

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
SYSTEM LEADERSHIP TEAM MEETING
Wednesday, January 18, 2012 from 9:30 AM – 12:30 PM
St. Anne’s Auditorium
155 N. Occidental Blvd., Los Angeles, CA 90026

PURPOSE

1. To provide an update from the County of Los Angeles Department of Mental Health.
 2. To give an update on the State budget.
 3. To give an update on the Information Technology (IT) Plan.
 4. To provide a presentation on evaluating the impact of Prevention and Early Intervention (PEI).
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MEETING NOTES

I. Review Meeting Agenda and Materials

- A. No corrections were made to the November 16, 2011, meeting notes.

II. Department of Mental Health – Update

A. Ongoing Projects

1. Overall, the major challenges with the implementation of AB 109 have been met. More importantly, there is a process in place whereby individuals released from prison are referred and linked to appropriate levels of services. Individuals released in poor health conditions are linked for 51/50 evaluations and inpatient care. Other individuals are linked to IMD step down programs, residential programs, and full service partnership (FSP) programs. The Department has spent about \$1 million through the first quarter of implementation. The general treatment allocation fund for mental health services is about \$6 million. The Department understands and is prepared for the gradual increases in expenditures due to the cumulative nature of the programs. The initial challenge with the screening process has been largely met. However, the issue with individuals being referred for treatment and do not show up for treatment was underscored. Specifically, on the substance abuse side, a large number of individuals who are referred for treatment have not showed. There is a major legal effort in process seeking to address this issue.
2. The contract for ancillary services has not been finalized and is currently going through the Probation Department.
3. The implementation of the health reform strategy is growing less robustly than anticipated. Technical assistance will be provided to agencies that have not submitted bills.

4. The Department has been working in partnership with the Probation Department on the juvenile camps. Higher standards have been established and the Department expects to bring all provisions into compliance.
5. In regards to child welfare, the Department has been working closely with an expert panel. The State Katie A. settlement has given the Department the opportunity for a different kind of Medicaid benefit. The Medicaid benefit will be beneficial for the Department's ability to provide services to children and their families.
6. Over the course of the year, the Department will engage in a process to take down some administrative barriers and partitions within services in order to establish a new service model that integrates the funding services from MHSA, County General Fund, and so forth.
7. The Integrated Behavioral Health Information System (IBHIS) will begin implementing an electronic medical record, a quality assurance system, and an outcome tracking system for the public mental health work. The implementation of IBHIS will take a couple of years. The Department is tending to the curriculum, training, and engagement of the workforce in this process.

B. Challenge Grants

1. There are \$1 billion funds available for Challenge Grants nationwide. The proposals are due on January 27, 2012. The final decisions will be made by March 2012 and implementation should start by July 2012.
2. The Department is involved in at least three proposals. The proposals cover a three-year period and up to \$30 million. In other words, the proposals can involve \$10 million per year for three years. However, the requirements are complicated. The proposals need to outline an innovative approach that improves the overall health outcomes for clients while saving money.
3. A major effort in Los Angeles County includes a partnership between the Department of Mental Health, the Health Department, primary partners, the University of California Los Angeles (UCLA), and Service Employees International Union (SEIU), where the paraprofessional workforce will coordinate care for high-cost individuals in the mental health and health system. The effort will try to determine if health care costs can be reduced and if the savings can be reinvested in additional care.
4. The second proposal involved the Department of Mental Health in partnership with L.A. Care, the California Institute of Mental Health, the California Social Work Education Center (CalSWEC), the University of

Southern California (USC), UCLA, SEIU, the Department of Public Health, Substance Abuse Prevention and Control (SAPC), and others to develop a training program for peers as health care coordinators. USC is coordinating the program in conjunction with Pacific Clinics to use the Department's *promotora* program, SEIU's work program, and Substance Abuse specialists. A team would be developed to work with LA Care's population of seniors and persons with disabilities (SPD). The SPD population accounts for about 12 percent of the Medicaid population and about 40 percent of the Medicaid expenditures. The curriculum will be developed by USC.

5. The third proposal that involves Department is centered in South Los Angeles where the main innovation is a community-based urgent care center on the grounds of Martin Luther King Hospital.

C. Challenge and Future of the System Leadership Team

1. The final portion of the update pertained to the proposed outline for the next line of decision-making work for the SLT. The Department is planning for an increase of MHSA funds. There may be a 20 percent increase in tax receipts. If that is the case, then the Department will have more PEI and CSS funds to think about how to expend. The process for the SLT consisted of the following steps:
 - a. First, the SLT would look at the existing curtailments that need to be filled back.
 - b. Second, the SLT will look at the missing pieces in the system that needs to work better.
 - c. Third, the SLT will identify new things that the Department needs to make the system work better.

D. Feedback

1. Question: In regards to the Challenge Grants, is the Department seeking partnerships with other agencies that can perform workforce training?
 - a. Response: At this point, the Department is not seeking additional partners. However, if the Department receives the grant, additional partners may be sought.
2. Question: Will children and youth be included as part of the three Challenge Grants or are they geared for people over the age of twenty-two?
 - a. Response: In practice, the Challenge Grants are geared towards individuals over the age of twenty-two because most children have access to health care resources outside of the Affordable Care Act expansion. However, there are some SPDs who are youth.

3. Comment: A suggestion was voiced to do prevention work when individuals are younger.
4. Comment: The governor of California stated that the State Department of Mental Health would oversee funding for MHSA and have discretion over the programs. The association of mental health directors is trying to understand what the governor meant by the terms used in the budget statement.
 - a. Response: The Oversight and Accountability Commission is responsible for the oversight functions of MHSA at the local level. The State Department of Mental Health no longer exists as a separate department. The governor was referring to statewide funds that the State already had control over.
5. Question: Will the Department involve unions in the administrative simplification process?
 - a. Response: Yes, unions will be involved.
6. Question: How will the SLT be involved?
 - a. Response: First, the budget mitigation workgroup will be used to work on replacing previous budget cuts. Second, there would be a dialogue with the Board offices to identify ideas and priorities. These ideas and priorities will be brought to the SLT for consideration and feedback. A detailed road map of the process will be developed soon.
7. Question: Will the SLT be initiating any new ideas?
 - a. Response: The design for the SLT process will need to be crafted together. A proposal will be presented to the SLT and if there were agreement around the process, then that would be the blueprint for planning.
8. Question: In regards to the SPD population and corresponding costs, is the 'S' part of the SPD population still those individuals under the age of 65?
 - a. Response: Yes, for the most part they are under the age of 65.
9. Comment: In addition to looking at children's programs, the budget mitigation work group should also look at adult and older adult programs.
 - a. Response: The reference to children was not meant to be exclusive.
10. Question: A concern was raised over the lack of consideration of 16 and 17 year-old individuals. What is Los Angeles County doing to include the families of 16 and 17 year-old individuals who are not considered children but considered TAY?

- a. Response: The response to this question is unique to each different program. In some cases, the eligibility criteria and legal status can be specific. In other cases, the criteria can be more general. A response to this question cannot be addressed generically.

11. Question: Are the Challenge Grants federal and connected with the new health law?

- a. Response: Yes.

12. Question: Is the Department going to be involved in the three grants?

- a. Response: Currently, the Department is a major partner in three grants.

III. State Budget – Update

A. *Susan Rajjal, Legislative Analyst, County of Los Angeles, Department of Mental Health*

1. The governor's proposed budget comprises a shortfall of \$9.2 billion. Meeting the shortfall would require a combination of increases in revenue and budget cuts. The initiative to increase revenue would need voter approval in the upcoming November 2012 elections. Increasing sales tax by half of a percent and increasing the taxes of individuals earning high incomes by one percent would help meet half of the budget shortfall.
2. In regards to mental health, the realignment initiative will also need voter approval because the funding needs to be guaranteed prior to the counties being held responsible for the programs.
3. A proposed increase for the State hospital rates could be as high as 20 percent. Los Angeles County Department of Mental Health currently has 222 beds for civil commitments at the State hospital, which would increase the cost by \$8 million annually. The State Department of Mental Health has not been transparent in how costs are calculated. The California Mental Health Director's Association (CMHDA) has been working to understand how these costs are developed. While at the same time, the State Department of Mental Health has laid off about 600 employees throughout the State hospital system.
4. Another concerns involved the proposed transfer of Healthy Families to MediCal. According to the legislative analyst's report, there are 800,000 children in Healthy Families in CA. Healthy Families has a smaller scope of service than standard MediCal. In fact, Healthy Families does not serve 19 to 21 year-old individuals whereas MediCal does. Thus, the Department may expect increases in the number of children who come in for mental health services.

5. A major area of change in the proposed budget was CalWorks. The proposal would limit the mental health services for the parent to one year in the program.
6. The proposed budget appears to include a slight increase of about 4 percent for Managed Care funds. However, the initial analysis from CMHDA identified an \$87 million shortfall. Therefore, CMHDA and the financial committee is trying to understand the figures and help the State Department of Mental Health and the Department of Finance attain a realistic vision of what would be necessary to sustain the current level of services.
7. Another concern involved the recommendation that \$1.1 million of State general funds be sent to the Department of Social Services, including licensing, certification services, and quality improvement functions.
8. The early mental health initiative would receive \$15 million for the Department of Education.
9. The Office of Statewide Health Planning and Development (OSHPD) would receive \$12.3 million of MHSA funding and it would be responsible for mental health workforce education and training programs.
10. The Mental Health Services Oversight and Accountability Commission will administer the contracts that advance consumer voice and empowerment.

B. Feedback

1. Question: What is L.A.O.?
 - a. Response: The State Legislative Office.
2. Question: Would the SSI payments for consumers be cut?
 - a. Response: The budget proposal did not indicate any cuts for SSI payments.
3. Question: Would MediCal payments for doctors be cut?
 - a. Response: A lawsuit is pending. Cuts cannot go through until lawsuits are settled.
4. Question: How is the shift of the statewide cultural competency initiative to the Department of Public Health going to affect the ability to implement mental health programs?
 - a. Response: The concern over the shift of cultural competency to the Department of Public Health was mutual. Unfortunately, the response was not known.

5. Question: Can more information be provided over the \$12.3 million?
 - a. Response: The Office of Statewide Health Planning and Development will receive \$12.3 million for mental health workforce education and training.
6. Question: Is the \$12.3 million going to DHCS?
 - a. Response: No, the \$12.3 million will be going to the Office of Statewide Health Planning and Development, which is at the State level.
7. Question: Has there been discussion in regards to the Senate Committee on health taking up the single payer system?
 - a. Response: There will be a joint hearing between the Senate and Assembly in Sacramento, CA on February 21, 2012, where the Department of Mental Health and the community mental health system as a whole will be looked at.

IV. Information Technology Plan – Update

A. *Robert Greenless, Ph.D., Chief Information Officer, County of Los Angeles, Department of Mental Health, provided an update on the Information Technology Plan. For additional information, please refer to the slides entitled, “Integrated Behavioral Health Information System (IBHIS).”*

B. Feedback

1. Question: Can more information be provided over the functionality of the administrative data and clinical data management? How might the functionality impact clinical staff?
 - a. Response: The element of eligibility, insurance coverage, claims, and bills were referred as part of the process. In regards to the administrative data, there is a focus on inputting the client’s demographic information into the system. In regards to the clinical side, the focus is on assessments, treatment plans, and the documentation of any services provided.
 - b. Response: At the end of a therapy session, the session will be documented in the system. In an effort to streamline the internal process, all information for a claim will be documented and there will be no separate data entry for each claim.
2. Question: Will providers have access to the knowledge of whether prescriptions were filled?
 - a. Response: The prescription process is complicated. There is an intention to go to a pharmacy benefit manager and an electronic prescribing system.

3. Question: What are the policies for accessing Facebook® and Google's YouTube® on consumer computers?
 - a. Response: The policies are the same as the libraries and they do not block Google's YouTube® and Facebook®. However, if the computer is inside the DMH network, then access to those websites will remain blocked until the policies change.
4. Question: A concern was voiced over DCFS' access to mental health family information and HIPPA? Will DCFS be held according to DMH's HIPPA policy?
 - a. Response: Several county lawyers are working out the issue.
5. Question: Is CMS starting to pay for telepsychiatry?
 - a. Response: This was suggested as something to build in, particularly when looking at the frail homebound older adults. This is a cost effective way to deliver the service.
 - b. Response: At this point, a major commitment was made to the infrastructure.
6. Question: Can the PowerPoint slides be shared?
 - a. Response: Yes, the PowerPoint slides will be shared.
7. Question: Will contractors be able to use NetSmart as opposed to the other vendors?
 - a. Response: Unfortunately, not. Vendors can use NetSmart but not our implementation.
8. Question: Since many people with mental health issues circulate through the criminal justice system, what kinds of improvements are foreseen in terms of data exchange with the sheriffs and local police enforcements?
9. Question: Can more information be shared about capturing the outcomes, reporting, analysis, and how that will be integrated into learning and improving service delivery? Is there a system to support that?
10. Comment: A concern was voiced pertaining to the use of telepsychiatry and the possibility of participants missing out of various things.
11. Question: In regards to the release of confidential information with DCFS and with the Probation Department, is the Fuentes legislation going to be taken into consideration with the exchange of information?
12. Question: In regards to the medications, will the system be able to identify possible problems between different prescribing medications?

13. Question: What will be the process for agencies to decide whether or not the information will be shared?

14. Question: Is there adequate funds and time allotted within the grants to take care of training? The system will be changing as people are being trained. How will this be handled?

a. Response: The training has been built in from the vendor. It will be a train the trainer approach. There is an information systems curriculum developer on staff helping develop the training plan. As the system evolves, there is flexibility to make changes.

b. Response: There was no resistance to adoption.

V. Evaluating the Impact of Prevention and Early Intervention (PEI)

A. *Debbie Innes-Gomberg, Ph.D., MHSA Implementation Unit, County of Los Angeles, Department of Mental Health, provided a presentation on the evaluation and impact of PEI. For additional information, please refer to the slides entitled, "Evaluating the impact of PEI."*

B. Feedback

1. Question: Is there a recommendation to adopt an accelerated EBP?

a. Response: The recommendation is based on limited data. However, the data is looking good in Trauma Focus CBT and in PPP.

2. Question: How will providers be involved in the process to generate ideas?

a. Response: Once the Department produces its reports, the information may be presented to the SLT for feedback and guidance in terms of how to manage the data.

b. Response: An SLT ad hoc workgroup will be convened after the meeting to provide ideas pertaining to designing an efficient process for the SLT.

3. Question: Is the "Prevention & Early Intervention (PEI) Evidence Based Practices (EBP) Outcome Measures" handout representing all of the PEI programs?

a. Response: The handout illustrates all of the EBPs that are being implemented. When a new EBP from the plan is implemented, it will be added to the table.

4. Question: Will there be a second phase that measures effectiveness, efficiencies, cost of implementation, and the cost of the EBP itself versus the percentage of positive change in the effectiveness outcomes?

- a. Response: Certainly, this should be measured. However, support is needed in terms of staging how this would be accomplished. Resources were underlined as a concern.
5. Question: Can the data pertaining to PPP parenting be clarified?
 - a. Response: In order to respond to this question the California Institute for Mental Health will be inquired.
6. Question: What is being done for children 2 - 3 years old who are in treatment? Which outcome measures are used? Are the outcome measures valid?
 - a. Response: The outcome measures will only be used within those age group ranges. Evaluating service effectiveness for the 0-3 age population is challenging. Non-traditional methods may need to be developed.
7. Question: What is the possibility of translating the EBPs into Asian languages?
 - a. Response: There is a high possibility of translating EBPs into Asian languages. The developers of the outcome measures were asked if there is a process where they can translate the EBPs.
8. Question: Is there data that indicates the percentage of Latinos that speak Spanish on both the child and the parent? Is there a difference between Latino children and parents who speak English versus Latino children and parents who are monolingual Spanish speakers?
 - a. Response: The language of the client should be known and specific information can be obtained. However, information over the discrepancies between the languages of the parent and other discrepancies may not be known.
9. Question: Is there a process to follow up with participants to ensure that they sustained a better health outcome or if there is need for re-entry?
 - a. Response: This was identified as something that needs to be done.
10. Question: How can EBPs be adapted to specific populations?
11. Question: In regards to PEI programs, aside from the Latino population, why are there low percentages for the other ethnic populations being served?
12. Comment: More information was requested about the cultural relevance of the services for the UREP group.
13. Comment: Special attention should be paid to Eastern European and Middle Eastern groups because they are classified as White. More importantly, the Eastern European and Middle Eastern populations can

get completely lost in measures, implementations, and the impact of EBPs.

14. Question: Are there other EBPs available in the Armenian language?
15. Question: In regards to the cultural factors, are clients getting better? When measures are developed, are they problem-specific or are they put into a general category?
- a. Response: A clinician reviews the measures prior to going into the data entry location. This is an opportunity to engage the client.
16. Question: Why do the general outcome languages only tend to be in English and Spanish? Yet, the specific outcome languages tend to be multi-languages? A concern was voiced pertaining to not having the Khmer language under 'Trauma.'
17. Question: A concern was voiced over the lack of controls. Is the data being compared to actual research?
- a. Response: Once the system is able to track clients, more information will be known about whether their lives improved.
18. Comment: An example was shared of volunteers who were trained to participate in EBPs and did not receive any feedback regarding wrong practices, then, suddenly they were written up on a basis of their outcomes. This example can be used to prevent these situations from occurring in PEI.
19. Question: Is there information from the data regarding the adult's rollout?
20. Question: Is there any information that can be shared to motivate the staff?
- a. Respond: Yes, some information can be shared. It is critical that line level clinicians receive information that conveys the importance of asking clients for the pre-treatment questionnaire.
21. Question: Is there any idea of the ethnic makeup of the research regarding EBPs?
- a. Respond: Yes, it was part of the community planning process. The communities used the PEI resource guide in selecting the practices.

VI. Public Comments and Announcements

- A. Announcement: On Friday, January 20, 2012, the Los Angeles Client Coalition will be meeting at 12:00 PM at the California Endowment.

- B. Announcement: On Friday, January 20, 2012, there will be a Community Mental Health Statewide Stakeholder meeting from 1:30 PM – 3:00 PM at the California Institute for Mental Health (CiMH).
- C. Announcement: There is a good deal on dentures at Western University in Pomona, CA.
- D. Announcement: The location for next month's SLT meeting, February 15, 2012, will be at the Wilshire Hotel. The Wilshire Hotel is located at: 3515 Wilshire Blvd., Los Angeles, CA 90010. The Wilshire Hotel can be contacted at (213) 318 – 7411.