

MARVIN J. SOUTHARD, D.S.W.

Director

ROBIN KAY, Ph.D.

Chief Deputy Director

RODERICK SHANER, M.D.

Medical Director



BOARD OF SUPERVISORS

GLORIA MOLINA
 MARK RIDLEY-THOMAS
 ZEV YAROSLAVSKY
 DON KNABE
 MICHAEL D. ANTONOVICH

DEPARTMENT OF MENTAL HEALTH

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4601
 Fax: (213) 388-1297

<http://dmh.lacounty.gov>

June 23, 2010

TO: Each Supervisor
Robin Kay for

FROM: Marvin J. Southard, D.S.W.
 Director of Mental Health

SUBJECT: **JUNE 2010 QUARTERLY REPORT
 MENTAL HEALTH SERVICES ACT IMPLEMENTATION**

This is the fourth quarterly Mental Health Services Act (MHSA) Implementation Status Report for Fiscal Year (FY) 2009-10. The information included in this report provides an update on the Department of Mental Health's (DMH) implementation of MHSA programs and services for the months of March through May 2010. This will be the final report unless otherwise instructed by your Board.

Since the last report on March 23, 2010, the following additional MHSA activities have been or are being accomplished:

MHSA Plan/Activity	Status/Accomplishments/Future Milestones
<p>MHSA Implementation</p>	<p>Highlights of most recent Full Service Partnership (FSP) outcomes by age group include:</p> <p>Child FSP*:</p> <ul style="list-style-type: none"> • 39% reduction in the number of children psychiatrically hospitalized. • 50% reduction in the number of children living in foster homes. <p>Transition Age Youth (TAY) FSP*:</p> <ul style="list-style-type: none"> • 40% reduction in the number of TAY psychiatrically hospitalized. • 88% reduction in the number of TAY placed in Residential Care Level (RCL) 12-14 group homes. • 32% reduction in the number of homeless TAY. • 14% increase in the number of TAY living independently and a 28% increase in the number of days spent living independently. <p>Adult FSP*:</p> <ul style="list-style-type: none"> • 22% reduction in the number of adults psychiatrically hospitalized. • 43% increase in the number of adults living in group settings such as sober living in a group living home. • 83% increase in the number of adults living in their own apartment or house or holding the lease of a Single Room Occupancy unit. • 44% reduction in the number of homeless adults. • 75% reduction in the number of adults incarcerated.

MHSA Plan/Activity	Status/Accomplishments/Future Milestones
MHSA Implementation (Cont'd)	Older Adult FSP*: <ul style="list-style-type: none"> • 28% reduction in the number of older adults psychiatrically hospitalized. • 48% reduction in the number of older adults homeless. • 47% increase in the number of older adults living independently. <p>* data based on a comparison of client living arrangements the year prior to enrollment with living arrangements after enrollment, applying an annualization factor to create data equity.</p>
Information and Technology (IT) Plan	<p>California Department of Mental Health approved funding for the MHSA IT Plan for the FY 2008-09 through FY 2009-10 grant period at \$41,202,775. Funding supports six projects: 1) Integrated Behavioral Health Information System; 2) Contract Provider Technology Project; 3) Consumer/Family Access to Computing Resources; 4) Telepsychiatry Feasibility Study and Recommendations; 5) Personal Health Record Awareness and Education; and 6) Data Warehouse Re-Design.</p> <p>Vendor responses to the Request for Proposals (RFP) for an Integrated Behavioral Health Information System (IBHIS) were received by February 22, 2010. In the three phased vendor selection process: Phase I (Pass/Fail Review) was completed on March 9, 2010; Phase II (Evaluation of Qualifying Proposals) was completed on April 16, 2010; and Phase III (Demonstrations, References, and Sites Visits) is anticipated to be completed by the end of July 2010.</p> <p>The Consumer/Family Access to Computing Resources project was initiated in January 2010. A Steering Committee has been selected to provide project direction. In May 2010, DMH and Public Library agreed in principle to develop a Memorandum of Understanding (MOU) that would make Public Library's expertise in public access computing available to this project.</p> <p>DMH has proposed the elimination of the Telepsychiatry Feasibility Study and Recommendations Project through the MHSA FY 2010-11 Annual Plan process and the replacement of that project with the Telepsychiatry Implementation Project. This proposal is under review and pending approval by the State. If approved, implementation activities for Telepsychiatry can begin early in FY 2010-11.</p> <p>The Personal Health Record Awareness and Education project is on hold because there are currently no qualified project managers or business analysts available to do this project because of current hiring restrictions. Since it is expected that IBHIS will increase the value of a Personal Health Record for DMH clients, there may be an advantage to having this project begin closer to the IBHIS implementation.</p> <p>The Data Warehouse Re-Design project is on hold pending completion of the IBHIS vendor selection. The DMH Data Warehouse will necessarily need to be redesigned to accommodate the large amount of new clinical and administrative data generated by IBHIS. Before that redesign can be developed, it is necessary to know the data structure and something of the functionality of the selected IBHIS vendor product.</p>
Capital Facilities (CF) Plan	<p>The MHSA Capital Facilities Component Proposal 30 day Public Review period ended on March 30, 2010, and no comments were received. On April 8th the Mental Health Commission hosted a Public Hearing at which the Proposal was presented and it was unanimously approved. The Capital Facilities Component Proposal was sent to the State on April 19th for approval.</p>
Incubation Academy	<p>There is no update this quarter for the Incubation Academy.</p>

MHSA Plan/Activity	Status/Accomplishments/Future Milestones
<p>Regional Partnership</p>	<p>Request for Services (RFS) to examine implementation of programs serving Older Adults is near completion. This project, Child STEPS, is currently being implemented in multiple providers.</p> <p>Dr. Bruce Chorpita of UCLA has been selected to conduct research into the outcomes of the evidence based practices for children under the Katie A. Agreement. In April 2010, Los Angeles County hosted a meeting of Regional Partnerships project teams from Southern California counties.</p>
<p>Workforce Education and Training (WET) Plan</p>	<p>A Board letter has been submitted to extend the Peer Support Training, Mental Health Recovery Specialist and Immersion Training Contracts through FY 2010-11. These RFSs are priority for release to ensure implementation by FY 2011-12.</p> <p>The Interpreter Trainings were successfully implemented and offered in four different service areas to reach a wide array of public mental health staff. They included three day trainings for staff in mental health programs who act as interpreters, and one day training for providers who utilize interpreters in their work with consumers. Follow-up consultation meetings are underway to support the application of the skills acquired in the training.</p> <p>WET has also taken the lead to increase the number of federally designated mental health professional shortage areas in Los Angeles County. There are currently only three areas designated in the entire County, although many more qualify due to the high rates of poverty and lack of psychiatric services. This endeavor includes educating and providing technical assistance to providers currently located in a designated area on how to become an eligible site. Once the site is eligible, staff can then qualify for up to \$145,000 in Federal Loan Forgiveness programs. Compton Mental Health Center in Service Area 6 was recently approved.</p>
<p>Prevention and Early Intervention (PEI) Plan</p>	<p>In March 2010, DMH conducted "PEI Transformation Evidence-Based Programs (EBPs) Kickoff Meetings" attended by over 800 persons on the six priority EBPs being implemented for the transformation of current DMH contract agency programs. The kickoff meetings provided an overview of the specific EBP, introduction to the DMH approved training and implementation protocols, an overview of the PEI Plan requirements for each EBP, performance-based criteria and outcomes, and services to be provided and billing. In April and May, DMH conducted a total of 12 training workshops on Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Seeking Safety, Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Triple P Positive Parenting Program, training 477 clinicians. DMH also planned and scheduled an additional 41 workshops to occur in June and July to train approximately 500 clinicians in these EBPs as well as Child Parent Psychotherapy (CPP) and Depression Treatment Quality Improvement Therapy (DTQI).</p> <p>DMH continued with the development of RFSs and the evaluation instruments for the PEI EBPs to be bid out for the Early Start and PEI services. These included Client Focused Strategies for Reducing Mental Health Stigma and Discrimination and the School Mental Health Demonstration Pilot in Service Area 6.</p> <p>Pursuant to the Board of Supervisors' approval on May 11, 2010, DMH began preparing Amendments to the DMH Legal Entity Agreements with 86 contract agencies that are having County General Fund (CGF) curtailments and are being given the opportunity to deliver transformed services such as EBPs, Promising Practices (PPs), and Community-Defined Evidence (CDEs) programs as part of the MHSA-PEI Plan. The Amendments will be effective through June 30, 2010.</p>

Full Service Partnerships (FSP)

The following table outlines Fourth Quarter FSP enrollment information for each age group:

Program	May 2010	
	# Enrolled	% Enrolled vs. capacity
Child	1,620	94%
TAY	1,099	93%
Adult	3,667	90%
Older Adult	270	89%
Total	6,656	91%

Field Capable Clinical Services (FCCS)

The following grid outlines Fourth Quarter data for FCCS programs for each age group.

Program	April 2010*
	# Served
FCCS – Child	1,925
FCCS – TAY	596
FCCS – Adult	4,040
FCCS – Older Adult	628
Total	7,189

* April data used due to lag time of May data entry and claiming.

Wellness/Client Run Centers

Program	April 2010*
	# Served
Wellness/Client Run Centers	13,933

* April data used due to lag time of May data entry and claiming.

DMH continues to make progress on the utilization of MHPA funded services. We thank you for the opportunity to brief your Board on the status of many programs.

If you have any questions regarding this report, please contact me at (213) 738-4601, or your staff may contact Robin Kay, Ph.D., Chief Deputy Director, at (213) 738-4108.

MJS:RK:DM:dig

- c: William T Fujioka, Chief Executive Officer
- Sheila Shima, Deputy CEO
- Sachi A. Hamai, Executive Officer, BOS
- Mental Health Commission