Prevention Services on December 13, 2022, for prevention and early intervention services, such as trainings, support groups, community engagement and mental health care. DMH is currently evaluating bids, then contracting will be finalized. • DMH identified a Gender Impact Assessment (GIA) Team and participated in the CEO’s GIA Cohort 3 which began on January 9, 2023 • Language Access Services and American Sign Language <ul style="list-style-type: none"> ○ Provision of language support services to increase participation of consumers, family members, and the community and large in various LACDMH stakeholder meetings and conferences ○ Scheduling of ASL Clinical appointments for directly operated and contracted providers to increase service accessibility to the deaf and hard of hearing community • ARDI Division Events <ul style="list-style-type: none"> ○ Ongoing presentations and introductions to the ARDI Division during New Employee Orientation ○ Bebe Moore Campbell National Minority Awareness and Juneteenth celebration in July 2022 ○ Scheduled upcoming events include:

- Black History Month: A Discussion of Intergenerational Trauma
- Anti-Semitism: A Panel Discussion and Exploration Across Cultures
- Asian Pacific Islander (API): Anti-Hate, Violence, and Stigma Reduction
- Held the 2022 Speakers Bureau Multicultural Mental Health Community Conference
 - Theme: Elevating Diversity and Community to Empower Healing and Wellbeing
 - Two Day Virtual Conference with over 70 workshops provided in Arabic, Cambodian, English, Farsi, Korean, Mandarin, and Spanish
 - Currently there are 77 members of the Speakers Bureau, covering 13 languages
- **ARDI Staff Advisory Council (ASAC)**
 - Developed and implemented to work in conjunction with County ARDI and DMH ARDI Division to represent DMH staff voices to Executive Leadership through monthly meetings and engaging with County partners
 - ASAC developed timely messaging to all staff during various adverse events, such as social injustices, race-based hate crimes, and tragedies specific to ethnic or other groups
 - Council members present in DMH Town Halls, DMH Supervisors Forums, Speaker's Bureau, and State EQRO
 - Regular section in DMH newsletter, *Hello DMH*
 - ASAC currently developing a training curriculum and recommended training plan for DMH leadership
- DMH established a workgroup to review access and utilization disparities across Los Angeles County to be used in program planning and quality improvement
- DMH has increased language capacity throughout the department, including focused recruitment and hiring for bilingual staff; currently over 32% of staff in DMH are bilingual

<p style="text-align: center;">Promotora/es de Salud/MH Promoters/ Community Ambassador Network (CAN)</p>	<ul style="list-style-type: none"> • MHSAs Innovations 2 Community Ambassador Network (CAN) program was extended for a year due to program success • CAN has now been integrated into Promotora/es de Salud/MH Promoters to better leverage resources and build on the strengths of the Promotoras model <ul style="list-style-type: none"> ○ DMH has begun the process of expanding the Promotora/es de Salud program from part-time to full-time items to reduce recidivism and provide the option of full-time employment status. 151 Total Promoters across all 8 Service Areas (including 40 vendors). ○ Promoters outreached to over 65,000 cumulative residents since July 2022 ○ Over 4,200 workshops provided monthly across LA County with over 39,000 cumulative participants
<p style="text-align: center;">Addressing Asian American/Pacific Islander (AAPI) Disparities</p>	<ul style="list-style-type: none"> • Engagement with the AAPI Equity Alliance (AAPIEA) to address disparities in mental health services for the AAPI communities in LA County <ul style="list-style-type: none"> ○ DMH appointed a dedicated liaison to the AAPI Equity Alliance to regularly attend the mental health subcommittee ○ Members of AAPIEA linked to various members of DMH leadership to communicate needs and inform services for the AAPI community ○ Linkages to funding opportunities for AAPI providers and community • Increased availability of linguistically and culturally appropriate materials and resources for the AAPI communities • On January 29, 2023, DMH staff from East San Gabriel Valley (ESGV) Mental Health Center participated in a booth at the Alhambra Lunar New Year celebration • On February 4, 2023, SA 3 staff participated in the San Gabriel Lunar New Year Celebration by hosting a booth at the event • Several of our AAPI bilingual staff have made presentations or have been interviewed by AAPI media.

<p>Access to Care Workgroup</p>	<ul style="list-style-type: none"> • DMH management and Legal Entity leaders are working to address decreases in timely access to care by: <ul style="list-style-type: none"> ○ Increasing the number of Legal Entity provider sites who are able to accept new clients through the identification of programmatic and clinical workflows that reduce the time to an initial appointment ○ Conduct training on ways to increase capacity & improve access to care (Access to Care webinar 2/6/23) ○ Target interventions at largest 10 sites with lowest access to care including increasing intake appointment slots ○ Develop single case agreements with out of network providers and train ACCESS agents on referring to these providers ○ Continue to explore all opportunities for staff recruitment and retention
<p>CalAIM Implementation</p>	<ul style="list-style-type: none"> • Documentation Redesign: <ul style="list-style-type: none"> ○ Implemented documentation redesign on July 1, 2022, and currently re-working the Chart Review and Quality Assurance (QA) Process to emphasize and ensure implementation of the new requirements (Feb 2023) ○ Continuing to work with providers to implement and support the new requirements which are less onerous and more guided by clinical practice ○ Continued work in DMH’s Integrated Behavioral Health Information System (IBHIS) to streamline documentation and remove documentation that is not required • Screening and Transition Tools: <ul style="list-style-type: none"> ○ Implemented new Department of Health Care Services (DHCS) required screening and transition tools designed to coordinate referrals and transitions to Managed Care Plans when Medi-Cal beneficiaries need a lower level of care and do not need DMH level Specialty Mental Health Services care ○ Meeting with Managed Care Plans on a regular basis to address workflow and procedures

	<ul style="list-style-type: none"> • Payment Reform / Current Procedural Terminology (CPT) Code Transition <ul style="list-style-type: none"> ○ Conducted several QA on the Air sessions in December and January to provide an overview of the changes coming with payment reform and CPT code transition ○ Currently analyzing requirements and working on implementation which is required on July 1, 2023 ○ In development of a one-page fact sheet for distribution of what needs to be known about payment reform/CPT code transition
<p style="text-align: center;">Strategic Communications</p>	<ul style="list-style-type: none"> • Issued revamped DMH internal monthly newsletter, <i>Hello DMH</i> which focuses on celebrating DMH employees and programs, highlighting accomplishments, encouraging connections, sharing information, and increasing transparency. Four issues to date. • Established monthly department-wide virtual Town Hall – focused on connecting employees to leadership and managers, educating them about the diverse divisions and programs throughout the department, sharing information, and being responsive to staff questions and concerns • Established a fixed schedule of meetings for various levels of leadership for information sharing, problem solving, project development, and team building • Increased strategic media buys for information sharing, stigma reduction, and building community relationships • Worked with various media platforms to publish articles highlighting the work of DMH, and sharing new programs and information • DMH sponsored high-profile events: <ul style="list-style-type: none"> ○ October 2022: “We Can Survive” Suicide Prevention benefit concert at the Hollywood Bowl conveyed the message of hope, resilience and connections for suicide prevention. The concert enabled DMH to reach 18,000 people during the event, and make 14.5 million impressions and connections across digital media, social media platforms and radio and streaming stations. ○ December 2022: “Almost Acoustic Christmas” event reached 13,000 people at the concert and approximately 40 million impressions across social and digital media and diverse radio stations such as KROQ, KTWV-The Wave and KRTH

Sponsorship of this event was purposeful, allowing DMH to reach a large audience during the holiday season, a time when many people feel isolated, lonely or triggered, contrary to popular stereotypes of ubiquitous celebrations and joyfulness. DMH's presence at the Almost Acoustic Christmas concert included our popular photo booth offering positive affirmations as well as service connections. One concert attendee who stopped by our DMH booth shared that his father recently died by suicide and was thankful for the free DMH Help Line for emotional support. He had no idea it existed before that night.

- February 2023: Dodger Fan Fest event, where DMH Staff outreached to nearly 30,000 Dodger fans, disseminating information, connections and giveaway items with DMH Help Line and website information. Upcoming season efforts with this partnership will include monthly DMH presence for community connections at Dodger games; highly visible DMH resource signage during televised games and at the stadium; utilization of a Dodger player ambassador for DMH events, social media campaigns and community days of service.
- DMH in the Press: DMH continued to earn valuable placements in a variety of media outlets in broadcast, print and online news. These media placements further promote DMH messaging to the public about services available and anti-stigma and also showcase the hard work of DMH employees through the programs. Here are a few noteworthy media placements during this four-month period:
 - As one of the partners with LACOE and Hazel Health, DMH was recognized during the press announcement of the historic move to provide free tele-mental health services to 1.3 million L.A. County public school students:
<https://laist.com/news/health/la-kids-will-soon-have-the-option-for-free-virtual-mental-health-therapy>
 - Our DMH HOME teams and street psychiatrists were featured on ABC 7's "Community Solutions" Segment: <https://abc7.com/street-psychiatrists-homeless-los-angeles-county-outreach/12624416/>

- The grand opening of our first ever directly-operated clinic in Koreatown was widely covered by NBC, ABC, Telemundo, KNX, KPCC/LAist and AsAmNews: <https://asamnews.com/2022/12/16/la-korean-mental-health-accessibility/>
- Men’s Health national magazine included our DMH deputy director Miriam Brown in their article about people making a difference in mental health, for her role leading our Department Therapeutic Transport Program: <https://www.menshealth.com/health/a41985143/mental-health-heroes/>
- In the Sacramento Observer article entitled “Mental Health is a Hurdle to Solving California’s Homeless Crisis” our DMH Deputy Director La Tina Jackson was featured sharing our efforts to assist people experiencing homelessness: <https://sacobserver.com/2023/01/mental-health-is-major-hurdle-to-solving-californias-homelessness-crisis/>
- KTLA featured the work of Dr. Andrea Garcia, DMH Director of Community Centered Initiatives, on improving American Indian/Alaskan Native American health: <https://ktla.com/morning-news/project-angel-food-announces-new-native-american-diabetes-project/>
- DMH’s Interim Director Dr. Lisa H. Wong Speaking Engagements:
 - As mental health first responders, DMH’s response also extends to public information and resource connections via the media during emergency events and surrounding crisis topics. Most recently, the recent tragic events in Monterey Park and across California required Dr. Wong’s appearances on local news (ABC7) and radio outlets (KPCC; KNX) to share DMH resources and general mental health advice. During this past four-month period, our DMH experts also provided education, information and connections—across print, radio, tv and digital media—with regard to the COVID-19 recovery; the youth fentanyl crisis; mental health depression and loneliness during the holiday season; suicide prevention resources during high profile deaths; and parent and family resources for the ongoing youth mental health crisis.

Mental Health Services Act (MHSA)

MHSA Requests for Funding Proposals

- Established formal process for submission of MHSA Funding Requests
- Set up electronic online portal accessible 24/7 to accept stakeholder's request
- To date, DMH received 87 new MHSA proposals from agency partners and communities: CSS-13, PEI-37, INN- 29, CFTN-2
- 76 MHSA proposals were vetted at Community Stakeholder meetings to date; additional vetting will take place within the next few months
- Conducted three ad hoc design meetings with Community Leadership Team (CLT) to gather input on how to organize the upcoming CLT session on February 17, 2022, focused on stakeholder recommendations for the MHSA FY 2023-24 Annual Update. Main objectives included reviewing the planning process, gathering ideas on process and content, and clarifying next steps.

MHSA Community Planning Process (CPP)

- Hosted 2-day retreat on September 23 and 30, 2022 to strengthen collaborative relationships with community stakeholders by identifying challenges and priorities, action planning, and integrating and developing next steps
- Co-creating with stakeholders a revitalization process for greater inclusion of community stakeholders from various Underserved Cultural Communities (UsCCs); including Deaf and Hard of Hearing, American Indians, Alaska natives, Asian Pacific Islanders, Black and African Heritage, Client Coalition, Cultural Competency Commission, Eastern European, Middle Eastern, Latino and LGBTQI2-S populations and all community members across all eight Service Areas. Other stakeholders include consumers, family members and caregivers, faith-based organizations, grass-roots organizations, advocates for communities of color, immigrants, racial and health equity, and government entities and the DMH provider network.
- Hosted CPP Special Session to explain key concepts associated with the 2022-23 Mid-Year Adjustment, presented program funding proposals, obtained feedback on strengths, concerns and considerations and explain contract extensions for existing operations

- Developed MHSa 101 Training that provides stakeholders with education on prevalence of mental health disorders, history and background of Proposition 63, the implementation of MHSa (its components, core principles and goals, reporting and oversight), and the importance of stakeholder engagement

Incubation Academy

- Continued to support cohort of 29 Community Based Organizations (CBO) with funding, technical assistance, and training to build their capacity to provide services to unserved and underserved populations
- Created and executed more intensive training modules for cohort to understand how to contract with DMH and other County Departments
- Implemented new training curriculum to be provided by DMH Subject Matter Experts that included the following:
 - Becoming a LE Provider/Responding to solicitation (CDAD)
 - Budget and Finance Matters (FSB)
 - QA/QI Requirements (QA Division)
 - Contract Monitoring and Success (CMMD)
 - Option for procuring an EHR and other sustainable funding (CIOB)
- Hosted meet and greet luncheon providing an opportunity for CBOs to meet in person to network/connect with one another and highlight the work of the cohort. 26 out of 29 agencies attended.
- Approved one agency (Project Impact) from the cohort to transition/graduate from the Academy to becoming a DMH LE Agreement Provider
- Intensively working with two other agencies in the cohort to transition/graduate from the Academy to becoming a DMH LE Agreement Provider

MHSa Budget

- Analysis of MHSa budget to identify opportunities to maximize utilization and reduce fund balance, even for one-time funds
- Increased spending by 16% for FY 22/23

	<ul style="list-style-type: none"> • Developed plan and allocations to increase spending for FY 23/24 by 72%
<p>Contracting/Contract Monitoring</p>	<ul style="list-style-type: none"> • From July 1, 2022, through December 31, 2022, and to comply with Board Policy 4.055 (<i>Semi-Annual Notification of Audits and Contract Monitoring Reviews Conducted by Entities Other Than the Auditor-Controller</i>), Contract Monitoring and Management Division (CMMD) conducted 1,892 contract monitoring reviews of the Department’s Legal Entity (LE) Network Providers • In process of on-boarding a new LE Network provider to increase specialty outpatient mental health services • Recovered approx. \$1.2 million and addressed business practice issues from LE Network Providers as a result of the Department’s coordination with and response to the Auditor-Controller’s (A-C) Fiscal Reviews • Arranged for A-C to provide training all LE Providers on Cost-Allocation Reporting; a repeated deficiency in reviews • Submitted a proposal to the State to utilize unspent Adult and Children Outreach Triage Team (COTT/OTT) grant funding to retain crisis response services throughout the County beyond the end of the grant (June 2023) • January 2023 brought on a 120 Retiree to help build a Provider Relations unit to improve communication and collaboration with Legal Entity Providers <p><u>Legal Entity Contract Providers Workgroups</u></p> <ul style="list-style-type: none"> • Implemented a workgroup focused on partnering on contracting efforts and processes • Collectively analyzed information to develop recommendations for DMH on contract related matters • Successfully finalized and effectuated Countywide Maximum Allowable rate increases for FY 2021-22 and FY 2022-23 • Effectively negotiated contract agreement language changes for FY 2021-22 and FY 2022-23 • Identified criteria for cost surveys to aid in planning and implementation of Payment Reform

<p>Legislative Advocacy</p>	<ul style="list-style-type: none"> • Collaborated with CEO-LAIR, Sacramento and Washington, D.C. advocates on critical mental health-related legislation, provided departmental impact statements and position recommendations on State and Federal legislative proposals that would have an operational or fiscal impact on DMH that include: <ul style="list-style-type: none"> ○ Increasing flexibility in using MHSA to address the needs of our community locally ○ Continued implementation work for CARE Court ○ Continued implementation work around Parity ○ Continued implementation work around 988 and Alternative Crisis Response ○ Continued implementation work around Workforce ○ Continued pursuit of the IMD Exclusion waiver and repeal ○ Continued efforts to expand the number of Adult Residential Facilities (ARF) and Residential Facilities for the Elderly (RFCE) and increase the state supplemental payment (SSI/SSP) rate to ensure the viability of this housing source for individuals with behavioral health needs • Collaborated regularly with Behavioral Health Associations and stakeholders to assess legislation, including the CARE Act, MHSA reform, and housing issues • DMH Provided feedback to the California Behavioral Health Community-Based Continuum Demonstration External Concept Paper • DMH provided feedback to the Judicial Council’s Invitation to submit comments to the CARE Act Rules and Forms
<p>Office of Public Guardian (OPG)</p>	<ul style="list-style-type: none"> • Established and implemented the contract with the State Department of Aging for the Patient Representative Program. This contract allows for the hiring of four Deputy Public Guardians to represent and advocate on behalf of residents who are at skilled nursing facilities and have no surrogate decision maker. • Currently, Public Guardian has reassigned two Deputy Public Guardian Deputies to implement the newly established contract and are in the process of hiring additional staff • OPG has hired and onboarded nine Deputy Public Guardian Trainees and will continue to work toward filling the remaining vacancies

Chief Information Office Bureau (CIOB)

- Began telehealth expansion to 39 Directly Operated clinics
- Integration of DMH's Integrated Behavior Health Information System (IBHIS) with the nationally used CareQuality Health Information Exchange (HIE) to enhance care coordination
- Implementation of a new and enhanced DMH Client portal for Clients to access their health records
- CalAIM Implementation – IT provided State deliverables to demonstrate progress
- Assisted the Enhanced Care Management (ECM) team in Implementing the population health management solution, Syntranet
- Onboarding new CRTP providers onto IBHIS. These providers serve Restorative Care Villages
- Deployed new IBHIS forms to improve data capture and workflow efficiency for the following DMH programs: Homeless Outreach & Mobile Engagement teams, Pharmacy Services, PHsq, Intensive Care Division TAR unit, CalWorks, Quality Assurance, Enhanced Care Management (CalAIM), Child Welfare Authorization Unit.
- Supported 19 Contract Providers in changing/migrating to a new EHR solution due to their former EHR solution, (Clinivate), going out of business
- Supported the CIO directive to migrate Information Technology (IT) solutions and infrastructure to the Internet Cloud
- Implemented a series of highly accessible and regularly updated dashboards that highlight the impact of DMH services
- Implemented the Healthcare Interoperability Data Exchange (HIDEX) platform in collaboration with DPH. This will position DMH to meet Federal and State Interoperability mandates.
- Implemented USCDI (United States Core Data for Interoperability) v1 as mandated by CMS Patient Interoperability Final Rule
- Implemented new reporting to better track AB109 Clients being transported to urgent care centers
- Installed security technologies on all DMH devices to monitor and prevent inappropriate and dangerous activities throughout the County's ecosystem

- Implemented multiple Full Service Partnership applications on DMH's cloud platform to gain efficiencies
- Implemented the Network Adequacy Provider and Practitioner Electronic Data Interface (EDI) 274 to the State
- Established reporting metrics of provider claiming information
- Working on Interoperability framework to share/exchange school-based community data
- Implementing the ACCESS Center Modernization project which will optimize business processes, workflows and technology for DMH's 24/7 ACCESS Call Center in order to improve client care quality, improving time-to-care and streamlining call agent experience
- Supporting ECM team(s) in establishing data exchange(s) with health plans such as LA Care, HealthNet, Anthem and Molina
- Wrote a RFI to gather information on viable dispatching systems for the 988-crisis lifeline implementation
- Implementing Interoperability to track timely access to psychiatry appointments from contracted Legal entities
- Implemented enhancements to DMH's referral tracking system (SRTS). System changes will help DMH track access to care
- Implemented an application to triage, track and manage DMH employee COVID-19 cases
- Implemented a PMRT Dispatch Board solution to provide a uniform, coordinated, and efficient dispatch process to maximize the capacity of PMRT resources and ensure calls are responded to as quickly as possible
- Implemented a Systems Access Request Portal to improve the workflow and time it takes to onboard new Contract Providers
- Continued to improve the DMH network and infrastructure
- CIOB help desk resolved 25K calls/issues
- Implemented infrastructure technology at the new Augustus Hawkins facility to conduct business

<p style="text-align: center;">Human Resources</p>	<ul style="list-style-type: none"> • Collaborate with the Chief Executive Office, Department of Human Resources, Alliance for Health Integration, and the health departments to develop and implement comprehensive actions to strengthen the County’s workforce, expand the workforce pipeline, address recruitment challenges, streamline hiring process, and modernize civil service rules <ul style="list-style-type: none"> ○ Reviewed all classifications within DMH to establish delegated authority for special step placements (SSP) and ordinance position authority (OPA). For FY 22-23 adopted budget, DMH has 7,046 positions and 243 classes. DMH received CEO delegated authority for OPAs covering 34 classes accounting for 2,982 (42%) of the DMH’s total positions and SSPs for 29 classes accounting for 701 (10%) of the departmental positions. ○ Identified and recommended changes to the Civil Service Rules that would expedite hiring ○ Implemented HR processing workflow changes reducing the onboarding timeline by ~50% (from average of 60 – 80 days to 30 – 40 days) ○ 505 promotions/hires between July 2022 to January 2023 (compared to 519 hires/promotions for entire FY 21 – 22) ○ Negotiated and implemented field-based bonus to improve recruitment and retention • Drafted DMH routine telework policy to provide an innovative workplace option and comply with the County’s commitment to regional clean air/traffic mitigation mandate • Established automated telework tracking for data collection and tracking • Provided informal supervisory trainings upon request by managers; planning to develop formal training curriculum
<p style="text-align: center;">Infrastructure</p>	<ul style="list-style-type: none"> • Worked with CEO and DHR to develop a Chief Financial Strategist position • Worked with CEO to develop a Managed Care/CalAIM unit • In-depth Gap Analyses for Critical DMH Divisions <ul style="list-style-type: none"> ○ Human Resources ○ Finance ○ Contracts (CDAD)

	<ul style="list-style-type: none">○ Contracts (CMMD)○ CIOB/Technology○ Clinical Informatics○ Outpatient Services○ Intensive Care Division (includes acute & subacute beds)
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DEPARTMENT OF MENTAL HEALTH

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LISA H. WONG, Psy.D.
Interim Director

Curley L. Bonds, M.D.
Chief Medical Officer

Connie D. Draxler, M.P.A.
Acting Chief Deputy Director

February 27, 2023

Dr. Sharmil Shah, Psy.D.
Chief, Program Operations
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Dear Dr. Shah,

HOLLYWOOD 2.0 UPDATE FEBRUARY 2023

On May 29, 2019, the Mental Health Services Oversight and Accountability Commission approved the Trieste Innovation Proposal. This recovery informed proposal aims to provide comprehensive, community-based care and services to people experiencing mental illness within the geographic boundaries of the Hollywood area. The goal is to apply our innovative service strategy to community as opposed to a delivery from a single service site. Due to the CalAIM initiative, which closely aligns with the initial proposal's payment reform we will focus primarily on the remaining system changes below:

- Recovery-Informed Performance Measurement
- Shifting to the Provision of "Well-Being-Focused" Services

On November 2, 2021, the Los Angeles County Board of Supervisors (Board) approved the motion, "Initiating the Hollywood 2.0 Pilot Project". Los Angeles County Department of Mental Health (LACDMH) has identified several key program components such as:

The Hollywood Mental Health Cooperative

While Hollywood 2.0 will remain the concept name, the Hollywood Mental Health Cooperative (HMHC) will be the coordinating entity in which LACDMH, community stakeholders, employers, and persons served will take place. LACDMH has allotted 54 new positions for field-based teams to cover various levels of care where current service gaps have been identified. HMHC will provide our most vulnerable residents with relentless engagement and enhanced access to treatment with the goal of facilitating individuals with connection to people, place, and purpose in life.

UCC/24 Peer Respite

In 1980, the San Giovanni Hospital in Trieste, then with a daily census of up to 1,200 patients, became the first long-term psychiatric hospital in Europe to close and the staff and resources were reassigned to a much more community-based system of care. While phasing it out, community mental health centers were set up in various parts of the city operating 24 hours per day with a limited number of beds available for short stays. We plan to implement a UCC/24-hour peer respite tailored to the Hollywood community to parallel this model.

Clubhouse

The Clubhouse shall create an intentional community, that supports recovery by increasing social engagement and self-efficacy, and reducing the social isolation often experienced by individuals who have a Serious Mental Illness (SMI). The Clubhouse shall use a social practice model instead of a medical model and participants shall be called members instead of clients or patients. Members shall have the opportunity to participate in decisions about the work of the Clubhouse.

Employment/Education

LACDMH aims to offer access to a full range of psychosocial rehabilitation services such as supported employment and supported education. LACDMH and the community stakeholder workgroups have started to identify novel programs and services that will enhance client's abilities to lead fulfilling lives and feel connected to their surrounding neighborhood. New programs such as Supportive Employment and Supportive Education services will provide clients with opportunities to learn life skills while simultaneously connecting them to agencies and employers in the Hollywood area. Hollywood 4WRD is working to identify and engage employers in the Hollywood community to support the overall goals of the pilot. By providing the Pilot's clients with a chance to find purpose in their daily lives and make meaningful connections to others in their community, Hollywood 2.0 embraces the Department's belief in clients' ability to manage their life successfully, which is a key element of recovery.

Educational/PR Campaign

The support and involvement of the larger (i.e., non-mental health) community is essential to this endeavor. LACDMH will initiate an educational and public relations campaign that will provide education on current mental health services, guidance on access, and ways in which the Hollywood community can get involved.

Academic Partner

LACDMH is in the process of identifying a university-based evaluator to independently assess and report on the outcomes of the project. The assessment includes comparing the results and outcomes achieved with the target population in the Hollywood region with a demographically and fiscally similar comparison region and population within the Los Angeles area.

The goal of this innovation project is:

1. Are the lives of the people served by the Innovation pilot significantly improved over time across the variety of measures and indicators?
2. Are the outcomes within the pilot population significantly better or worse than the outcomes in the comparison population?
3. Are the costs of providing services to the pilot population greater or less than the cost of services provided to the comparison population?

Metrics for each of these items are outlined in the initial Trieste Proposal.

Activities to Date

Task	Date
DMH contracted with Hollywood 4WRD as our stakeholder engagement partner for Hollywood 2.0.	07/01/22
Launch of the community workgroups to engage the Hollywood community in planning process. The workgroups are facilitated by Hollywood 4WRD but led by DMH staff with expertise in the areas of interest.	08/01/22
Development of logistics of implementing the project, which includes developing an organizational chart, duty statements for staff, and a proposed budget.	5/01/22-11/15/22
Developed the Hollywood Mental Health Cooperative framework.	12/01/22
Hiring fair for clinical vacancies.	01/27/23
Community and stakeholder event held to identify key priorities and proposals to be implemented in H20 Pilot Program.	02/10/23

LACDMH will provide their next update in July 2023.

Sincerely,



Kalene Gilbert, LCSW
Mental Health Program Manager IV



DEPARTMENT OF MENTAL HEALTH

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Director

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April 18, 2023

Dr. Sharmil Shah, Psy.D.
Chief, Program Operations
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Dear Dr. Shah,

HOLLYWOOD 2.0 UPDATE ADDENDUM APRIL 2023

On February 27, 2023, the Mental Health Services Act Administration of the Los Angeles County Department of Mental Health (LACDMH) submitted a semi-annual report on the Hollywood 2.0 Innovations project to the Mental Health Services Oversight and Accountability Commission (OAC) for review.

On March 16, 2023, we received further questions from the OAC regarding our submitted report. Those questions and our responses are listed below.

Question 1: On April 13, 2021, a letter (project change request) sent to the Commission by former Director, Dr. Sherin, reported that community program planning had continued uninterrupted, and that infrastructure planning had occurred. Can you please include an update on the infrastructure planning that occurred?

In early 2021, LACDMH began discussions on a proposed pop-up village partnering with the First Presbyterian Church in Hollywood. The church was not able to administratively work with a government contract at that time but remains an integral community partner in the pilot.

Our former Director, Dr. Sherin, began meetings with various community-based organizations such as (Heart Forward, Hollywood 4WRD, etc.) to begin community planning, however, extensive detailed planning did not begin until the community launch

on July 11, 2022. Heluna Health was also identified as a possible fiscal intermediary for the pilot, but plans were put on hold due to the pandemic. At this time, given the delegated authority granted to the County with the mayors recent Homeless Emergency Declaration it was determined that a fiscal intermediary was not necessary and DMH has not pursued another partner for this purpose.

Question 2: In the original plan, Figure 7 illustrates several of these components as part of the innovation. In the required project updates, please provide an update as to progress made towards launching each component.

The development of the Hollywood Mental Health Cooperative (HMHC) is a multi-level service delivery model that serves as both the outreach and engagement and system concierge components to both the urgent and non-urgent continuums are outlined in the figure below.

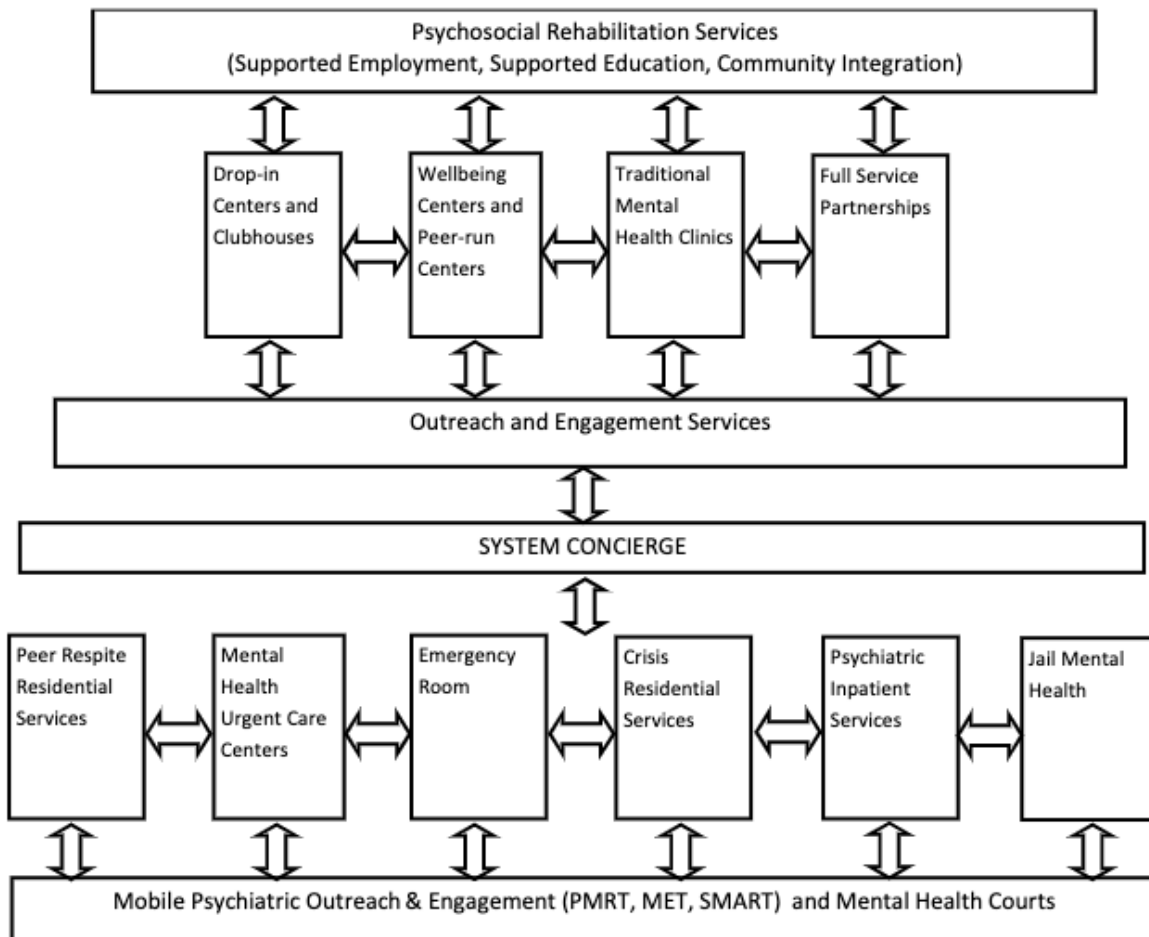


Figure 7

Hollywood Mental Health Cooperative

- Wellness Unit – psychosocial rehabilitation services
- Navigation Unit – system concierge
- Engagement Unit – outreach and engagement services
- Care Unit – outreach and engagement services

Psychosocial Rehabilitation Services/ Non-Urgent

- Drop-In Center's/Clubhouse - LACDMH is currently working to contract clubhouse services with Heart Forward and Fountain House.
- Wellbeing Centers - The HMHC wellness unit will create a variety of groups (both clinician and peer led) with access and linkages to vocational and educational training in the Hollywood area. These groups and linkages will be provided at various levels of care within Hollywood ranging from but not limited to the outpatient clinic, permanent supportive housing sites, and board and cares settings.
- Traditional Mental Health Clinic – Both the clinic and field-based staff will be housed in one location with plans to move to a new more inviting clinic space in the spring of 2024.
- Full-Service Partnerships (FSP) – This INN funded pilot will provide intensive field services modeled after our current FSP programs. The new HMHC Care teams will provide intensive field services to a wider target population than those served in the original FSP model. This will expand the mental health safety net for individuals who may have previously fallen through the cracks.

Mobile Psychiatric Outreach & Engagement and Mental Health Courts – Urgent

- The Hollywood Respite and Recovery Center (HRRC) is a tailored model of Trieste's 24-hour Community Mental Health Center that aims to meet the specific needs of the Hollywood community. The HRRC will provide individuals with severe mental illness (SMI) immediate mental health support that is not available at home or in most shelters.
- HMHC teams will provide crisis response to individuals with SMI needing access to services in this continuum of care.
 - If an individual becomes involved with the jail or legal systems, the HMHC teams will help the individual navigate these systems of care.

Question 3: Can you please provide an update on progress made toward creating “health homes” for each individual in need?

The goal of a Health Home is to ensure integration of care for an individual's health, mental health, and behavioral health needs. Within this pilot the multidisciplinary HMHC teams will provide specialty mental health services and ensure linkage and support for an individual's behavioral health and health needs. LACDMH's Enhanced Care Management team will provide supplemental support to the multidisciplinary teams if needed.

Question 4: The original plan stated, "As a first step in the implementation, the pilot will examine the ratio of psychotherapy to case management services that currently exists in the pilot region with the aim of assessing whether that balance meets the need of the target population." Has this research been completed?

The statement above was not clearly operationalized in a way that allowed the team to complete this assessment. Once we further considered the goal of this assessment, there is not a clear way to determine the balance of correct service type for an individual experiencing mental illness without a point in time analysis which will vary person to person depending on their needs.

Question 5: Please include a budget update.

This fiscal year, 2022-2033, LACDMH identified and hired a Program Manager to oversee the development and implementation of the Hollywood 2.0 program. Expenditures have begun this fiscal year. DMH has hired a Program Manager, Karla Bennet, to launch and oversee the program, and DMH has begun hiring staff.

LACDMH is committed to the vision presented in the original Trieste concept paper to create a continuum of care embedded in community. The Hollywood 2.0 project has new leadership who are doing the work to put the vision of the Hollywood 2.0 proposal into practice. Please let us know if there are further questions or clarifications needed.

Sincerely,

A handwritten signature in black ink, appearing to read "Kalene Gilbert".

Kalene Gilbert, LCSW
Mental Health Program Manager IV



ANNUAL REPORT JULY 2022-JUNE 2023

H20



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



MESSAGE FROM H4WRD

What an exciting, inspiring first year it's been for Hollywood 2.0 (H2O)! This Annual Report celebrates and captures all the good work of Year One, while also setting our sights on the important work that remains ahead—and the many lives we hope to improve with this innovative program.

We're grateful to serve as the community engagement partner for LA County Department of Mental Health ([DMH](#)) on H2O. This is a unique, place-based investment for DMH, and a unique opportunity for the Hollywood community to grow more resilient, innovative and resourceful while we work hand-in-hand to develop this program.

H2O is based on the premise that individuals living with serious mental illness (SMI), especially those also experiencing homelessness (PEH), have the same right to a whole and full life as they do in Trieste, Italy, the place from which H2O springs. That means supporting the 3 P's we all need and deserve to enjoy a happy, healthy life:

PEOPLE: family/community who care for and support us, and to which we belong

PLACE: a safe space to call home

PURPOSE: a meaningful, purposeful way to spend our days



The Hollywood 4WRD Team
Brittney Weissman, Executive Director
Tim Davis, Communications/Operations Director

We appreciate all of the H2O community members who dove in deep with us this year—from the service providers, business leaders, faith-based organizations and local residents for sharing all of their innovative ideas, to the people with lived experience who lent their vision to direct the process as well, and for providing the compass that has guided the work we do every step of the way.

As excited as we are about everything we accomplished this first year, we look forward even more to continuing to carve H2O's innovative path in the years ahead, and to ensuring finally that the dream of Trieste will become a reality in Hollywood.

Gratefully,
Brittney Weissman
and Tim Davis



HOLLYWOOD 2.0 ORIGIN STORY

GOALS AND CONCEPT

The idea for H2O was hatched in Trieste, Italy. People living with mental health conditions there have been treated effectively for decades with community-centered care and compassion. After several visits to Trieste, a delegation of LA leaders from various disciplines—judges, mental health, homelessness agencies, advocacy organizations, law enforcement, district attorney’s office and more – determined to bring this model of “radical hospitality” to an American community that needed it badly. What started out as the original Mental Health Services Act-funded TRIESTE pilot transitioned during the pandemic and the advent of CalAim into Hollywood 2.0.



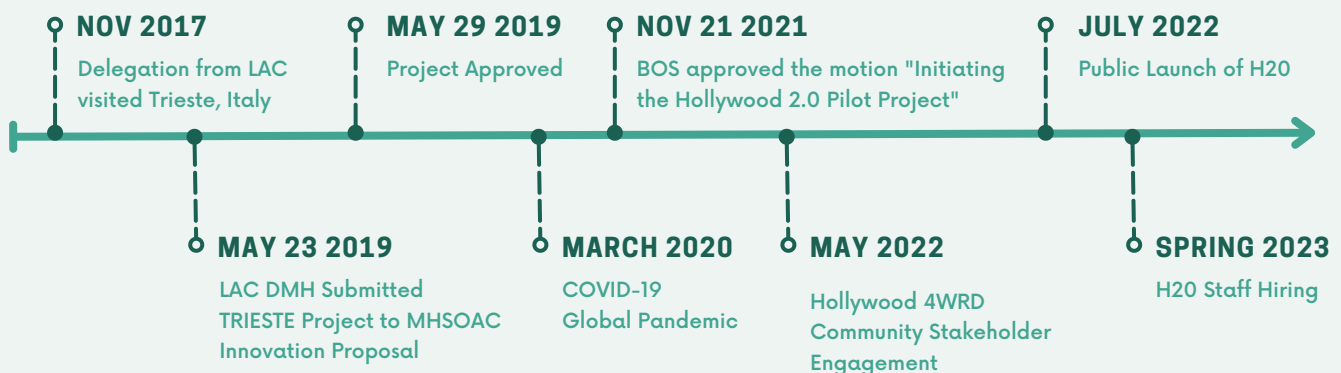
Dr. Franco Basaglia, the psychiatrist who revolutionized mental health care and whose work inspired the Trieste model and "radical hospitality".



For more on Trieste’s WHO-recognized model of care, please check out the resources below:

- Podcast: [Heart Forward podcasts on Trieste](#)
- Article: [The Old Asylum is Gone](#)
- Book: [The Man Who Closed the Asylums: Franco Basaglia and the Revolution in Mental Health Care](#), a biography of the man who inspired the Trieste model
- Video: [Informative video](#) of the first Trieste delegation, which included leaders from DMH and H4WRD.

TIMELINE



INTRODUCING HOLLYWOOD 2.0



H4WRD SUPPORTS DMH TO LAUNCH H20 IN JULY 2022

After bringing together a robust coalition of public/private stakeholders invested in creating systemic change, H4WRD supports DMH with the launch of H20 in July 2022. The Launch offers an overview of the program, framed by the leaders from DMH and H4WRD:

- Key characteristics of H20: Holistic, human-centered, community-based care.
- Key components of H20: Full-service partnerships, team-based Intensive Outpatient services, radical hospitality!



**WE HAVE THE RAW INGREDIENTS,
BUT WE WANT YOU TO
PROVIDE ANSWERS—AND
TO HELP US FILL IN THOSE
SERVICE GAPS.**

Dr. Curley Bonds
Chief Medical Officer,
LACDMH to community members

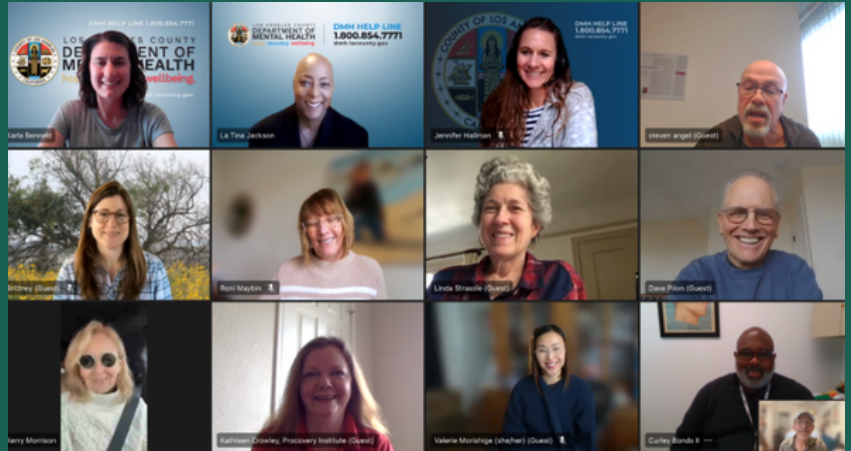
COMMUNITY WISDOM

H4WRD FORMS COMMUNITY WORKGROUPS

In order to gather community input on what types of care and services H2O should provide, H4WRD convenes three workgroups. Each workgroup reflects the core mission of H2O, to support those experiencing mental illness and homelessness find the three ingredients necessary for a whole life:

- PEOPLE to love
- PURPOSE to live
- PLACE to call home

The workgroups will meet every month over the course of the year to bring new, innovative, and more effective treatment to the Hollywood community.

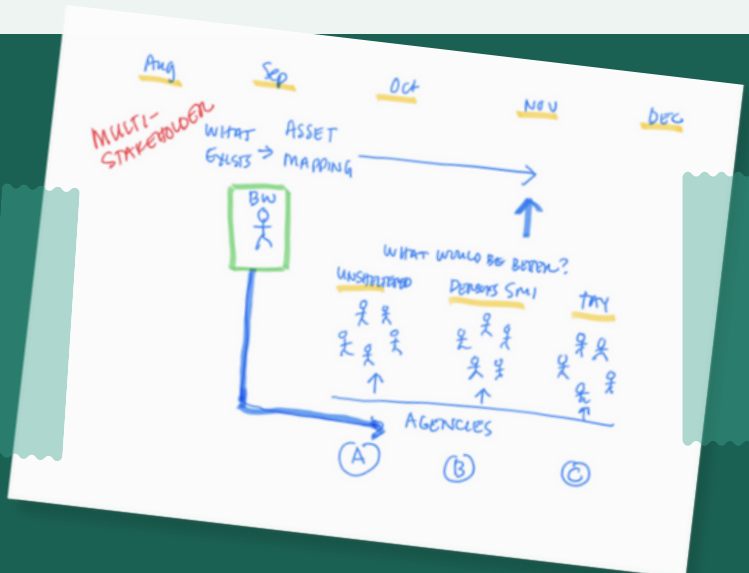


The People-Systems workgroup meets with the DMH team.



H2O'S WORKGROUPS

- **PEOPLE-SYSTEMS:** Identify current gaps in the system
- **PURPOSE:** Create opportunities for a path to a meaningful life
- **PLACE:** Help people move off the streets and into the best available homes



Initial community engagement design

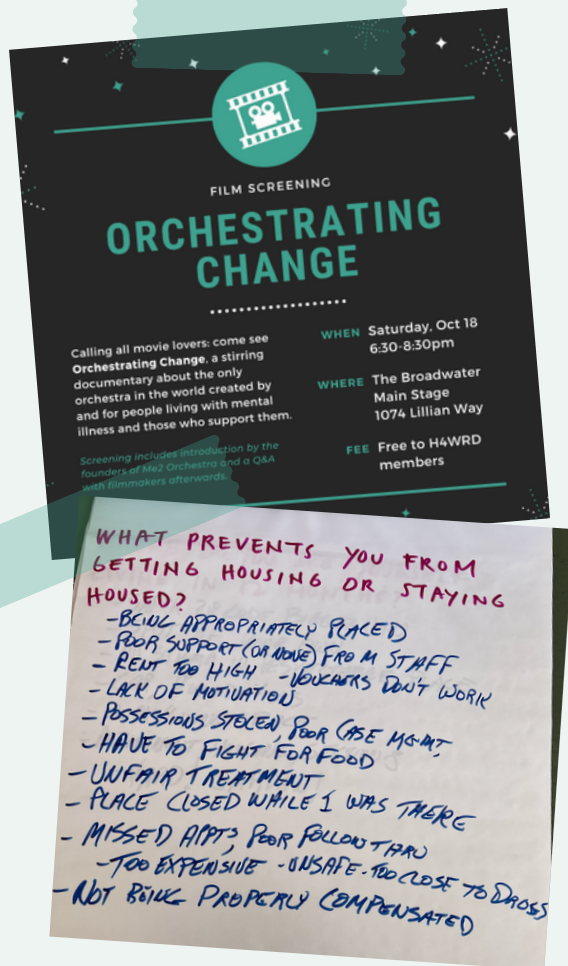
VOICES OF EXPERIENCE



Community member Jeffrey Fuentes

PEOPLE WITH LIVED EXPERIENCE GUIDE H20

Ever since its launch, H20 cast a continual light on those the program is designed to support. In the fall of 2022, H20 hosted a screening of "Orchestrating Change" about the world's first orchestra comprised primarily of musicians living with mental health conditions. In early 2023 we convened three focus groups to gather the much-needed perspective of lived experience:



Notes from Unsheltered focus group

FOCUS GROUPS



Transitional Age Youth (TAY)

- Held at the [LGBT Center](#)
- 20 attendees



Serious Mental Illness (SMI)

- Held at [Hollywood Mental Health](#)
- 3 attendees
- Spanish Interpretation



Unsheltered

- Held at [The Center in Hollywood](#)
- 22 attendees

CROSSWALKING WORKGROUPS

WORKGROUPS SELECT TOP IDEAS / THE HOME STRETCH OF YEAR ONE

After months of meeting only virtually, H2O's February Crosswalk convened the workgroups together in person for the first time. It was a real treat to see all our community stakeholders under one roof. (Thank you to Los Angeles City College Foundation for providing the workspace for the event!) DMH provided programmatic and budget updates, while the workgroups offered overviews of their work. The event culminated in an engaged polling process that allowed participants to identify the top ideas each workgroup would recommend to DMH.



RECOMMENDED IDEA CATEGORIES

To ensure results included ALL the community work this year, we conducted polling rather than voting, a process that surfaced three categories of ideas for recommendation:

1. Essential (top 3 ideas)
2. Enhancing (the next 5)
3. Tertiary (all remaining)



Community member Vanessa Ramos and DMH Chief Medical Officer, Dr. Curley Bonds



Elvina Beck (PodShare) laughs with DMH's Maria Funk and Dr. Shyan Rab



Brittney Weissman and DMH's Carolyn Kaneko lead a breakout group

H2O RECOMMENDATIONS

Following the Crosswalk, the workgroups divided into six subgroups to flesh out each essential idea for recommendation to DMH.

PURPOSE WORKGROUP

ESSENTIAL

- Job Placement for Target Population ([Concept Note](#))
- Supported Employment ([Concept Note](#))
- Pilot within the Pilot ([Concept Note](#))

5 ENHANCING IDEAS

1. Psychosocial rehab
2. Employer incentives—tax credits, etc.
3. Non-traditional collaborations
4. Create non-clinical wellness teams
5. Programming Justice-involved individuals

TERTIARY IDEAS

- Self-employment
- Earn and Learn
- Mobile Employment
- Transitional Employment
- Rec Center for sports programming
- Offer learning curricula with course variety
- Drumming for your life
- Clubhouse
- Mobile Education
- Recovery-friendly workplace initiative
- Volunteer opportunities for target population
- Create a network of employers to hire this target population
- Training on financial literacy/entrepreneurial courses
- Create and employment agency to find qualified employees
- Social Enterprise
- Painted Brain
- Training on how to stay housed
- Training on how to be your own advocate
- Individual placement and support program

The resulting six Concept Notes represent the product of nearly a year of focused community engagement, made possible by the iterative, collaborative conversation between community and DMH to weave the good ideas into something innovative in Hollywood.

PLACE WORKGROUP

ESSENTIAL

- Safe Landing Facility ([Concept Note](#))
- Psychiatric Urgent Care ([Concept Note](#))
- Highly Enriched Residential Facility ([Concept Note](#))

5 ENHANCING IDEAS

1. Collaborative Living Space
2. Gender-specific housing
3. Create a Board and Care in H2O area
4. Transition-Aged Youth-Specific housing
5. Developmental stage of life-specific housing

TERTIARY IDEAS

- Safe Parking
- Partner with hotels with interim housing
- Partitioned spaces in shared rooms
- Safe camping
- More permanent supportive housing
- Ensure nearness to services/amenities
- Peer respite center
- Private rooms/living along/no roommates
- More homekey sites
- Low barrier, temporary rapid interim housing

TEAM DMH

DMH BUSY BEHIND THE SCENES

While the community spent the year developing innovative ideas, the DMH team was busy clearing the path to bring “radical hospitality” to Hollywood:

- Development of and recruitment for Hollywood Mental Health Cooperative, a home base with clinical services for H2O's expanding staff
- Investigating concept note ideas and conducting feasibility studies
- Attending ALL H2O community meetings and follow up with workgroups
- Presented DMH system of care and county operations to the community
- Provided technical assistance on the county vendor process
- Conducted bi weekly DMH H2O Admin meetings that included Executive leadership
- Scoped out potential sites for H2O programs
- Development of the Scope Of Work (SOW), workflow, and property identification for the proposed Safe Landing adaptation to include a Psychiatric Urgent Care
- Provided support and consultation for the Clubhouse event at the Roosevelt Hotel



DMH's LaTina Jackson and Stacy Williams at the February Crosswalk event

DMH H2O LEADERSHIP

- Dr. Lisa Wong, Director
- Dr. Curley Bonds, Chief Medical Officer
- LaTina Jackson, Deputy Director, County Wide Engagement
- Maria Funk, Deputy Director, Housing and Job Development
- Karla Bennett, H2O Program Manager
- Carolyn Kaneko, Mental Health Program Manager
- Dr. Shyan Rab, Supervising Psychiatrist, Field Based Services
- Stacy Williams, Service Area 4 Chief

This has been a bustling year for H2O!
From the launch of the community workgroups, the hiring of new staff for the Hollywood Mental Health Cooperative and operationalizing the workgroups' concept notes, we have advanced the pilot in exciting ways.

Karla Bennett
H2O Program Manager, DMH



Good times with Brittney and DMH's Dr. Shy Rab, Aubrey Lovelace, and Karla Bennett

HOLLYWOOD CLUBHOUSE

A clubhouse is a place of opportunity that provides a welcoming space for people with mental health conditions to recover, build confidence, create friendships, and discover their self-worth. The conceptual foundation for a Clubhouse in Hollywood is already taking shape, thanks in large part to the discussions we had with our 3 focus groups this year. Moving forward, a Hollywood Clubhouse will be a vital part of a fully implemented H2O.



I'm grateful for the opportunity to be a part of Hollywood 2.0. It has given me the opportunity to use my lived experience to make a first-hand impact on addressing the issue of homelessness in the Hollywood area. Hopefully one day H2O will be a model for the rest of our city, county, state and beyond in offering a holistic, compassionate and multidisciplinary approach to mental health treatment.

Jeffrey, Community Member
with lived experience



Los Angeles City College Foundation is proud to partner with Hollywood 2.0 and LA County Department of Mental Health to make the area healthier, safer and more connected for everyone. As part of our ongoing support, we look forward to continuing to participate in the work of transforming the Hollywood community into a model of care and engagement.

Brittany Delany,
Director of Foundation and
Government Relations,
Los Angeles City College Foundation

THANK YOU

Community Partners

1st Presbyterian Church of Hollywood

Arts for Healing and Justice Network

CalWORKS

Cedars Sinai

The Center In Hollywood

Children's Hospital LA

Chrysalis

Covenant House

Downtown Women's Center

Drumming For Your Life

Food on Foot

Fountain House

Heart Forward LA

Hilton Foundation

Hollywood Food Coalition

The Hollywood Partnership

Hollywood Homeless Youth Partnership

Hollywood WorkSource Center

Hudson Pacific Realty

Individuals with Serious Mental Illness Focus Group

Jamestown

JVS SoCal

Kilroy Realty

LA City Council District (CD) 4 and CD 13

LA County Supervisorial District 3

LA County Board of Supervisors

LA County Dept. of Arts and Culture

LA County Dept. Health Services

LA County Dept. of Mental Health

LA County Dept. of Public Health

Los Angeles Public Library

Los Angeles Police Department

LA:RISE

LA Works

LGBT Center

Los Angeles City College Foundation

The Mayor's Office

My Friends Place

NAMI

Orchestrating Change filmmakers

Pacific Clinics

PATH

People Experiencing Homelessness Focus Group

PodShare

Anthony and Jeanne Pritzger Family Foundation

ProCovery Institute

Saban Community Clinic

Safe Place for Youth (SPY)

SHARE

Step Up on Second

Stories From the Frontlines

Transition Aged Youth Focus Group

City of West Hollywood

Youth Emerging Stronger

AND

Community Members

Paul Barry • Jason Brown • Kia Dupelay

Sarah Dusseault • Margaret Ecker • Jeffrey Fuentes

Dave Gordon • Julie Hudman • Paul Jenkins

Caroline Kelly • Valerie Morishige • Jon Owyang

Dave Pilon • Vanessa Ramos • Tom Rubinson

Stephen Saengpradap • Marty Shelton



Info@Hollywood4WRD.org

[H4WRD's H2O website](#)

[DMH's H2O website](#)



12-Month Rolling Commission Meeting Calendar (Tentative)

At its January meeting the Commission identified four priorities: Data/Metrics, Full-Service Partnerships, the Impact of Firearm Violence, and Strategic Planning. The draft calendar below reflects efforts to align the Commission meeting schedule with those priorities. **All topics and locations subject to change.**

Dates	Locations	Priority*
March 22-23rd	San Diego/Imperial	3/22 -MHSSA Site Visit 3/23 -MHSSA Update and Technical Assistance Plan
April 26-27th	Sacramento	4/26 -Full-Service Partnership (FSP) Site Visit 4/27 -FSP Presentation and Panel Governor’s MHS Modernization Proposal
May 24-25th	Los Angeles	5/24 -Impact of Firearm Violence Site Visit 5/25 -Impact of Firearm Violence Project Panel Strategic Planning
June 15	Teleconference	Innovation Plan Presentation
July 27	Sacramento	7/27 -Data Discussion Strategic Planning
August 23-24th	Shasta/Redding	8/23-Full Service Partnership (FSP) Site Visit 8/24-Rural County Perspectives on FSP-Panel
September 28	Sacramento	Suicide Prevention Update Strategic Planning
October 25-26th	San Francisco	10/25 -UCSF Neuropsychiatry Site Visit 10/26 -Impact of Firearm Violence Panel Strategic Planning
November 16	Sacramento	FSP Panel Strategic Planning
December	(no meeting)	
January 25, 2024	Santa Barbara	2024-2027 Strategic Plan Adoption
February 21-22	Napa	2/21 -State Hospital Site Visit 2/22 -IST Presentation and Panel

*NOTE: The Priorities listed are not the only agenda items under consideration for each month.