SB 82: Investment in Mental Health Wellness Act of 2013

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Signed into law by the Governor last year, the Investment in Mental Health Wellness Act of 2013 aims to increase the continuum of mental health crisis services throughout the state.

Key objectives of SB 82: expand access to mental health crisis intervention services, reduce unnecessary hospitalizations and inpatient days, reduce recidivism and mitigate law enforcement expenditures on mental health crises.

Statewide infrastructural goals: additional 2,000 crisis stabilization and crisis residential beds, 25 mobile response teams, and 600 crisis triage personnel.

Two major components:
1. Capital development ($142.5 million) and mobile crisis response funding ($6.8 million), overseen by the California Health Financing Authority.
2. Crisis triage personnel funding ($32 million), overseen by the Mental Health Services Oversight and Accountability Commission.
Field Response Operations

- Law Enforcement Teams: paired teams of a clinician and law enforcement officer
- Psychiatric Mobile Response Teams: clinical teams that provide field assessments
- Other specialized teams for: school threats, critical incidents/emergencies, psychiatric emergencies, barricade or hostage situations, prevention of serious threats
Alternative Crisis Services

- Urgent Care Centers

- Inpatient services: Psychiatric Health Facility, Countywide Resource Management

- Homeless Outreach Mobile Engagement

- Residential services: discharge support and bridging services, Crisis Residential Programs, Supportive Residential Programs
**Model**: short-term (23 hour) crisis intervention services to individuals 13 years and older, with 18 chairs in each facility.

**Target population**: repetitive and high utilizers of psychiatric emergency and inpatient services, individuals at risk of incarceration, individuals with co-occurring disorders, and high needs age-specific demographics.

**Goal**: Develop four additional Urgent Care Centers (UCCs) throughout the county, doubling the number of UCC facilities in the county.

**Distribution**: To ensure equitable access, the new UCCs will be developed in Service Areas currently without a facility.
Los Angeles County’s Plan
Capital Development: Crisis Residential Treatment Programs

- **Model**: Immediate, structured housing and supportive mental health services for 10-14 days, serving 10-16 individuals.

- **Target Population**: Individuals in UCCs and County and community hospital psychiatric emergency services and inpatient units in need of further stabilization.

- **Goal**: Develop 560 additional Crisis Residential beds, approximately 35 facilities, throughout the county. Currently, there are 34 beds in three facilities countywide.

- **Distribution**: Crisis Residential Treatment Programs will be strategically placed throughout the county in each Service Area, accounting for location of existing programs, population, and prevalence of mental illness.
Los Angeles County’s Plan
Mobile Crisis Support

- **Model:** Psychiatric mobile emergency response system, operating 24 hours/7 days per week. Incorporates several population- or situation-specific mobile response team models.

- **Target Population:** Individuals and families that request or for whom assistance is requested by others for mobile crisis services due to psychiatric emergencies.

- **Goal:** Increase personnel by five for existing psychiatric mobile response teams, and 12 personnel for new partnerships with local law enforcement agencies (Law Enforcement Teams).
**Model:** Field-based triage teams consisting of peer/consumer providers, community workers, and clinical staff.

**Target Populations:** Individuals suffering from a mental health crisis or severe mental illness, specifically Department of Child and Family Services-involved youth, incarcerated individuals, high utilizers of psychiatric emergency system, homeless, veterans, older adults, and underserved/underrepresented individuals.

**Goal:** Develop a total of 39 teams countywide, through population specific programs, including Mobile Triage Teams, Youth Crisis Placement Teams, Forensic Outreach Teams, and Crisis Transition Specialist Teams.
Need is demonstrated by the ever-increasing demand on emergency services in the County hospitals operated by the Department of Health Services. Since 2007, there has been an overall daily census increase of nearly 53% for Psychiatric Emergency Services.

- Increased capacity through UCCs will aid in decompressing emergency services, and provide the most appropriate care for individuals in crisis.

UCC data shows a growing demand for 24/7, LPS-designated services, with ability to treat adolescents. Eastside UCC experienced 23% increase in individuals over past three years.

- New UCCs will be modeled after Eastside UCC with regards to available services. Additionally, increased access will result from new facilities, as many clients currently travel far distances.
Currently, there are only three Crisis Residential Programs countywide, leading to a significant gap in the continuum of care.

- Adding approximately 35 facilities throughout the county will greatly expand service access for individuals in need of a “step-down” from inpatient care or to divert individuals from higher levels of care.

Five of Los Angeles County’s eight Service Areas do not currently have a Crisis Residential facility.

- Methodology for equitable placement of new facilities takes into account Service Area demographics, mental health need prevalence, county resource allocation, and existing crisis residential beds.
The current psychiatric mobile response system responds to approximately 20,000 calls per year. However, there are an estimated 10,000 additional calls per year that are beyond current capacity.

- Plan for expanding Mobile Crisis Support will reduce number of calls that go unanswered, and decrease response time, especially for calls made after-hours.

Over the past four years, there has been a steady increase in mobile response field visits, specifically for areas with higher poverty or areas that are underserved.

- Mobile Crisis Support Teams will target these areas of highest need in the county.
Each specific area population identified as a target population is at-risk for higher levels of care in the absence of intervention.

- Triage teams will be targeted to address the unique needs of these populations, and will be placed in areas of need throughout the county.

Linkage and ongoing support is needed for utilizers of psychiatric Urgent Care Centers (UCCs) to prevent further crises and decrease emergency room visits.

- Triage teams based in UCCs will provide intensive case management and follow-up for 60 days following discharge to ensure stabilization and linkage to ongoing services.
Implementation Challenges & Opportunities

- Ongoing funding (CHFFA component)
- Siting for UCC and Crisis Residential facilities
- Funding for triage workers
- Opportunity to integrate into Laura’s Law strategy
- Decompression of Emergency Rooms
- Opportunity to expand pre-booking diversion
Final Thoughts/Conclusion

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