COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SYSTEM LEADERSHIP TEAM MEETING
Wednesday, September 21, 2011 from 9:30 AM to 12:30 PM
St. Anne's Auditorium
155 N. Occidental Blvd., Los Angeles, CA 90026

REASONS FOR MEETING

1. To provide an update from the County of Los Angeles Department of Mental Health.
2. To give an update on the State budget and related issues.
3. To provide an update on MHSA Housing Partnerships.
4. To provide ideas on how to strengthen the System Leadership Team for 2012.

MEETING NOTES

I. Review Meeting Agenda and Materials

A. No corrections were made to the July 20, 2011 SLT meeting notes.

II. Department of Mental Health – Update

A. *Marvin J. Southard, Director*, County of Los Angeles, Department of Mental Health, provided a Department of Mental Health update.

1. Assembly Bill 109—Criminal Justice Realignment was passed. On October 1, 2011, prisoners will be released and the implementation of this legislation will affect everyone on the SLT.

   The State designated $2,275 per individual for treatment purposes. With approximately 8,000 individuals to be released, this amounts to approximately $18 million of funds provided by the State. The State's initial plan was to divide the $18 million into the following three categories:

a. Mental Health Treatment	$6 Million
b. Substance Abuse Treatment	$6 Million
c. Ancillary Services	$6 Million
TOTAL	**$18 Million**

   Each County organized a planning process to coordinate the implementation of this program, and LA County's process was complicated. LA County decided to co-invest a significant portion of the funds between Public Health and Mental Health. The funds were divided and placed in a pool that focused on co-occurring disorder treatment needs.

2. The plan in LA County is to enroll every individual released in the Low Income Health Plan (LIHP). As individuals are released from prison, they should be quickly enrolled in the LIHP, which draws a federal match for those services. In this way, $6 million in LA County funds can become $12 million through a federal match.

To this end, DMH issued a Request for Information for entities that had (a) expertise in treating forensic populations, (b) expertise in treating populations with co-occurring disorders, (c) a connection with Healthy Way LA, and (d) an existing contract with DMH. An $8 million bid was released by DMH, resulting in a response of about 50 entities. DMH ranked the entities that met the minimum qualifications per Service Area (SA). The goal was to start contracting with one or two entities in each SA and to expand the number of providers as the needs were clarified.

3. DMH will invest in directly operated programs at West Central, South Los Angeles, Downtown Mental Health, and Antelope Valley Mental Health. These directly operated programs were identified as highly likely to receive released individuals.

4. DMH will purchase IMD Step Down resources to address the likelihood of seeing released individuals in very acute phases of illness. These released individuals will likely need to be placed into a psychiatric hospital, and in some cases in an IMD.

5. Released individuals will have 72 hours to report to a Probation hub. DMH will be co-locating staff at these hubs, which will be responsible for conducting screenings and assessments. A case plan will be developed for each individual; it would include their mental health and/or substance abuse treatment plan.

6. The California Department of Corrections and Rehabilitation (CDCR) was responsible for providing the released parolees' mental health information. However, the packets of information received by DMH so far have not contained detailed information about the parolees, such as diagnosis, medication, progress, and other pertinent information. Due to the lack of information, treatment cannot be pre-planned. While negotiations with CDCR have been friendly, they have been unproductive with regards to obtaining detailed mental health information. Although HIPPA requirements and confidentiality concerns have been raised, there is also a possibility that CDCR's medical records are not organized in a way that can be easily shared.

7. Although the program was meant for individuals receiving community supervision, the program actually seems more like a referral of people who are not ready for community supervision. DMH is attempting to set up procedures whereby ambulances bring the released parolees to County hospital emergency rooms on a 5150.

8. The Los Angeles County Board of Supervisors decided to send a five-signature letter to the Governor stating, "we will refuse to accept individuals for whom we do not have the medical records and who are in psychiatric crisis."

9. A participatory process is needed to develop a community plan, which Probation will lead. It will be important that all stakeholders and communities work together and intelligently to support the parolees. DMH should model how to work together and demonstrate how fear will not be the primary issue that drives decision-making. The SLT will be a great venue to convene and think about how to deal with community, Probation, and mental health issues.

B. Feedback

1. Comment: We should welcome the released parolees as any other individuals who come off the streets. If DMH continues to try to get medical records, it will be frustrating and not productive.
    a. Response: Thank you. The COJAC screener will be used as the screening mechanism in the Probation hubs, which screens for substance abuse, mental health, and trauma. Since it is a trauma informed screener, it will help identify underlying issues.

2. Question: How are parolees going to be integrated into the regular mental health system? Are parolees going to be categorized as a discrete group with discrete sets of services?
    a. Response: Parolees will be tracked discretely for accountability purposes. However, parolees will be receiving the same array of services as anyone else in the system. The calculation was made based on a presumption of the needs of the target population, which involved a certain percentage of parolees needing Full Service Partnerships (FSPs), Field Capable Clinical Services (FCCS), and/or medication only. These types of services would be offered through the LIHP. If parolees are 133 % under the poverty threshold, are residents of LA County, and have the proper immigration status, they should all be eligible for the LIHP. For a variety of reasons, it is in the County's interest to expedite the enrollment of parolees in the LIHP. As parolees are released, they should be in the Probation hub within 72 hours, their needs screened, and have access to an array of services and benefits.

3. Question: Although the funding source will be different, if someone needed to be enrolled in a FSP would they still receive the same services?
    a. Response: Yes.

4. Question: Why are we using dollars to purchase more IMD beds rather than FSPs?
    a. Response: Out of the NRP population, there were 212 individuals who ended up being admitted to IMDs. The IMD resource has been overused. There are about 200 people on the waiting list. Therefore, it is important to increase the number of IMD beds to address the anticipated need.

5. Question: How much money is being put towards IMD beds?
    a. Response: The exact amount of money is unknown. However, the Board will be told that about $1 million will be invested.

6. Comment: We should invest $1 million in FSPs, instead.
    a. Response: Unfortunately, if there are high-level felons in the mix of released individuals, they cannot be placed in FSPs.

7. Question: Are high-level felons going to be released?

   a. Response: The individuals who are going to be released are those whose last offense was non-violent, non-sexual, and non-dangerous. However, this does not mean that these individuals had not committed previous high-level offenses.

8. Question: Who is representing peers in this process?
   a. Response: The Probation Department led a stakeholder planning process, which was responsible for developing the LA County plan. The stakeholder planning process received extensive public input from individuals with lived experience in the correctional system.

9. Comment: DMH should consider what would work for everyone when engaging in collaboration efforts with other entities.
   a. Response: Yes.

10. Question: Is there an estimate of how many parolees have a mental illness?
   a. Response: The estimates indicate that 30 percent have a mental illness and 95 percent have a substance abuse issue. However, there are parolees whose mental illness was not their primary issue. Instead, the issue of co-occurring substance abuse was highlighted.

11. Comment: The cultural and ethnic differences of the parolees should be considered.
   a. Response: I agree.

12. Question: I have a question on the total dollar amount and the dollar allocation. If there were $3 million available out of $6 million, and if $1 million was for the IMDs, then what is the $2 million for? Was the $2 million for directly operated programs?
   a. Response: Unfortunately, the final breakdown is unknown. Originally, $4 million was going to be pooled with the Alcohol and Drug Programs, to make an $8 million pool that would be matched by the LIHP, thus increasing the total amount. The initial plan proposed using $1 million for directly operated programs and $1 million for IMDs.

13. Question: What happens if the parolees get arrested?
   a. Response: If parolees get arrested, they would go back to jail.

14. Question: Will parolees get arrested regardless of the claim?
   a. Response: If parolees violate parole, they will go to jail. If parolees violate parole with something that was a little out of line, they will likely be held for a length of time referred to as 'flash incarceration.' For instance, if parolees give a dirty urine test they would probably be 'flash incarcerated,' which may translate into a week in jail. However, if parolees commit a serious crime, they would go directly to prison.

15. Question: What is LIHP?

a. Response: LIHP is the Low Income Health Plan. In preparation for health reform in 2014, Medicaid will be expanding through LIHP. In Los Angeles, LIHP is called 'Healthy Way LA.'

16. The following questions were posed, and due to time constraints, Dr. Southard provided a response to some of these questions but not to all. His response follows the list of questions.

a. Comment: Different communities are concerned about the release of parolees and want to know who will be coming to each community. What capacity exists in these communities to meet the needs of released parolees, especially those who have critical needs? What has been the discussion about the safety of the community and service providers in places who will be receiving a disproportionate amount of parolees?

b. Question: What interventions will DMH provide at the point of release—that is to say, when people are at the bus stop coming out of State prison—to make sure they show up to the Probation Hub?

c. Question: What re-socialization model is going to be utilized to help prisoners reintegrate into society?

d. Comment: What kind of planning or coordination can be helpful at the SPA community level?

e. Question: I am concerned that released parolees will end up in State hospitals and County facilities that are already impacted. How will the released parolees receive psychiatric treatment in an already impacted system?

f. Question: In anticipation for the release of parolees, a concern was shared pertaining to safety and level of preparation in the community. More discussion was requested.

17. Response:

a. One of the major issues with AB 109 is identifying what types of parolees are going to be released. The State needs to send the right people so that DMH can be successful with treatment and integrating these individuals back into the community.

b. We know that racial/ethnic minorities are over-incarcerated in California because of the Strike Law and Drug War strategies that have targeted these populations.

c. DMH needs to carefully address the public policy challenge and the underlying issue at the same time. The broader public policy challenge is to reduce the incarceration rates, and the more specific underlying issue for DMH is to show that effective treatment can help reduce the incarceration rate and recidivism.

d. In some ways, AB 109 is an opportunity to test the viability of this non-incarceration, treatment approach to support the success of these people in the community over the long run. However, the viability of this approach depends on the State system releasing the right individuals. It should not send individuals who are acutely psychotic because it will likely break the system on the front end, because we do not have the resources to treat this group.

III. State Budget and Related Issues

A. *Susan Rajlal, Legislative Analyst*, County of Los Angeles, Department of Mental Health, provided an update on the State budget and related policy and legislative issues. For additional information, please refer to handouts titled, "State Governance Of Current Department of Mental Health Functions That Are Neither Part of Medi-Cal Nor State Hospitals Including Activities Needed That Are Not Currently Being Done," "State Administration of Community Mental Health," and "NAMI California."

1. Assembly Bill 1297, Assembly Bill 396, and Senate Bill 695 were sent to the Governor Brown.
   a. AB 1297 relates to the use of federal upper-payment limits and certified public expenditures. It includes making State billing regulations in-line with the federal regulations.
   b. AB 396 relates to Medi-Cal and to juveniles coming out of juvenile institution requiring acute care. This bill would help them receive Medi-Cal in LA County and in all counties.
   c. SB 695 also relates to Medi-Cal. It states that juveniles in institutions are eligible for Medi-Cal until they are adjudicated. These juveniles will not have to leave and go to an acute care facility. With the services they receive, they would be eligible for Medi-Cal, which would bring more money into LA County.

2. The State budget was passed and it projects more income for this year. Revenue remained as originally projected, and the first triggers to the budget would be postponed to November 1st.

3. Transitions continue as a result of the dismantling of the State Department of Mental Health. The transfer of responsibilities and functions to the Department of Health Care Services (DHCS) is still underway. Due to the immense amount of input provided to DHCS, the final draft of the report was postponed in order to address several complexities. DHCS may convene work groups with people at the county and community level. DHCS wants to keep the report opened as a draft until March 2012.

   a. Several handouts were distributed highlighting the varied issues important to the mental health community. For instance: (a) It is important to have someone representing mental health issues at a high level in policy decisions and who keeps mental health in the forefront of the administration's work; (b) Cultural competence needs to be a prominent issues; and (b) Avoiding fragmentation is paramount.

4. There is conference call on Friday, September 23, 2011, and on Friday, September 30, 2011, with the State Department of Mental Health. Input can be submitted via the State Department of Mental Health's website. There are opportunities to inform everyone in Sacramento about what is important to the mental health community.

IV. Building Hope Through Housing Partnership

A. *Maria Funk, Ph.D., District Chief*, Countywide Housing, Employment, and Education Resource Development, and *Reina Turner, MS, Division Chief*, Countywide Housing, Employment, and Education Resource Development presented on the County of Los Angeles, Department of Mental Health, Adult Justice, Housing, and Employment Education Services.

B. Panelists:

1. Channa Grace, Executive Director of WORKS
2. Sarah White, Senior Project Manager Clifford Beers Housing, Inc.
3. Shannon Legere, Homeless Innovations Manager, Mental Health America
4. Yolanda Christian, Tenant
5. Darrell Nichols, Tenant

C. Feedback

1. Question: What is the average waiting time when someone is identified as appropriate for the facilities? How long does it take to get into a facility?
   a. Response: Different agencies have different criteria. For example, once a building is approved and the Housing Authority labels it as Section 8, then individuals would need to submit an application. Afterwards, individuals who submit applications are screened, go through the Housing Authority, and complete the Section 8 application, which would pay the subsidy. To speed up the process, the Housing Authority agreed to conduct interviews on site. In regards to the 'Shelter Plus Care Program,' it takes an average of two months from working on the application until moving into the facility. There are several and different steps along the way.

2. Question: Are referrals for potential clients obtained from contract agencies?
   a. Response: Yes, referrals for potential clients are obtained from directly operated and contract agencies.

3. Question: Are the referrals obtained from case managers?
   a. Response: Correct. Everyone going into an MHSA-funded unit must be certified as MHSA eligible. It is important to ensure that clients are going into those MHSA units.

4. Question: In regards to 28th Street YMCA, I have a question about the allocation of construction jobs for people in the community where the construction takes take place. Typically, with construction proposals, a certain amount of jobs are allocated

to the people who live in the community. However, when the job starts, you often do not see anyone from the community working of those jobs. Who oversees and ensures that contractors follow the rules and hire people from the community?

a. Response: The 28th Street YMCA project has a loan from CRLA, that is, the redevelopment agency. There is a local hiring plan for the construction site. In fact, 30 percent of the construction jobs need go to local residents. The goals to hire locally are attached to the loan. The jobs coordinator works with the contractor to ensure that the jobs are given to local residents. The jobs coordinator accesses information from a database that lists people looking for construction jobs in the local area.

5. Question: Who monitors that the local hiring is actually met in the end?
   a. Response: The jobs coordinator has the responsibility to monitor. The Coalition for Responsible Community Development (CRCD) was a partner on that project, and they operate a local Youth Build program. Individuals who complete the local youth build program training at Los Angeles Trade Tech were onsite helping, volunteering, and getting experience working on the construction sites. A local Youth Build chapter was involved in job training at the 28th Street YMCA site, too.

6. Question: Can the difference between project-based and tenant-based be clarified?
   a. Response: Tenant-based refers to people with a voucher or certificate where they would have to find a landlord who is willing to accept their voucher or certificate. Project-based refers to specific MHSA-funded buildings. In this case, when the tenant leaves a MHSA-funded unit the affordability stays with the building. Under project-based, the tenant does not have to look around to find a landlord. Everyone who moves into an MHSA-funded building will have a rental subsidy.

7. Question: Is there integration of tenants with intensive services and with FSP in project-based buildings?
   a. Response: People in FSP programs are going into the buildings and the FSPs are providing services to those clients. FSP programs will be the primary referral base into the buildings. However, MHSA funded units are not restricted to FSP tenants only. For instance, MHSA funded units may also serve those individuals who are homeless and have an active case with DMH.
   b. Response: In other words, FSPs will continue providing services to the tenants living in the buildings. Similarly, clients living in the building and in a FCCS program will continue receiving services from their FCCS program provider.

8. Question: What happens if a developer has partnered with a mental health agency that has FSP slots and fills them all up by the time a building opens?
   a. Response: MHSA funded buildings were not restricted to FSPs because we were not able to guarantee open slots by the time the buildings opened.

9. Question: Is Downtown Mental Health's FSP providing the services?

a. Response: The Ford Apartments have a strong relationship with Downtown Mental Health. There are 90 MHSA units in that building. The units are filling up because their FSP program has 1,500 homeless individuals, which have the priority. During the partnership meetings, a major point of discussion was whether or not priority should be given to FSP programs. It is not a cookie cutter approach. The best approach for each individual project is being figured out.
b. Response: One of the reasons why service providers want to come forward and be partners is because they can have housing for their clients. Some of them are enrolled in a FSP, but some clients are homeless and not enrolled in a FSP.

10. Question: What kinds of issues are talked about in the support group?
    a. Response: Based on personal experience, there is a lot of learning happening. Our support group is client run, and there is a lot of collaboration. Last week, a lawyer spoke about tenant rights. This week, the support group will talk about money management. If you know of any other resources, please let us know.
    b. Response: There is also a Residents Council meeting once a month.

11. Question: What can be done to improve services for the folks in Service Area 3?
    a. Response: A development project is starting in Pomona. The work being done in Service Area 3 includes using existing market-rate rentals and partnering with Section 8 and other rental subsidies. The service infrastructure needs to be developed whereby everyone is working together in a mobile way to serve people in the scattered-site model.

       Also, about $2.2 million will be disseminated through Service Area 3. The San Gabriel Consortium is a group of service providers that has been working together for more than 30 years. There is also the Coordinating Council, which has some individuals from the San Gabriel Consortium, but also includes individuals from a group of City Managers. Both groups are trying to work together to move towards areas of mutual interest.

12. Question: In regards to Service Area 3, can you add the Pasadena Mental Health Advisory Committee to your list?

13. Question: How can the peer provider approach and integration into housing opportunities be improved?
    a. Response: I can provide you a Resource Directory book.

14. Comment: Service Area 3 is in the early stages on working on their MHSA housing plan.
15. Comment: Eight Resource Directories for Probation officers were developed recently, one for each Service Area. If anyone is interested, more and specific information can be shared through email.

16. Question: How individuals maintain their apartment and not lose it? What skills will these individuals need to help them keep their apartment?

a. Response: Why not increase counseling services and visits to clients once a week to track what is going on in the apartments? In other words, if clients need help, help needs to be provided.

17. Comment: A portion of the MHSA program requires that every project have client-run services. However, there was never any discussion about whether those client-run services should be available prior to the release and to help people transition into housing. The onsite supportive services are meant to assist the tenants with the initial transition.

18. Comment: If individuals are going to be placed in permanent housing, they need to have all the support they can get.

V. Public Comments and Announcements

A. Announcement: A reminder that NAMI Walk will take place Saturday, October 1, 2011 at 3rd Street Promenade in Santa Ana, CA.

B. Comment: Proper support structures do not exist for those transitioning into housing.

C. Comment: The challenges faced by transitional foster youth, particularly African American youth, were highlighted. The statewide community services support plan fails to adequately meet the needs of transitional age foster youth. This priority population is overrepresented in many of our systems and is clearly in crisis. There are few programs emerging from the CSS plan, which are solely focusing on TAY, prison, and juvenile justice systems. In order to eliminate the fail first approach, the importance of integrating the systems was highlighted. Individuals who refuse to listen, support, and advance practical and innovative solutions need to be challenged. The AAA intervention proposals will overlook the crisis that this population is undergoing. We need to use a significant percentage of the $16 million to immediately address systematic transformational changes and be proactive in our efforts to address mental health issues and create new access point that benefit all Angelinos.

D. Announcement: There will be training at UCLA regarding evaluating the Mental Health Act. An additional meeting is planned for February 2012.

E. Question: Will there be enough room in housing units to accommodate families to live together to support children with mental health problems?

F. Question: How long does it take for a family to qualify for Section 8?

VI. Meeting adjourned at 12:30 PM.