LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

PROGRAM SUPPORT BUREAU – QUALITY IMPROVEMENT DIVISION

CULTURAL COMPETENCY UNIT

CULTURAL COMPETENCE PLAN UPDATE – CY 2017

Criterion 8

Adaptation of Services

September 2017

Criterion 8: Adaptation of Services

I. Consumer-driven/operated recovery and wellbeing programs

The Los Angeles County Department of Mental Health (LACDMH) is invested in providing consumer-driven and wellbeing programs that are recovery focused and rich in peer involvement. Some examples include:

Wellness Centers

Wellness Centers are designed to provide culturally competent and recovery-oriented services for adults, age 18 or older, who live in the community or in identified Health Neighborhoods. Since 2014, Wellness Centers have expanded to include a broader spectrum of cultural competent services with enhanced peer support and engagement. The services and activities offered at the Wellness Centers are developed based on consumer-specific care plans that address the individualized needs and goals of each person.

Individuals seeking services at Wellness Centers are assessed to determine if participation in Wellness Centers will best meet their needs. When it is deemed that more intensive mental health services are required, such as Full Service Partnerships (FSP) or Field Capable Clinical Services Programs (FCCS), referrals are provided. Services are delivered by professional and paraprofessional staff who have the cultural and linguistic backgrounds to meet the needs of consumers. Service providers at Wellness Centers understand and utilize the strengths of the consumers' culture in service delivery, and their preferred languages to achieve the most effective outcomes.

Services provided at Wellness Centers ***(See Attachment 1: Listing of Wellness Centers):***

- Mental health services, inclusive of individual and group psychotherapy, mental health rehabilitation, and crisis management services
- Medication support services
- Targeted case management, linkage, and coordination for specialized services such as substance abuse, physical health, financial assistance, alternative treatment options, or other community resources needed to support recovery
- Mental health education that provides information regarding mental illness, the recovery model, and available services
- Physical health care screenings and access for insured and uninsured consumers
- Healthy living educational groups and self-help activities
- Biopsychosocial/spiritual assessment
- Peer support services provided by staff with lived experience in mental health
- Self-help and peer support groups for consumers, family members, caregivers, and conservators
- Housing support services
- Employment services that focus on supporting and preparing consumers for preemployment, competitive employment, and career development assessment

- Volunteer services to assist interested consumers in identifying and securing volunteer positions
- Referrals for family members, caregivers, and significant others to self-help groups and advocacy services in the community
- Older Adult (OA) services to meet the unique and diverse needs of older adults, age 60 and above
- Transitional Age Youth (TAY) services to meet the unique and diverse needs of youth in Wellness Centers
- Mechanisms for consumer and community feedback, which may take different forms such as consumer advisory boards and feedback surveys
- Benefit establishment
- Interagency collaboration and partnerships with community agencies
- Community integration services designed to continue the support of consumers who have moved along the recovery continuum, and who need some support to successfully integrate into the community

For FY 16-17, the Wellness Program remained the largest program serving the adult population. According to a sample survey from 13 providers and 2,017 consumers, Wellness and Client Run Center consumers reported improvement in their daily lives in the following areas:

- 71% usually or sometime did well in work/school/preferred activities
- 83% usually or sometime made progress in wellness/recovery goals
- 16% worked part or full time
- 86% usually or sometime were able to manage symptoms
- 82% usually or sometime felt welcomed and respected by staff
- 72% usually or sometime had opportunities to join social, spiritual, and/or recreational activities in their lives
- 50% were involved in meaningful activities
- 79% usually or sometime felt satisfied with their role in making decisions about their care
- 73% reported living in their own place (house or apartment), living with family, or living with roommates

Drop-in Centers

These centers provide temporary safety and basic supports for seriously emotionally disturbed and severely and persistently mentally ill TAY who are living on the streets or in unstable living situations. Drop-In Centers provide “low demand, high tolerance” environments in which TAY can make new friends; participate in social activities; and access computers, books, music and games. When the youth are ready, staff persons can connect them to the services and supports they need in order to work toward stability and recovery. Drop-In Center services include: showers, meals, clothing, computer and Internet access, DVD and games, social activities, peer support groups, linkage to mental health and case management services, linkage to substance abuse treatment, educational services, employment assistance, and housing assistance, among others.

Client-Run Programs

LACDMH funds 12 Client-Run Centers (CRC) through the Mental Health Services Act's (MHSA), Community Services and Supports (CSS) Plan. CRCs are designed to provide recovery, wellness, personal care planning, and other supportive services. CRCs are operated by consumers and peers. The Client-Run Programs provide the same services as the Wellness Centers with the exception of psychiatric services, medication support and prescription management. In addition, CRCs offer support groups, meeting space, and a welcoming environment for consumers to work together toward recovery. CRCs connect to their local communities, thereby creating new opportunities for consumers, providers and family members to challenge stigma and raise awareness of recovery. Although most of these programs operate under broader provider agencies, their innovation and recovery focus has helped foster a growing acceptance of consumer-provided services and supports.

Peer Resource Walk-In Center

LACDMH celebrated the grand opening of its Peer Resource Walk-In Center on May 1, 2017. The Peer Resource Center solidifies LACDMH's commitment to cultivate a space for consumers and community members to connect with each other. Resource center peer staff have lived experiences with mental illness, homelessness, and other issues. The goal of the Peer Resource Center is for all visitors to have a positive experience, which led to the development of its motto: "Heart forward" and its service philosophy of "Everyone leaves with something." The center is located at 550 South Vermont Ave., Los Angeles, CA 90020 and it is open on weekdays from 9:00 a.m. to 6:00 p.m. Special attention is provided to Center visitors from underserved communities such as persons with limited English proficiency and homelessness.

The Peer Resource Center offers mental health resources, information on LACDMH programs and services, linkages to vital public assistance and social service programs inclusive of housing support, job training, legal aid, and volunteer opportunities. In the event urgent situations arise, mental health staff of LACDMH's Outreach and Triage Bureau are on call to provide evaluation and crisis interventions.

The Office of Consumer and Family Affairs (OCFA)

The vision of the LACDMH OCFA is "partnering with consumers, families and the community to create hope, wellbeing, and recovery" ***(See Attachment 2: OCFA Brochure)***. As a representative of the consumer and family member voice, the OCFA acknowledges that the journey to recovery requires the expertise of consumers, family members, friends, multi-disciplinary teams and community partners.

OCFA services include:

- Advocacy
- Consumer-operated services
- Family-run non-profits collaboration
- Consumer leadership
- Solution focused support
- Hope and Recovery Conferences
- Trainings
- Conference sponsorships
- Quality Improvement

Service Extenders
Service Extenders are peer volunteers with lived experience and members of the OA FCCS inter-disciplinary team whose personal journeys inspire other consumers. They receive specialized training to serve as members of the team and are paid a stipend. The presence of Service Extenders in our system of care is essential. They understand their communities, speak their language, and are culturally sensitive to consumers' needs. Service Extenders provide supportive services, which help them comply with treatment and remain independent in the community. They also provide assistance in navigating the mental health system. During FY 15-16, LACDMH had 29 Service Extenders representing multiple ethnic backgrounds, cultural groups and language capabilities. Besides English, other languages spoken by Service Extenders are Cantonese, Farsi, Khmer, Korean, Mandarin, Russian, Spanish, Tagalog, and Vietnamese. Additionally, the LGBTQI2-S and OA communities are represented in the Service Extenders group.

II. Responsiveness of Mental Health Services

Recovery, Resilience and Reintegration - Community-Designed Integrated Service Management Model (RRR-ISM)
The RRR-ISM model provides a holistic model of care by incorporating components defined by the specific Underserved Cultural Communities (UsCC) subcommittees ***(See Attachment 3: UsCC Projects).*** The RRR-ISM model serves African/African-American (AAA), American Indian/Alaska Native (AI/AN), Asian Pacific Islander (API), Eastern European/Middle Eastern (EE/ME) and Latino communities. Additionally, the RRR-ISM promotes collaboration and community-based partnerships to integrate health, mental health, and substance use services together with non-traditional services to support recovery. A total of 10 RRR-ISMs have been implemented: One AAA, one AI/AN, three API, one EE/ME and four Latino. The culturally-effective services are grounded in ethnic communities with a strong foundation on community-based services, non-traditional healing practices, and natural support systems such as faith-based organizations, homeopathic healers, voluntary associations, recreational providers, and any other community-defined approach for wellness and recovery (e.g., music studios and community club houses). RRR-ISM providers incorporate these non-traditional healing practices as part of the treatment in response to the cultural needs of the various underserved and underrepresented groups that they serve. Further, Outreach and Engagement (O&E) strategies are provided by community leaders and community peers as a way to promote mental health services in a culturally relevant manner.

The RRR-ISM providers implement non-traditional services creatively to engage underserved communities. The 35 different non-traditional activities utilized by the RRR-ISM providers to engage underserved communities include: acupuncture/acupressure, art classes and presentations, art therapy, biofeedback sessions, coffee or tea clubs, chiropractic services, community social clubs, community walkathons, family picnics/concerts, cooking classes, dance, drumming classes, academic classes, faith-based activities, fitness activities, floral arrangement classes, gardening classes, grocery shopping, gym membership, healthy eating habits classes, jimjil-bang (Korean traditional spa), knitting support group, lesbian retreats, massage therapy, meditation classes, music

classes, nutrition classes, poetry reading, spiritual blessings/healer sessions, spiritual retreats, sports activities, tai chi, writing classes, yoga, and Zumba.

The provider outcomes for FY 15-16, demonstrate that ethnic communities respond favorably to the culture-specific (O&E) activities of the RRR-ISM ***(See Attachment 4: Report on Non-traditional Services)*.** Feedback gathered from the consumers' self-reports on RRR-ISM services revealed the following:

- Variety of non-traditional services available
  The most popular non-traditional services were acupuncture/acupressure, gym membership, fitness activities, cooking classes, yoga, and educational classes. The least popular non-traditional services were drumming classes, lesbian retreats, and biofeedback sessions
- Most helpful non-traditional activities
  The highest rating was given to acupuncture/acupressure, followed by faith-based activities and cooking classes
- Settings for non-traditional services
  The majority of consumers received non-traditional services at mental health provider offices, community/recreational centers, acupuncture centers, and places of worship
- Frequency of non-traditional services
  The majority of consumers reported receiving non-traditional services on a weekly basis
- Impact of non-traditional services received
  The feedback collected demonstrate that non-traditional services were useful in assisting consumers feel less anxious, less frustrated, happier, focus better, feel capable of pursuing their goals, experience a sense of harmony in life, have more energy and feel more self-confident
- Perceived value of non-traditional services received
  The majority of the consumers reported that the non-traditional services were provided in their preferred languages and done in a culturally sensitive manner. They also considered the non-traditional services to be an important element of their treatment as these activities improved their participation.

Telemental Health and Consultation Program

The LACDMH Telemental Health services continue to grow in terms of the number of hubs and language capability of staff. The Telemental Health Network allows for Limited English Proficiency (LEP) consumers to receive services from a psychiatrist who speaks their language, regardless of their geographic location. Currently, the language capacity of the Telemental Health program includes English, Spanish, Farsi and Ethiopian/Amharic ***(See Attachment 5: Telemental Health Brochures in English and Spanish).*** This program also serves the needs of persons with physical disabilities by making services more accessible and convenient. Telemental Health services are available at the following sites:

- Augustus F. Hawkins (AFH) Older Adults
- West Valley
- West Central
- Santa Clarita

- Antelope Valley Mental Health Center (MHC)
- Palmdale MHC
- Downtown
- Women's Reintegration
- Acton

The primary endpoints for the Telemental Health and Consultation program are located in Service Area (SA) 1. This remote part of Los Angeles County has consistently struggled with recruiting and retaining qualified psychiatrists. Services delivered by Telepsychiatrists via video teleconferencing allow consumers to still be seen at the mental health clinic that is closest to their place of residence.

Family Resource Centers (FRCs)
FRCs are welcoming and family-friendly centers within the community where families with children in need of mental health services obtain information, and participate in self-help groups and workshops. FRC services are designed for children, TAY, and their parents/relatives and other caregivers. Consumers who demonstrate moderate symptoms and no longer meet the criteria for enrollment in FSP or FCCS programs are eligible for enrollment in FRCs. Services are also made available to Children and TAY who have no prior mental health treatment history and could benefit from FRC services.

For FY 16-17, the Clinical Performance Improvement Program (PIP) focused on improving the services offered at FRCs. The goals of this PIP were: 1) track the number of unique consumers transitioned to a higher level of resiliency following implementation of the FRCs at the Children's MHCs and the number of consumers enrolled who had no prior LACDMH treatment history; 2) track reduction in the use of inpatient and urgent care services at three and six months post enrollment in FRC; 3) report satisfaction rates for consumers and their families on four subscales of the Mental Health Statistical Improvement Program (MHSIP) survey at three and six months post enrollment in FRC services; and 4) track the number of services provided (claims) to parents/family members and the unduplicated number of parents/family members receiving mental health services.

In February 2017, the process of developing the FRC workflow was initiated and the potential sources of referrals and the services that FRC programs will provide were discussed. The FRC implementation for Directly Operated (DO) programs is tentatively scheduled for October 2017.

The Vacancy Adjustment and Notification System (VANS)
During CY 2016, the VANS team made notable advancements toward enhancing the application such as linking it to the SRTS for making timely and appropriate appointments. The main purpose of this effort was to allow SRTS users to view currently available open program slots when offering an appointment to a potential consumer. This would increase the appropriateness of referrals by searching for slots by service type as well as provide geographic location options to the consumers. In CY 2016, SAs 2, 3, 6, and 8 implemented the VANS. With the expansion, LACDMH will now have all SAs update the VANS to provide more timely and appropriate referrals for the consumers.

MHSA Plan Consolidations

The original 24 Work Plans of the CSS plan were recently consolidated into six for purposes of improving service continuity, service capacity and administrative oversight. The six work plans under the new CSS Plan consolidation include: Planning, Outreach and Engagement (POE), FSP, alternative crisis, non-FSP RRR services, linkage, and housing. Table 1 summarizes the types of services that will be provided under each Work Plan.

TABLE 1: CSS CONSOLIDATED WORK PLANS

POE	FSP	Alternative Crisis Services	Recovery, Resilience & Reintegration Services (Non-FSP)	Linkage	Housing
• POE Teams	• FSP • FCCS (part of) • Family Support Services (C) • Family Crisis/Respite Care (C) • Housing FSP	• Residential & Bridging • Urgent Care Centers • IMD Step Down/Enriched Residential Services (A) • Countywide Resource Management • Mental Health-Law Enforcement Partnerships (MHSA funded)	• FCCS (part of) • Wellness/Client Run Centers (A) • TAY Drop In Centers • Probation Camp Services (T) • TAY Supported Employment • Family Wellness Resource Centers (C) • Integrated Care Programs • Crisis Resolution Services • Service Extenders (OA)	• Jail Linkage & Transition (A) • Service Area Navigation	• Housing for TAY and Adult • Housing specialists • MHSA Housing Program/Special Needs Housing Program • Housing Trust Fund • Housing support team for No Place Like Home

(A) - Adults **(C)** - **Children** **(T) - Transition Age Youth** **(OA) - Older Adult**

PEI Program Consolidation

The original PEI Plan identified 13 programs that have been consolidated into seven. This consolidation will improve the one-to-one correspondence between Evidence-Based Practices (EBP), Promising Practices, Community-Defined Evidence Practices (CDE), and the programs that counties are required to report on. Table 2 summarizes how the 13 programs have been consolidated into seven corresponding projects:

TABLE 2: PEI PROGRAMS AND PROJECTS

Existing PEI Programs		Consolidated Projects
Suicide Preventions		
1.	Latino Youth Program	PEI-01 Suicide Prevention
2.	24/7 Crisis Hotline	PEI-01 Suicide Prevention
3.	Partners in Suicide (PSP Team for Children, TAY, Adults, and OA	PEI-01 Suicide Prevention
Early Start-School Mental Health Initiative		
1.	School Threat Assessment and Response Team (START)	PEI-06 At-Risk Youth
Early Start-Anti-Stigma Discrimination		
1.	Family-Focused Strategies to Reduce Mental Health Stigma and Discrimination	PEI-02 Stigma and Discrimination Reduction
2.	Children's Stigma and Discrimination Reduction Project	PEI-02 Stigma and Discrimination Reduction
3.	Older Adults Mental Wellness	PEI-02 Stigma and Discrimination Reduction
School Based Services		
1.	Aggression Replacement Training	PEI-06 At-Risk Youth
2.	Cognitive Behavior Intervention for Trauma in School	PEI-04 Trauma Recovery Services
3.	Multidimensional Family Therapy	PEI-06 At-Risk Youth
4.	Promoting Alternative Thinking Strategies	PEI-05 Individuals and Families Under Stress
5.	Strengthening Families	PEI-06 At-Risk Youth
Family Education & Support Services		
1.	Caring for Our Families	PEI-03 Strengthening Family Functioning
2.	Incredible Years	PEI-03 Strengthening Family Functioning
3.	Managing and Adapting Practices*	PEI-05 Individuals and Families Under Stress
4.	Mindful Parenting Group*	PEI-03 Strengthening Family Functioning
5.	Promoting Alternative Thinking Strategies*	PEI-05 Individuals and Families Under Stress
6.	Nurse-Family Partnership	PEI-05 Individuals and Families Under Stress
7.	Triple P Positive Parenting Program	PEI-03 Strengthening Family Functioning
Risk Family Services		
1.	Brief Strategic Family Therapy	PEI-03 Strengthening Family Functioning
2.	Child-Parent Psychotherapy	PEI-04 Trauma Recovery Services
3.	Families OverComing Under Stress (FOCUS)	PEI-05 Individuals and Families Under Stress

Existing PEI Programs		Consolidated Projects
4.	Group Cognitive Behavior Therapy for Major Depression	PEI-05 Individuals and Families Under Stress
5.	Incredible Years	PEI-03 Strengthening Family Functioning
6.	Make Parenting a Pleasure	PEI-03 Strengthening Family Functioning
7.	Mindful Parenting Group*	PEI-03 Strengthening Family Functioning
8.	Parent-Child Interaction Therapy	PEI-05 Individuals and Families Under Stress
9.	Reflective-Child Interaction Therapy	PEI-03 Strengthening Family Functioning
10.	Triple P Positive Parenting Program	PEI-03 Strengthening Family Functioning
11.	UCLA Ties Transition Model	PEI-03 Strengthening Family Functioning
Trauma Recovery Services		
1.	Child-Parent Psychotherapy	PEI-04 Trauma Recovery Services
2.	Crisis Oriented Recovery Services S. Dialectal Behavior Therapy	PEI-05 Individuals and Families Under Stress
3.	Depression Treatment Quality	PEI-05 Individuals and Families Under Stress
4.	Group Cognitive Behavioral Therapy for Major Depression	PEI-05 Individuals and Families Under Stress
5.	Individual Cognitive Behavior Therapy	PEI-05 Individuals and Families Under Stress
6.	Parent-Child Interaction Therapy	PEI-05 Individuals and Families Under Stress
7.	Prolonged Exposure Therapy for Posttraumatic Stress Disorder	PEI-03 Strengthening Family Functioning
8.	Seeking Safety	PEI-04 Trauma Recovery Services
9.	System Navigators for Veterans	PEI-04 Trauma Recovery Services
10.	Trauma Focused Cognitive Behavioral	PEI-04 Trauma Recovery Services
Primary Care & Behavioral Health		
1.	Alternatives for Families -Cognitive	PEI-03 Strengthening Family Functioning
2.	Incredible Years	PEI-03 Strengthening Family Functioning
3.	Mental Health Integration Program	PEI-05 Individuals and Families Under Stress
4.	Triple P Positive Parenting Program	PEI-03 Strengthening Family Functioning
Early Care & Support for Transition Age Youth		
1.	Aggression Replacement Training	PEI-05 At-Risk Youth
2.	Center for the Assessment and Prevention of Prodromal States	PEI-05 At-Risk Youth

Existing PEI Programs		Consolidated Projects
3.	Group Cognitive Behavioral Therapy for Major Depression	PEI-05 Individuals and Families Under Stress
4.	Interpersonal Psychotherapy for Depression	PEI-05 Individuals and Families Under Stress
5.	Multidimensional Family Therapy	PEI-06 At-Risk Youth
Juvenile Justice Services		
1.	Aggression Replacement Training	PEI-06 At-Risk Youth
2.	Cognitive Behavioral Intervention for Trauma in School	PEI-04 Trauma Recovery Services
3.	Functional Family Therapy	PEI-06 At-Risk Youth
4.	Group Cognitive Behavioral Therapy for Major Depression	PEI-05 Individuals and Families Under Stress
5.	Loving Intervention for Family Enrichment	PEI-03 Strengthening Family Functioning
6.	Multidimensional Family Therapy	PEI-06 At-Risk Youth
7.	Multisystemic Therapy	PEI-06 At-Risk Youth
8.	Trauma Focused Cognitive Behavioral	PEI-04 Trauma Recovery Services
Early Care & Support for Older Adults		
1.	Crisis Oriented Recovery Services	PEI-05 Individuals and Families Under Stress
2.	Interpersonal Psychotherapy for Depression	PEI-05 Individuals and Families Under Stress
3.	Program to Encourage Active Rewarding Lives for Seniors (PEARLS)	PEI-05 Individuals and Families Under Stress
4.	Problem Solving Therapy	PEI-03 Strengthening Family Functioning
Improving Access for Underserved Populations		
1.	Group Cognitive Behavioral Therapy for Major Depression	PEI-05 Individuals and Families Under Stress
2.	Nurse-Family Partnership	PEI-05 Individuals and Families Under Stress
3.	Prolonged Exposure Therapy for Posttraumatic Stress Disorder	PEI-04 Trauma Recovery Services
4.	Trauma Focused Cognitive Behavioral	PEI-04 Trauma Recovery Services
American Indian		
1.	Project American Indian Life Skills	PEI-06 At Risk-Youth

*Indicates programs are new additions to the PEI Plan

III. Quality of Care: Contracted Providers

LACDMH Contractual Agreements

The LACDMH Legal Entity Contractual Agreement specifies that prospective Contractors shall provide services that are consistent with the Department's Cultural Competence Plan and all applicable Federal, State and local regulations, manuals, guidelines, and

directives. An extensive list of regulatory legislations is cited in the contractual agreement. The most significant for culturally and linguistically competent service delivery include:

The California Welfare and Institutions Code, Section 5600

- Mental health services shall be based on person-centered approaches and the needs of priority target populations. Services shall also be integrated and inclusive of assertive outreach to homeless and hard-to-reach individuals and evaluated for effectiveness

Title IX

- Objectives and strategies need to be in place to improve the organization's cultural competency
- Population assessment needs and service provider/organizations assessments are to be conducted in order to evaluate cultural and linguistic competence capabilities
- Specialty mental health services listings need to be made available to beneficiaries in their preferred language
- Cultural competency trainings need to be made available for all staff including administration and management

LACDMH Organizational Provider's Manual for Specialty Mental Health Services under the Rehabilitation Option and Targeted Case Management Services

- Program staff needs to reflects the cultural, linguistic, ethnic, age, gender, sexual orientation and other social characteristics of the community that the program serves
- Special consumer needs and interventions employed to meet those needs must be documented
  - Visual and hearing impairments
  - Language interpretation services
  - Cultural considerations
- Assessments need to identify the consumers' strengths, stages of recovery, and special service needs related to gender, ethnicity, preferred language, and other relevant information
- Documentation needs to include any relevant conditions and psychosocial factors affecting the consumer's physical health and mental health; including living situation, daily activities, social support, cultural and linguistic factors and history of trauma or exposure to trauma
- Treatment Plans need to reflect individualized and strength-based services, address language interpretation needs, support family involvement, and encourage consumer input and participation

IV. Quality Assurance: Culturally Relevant Consumer Outcome Measures

The MHSIP Survey

This survey is designed to measure overall consumer satisfaction and has seven subscales: Perception of General Satisfaction, Perception of Access, Perception of Quality and Appropriateness, Perception of Participation in Treatment Planning, Perception of Outcomes, Perception of Functioning and Perception of Social Connectedness. The Adult MHSIP survey is administered to adults, ages 18 to 59. The OA MHSIP survey is administered to adults, age 60 and above. The Youth Services Survey for Youth (YSS) is administered to children ages 13 to 17, and the Youth Services Survey for Families (YSS-F) is administered to families of children who are 0-12 years old.

The survey items by age group are as follows:

YSS-F

- I felt my child had someone to talk to when he/she was troubled
- The location of services was convenient for me
- Services were available at times that were convenient for me
- Staff was sensitive to my cultural/ethnic background
- My child gets along better with family members
- My child is doing better in school and/or work
- In a crisis, I would have the support I need from family or friends

YSS

- I felt I had someone to talk to when I was troubled
- The location of services was convenient for me
- Services were available at times that were convenient for me
- Staff was sensitive to my cultural/ethnic background
- I get along better with family members
- I am doing better in school and/or work
- In a crisis, I would have the support I need from family or friends

Adult survey (ages 18-59 years)

- The location of services was convenient for me
- Staff was willing to see me as often as I felt it was necessary
- Services were available at times that were good for me
- Staff was sensitive to my cultural background
- I deal more effectively with daily problems
- I do better in school and/or work
- My symptoms are not bothering me as much

Older Adult survey (ages 60 years and over)

- The location of services was convenient
- Staff was willing to see me as often as I felt it was necessary
- Services were available at times that were good for me
- Staff was sensitive to my cultural background
- I deal more effectively with daily problems
- I do better in school and/or work
- My symptoms are not bothering me as much

LACDMH conducts consumer satisfaction surveys twice a year. The MHSIP Survey is utilized and administered to consumers served in randomly-selected Outpatient Clinics. During the period of May 16 to May 20, 2016, surveys were collected from youth using the YSS, from adults using the Adult Survey, and from older adults using the Older Adult Survey. In addition, families of youth completed a survey for services received by their children using the YSS-F. For the spring of 2016 survey period, 8,549 surveys were returned. The findings revealed the following:

- 44.9% (N = 3,841) were from Adults
- 6.0% (N = 511) from Older Adults
- 33.3% (N = 2,847) from YSS-F
- 15.8% (N = 1,350) from YSS
- Surveys returned by language
  - 78.6% (N = 6,596) of the return surveys were in English
  - 20.3% (N =1,708) in Spanish
  - 1.1% (N =92) of the surveys were returned in additional languages such as Chinese, Russian and Vietnamese
- Over 94% of respondents reported having written materials available to them in their preferred language and over 96% reported receiving their services in their preferred language
- Among YSS-F and YSS, the highest mean score was for Perception of Quality and Appropriateness at 4.5 and 4.3, respectively (on a Likert scale of one to five, with five representing the highest score)
- Among Adult and Older Adult surveys, the highest mean score was for General Satisfaction with 4.4 and 4.6 respectively (on a Likert scale of one to five, with five representing the highest score)
- The County average for YSS-F and the Adult surveys was higher than the State and the U.S. average on all the seven subscales
- Trending data from the previous three survey periods (May 2015 to May 2016) showed
  - 3.1% increase in satisfaction with “Location of services was convenient”
  - 1.2% increase in “Services were available at times that were convenient”
  - 1.1% increase in “Staff were sensitive to my cultural/ethnic background”
  - 1.3% increase in “Doing better in school and or work,” across all the four survey types
- YSS-F and YSS reported a 2% and 1.2% respectively increase in satisfaction with “I felt my child/I had someone to talk to when he/she/I was troubled”
- Older Adults reported a 2% increase in “Staff was willing to see me as often as I felt was necessary,” and “I deal more effectively with daily problems”

The following tables and figures summarize the Follow-up Data County Performance Outcome results obtained during the May 2016 survey period.

FIGURE 1: SURVEYS RETURNED BY AGE GROUP AND SA

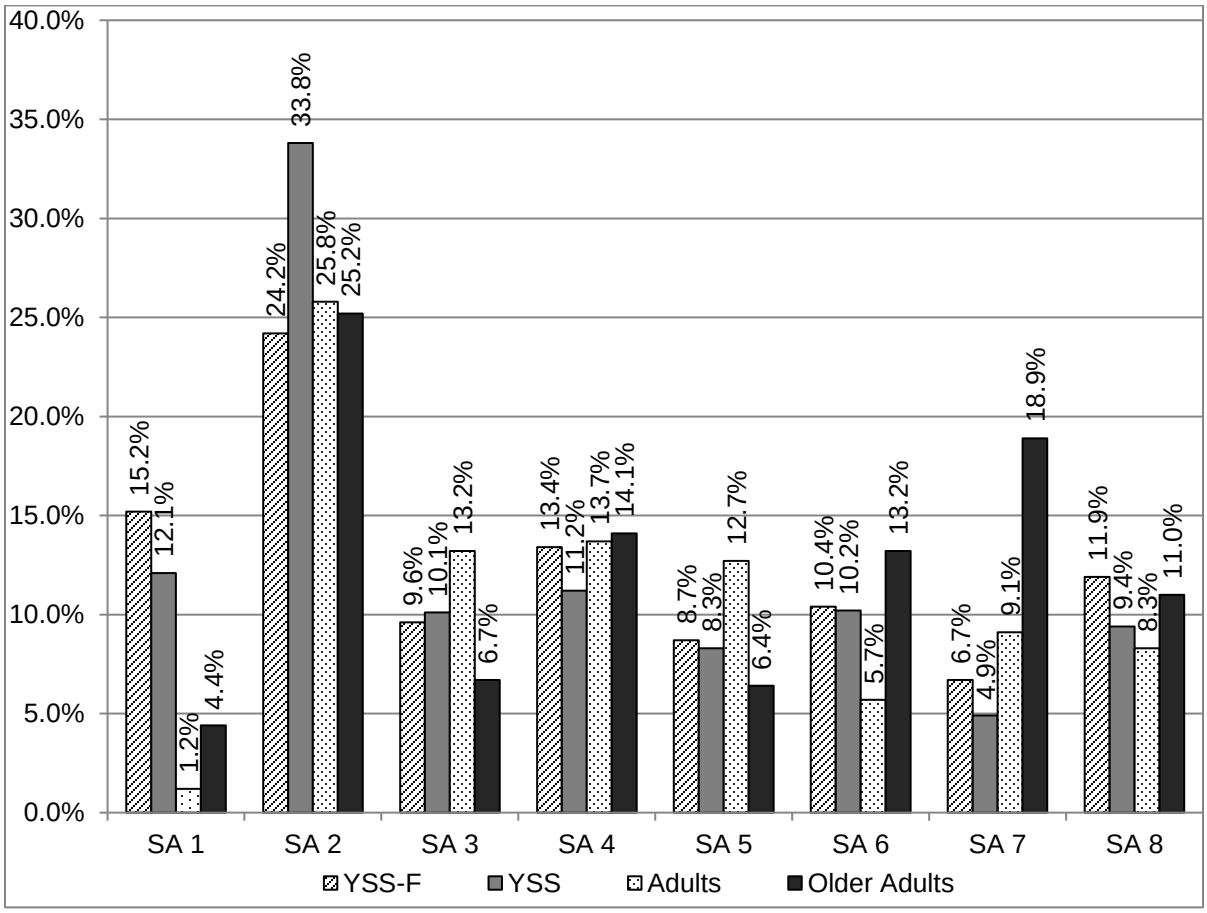


Figure 1 shows the May 2016 MHSIP Response Rate for Surveys completed from randomly selected LACDMH funded Outpatient Clinic and Day Treatment Programs. The Response Rate for Surveys completed was calculated by dividing the number of surveys completed by the number of consumers that received face-to-face services within randomly selected LACDMH funded Outpatient Clinic and Day Treatment Programs during the May survey period. The Total Response Rate for May 2016 MHSIP Survey was 12.0% (i.e. 7,121/ 59,180). Adults had the highest Response Rate at 13.0%, followed by Older Adult at 9.9%. The Response Rate among YSS was 9.5%, and 7.7% among YSS-F.

Figure 1 also shows that SA 2 had the highest number of Surveys Returned from all Age Groups. SA 2 returned 33.8 % of YSS surveys, 25.8% of Adult surveys, 24.2% of YSS-F surveys, and 25.5% of Older Adult surveys.

FIGURE 2: SURVEYS COMPLETED BY LANGUAGE AND AGE GROUP

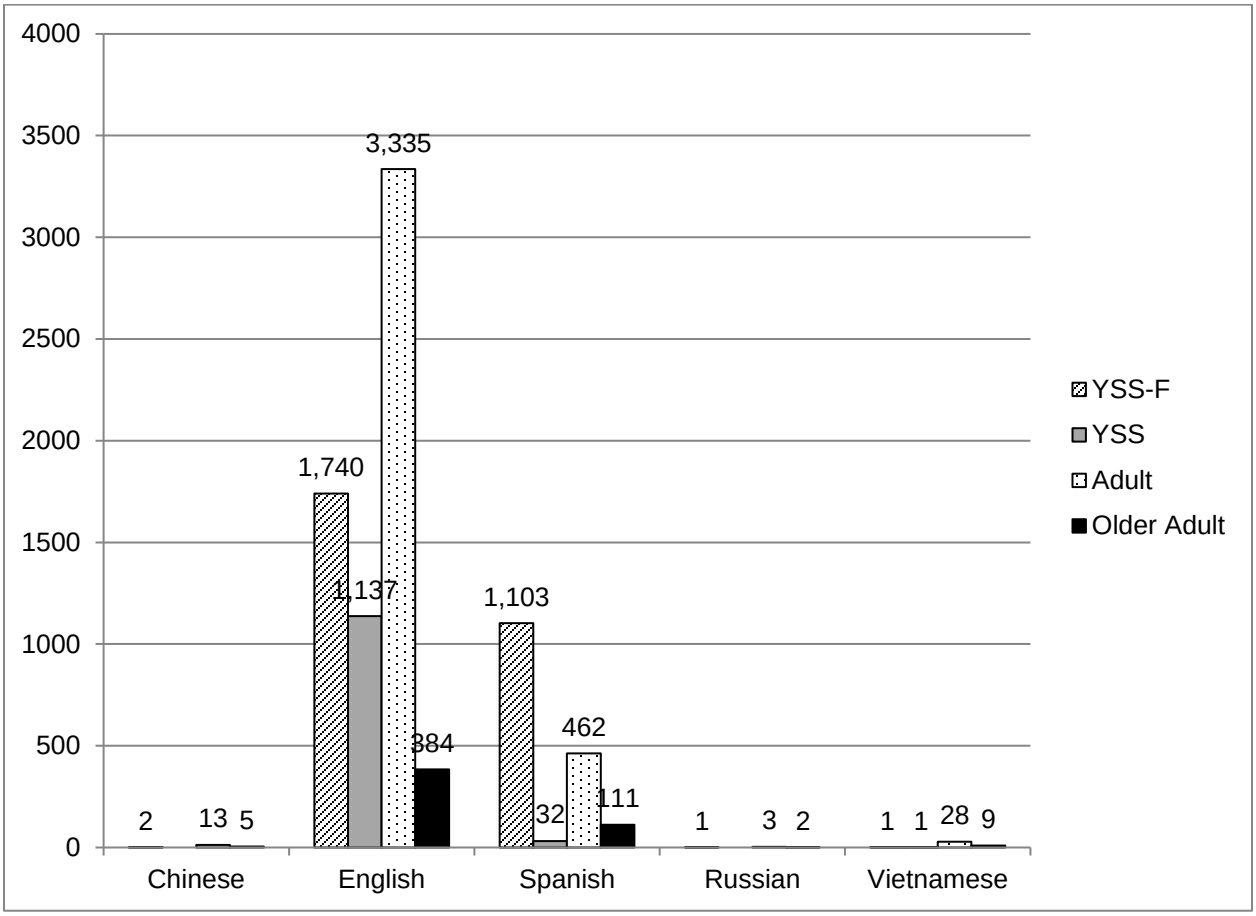
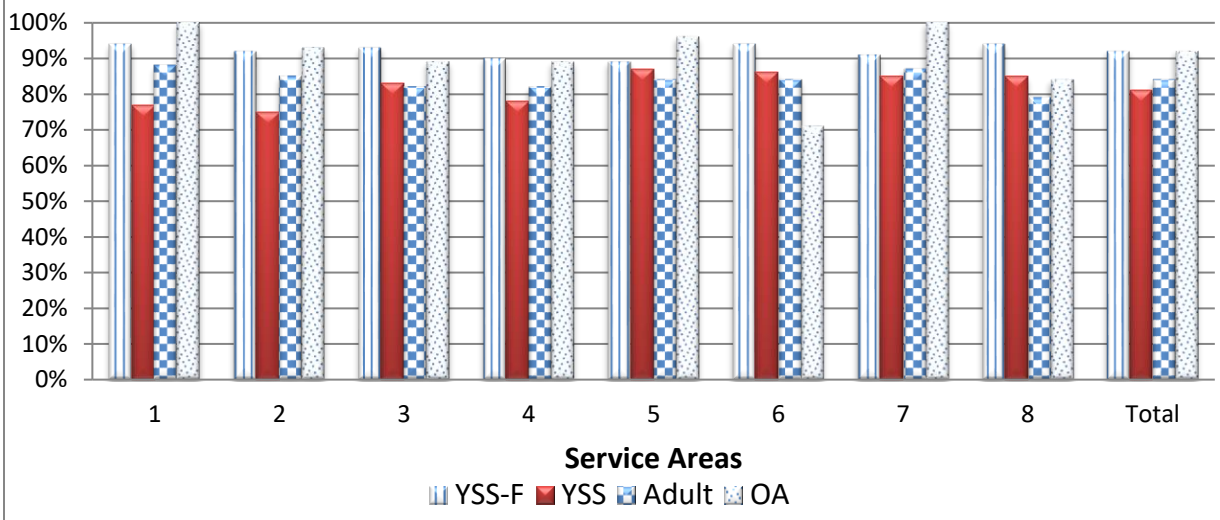


Figure 2 shows that the majority of consumers 6,596 or 78.6% completed surveys in English. A total of 1,708 or 20.3% completed surveys in Spanish. Most of the Spanish surveys were completed by the families of Youth (N = 1,103) followed by Adults (N = 462) and Older Adults (N = 111). Only 32 youth completed the YSS survey in Spanish. A combined total of 65 or 0.8% of the surveys were completed in other languages such as Vietnamese (N = 39), Chinese (N = 20) and Russian (N = 6).

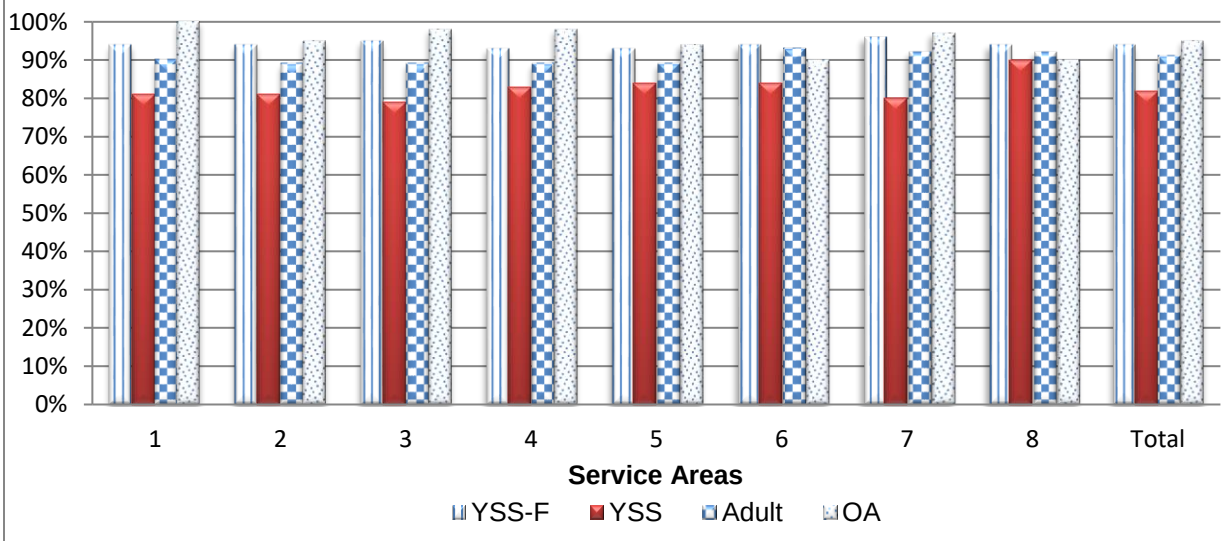
The highest percentage of consumers who 'agreed' or 'strongly agreed' with "the location of services was convenient for me" was in SAs 1, 6, and 8 at 94% for YSS-F, in SA 6 at 86% for YSS, in SA 1 at 88% for Adults and in SAs 1 and 7 at 100% for Older Adults.

FIGURE 3: "THE LOCATION OF SERVICES WAS CONVENIENT FOR ME"



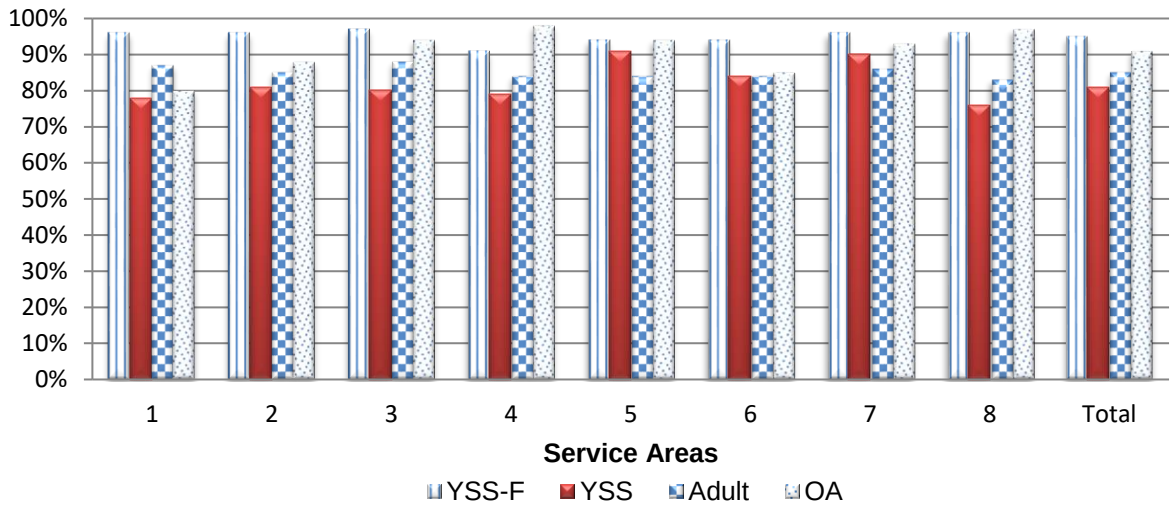
The highest percentage of consumers who 'agreed' or 'strongly agreed' with "the location of services was convenient for me" was in SAs 1, 6, and 8 at 94% for YSS-F, in SA 6 at 86% for YSS, in SA 1 at 88% for Adults, and in SAs 1 and 7 at 100% for Older Adults.

FIGURE 4: "SERVICES WERE AVAILABLE AT TIMES THAT WERE CONVENIENT/GOOD FOR ME/US"



The highest percentage of consumers who 'agreed' or 'strongly agreed' with "services were available at times that were convenient/good for me/us" was in SA 7 at 96% for YSS-F, in SA 8 at 90% for YSS, in SA 6 at 93% for Adults and in SA 1 at 100% for Older Adults.

FIGURE 5: "STAFF WAS SENSITIVE TO MY CULTURAL/ETHNIC BACKGROUND"



The highest percentage of consumers who 'agreed' or 'strongly agreed' with "staff was sensitive to my cultural/ethnic background" was in SA 3 at 97% for YSS-F, in SA 5 at 91% for YSS, in SAs 3 and 8 at 88% for Adults and in SA 8 at 97% for Older Adults.

The complete MHSIP Report can be accessed at
http://psbqi.dmh.lacounty.gov/pdf/Reports/May_2016_MHSIP_Report.pdf

CalWORKs Consumer Satisfaction Report

The CalWORKS Division completed the "Consumer Satisfaction Report for 2016: A Component of the Outcome Monitoring Implementation Study" ***(See Attachment 6: CalWORKS Consumer Satisfaction Report).*** This report summarizes the consumer satisfaction outcomes with the CalWORKs services which include:

- Crisis Intervention
- Individual and family assessment and treatment
- Individual, group, and collateral treatment services
- Specialized vocational assessments
- Supported Employment – Individual Placement and Support
- Life skills support groups
- Parenting effectiveness
- Medication management
- Case management, brokerage, linkage and advocacy
- Rehabilitation, support, vocational rehabilitation and employment services
- Home visits
- Community outreach

The study took place from October 2014 through February 2016 and included the 659 consumers from 54 providers. The study analyzed consumer satisfaction responses on four satisfaction measures:

- Helpfulness of services
- Satisfaction with services
- Respectfulness of staff providing services
- Likelihood of consumer recommendation of services to a friend

The following tables summarize the findings of the study:

TABLE 3: PERCEIVED HELPFULNESS OF SERVICES, OVER TIME
(Percent is shown. N = 113)

Services Helped?	Baseline	Qtr1	Qtr2	Total
Helped a lot	49.54	66.96	70.80	62.57
Helped some	37.61	25.89	28.32	30.54
Helped a little	11.01	6.25	0.88	5.99
Did not help	0.92	0.89	0.00	0.60
Made things worse	0.92	0.00	0.00	0.30
Total	100.00	100.00	100.00	100.00

Table 3 shows that consumer satisfaction with the helpfulness of services increases over time. "Services helped a lot increased from a baseline of 49.5% to 66.9% in the first quarter, and to 70.8% in the second quarter.

TABLE 4: SERVICE SATISFACTION, OVER TIME
(Percent is shown. N = 113)

How satisfied?	Baseline	Qtr1	Qtr2	Total
Extremely satisfied	35.14	41.59	53.98	43.62
Very satisfied	45.05	42.48	38.94	42.14
Moderately satisfied	14.41	14.16	4.42	10.98
Somewhat satisfied	3.60	0.88	1.77	2.08
A little dissatisfied	0.90	0.88	0.88	0.89
Dissatisfied	0.90	0.00	0.00	0.30
Total	100.00	100.00	100.00	100.00

Table 4 shows that consumer satisfaction with services increases over time. The category "extremely satisfied" increased from a baseline of 35.1% to 41.5% in the first quarter, and to 53.9% in the second quarter.

TABLE 5: WERE CONSUMERS TREATED WITH RESPECT, OVER TIME
(Percent is shown. N = 113)

How satisfied?	Baseline	Qtr1	Qtr2	Total
Yes by all staff	92.92	94.69	92.92	97.01
By almost all staff	3.54	5.31	6.19	2.99
By most staff	3.54	0.00	0.88	0.00
Total	100.00	100.00	100.00	100.00

Table 5 shows the results for consumer satisfaction regarding the respectfulness they were treated with. The category "yes by all staff" increased from a baseline of 92.9% to 94.6% in the first quarter, although the percentage of satisfaction dropped to 92.9% in the second quarter.

TABLE 6: HOW LIKELY WOULD CONSUMERS RECOMMEND SERVICES TO A FRIEND, OVER TIME
(Percent is shown. N = 113)

How satisfied?	Baseline	Qtr1	Qtr2	Total
Extremely likely	49.54	58.04	62.83	56.89
Very likely	45.87	32.14	30.97	36.23
Quite likely	1.83	6.25	4.42	4.19
Somewhat likely	0.92	2.68	0.88	1.50
A little likely	0.92	0.89	0.88	0.90
Total	100.00	100.00	100.00	100.00

Table 6 shows the results for "how likely are consumers to recommend services to a friend". The category "extremely likely" increased from a baseline of 49.5% to 58% in the first quarter, and to 62.8 % in the second quarter.

SB 82 Mental Health Triage Evaluation

Mobile Triage Teams (MTT)

The MTT reach out to persons with mental health issues who live on the streets and assist them in finding permanent housing and provide supportive services, thereby optimizing well-being and recovery. The teams provide field-based O&E, triage, and assessment for mental health services. MTT targets individuals and families who are homeless or at risk of homelessness, and veterans and adults, age 60 and older. All individuals are offered linkage to appropriate service and resources based on their eligibility. Targeted case management and short-term, transitional mental health services are provided to connect consumers to the services they need. MTT workers walk the streets in partnership with other County Departments, city governments and community-based organizations, offering resources and assistance to persons in need.

LACDMH has successfully implemented eight MTTs that are mobile in all SAs. Each team has a clinical supervisor, two psychiatric social workers and four community workers with lived or shared experience. The MTTs enter the

information of all persons served into a database for documentation. This database tracks the number of times each person was provided some type of service, referrals, and linkages. As of March 31, 2016, the MTTs accomplished the following outcomes ***(See Attachment 7: Mobile Health Triage Team Report)*:**

- Successfully engaged 647 consumers
- Conducted 4,113 service contacts
- Provided 1,413 referrals to other services, such as mental health and housing programs
- 425 consumers (66%) received at least one referral. Of those consumers, 242 (57%) were successfully linked to a service
- 647 consumers served with linkages to mental health services. Of these consumers, 278 consumers (43%) received at least one referral to a mental health service; 170 consumers (61%) were successfully linked to mental health services; 87 consumers (51%) were still receiving some type of mental health service 60 days after they were linked to a mental health service
- 246 consumers (38%) were provided a referral to at least one housing service. Of these consumers, 96 (36%) obtained the referral and were housed, and 23 consumers received permanent housing to date

In terms of consumer satisfaction, the MTT surveyed consumers once the Teams' intervention ended. The purpose of the survey was for the consumer to evaluate his or her experience with the MTTs and the services received. The survey utilized a five-point Likert Scale ranging from "strongly agree", "somewhat agree", "neutral", "strongly disagree", to "somewhat disagree" for the five statements below:

- I was provided with the services and resources that I need
- I am satisfied with the SB 82 services I received
- Staff communicated with me in a way that I understand
- I was treated with dignity and respect
- I would recommend these services to someone else in need. The survey also allowed participants to provide additional comments on their experience with MTTs

For FY 15-16, a total of 54 surveys were collected and evaluated. The results of the surveys were as follows:

- 84% of consumers strongly or somewhat agreed that they were provided with the services and resources they needed
- 86% of consumers strongly or somewhat agreed that they were satisfied with the SB 82 services they received
- 94% of consumers strongly or somewhat agreed that the staff communicated with them in ways they understood
- 96% of consumers strongly or somewhat agreed that they were treated with dignity and respect
- 90% of consumers strongly or somewhat agreed that they would recommend the MTT program to someone else in need.

- In the additional comments section, most statements were positive and indicated satisfaction with the MTTs.

Forensic Outreach Teams (FOTs)

Four FOTs were implemented in January 2016. The FOT services are provided by 14 LACDMH Contracted providers specialized in working with individuals who have histories of criminal justice involvement. Services are provided in the jails and the community with the goal of successfully transitioning individuals from jails to community-based mental health services upon their release from jail. Each consumer served by the FOTs is tracked to account for the number of referrals made and actual intake appointments kept. For FY 15-16, 78 consumers were served, 74 consumers (95%) received at least one referral to a mental health service out of which, 49 consumers (66%) showed up for an intake appointment.

Crisis Transition Specialist Teams (CTST)

The goal of the eight CTSTs is to engage persons receiving services at the urgent care centers and provide intensive case management for up to 60 days following their discharge. Services aim at symptom stabilization and linkage to on-going services within the local community. Of the 212 consumers served in FY 15-16, 125 consumers (59%) received at least one referral to a mental health service and 49 consumers (40%) presented for an intake appointment. Each consumer's record is reviewed to track any incarcerations or hospitalizations 30 days after triage by the CTST. The review findings revealed that 13% of the consumers served were treated in an inpatient psychiatric unit, none were treated in a psychiatric emergency site, and 6% were incarcerated in the Los Angeles County jail mental health units.

24/7 Crisis Hotline

The services provided by the Early Start Suicide Prevention Program include:

- Community outreach and education in the identification of the suicide risk and protective factors
- Linkage to mental health services
- Improvements to the quality of care available to individuals contemplating, threatening, or attempting suicide
- Increasing access to evidence-based interventions
- Suicide prevention hotline training
- Building the infrastructure to further develop and enhance suicide prevention programs throughout the County across all age groups and cultures

For FY 15-16, the 24/7 Suicide Prevention Crisis Line responded to a total of 66,231 calls, chats, and texts originating from Los Angeles County, including Spanish-language crisis hotline services to 3,744 callers. Korean and Vietnamese language services are also available on the Crisis Hotline. The majority of calls (49%) were concerning suicidal intent, with the remaining concerns being depression (37%) relationship/family issues (37%), past suicidal ideation/attempt (30%), and anxiety/stress (26%). Additionally,

various outreach events were conducted in Los Angeles and Orange Counties. In Los Angeles County, 3,852 persons were reached through these outreach efforts.

V. Grievances and Complaints

LACDMH monitors grievances, appeals and requests for State Fair Hearings and their resolution. The following tables summarize the number and percentage of inpatient and outpatient grievances and appeals by reason, level and disposition.

TABLE 7: INPATIENT AND OUTPATIENT GRIEVANCES AND APPEALS FY 15-16

CATEGORY	PROCESS			
	GRIEVANCE	APPEAL	EXPEDITED APPEAL	State Fair Hearing
ACTIONS				
NOTICE OF ACTION - A		1		
NOTICE OF ACTION - B				
NOTICE OF ACTION - C				
NOTICE OF ACTION - D				
NOTICE OF ACTION - E		1		
ALL OTHER ACTIONS				
ACTIONS – TOTAL BY CATEGORY	N/A	2	0	5
PERCENT	N/A	100.0%	0.0%	41.7%
ACCESS				
SERVICE NOT AVAILABLE	2			
SERVICE NOT ACCESSIBLE	6			
TIMELINESS OF SERVICES	2			
24/7 TOLL-FREE ACCESS LINE				
LINGUISTIC SERVICES				
OTHER ACCESS ISSUES	1			
ACCESS - TOTAL BY CATEGORY	11	N/A	N/A	1
PERCENT	4.1%			8.3%
QUALITY OF CARE				
STAFF BEHAVIOR CONCERNS	67			
TREATMENT ISSUES OR CONCERNS	56			
MEDICATION CONCERN	27			
CULTURAL APPROPRIATENESS	9			
OTHER QUALITY OF CARE ISSUES	24			
QUALITY OF CARE - TOTAL BY CATEGORY	183	N/A	N/A	2
PERCENT	68.5%			16.7%
CHANGE OF PROVIDER	3	N/A	N/A	

CATEGORY	PROCESS			
	GRIEVANCE	APPEAL	EXPEDITED APPEAL	State Fair Hearing
CHANGE OF PROVIDER - TOTAL BY CATEGORY	3			1
PERCENT	1.1%			8.3%
CONFIDENTIALITY CONCERN	7	N/A	N/A	
CONFIDENTIALITY CONCERN - TOTAL BY CATEGORY	7			
PERCENT	2.6%			

Note: Grievances and appeals data is limited to Medi-Cal beneficiaries. Data Source: LACDMH Patients' Rights Office (PRO), October 2016.

Table 7 shows the total number of inpatient and outpatient grievances and appeals by category in FY 15-16. The majority of inpatient and outpatient grievances were related to Quality of Care (68.5%), followed by Other (23.6%), Access (4.1%), Confidentiality Concern (2.6%), and Change of Provider (1.1%). Table 8 also shows that among the inpatient and outpatient grievances and appeals in FY 15-16, there were 267 grievances, two appeals, and 12 requests for State Fair Hearings.

TABLE 8: INPATIENT AND OUTPATIENT GRIEVANCES AND APPEALS DISPOSITION
FY 15-16

CATEGORY	DISPOSITION		
	COMPLETED	REFERRED OUT	PENDING as of June 30
ACTIONS			
NOTICE OF ACTION - A	1		
NOTICE OF ACTION - B			
NOTICE OF ACTION - C			
NOTICE OF ACTION - D			
NOTICE OF ACTION - E	1		
ALL OTHER ACTIONS			
ALL OTHER ACTIONS - TOTAL BY CATEGORY	2	0	0
PERCENT	0.9%	0.00%	0.00%
ACCESS			
SERVICE NOT AVAILABLE	2		
SERVICE NOT ACCESSIBLE	5		1
TIMELINESS OF SERVICES	2		
24/7 TOLL-FREE ACCESS LINE			
LINGUISTIC SERVICES			
OTHER ACCESS ISSUES	1		
ACCESS - TOTAL BY CATEGORY	10	0	1
PERCENT	4.4%		2.4%

CATEGORY	DISPOSITION		
	COMPLETED	REFERRED OUT	PENDING as of June 30
QUALITY OF CARE			
STAFF BEHAVIOR CONCERNS	61		6
TREATMENT ISSUES OR CONCERNS	43		13
MEDICATION CONCERN	20		7
CULTURAL APPROPRIATENESS	9		
OTHER QUALITY OF CARE ISSUES	16		8
QUALITY OF CARE - TOTAL BY CATEGORY	149	0	34
PERCENT	65.6%	0.0%	81.0%
CHANGE OF PROVIDER	3		
CHANGE OF PROVIDER - TOTAL BY CATEGORY	3		
PERCENT	1.3%		
CONFIDENTIALITY CONCERN	5		2
CONFIDENTIALITY CONCERN - TOTAL BY CATEGORY	5	0	2
PERCENT	2.2%	0.00%	4.8%
OTHER			
FINANCIAL	7		
LOST PROPERTY	9		
OPERATIONAL	9		
PATIENTS' RIGHTS	6		3
PEER BEHAVIORS	2		
PHYSICAL ENVIRONMENT	6		
OTHER GRIEVANCE NOT LISTED ABOVE	19		2
OTHER - TOTAL BY CATEGORY	58	0	5
PERCENT	25.6%	0.00%	11.9%
GRAND TOTALS	227	0	42
PERCENT	84.4%	0.0%	15.6%

Note: Grievances and appeals data is limited to Medi-Cal beneficiaries. Data Source: LACDMH Patients' Rights Office (PRO), October 2016.

Table 8 shows the disposition of the 269 grievances and appeals in FY 15-16, of which 227 (84.4%) were resolved and 42 (15.6%) were reported as still pending.

The complete Quality Improvement Work Plan Evaluation Report can be accessed at http://psbqi.dmh.lacounty.gov/QUALITY%20IMPROVEMENT/QI%20Evaluation%20Report%202015.pdf

Criterion 8 Appendix

Attachment 1: Listing of Wellness Centers

Wellness and Client Run Contacts.xls

Attachment 2: OFCA Brochure

OCFA Brochure 2016.pdf

Attachment 3: UsCC Projects

2017 UsCC Projects OEE Summary.zip

Attachment 4: Report on Non-traditional Services

NTReport_June2017 with averages FINAL.p

Attachment 5: Telemental Health Brochures in English and Spanish

Telemental Health Brochure (English).pu

Telemental Health Brochure (Spanish).pu

Attachment 6: CalWORKS Consumer Satisfaction Report

CALWORKS Consumer Satisfaction

Attachment 7: Mobile Health Triage Team Report

SB82 Program Evaluation Report.doc