

**Summary of Specified Current Funding Streams Supporting  
Public Safety and Alternative to Incarceration Efforts  
December 9, 2019  
Submitted by ATI Ad Hoc Funding Work Group**

**1. AB 109 – PUBLIC SAFETY REALIGNMENT**

**Purpose**

In 2011, the California Legislature enacted Assembly Bill 109, shifting the responsibility of incarcerating and supervising of nonviolent, non-serious, and non-sex offenders from the State to the counties. Additionally, under AB 109, all parole revocations are to be served in County jail instead of State prison. AB 109 was designed to reduce the State prison population as well as reduce recidivism by providing funding for community-based corrections programs.

**Applicable Statute/Use Guidelines**

AB 109 monies may be used to fund services/programs provided that: (1) the service/program to be funded falls within the statutorily prescribed meaning of "Public Safety Services"; (2) the service/program satisfies the requirements of the fund account from which the money is withdrawn; and (3) the monies are not being used to supplant other funding for existing "Public Safety Services."

Article XIII, Section 36(a)(1) of the State Constitution defines "Public Safety Services" eligible to be funded through AB 109 to include, among other activities: employing and training public safety officials, including law enforcement personnel and attorneys assigned to criminal proceedings; managing local jails; and providing housing, treatment, and services for, and supervision of, juvenile and adult offenders.

Under Article XIII, Section 36(b) of the State Constitution, revenue from vehicle license fees and a portion of the State sales tax "shall be deposited into the Local Revenue Fund" to fund AB 109. Thereafter, the County Auditor-Controller is responsible for allocating AB 109 monies received from the State into the appropriate County AB 109 accounts and subaccounts consistent with the allocation percentages determined by the State. Then, the Chief Executive Office, working with County departments, determines the departmental allocations for their share of AB 109 monies.

**Applicable County Policy**

1. AB 109 established that local Community Corrections Partnerships (CCPs) develop an implementation plan to be submitted to County Boards of Supervisors. The Los Angeles County CCP Plan was designed to serve as a framework for the implementation of AB 109. This plan was approved by the CCP Executive Committee and has been accepted by the Board of Supervisors. The original CCP served those individuals released on Post-release Community Supervision pursuant to AB 109 criteria. Implementation of this plan is coordinated through the Countywide Criminal Justice Coordination Committee's Public Safety Realignment Team, which was created by the Board of Supervisors in February 2011 to report and advise the Board on public safety realignment matters.

2. Per an October 8, 2013 Board motion, the CEO is to submit, in writing, quarterly budget status reports to the Board on the AB 109 budget.

3. Per an August 11, 2015 Board motion, 50% of all new AB 109 funds that are received in excess of the amounts budgeted are to be allocated to the Office of Diversion and Re-Entry.

4. Per an October 6, 2015 Board motion, all County departments that provide support and treatment services to the Post-Release Community Supervision and Split Sentence AB 109 population were instructed to expand the pool of eligible populations to include: Straight sentenced offenders under Penal Code Section 1170(h), Proposition 47 offenders, and Proposition 36 offenders.

**Sunset Date (if applicable)**

N/A

**County Lead Department**

Public Safety Realignment Team (chaired by the Chief Probation Officer) and the Chief Executive Office.

**Level of Care**

Intensive, field-based, and community-based.

Outpatient Specialty Mental Health Services.

Substance Use Disorders (SUD): Outpatient, intensive outpatient, residential, withdrawal management, case management, and recovery support services when not paid by Medi-Cal for AB 109 participants; supplemental SUD services that are not Drug Medi-Cal reimbursable (e.g., residential room and board); and the local match requirements for DMC covered treatment services.

**Age Group Served by Funds**

Primarily adults aged 18 and above.

**Target/Client Population**

AB 109 establishes local jail custody for specified non-violent, non-serious, non-sex offenders (N3s) who were previously subject to prison sentences as well creates local Post-Release Community Supervision for criminal offenders released from prison after having served a sentence for a non-violent, non-serious, and non-sex offense. AB 109 also shifts the revocation process for parolees to the County court system.

**Duration/Length of Treatment**

Various. Dependent on the specific AB 109 program (incarceration, supervision, treatment, services, etc.).

SUD: Duration is based on medical necessity without time limits, except residential services for adults that are limited to two (2) 90-day episodes with one (1) 30-day extension but AB 109 can pay for stays beyond what is DMC reimbursable.

**Restrictions on Use**

Funding is used to serve individuals on AB 109 or formerly subject to AB 109 (e.g. Prop. 47 misdemeanants)

**County's Allocation Amount**

In FY 2018-19, the County received \$407.8 million in AB 109 Community Corrections Subaccount ongoing base funds and \$12.3 million in one-time FY 2017-18 growth funds.

In FY 2018-19, the County received \$12.0 million in AB 109 District Attorney and Public Defender Subaccount ongoing base funds and \$1.5 million in one-time FY 2017-18 growth funds.

In FY 2017-18, the County received \$386.0 million in AB 109 Community Corrections Subaccount ongoing base funds and \$22.3 million in one-time FY 2016-17 growth funds.

In FY 2017-18, the County received \$10.6 million in AB 109 District Attorney and Public Defender Subaccount ongoing base funds and \$1.7 million in one-time FY 2016-17 growth funds.

Ongoing funds are received monthly. Growth funds are received annually.

**County's Allocation – Future Projection**

The County is projected to receive \$426.5 million in AB 109 Community Corrections Subaccount ongoing base funds in FY 2019-20. This would represent an increase of \$18.7 million over the FY base 2018-19 budget allocation. Additionally, the County is projected to receive \$9.0 million in one-time FY 2018-19 growth funds in FY 2019-20.

The County is projected to receive \$13.3 million in AB 109 District Attorney and Public Defender Subaccount ongoing base funds in FY 2019-20. This would represent an increase of \$1.3 million over the FY base 2018-19 budget allocation. Additionally, the County is projected to receive \$1.3 million in one-time FY 2018-19 growth funds in FY 2019-20.

**Intercepts Currently Supported by Funding**

1-5

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**2. SB 678**

**Purpose**

The Legislature designed the California Community Corrections Performance Incentives Act of 2009, or SB 678 program with two purposes: to alleviate state prison overcrowding and save state General Fund monies. These purposes are to be accomplished without compromising public safety by reducing the number of individuals on felony supervision (i.e. felony probation, mandatory supervision, post release community supervision) who are sent to state prison. The program is also designed to encourage county probation departments to use evidence-based supervision practices to accomplish these goals.

**Applicable Statute/Use Guidelines**

Adult felony probation clients are eligible to receive services under SB 678.

**Applicable County Policy**

On October 3, 2017, the Board adopted the five-year spending plan, which funds various Probation and community-based services. This plan utilizes one-time funds in trust and ongoing revenue from the State through FY 2021-22. SB678 is restricted to adult felony probationers.

**Sunset Date (if applicable)**

N/A

**County Lead Department**

Probation Department

**Level of Care**

Intensive, field-based, and community-based

**Age Group Served by Funds**

Adults aged 18 and above

**Target/Client Population**

Adult aged 18 and above felony probation supervision.

**Duration/Length of Treatment**

While on active Probation supervision.

**Restrictions on Use**

No longer on active Probation supervision

**County's Allocation Amount**

Approximately \$36.5 million in FYs 2017-18 and 2018-19. Funds are received quarterly.

**County's Allocation – Future Projection**

Approximately \$36.5 million annually - refer to SB 678 5-year plan.

**Intercepts Currently Supported by Funding**

3-5

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**3. NET COUNTY COST**

**Purpose**

Net County Cost (NCC) is the portion of the County budget that is financed with locally generated revenues.

**Applicable Statute/Use Guidelines**

NCC, subject to availability, may be used to fund all County operations that are not offset by another source of revenue.

**Applicable County Policy**

The allocation of NCC is subject to the County's budget process, which requires the approval of the Board of Supervisors.

**Sunset Date (if applicable)**

N/A

**County Lead Department**

Chief Executive Office

**Level of Care**

N/A

**Age Group Served by Funds**

All

**Target/Client Population**

All constituents of Los Angeles County.

**Duration/Length of Treatment**

N/A

**Restrictions on Use**

N/A

**County's Allocation Amount**

- On May 4, 2016, the CEO's office advised the Board that County departments reported approximately \$320 million was budgeted for Countywide Diversion Programs (i.e. rehabilitative, treatment, diversion, and or alternative custody programs for adults in the criminal justice system) in FY 15-16, approximately \$25 million of which was NCC.
- On September 1, 2015, the Board created the Office of Diversion and Re-Entry (ODR) to oversee and coordinate community-based treatment and housing for persons with serious mental illness and/or substance use disorders who encounter the justice system. To date, more than \$135 million of NCC has been allocated to ODR, with \$30 million of NCC currently allocated to ODR on an on-going/annual basis (including \$20.0M in ongoing funding from the Mental Health Treatment Center (MHTC) reallocation further described below).
- On October 1, 2019, the Board approved the reallocation of approximately \$277 million of NCC (\$58 million on-going; \$219 million one-time) previously set aside for the MHTC. The reallocations were in consideration of strategies to build out the system of care and ATI, ensuring humane treatment and care of incarcerated individuals not eligible for diversion, and other justice reform priorities. This includes:
  - \$20 million to ODR to support existing operations by partially addressing the imbalance between ODR's ongoing costs and ongoing funding
  - \$12.1 million to DHS for the Interim Housing Capital Funding Pool to enable the creation of additional interim housing beds
  - \$20.0 million has been set aside in obligated fund balance Committed for Corrections and Rehabilitation Evaluation Facilities
  - \$22.1 million has been set aside in obligated fund balance Committed for System of Care
  - \$10.0 million to the Project and Facility Development budget unit for new Justice Plan studies that consider the findings from various reports on alternatives to incarceration, population projections, diversion and other justice reform priorities
- On October 1, 2019, in response to a motion from Supervisor Kuehl, the Board also approved setting aside an additional \$30 million in on-going NCC to support the expansion of facilities the County can use to support System of Care initiatives.

## **Intercepts Currently Supported by Funding**

0-5

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### **4. REALIGNMENT**

#### **Purpose**

Transfer of responsibility and funding for community-based mental health and SUD programs from the State to counties, funded by a portion of sales tax revenue and vehicle license fees (VLF.). Realignment funds are generally considered as two components, as follows:

2011 Realignment is for the following mental health and substance use (a.k.a. behavioral health) programs: 1) specialty mental health services managed care; 2) specialty substance use treatment services managed care; and 3) children and youth Early Periodic Screening, Diagnosis, and Treatment (EPSDT.)

1991 Realignment, a subset of 2011 Realignment, is for, 1) community-based mental health and substance use programs; 2) State hospital services for County patients; and 3) institutions for mental disease (IMD) services (i.e. sub-acute inpatient mental health facilities.).

#### **Applicable Statute/Use Guidelines**

Welfare and Institutions Code sections 17600 - 17613.4

Counties may transfer up to 10% of 1991 Realignment funds among the Health, Mental Health, and Social Services accounts.

No limitations on when funds need to be expended (Counties can create reserves.)

Information Notices promulgated by the State Department of Health Care Services (DHCS) affect matters such as allocation among counties, distribution of growth funds, etc.

#### **Applicable County Policy**

N/A

#### **Sunset Date (if applicable)**

N/A

#### **County Lead Department**

DMH & DPH

#### **Level of Care**

Inpatient and Outpatient, depending upon program & DMC-ODS substance use treatment services (see below for more details)

Board & Care, Residential, STRTP (Group Home), State Hospital, IMD services

SUD: Outpatient, intensive outpatient, residential, withdrawal management, case management, and recovery support services when not paid by Medi-Cal or other intrafund transfers (e.g., CalWORKs, General Relief); supplemental SUD services that are not DMC reimbursable (e.g., residential room and board); and the local match requirements for DMC covered treatment services.

**Age Group Served by Funds**

All (children 0-15, transition-aged youth 16-25, adults 26-59, older adults 60+), but varies by program [Department input required for further information] & DMC-ODS substance use treatment services (see below for more details)

**Target/Client Population**

To the extent resources are available: a) Seriously emotionally disturbed children/ adolescents; b) adults/ older adults who have a serious mental disorder; c) adults / older adults who require or are at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality, or violence; and d) persons who need brief treatment as a result of a natural disaster or severe local emergency. Also used for DMC-ODS substance use treatment services. Additionally, persons with 1) “severe impairment not responsive to physical health treatment”; 2) “seriously emotionally disturbed children” under 18; and 3) youth under age 21, enrolled in Medi-Cal, who meet EPSDT medical necessity criteria (i.e. have a condition not responsive to physical health care, & requires services to improve a mental illness condition discovered by a provider’s screening); and 4) My Health LA population (i.e. un-insured & un-documented). Varies by program.

**Duration/Length of Treatment**

Varies by program or service [Department input required for further information] & DMC-ODS substance use treatment services (see below for more details)

SUD: Duration is based on medical necessity without time limits, except residential services for adults that are limited to two (2) 90-day episodes with one (1) 30-day extension but realignment can pay for stays beyond what is DMC reimbursable.

**Restrictions on Use**

Generally, only for patients with serious mental illness and SUDs.

Cannot be used for services to clients outside the target population, including cannot be used for Public Guardian-Probate services.

However, varies by program [Department input required for further information]. Additionally, Realignment is also used for DMC-ODS substance use treatment services (see below for more details).

**County’s Allocation Amount**

\$873.6 million annually

**Intercepts Currently Supported by Funding**

0-3, 5

**5.      **MEDI-CAL WAIVER**  
          **(EXPIRES DECEMBER 31, 2020)****

**Purpose**

A Section 1115 Medicaid Waiver provides federal revenue to states to test and implement medical coverage approaches that do not meet federal program rules but may offer a better, more efficient model of care. California's most recent Waiver is titled Medi-Cal 2020 and covers the period 2015-2020.

**Applicable Statute/Use Guidelines**

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to waive provisions of major health programs authorized under the Act, including certain Medicaid (known as Medi-Cal in California) requirements. States must propose a plan to the Centers for Medicare and Medicaid Services (CMS) that specifically identifies programs that will be implemented in lieu of the waived provisions.

California's current Waiver (Medi-Cal 2020) is primarily comprised of two components:

1. Global Payment Program (GPP)
2. Public Hospital Redesign and Incentives in Medi-Cal (PRIME) - Funds efforts to improve entities' medical care delivery system.

**Applicable County Policy**

N/A

**Sunset Date (if applicable)**

12/31/2020

**County Lead Department**

DHS

**Level of Care**

Varies according to the program.

**Age Group Served by Funds**

All age groups

**Target/Client Population**

Various.

**Duration/Length of Treatment**

Varies according to the program.

**Restrictions on Use**

The GPP establishes a statewide pool of funding for the remaining uninsured and allocates it based on entities meeting service thresholds that incentivizes a shift from high-cost, avoidable services to lower-cost/higher-value services, such as preventative services.

PRIME funding is specifically tied to meeting specific reporting and performance metrics in 18 clinical project areas in three categories:

1. Outpatient Delivery System Transformation and Prevention
2. Targeted High-Risk or High-Cost Populations
3. Resource Utilization Efficiency



**County's Allocation Amount**

FY 18-19: \$726.8m (net of IGT)\*

\* Reflects GPP+PRIME and WPC.

**County's Allocation – Future Projection**

N/A

<sup>1</sup> California's current Section 1115 Medicaid Waiver will expire December 31, 2020. However, the GPP component will expire earlier, on June 30, 2020. Negotiations are underway to renew the Waiver for an additional five-year period. It is unclear what programs will be included in the new Waiver, but the Waiver amount will likely be less than the current one since it is anticipated that the Safety Net Care Pool revenue (which partially funds the GPP) will not continue. The California Department of Health Care Services (DHCS) recently launched the planning phase of the new waiver called Medi-Cal Healthier California for All, formerly California Advancing and Innovating Medi-Cal (CalAIM), set to begin in January 2021. More information on Medi-Cal Healthier California for All is available at <https://www.dhcs.ca.gov/provgovpart/pages/medi-calhealthiercaforall.aspx>.

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**6. WHOLE PERSON CARE  
(EXPIRES DECEMBER 31, 2020)**

**Purpose**

Whole Person Care is a pilot project authorized under the State's most recent Section 1115 Waiver (Medi-Cal 2020), which seeks to provide a more seamless and coordinated model of care for the most vulnerable Medi-Cal populations in order to achieve better health outcomes.

**Applicable Statute/Use Guidelines**

The Whole Person Care pilot project was approved by CMS under California's Medi-Cal 2020 Waiver.

**Applicable County Policy**

N/A

**Sunset Date (if applicable)**

12/31/2020

**County Lead Department**

DHS

**Level of Care**

Varies according to the program.

**Age Group Served by Funds**

All age groups

**Target/Client Population**

1. High-risk homeless patients
2. High-risk mental health patients

3. High-risk substance abuse disorder patients
4. High-risk medical patients
5. High-risk re-entry patients

**Duration/Length of Treatment**

Varies according to the program.

**Restrictions on Use**

Funds must be used for the five target populations identified.

**County's Allocation Amount**

FY 18-19: \$141.479m (net of IGT)\*

\* Does not include any amounts carried over from prior years, because those amounts are already obligated for other specific program services.

**County's Allocation – Future Projection**

N/A

<sup>1</sup> California's current Section 1115 Medicaid Waiver will expire December 31, 2020. However, the GPP component will expire earlier, on June 30, 2020. Negotiations are underway to renew the Waiver for an additional five-year period. It is unclear what programs will be included in the new Waiver, but the Waiver amount will likely be less than the current one since it is anticipated that the Safety Net Care Pool revenue (which partially funds the GPP) will not continue. The California Department of Health Care Services (DHCS) recently launched the planning phase of the new waiver called Medi-Cal Healthier California for All, formerly California Advancing and Innovating Medi-Cal (CalAIM), set to begin in January 2021. More information on Medi-Cal Healthier California for All is available at <https://www.dhcs.ca.gov/provgovpart/pages/medi-calhealthiercaforall.aspx>.

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**7. SUBSTANCE ABUSE PREVENTION AND TREATMENT (SAPT) BLOCK GRANT**

**Purpose**

The Substance Abuse Prevention and Treatment (SAPT) Block Grant was authorized by Congress through the Public Health Service (PHS) Act for the purpose of planning, implementing, and evaluating activities that prevent and treat substance abuse.

**Applicable Statute/Use Guidelines**

According to the PHS Act (§§ 300x-21 – 300x-35), grant funds are to be utilized for planning, carrying out, and evaluating activities to prevent and treat substance use disorders (SUD). Additionally, at least 20% of the SAPT Block Grant is required to be utilized for prevention services.

**Applicable County Policy**

As grant funding is currently included in the Department of Public Health's budget, budgetary changes to funding levels are subject to the County's budget process, which requires the approval of the Board of Supervisors. Additionally, contracted services supported by the grant are subject to the County's contracting process, with contracts over \$100,000 generally requiring the approval of the Board of Supervisors.

**Sunset Date (if applicable)**

N/A

**County Lead Department**

DPH

**Level of Care**

Intensive, field-based, and community-based.

SUD: Outpatient, intensive outpatient, residential, withdrawal management, case management, and recovery support services when not paid by Medi-Cal for AB 109 participants; supplemental SUD services that are not DMC reimbursable (e.g., residential room and board); and the local match requirements for DMC covered treatment services.

SUD Prevention: Community education and student support. SUD Treatment: Outpatient, intensive outpatient, residential, and withdrawal management, case management, and recovery support services when not paid by Medi-Cal or other sources; and non-DMC services such as recovery bridge housing and supplemental services.

**Age Group Served by Funds**

All age groups

**Target/Client Population**

For treatment activities, individuals with a diagnosed SUD. For prevention activities, both the general population and sub-groups that are at high risk for substance abuse are targeted. Furthermore, additional protections and/or funding are required for certain vulnerable populations that are identified in statute (pregnant and parenting women, injection drug users, individuals with HIV/AIDS, and individuals with tuberculosis).

**Duration/Length of Treatment**

Varies/dependent on medical necessity and type of service

SUD: Duration is based on medical necessity without time limits, except residential services for adults that are limited to two (2) 90-day episodes with one (1) 30-day extension but SAPT can pay for stays beyond what is DMC reimbursable.

**Restrictions on Use**

Funding may not be used:

- a) To provide inpatient hospital services;
- b) To make cash payments to intended recipients of health services;
- c) To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
- d) To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;
- e) To provide financial assistance to any entity other than a public or nonprofit private entity;
- f) To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs;
- g) To pay the salary of an individual through a grant or other extramural mechanism at a rate in excess of Level I of the Executive Salary Schedule for the award year;

- h) To purchase treatment services in penal or correctional institutions of the State of California; and/or,
- i) To supplant state funding of programs to prevent and treat substance abuse and related activities.

**County's Allocation Amount**

Annual allocations as follows:

FY 17-18 - \$59.2M

FY 18-19 - \$59.9M

FY 19-20 - \$60.3M

**Intercepts Currently Supported by Funding**

0-3

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**8. DRUG MEDI-CAL/DMC WAIVER**

**Purpose**

Drug Medi-Cal (DMC) is a treatment funding source for Medi-Cal beneficiaries that pays for covered (SUD) services provided at a DMC certified program.

The DMC-Organized Delivery System (ODS) waiver is a voluntary pilot program which offers California counties the opportunity to test a new paradigm for the organized delivery of health care services for Medi-Cal eligible individuals with SUD. The DMC-ODS provides a continuum of care modeled after the American Society of Addiction Medicine Criteria (ASAM) for SUD treatment services, enables more local control and accountability, provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidenced based practices in substance abuse treatment, and coordinates with other systems of care. This approach provides eligible Medi-Cal members with access to the care and system interaction needed to achieve sustainable recovery.

The California Department of Health Care Services (DHCS) recently launched the planning phase of the new waiver called Medi-Cal Healthier California for All, formerly California Advancing and Innovating Medi-Cal (CalAIM), set to begin in January 2021.

More information on Medi-Cal Healthier California for All is available at <https://www.dhcs.ca.gov/provgovpart/pages/medi-calhealthiercaforall.aspx>.

**Applicable Statute/Use Guidelines**

According to the California Code of Regulations (Title 22, Section 51341.1.1 (d)), DMC SUD services include narcotic treatment program services, outpatient drug free treatment services, day care habilitative services, perinatal residential SUD services, and naltrexone treatment services.

In addition to the DMC SUD services, California's DMC-ODS section 1115 demonstration waiver expands reimbursable DMC services to include multiple levels of residential treatment, withdrawal management, medication-assisted treatment, recovery support services, and case management.

**Applicable County Policy**

As grant funding is currently included in the Department of Public Health's budget, budgetary changes to funding levels are subject to the County's budget process, which requires the approval of the Board of

Supervisors. Additionally, contracted services supported by the grant are subject to the County's contracting process, with contracts over \$100,000 generally requiring the approval of the Board of Supervisors.

Additionally, on June 14, 2016, the Board authorized the acceptance of an agreement with the California Department of Health Care Services to support the DMC-ODS waiver.

**Sunset Date (if applicable)**

The DMC-ODS waiver is currently effective through December 31, 2020 with Medi-Cal Healthier California for All to launch in 1/2021

**County Lead Department**

DPH

**Level of Care**

SUD: DMC covers outpatient, intensive outpatient, residential, withdrawal management, recovery support services, and case management.

**Age Group Served by Funds**

All age groups

**Target/Client Population**

Medi-Cal eligible individuals that have at least one SUD diagnosis (or for youth under 21, be assessed as "at-risk" for developing a SUD) and meet the definition of medical necessity for services (or for youth under 21, meet the adolescent treatment criteria).

**Duration/Length of Treatment**

Varies/dependent on medical necessity and type of service

SUD: Duration is based on medical necessity without time limits, except residential services for adults that are limited to two (2) 90-day episodes with one (1) 30-day extension. Medi-Cal Healthier California for All will likely reduce the residential limits.

**Restrictions on Use**

Funding may only be utilized to provide specified treatment/early intervention services to Medi-Cal eligible individuals.

DMC-ODS is only available for individuals who are enrolled in Medi-Cal.

**County's Allocation Amount**

Annual allocations as follows:

FY 17-18 - \$595.6M

FY 18-19 - \$676.6M

FY 19-20 - \$676.6M

**Intercepts Currently Supported by Funding**

0-3

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## **9. MENTAL HEALTH SERVICES ACT**

### **Purpose**

State allocation from Proposition 63 (2004) for the expansion of mental health services and for new recovery-based mental health services. The Act requires that local mental health agencies use MHSA funds for five general mental health services program categories—Community Services and Supports (Community Support), Prevention and Early Intervention (Prevention), Innovation, Capital Facilities and Technological Needs (Capital Facilities), and Workforce Education and Training (Workforce Training). Purposes of the Act are to: (a) Define serious mental illness as a condition deserving priority attention, including prevention and early intervention; (b) reduce the long-term adverse impact from untreated serious mental illness; (c) expand the kinds of successful, innovative service programs; (d) provide state and local funds to adequately meet the needs of those identified and enrolled in MHSA programs (services that are not already covered by federal individuals’ insurance programs); and (e) ensure funds are expended cost effectively and in accordance with recommended best practices subject to local and state oversight.

### **Applicable Statute/Use Guidelines**

California Code of Regulations, Title 9 Rehabilitative and Developmental Services, Division 1 Department of Mental Health, Chapter 14 Mental Health Services Act.

Three-Year Expenditure Plans and Annual Updates must be developed by stakeholders, adopted by the County Board of Supervisors, and submitted to the State Mental Health Services Oversight and Accountability Commission (MHSOAC). (WIC § 5847) County Mental Health Directors and County Auditors must attest to Plan fiscal accountability and consistency with MHSA statutory requirements.

MHSA funded services are not available for parolees or individuals incarcerated in State or federal prisons (CCR, tit. 9, § 3610, subd. (f).)

MHSA funds may only be used to pay for MHSA programs; MHSA funds may not supplant County funding (WIC § 5891.)

Regulations promulgated by the State MHOAC Mental Health Oversight and Accountability Commission, and Information Notices promulgated by the State Department of Health Care Services (DHCS,) affect matters such as required timeframes for spending, reversion of unspent funds, maintenance of prudent reserves, etc.

### **Applicable County Policy**

On May 30, 2017, the Board adopted the Three-Year Program and Expenditure Plan, which funds intended MHSA services through Fiscal Year 2019-20.

On June 6, 2018, the Board adopted the Annual update, which funds revised intended MHSA services in Fiscal Year 2018-19.

### **Sunset Date (if applicable)**

N/A

### **County Lead Department**

DMH

**Level of Care**

Outpatient, Urgent Care Center, Board & Care (for FSP clients), Drop-in Center, and Shelter Bed services.

**Age Group Served by Funds**

All (children 0-15, transition-aged youth 16-25, adults 26-59, older adults 60+), but varies by program [Department input required for further information]

**Target/Client Population**

Persons who meet Specialty Mental Health criteria (due to an included mental health diagnosis, the individual has a significant impairment in one or more aspects of their life) or, for prevention, has identified risk factors that make the person more likely to develop a mental illness.

**Duration/Length of Treatment**

Prevention and Early Intervention services, by regulation, are restricted to 18 months or less, with the exception of First Break Psychosis services (5 year course of treatment allowed).

**Restrictions on Use**

Funds may only be expended in accordance with an approved MHSA plan following extensive MHSA plan development and approval processes. Counsel has opined that the Board of Supervisor's role in adopting MHSA program plans is "circumscribed."

Funding shall only cover the portions of those costs of services that cannot be paid for with other funds including other mental health funds, public and private insurance, and other local, state, and federal funds.

Long term hospital and/or long-term institutional care cannot be paid for with MHSA funds.

Funds shall not be used to pay for persons incarcerated in state prison or parolees from state prisons.

Cannot be used for law enforcement or court personnel – even when such personnel are involved in collaborative programs serving individuals with mental illness.

MHSA funds cannot be expended on programs/services in juvenile halls and/or county jails, with the exception of discharge planning.

**County's Allocation Amount**

\$569.3 million annually

**Intercepts Currently Supported by Funding**

0-3, 5

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**10. DEPARTMENT OF STATE HOSPITAL (DSH DIVISION)**

**Purpose**

AB 1810 and SB 215 amended Penal Code Sections 1001.35-1001.36 to create a pathway for courts to

authorize pre-trial diversion. DSH Diversion is funded by the Department of State Hospitals (DSH) to support the diversion of clients with serious mental illnesses who have the potential to be deemed incompetent to stand trial on felony charges.

**Applicable Statute/Use Guidelines**

Program participants are individuals with serious mental disorders who have committed certain felony crimes and found by a Court of competent jurisdiction, to qualify for diversion services pursuant to Penal Code § 1001.36. Contractor shall provide clinically appropriate or evidence-based mental health treatment and wraparound services across a continuum of care, as appropriate, to meet the individual needs of Felony Mental Health Diversion Clients.

**Applicable County Policy**

N/A

**Sunset Date (if applicable)**

2/28/2022

**County Lead Department**

DHS-ODR

**Level of Care**

Community Based Restoration

**Age Group Served by Funds**

18 and Older

**Target/Client Population**

Program participants are individuals with serious mental disorders who have committed certain felony crimes and found by a Court of competent jurisdiction, to qualify for diversion services pursuant to Penal Code § 1001.36.

**Duration/Length of Treatment**

3/1/2019-2/28/22

**Restrictions on Use**

N/A

**County's Allocation Amount**

\$25.864 million over the term of the contract

**County's Allocation – Future Projection**

N/A

**Intercepts Currently Supported by Funding**

2-3, 5

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**11. DEPARTMENT OF STATE HOSPITAL (FIST DIVISION)**

**Purpose**



The anticipated three year award of \$44,213,875 from DSH to the County will establish and support ODR's new FIST CBR Program to provide community-based competency restoration for individuals charged with felony offenses and found by the courts incompetent to stand trial under Penal Code section 1370 and whose county of commitment is Los Angeles County.

**Applicable Statute/Use Guidelines**

DMH and DHS to enter into agreements with community based residential facilities for provision of housing and necessary treatment services in these residential settings to eligible FIST CBR clients.

**Applicable County Policy**

N/A

**Sunset Date (if applicable)**

6/30/2021

**County Lead Department**

DHS-ODR

**Level of Care**

Community Based Restoration

**Age Group Served by Funds**

18 and Older

**Target/Client Population**

The Felony Incompetent to Stand Trial-Community Based Restoration (FIST-CBR) program diverts individuals facing felony charges who are found incompetent to stand trial into community-based settings to be restored to competency. The community-based settings are tailored to meet the needs and clinical acuity of the clients; placement ranges from acute inpatient to open residential settings. The Off-Ramp is a program that utilizes PC 1370 (a)(1)(G), which allows those on the wait list who have become competent to be adjudicated and diverted to housing and care in the community. FIST-CBR and The Off-Ramp are a collaboration with the Department of State Hospitals to reduce the wait list and wait time of those waiting in jail for State Hospital placement.

**Duration/Length of Treatment**

7/1/2018-6/30/2021

**Restrictions on Use**

N/A

**County's Allocation Amount**

\$44.214 million over the term of the contract

**County's Allocation – Future Projection**

N/A

**Intercepts Currently Supported by Funding**

2-3, 5

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## 12. DEPARTMENT OF JUSTICE COAP (LEAD HOLLYWOOD)

### **Purpose**

The purpose of this category is to support multidisciplinary opioid response partnerships that include, at a minimum, a law enforcement/first responder component. Subcategory 1a supports partnerships that focus primarily on law enforcement/first responder and behavioral health and/or public health partnerships. Subcategory 1b supports partnerships that focus not only on law enforcement/first responders and behavioral health, but also on victim services and child welfare.

### **Applicable Statute/Use Guidelines**

Signed into law on July 22, 2016, the Comprehensive Addiction and Recovery Act (CARA) is the first major federal substance abuse treatment and recovery legislation in 40 years and the most comprehensive legislative effort to address the opioid epidemic. CARA establishes a comprehensive, coordinated, and balanced strategy through enhanced grant programs that encompass prevention and education efforts, effective responses to those affected by substance abuse, and services for treatment and recovery from addiction. The Comprehensive Opioid Abuse Site-based Program (COAP) was developed as part of the CARA legislation. COAP's purpose is to provide financial and technical assistance to states, units of local government, and Indian tribal governments to plan, develop, and implement comprehensive efforts to identify, respond to, treat, and support those impacted by the opioid epidemic.

### **Applicable County Policy**

N/A

### **Sunset Date (if applicable)**

9/30/2021

### **County Lead Department**

DHS-ODR

### **Level of Care**

Case Management

### **Age Group Served by Funds**

18 and Older

### **Target/Client Population**

LEAD Hollywood will divert 100 people from this high-risk population and provide them with the knowledge and means to prevent and respond to an opioid overdose, ongoing voluntary health service and other services as determined by their individualized case plan.

### **Duration/Length of Treatment**

10/1/2018-9/30/2021

**Restrictions on Use**

N/A

**County's Allocation Amount**

\$0.500 million over the term of the contract

**County's Allocation – Future Projection**

N/A

**Intercepts Currently Supported by Funding**

0-1

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**13. AFFORDABLE HOUSING**

**Purpose**

Address the affordable housing needs of a variety of priority populations including low income families, seniors, homeless individuals and families, transition age youth, people exiting our jails and juvenile justice system, child-welfare involved families, veterans, extremely low income individuals with physical disabilities, domestic violence survivors, and a broad range of individuals who are frequent users of County health and social service programs

**Applicable Statute/Use Guidelines**

A minimum of 75% of the remaining funds should be dedicated for production of new, or preservation and rehabilitation of existing, affordable housing for very and extremely low-income or homeless households, including workforce housing and permanent supportive housing for these households. The remaining funds will be available to support rental assistance, rapid re-housing, shared housing, and move-in assistance.

**Applicable County Policy**

The Los Angeles County Board of Supervisors (“Board”) adopted a Motion on October 27, 2015, to create an Affordable Housing Programs budget unit and establish a multi-year plan to provide new funding for new affordable housing not already allocated to existing County homelessness or housing programs.

**Sunset Date (if applicable)**

N/A

**County Lead Department**

CEO

**Level of Care**

Rental Subsidy

**Age Group Served by Funds**

18 and Older

**Target/Client Population**

Newly housed housing clients

**Duration/Length of Treatment**

One Time

**Restrictions on Use**

Available to support rental assistance, move-in assistance and tenant supportive services.

**County’s Allocation Amount**

Current annual allocation of \$80.0 million NCC (net of amounts carried over from prior years, as those amounts are already obligated for other specific program services).

**County’s Allocation – Future Projection**

N/A

**Intercepts Currently Supported by Funding**

5

**14. PROPOSITION 47 (ROUND 1)**

**Purpose**

Pursuant to Proposition 47, this grant is to provide mental health services, substance use disorder treatment and diversion programs for people in the criminal justice system.

**Applicable Statute/Use Guidelines**

Proposition 47 turned several low-level drug and theft-related felonies into misdemeanors, which resulted in state savings. The grant program may also provide housing-related assistance and other community-based supportive services, including job skills training, case management and civil legal services. The grant can fund programs that serve adults and/or juveniles.

**Applicable County Policy**

N/A

**Sunset Date (if applicable)**

8/15/2021

**County Lead Department**

DHS-ODR

**Level of Care**

Support Services

**Age Group Served by Funds**

18 and Older

**Target/Client Population**

Justice involved individuals

**Duration/Length of Treatment**

6/16/2017-8/15/2021 (Extension)

**Restrictions on Use**

N/A

**County's Allocation Amount**

\$20.0 million over the term of the contract

**County's Allocation – Future Projection**

N/A

**Intercepts Currently Supported by Funding**

2-5

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**15. PROPOSITION 47 (ROUND 2)**

**Purpose**

Pursuant to Proposition 47, this grant is to provide mental health services, substance use disorder treatment and diversion programs for people in the criminal justice system.

**Applicable Statute/Use Guidelines**

Proposition 47 turned several low-level drug and theft-related felonies into misdemeanors, which resulted in state savings. The grant program may also provide housing-related assistance and other community-based supportive services, including job skills training, case management and civil legal services. The grant can fund programs that serve adults and/or juveniles.

**Applicable County Policy**

N/A

**Sunset Date (if applicable)**

5/15/2023

**County Lead Department**

DHS-ODR

**Level of Care**

Support Services

**Age Group Served by Funds**

18 and Older

**Target/Client Population**

Justice involved individuals

**Duration/Length of Treatment**

8/15/2019-5/15/2023

**Restrictions on Use**

N/A

**County's Allocation Amount**

\$18.617 million over the term of the contract

**County's Allocation – Future Projection**

N/A

**Intercepts Currently Supported by Funding**

2-5

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**16. BSCC (LEAD SOUTH LA)**

**Purpose**

The Los Angeles County Law Enforcement Assisted Diversion (LAC LEAD) program is a community-based diversion program that aims to improve public safety and reduce future criminal behavior by people engaged in low level drug offenses.

**Applicable Statute/Use Guidelines**

The site is an area in South Los Angeles around Long Beach Blvd in the communities of Lynwood, Compton and Long Beach. In this program, Law Enforcement Officers from the Long Beach Police Department and the Los Angeles Sheriff's Department will The Office of Diversion and Reentry (ODR), will be managing the LAC LEAD program. Identify 300 people with histories of repeated incarceration for behavioral health motivated crimes and offer them, in lieu of arrest, an opportunity to participate in a harm reduction and Housing First case management program.

**Applicable County Policy**

N/A

**Sunset Date (if applicable)**

12/31/2020

**County Lead Department**

DHS-ODR

**Level of Care**

Housing, Support Services

**Age Group Served by Funds**

18 and Older

**Target/Client Population**

Identify 300 people with histories of repeated incarceration for behavioral health motivated crimes and offer them, in lieu of arrest, an opportunity to participate in a harm reduction and Housing First case management program.

**Duration/Length of Treatment**

4/21/17-12/31/2020 (Extension)

**Restrictions on Use**

N/A

**County's Allocation Amount**

\$5.9 million over the term of the contract

**County's Allocation – Future Projection**

N/A

**Intercepts Currently Supported by Funding**

0-1

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**17. DEPARTMENT OF JUSTICE COAP (LEAD EAST LA)**

**Purpose**

The purpose of this category is to support multidisciplinary opioid response partnerships that include, at a minimum, a law enforcement/first responder component. Subcategory 1a supports partnerships that focus primarily on law enforcement/first responder and behavioral health and/or public health partnerships. Subcategory 1b supports partnerships that focus not only on law enforcement/first responders and behavioral health, but also on victim services and child welfare.

**Applicable Statute/Use Guidelines**

Signed into law on July 22, 2016, the Comprehensive Addiction and Recovery Act (CARA) is the first major federal substance abuse treatment and recovery legislation in 40 years and the most comprehensive legislative effort to address the opioid epidemic. CARA establishes a comprehensive, coordinated, and balanced strategy through enhanced grant programs that encompass prevention and education efforts, effective responses to those affected by substance abuse, and services for treatment and recovery from addiction. The Comprehensive Opioid Abuse Site-based Program (COAP) was developed as part of the CARA legislation. COAP's purpose is to provide financial and technical assistance to states, units of local government, and Indian tribal governments to plan, develop, and implement comprehensive efforts to identify, respond to, treat, and support those impacted by the opioid epidemic.

**Applicable County Policy**

N/A

**Sunset Date (if applicable)**

12/31/2023

**County Lead Department**

DHS-ODR

**Level of Care**

Case Management

**Age Group Served by Funds**

18 and Older

**Target/Client Population**

LEAD East LA will divert people from this high-risk population and provide them with the knowledge and means to prevent and respond to an opioid overdose, ongoing voluntary health service and other services as determined by their individualized case plan.

**Duration/Length of Treatment**

1/1/20- 12/31/23

**Restrictions on Use**

N/A

**County's Allocation Amount**

\$1.2 million over the term of the contract

**County's Allocation – Future Projection**

N/A

**Intercepts Currently Supported by Funding**

0-1