

COUNTY OF LOS ANGELES—DEPARTMENT OF MENTAL HEALTH

NOTES FOR THE SYSTEM LEADERSHIP TEAM MEETING

Wednesday, April 25, 2012 from 9:30 AM to 12:30 PM

St. Anne’s Auditorium, 155 N. Occidental Blvd., Los Angeles, CA 90010

REASONS FOR MEETING

1. To give an update from the County of Los Angeles Department of Mental Health.
2. To present and discuss the MHSA Annual Plan Update.
3. To distribute proposals to strengthen the SLT’s role.

Agenda Item	Presentation, Feedback & Agreements	Action Items / Next Steps
<p>REVIEW MEETING AGENDA AND MATERIALS</p>	<p>FEEDBACK</p> <p>An oversight was highlighted in the SLT meeting notes from March 21, 2012. In particular, several concerns raised by SLT members were not documented.</p>	<p>The SLT Meeting Notes from March 21, 2012 will be revised and attached to the Memo for the SLT meeting on May 16, 2012.</p>
<p>DEPARTMENT MENTAL HEALTH UPDATE</p>	<p><i>Marvin J. Southard, Director, County of Los Angeles, Department of Mental Health, provided an update from the County of Los Angeles Department of Mental Health, which included information over Assembly Bill 109, implementation of the 1115 waiver, MHSA and governance, and the prudent reserve.</i></p> <p>FEEDBACK</p> <ol style="list-style-type: none"> 1. <u>Question:</u> Is there an update about the other realignment of MediCal dollars? <ol style="list-style-type: none"> a. <u>Response:</u> In regards to realignment, there is a better growth formula being worked out for behavioral health. The growth will be allocated to the 1991 realignment and the new realignment. The Department hopes that the Medicaid benefit for alcohol and drug will be better. 2. <u>Question:</u> Will the funding source be tied to the initiative in November 2012? What is the Department thinking between now and November 2012 before knowing whether the funding source will be available? <ol style="list-style-type: none"> a. <u>Response:</u> EPSDT is a mandate that includes substance abuse services. Counties are concerned about whether they will have sufficient money to fund EPSDT. 3. <u>Question:</u> Is AB 109 underfunded? <ol style="list-style-type: none"> a. <u>Response:</u> Unfortunately, the Department does not know because the service utilization for the new population is unknown. 	

	<p>4. <u>Question:</u> What is the status of the Healthy Way LA program?</p> <p>a. <u>Response:</u> It depends on the metric being used. For example, if enrollment is the metric used, then the program is doing really well. The Health Department is focused and working to help increase access. On the mental health side, the enrollment process for Tier 1 clients has been an issue. The Department is tracking the enrollment process in each service area.</p> <p>5. <u>Question:</u> In regards to AB 109, out of 2,000 individuals identified as needing mental health services, only 1,000 received services. What happened to the other 1,000 individuals?</p> <p>a. <u>Response:</u> Unfortunately, the majority of those 1,000 individuals declined services. Between October 2011 and January 2012, mental health and substance abuse treatment was not mandatory. However, after January 2012, the Probation Department included mental health treatment as part of individual's community plan, which resulted in a significant increase in the acceptance for treatment rates.</p> <p>6. <u>Question:</u> Is there an update on the challenge grants?</p> <p>a. <u>Response:</u> Unfortunately, no information was known over the status of the challenge grants.</p>	
<p>MHSA Plan Annual Update</p>	<p><i>Debbie Innes-Gomberg, Ph.D., MHSA Implementation Unit, County of Los Angeles, Department of Mental Health, presented the MHSA Plan Annual Update, which included information over the CSS Plan, the PEI Plan, and the WET/CAP – FAC/INN Plan. For additional information, please refer to the handouts titled, "Mental Health Services Act (MHSA) Fiscal Year 2012-13 Annual Update Summary, April 25, 2012."</i></p> <p>FEEDBACK (The following information was transcribed from the input that SLT members wrote on the flipcharts.)</p> <p>1. <u>Comment:</u> Measuring efficiency and effectiveness was underlined.</p> <p>2. <u>Question:</u> How do we capture the discontinued population when the provider makes the decision?</p> <p>3. <u>Question:</u> How are the reasons for disenrollment captured?</p> <p>4. <u>Question:</u> How can desired metrics be developed, such as age groups, etc.?</p> <p>5. <u>Comment:</u> A concern pertaining to OA funding was voiced.</p> <p>6. <u>Question:</u> Does the leverage percentage equal the total?</p> <p>7. <u>Question:</u> Is the decrease in homelessness due to the housing program?</p> <p>8. <u>Question:</u> Is the Department engaged in data cleaning?</p>	

	<p>9. <u>Question</u>: Why are so few TAY using drop-in?</p> <p>10. <u>Question</u>: Why are there few service extenders?</p> <p>11. <u>Question</u>: What about FPS urging termination of clients?</p> <p>12. <u>Question</u>: How many new clients are there each year? a. <u>Response</u>: Looking at new clients each year was considered an excellent idea.</p> <p>13. <u>Question</u>: Why is improvement happening? Is improvement connected to programs?</p> <p>14. <u>Comment</u>: A suggestion was made to add a category for step-down for less intensive services under disenrollment. a. <u>Response</u>: One of the changes, as a result of ICSC, consisted in that clients can meet their goals, not just through FSP but also through FCCS or a wellness program, and the Department now includes that as meeting their goals.</p> <p>15. <u>Comment</u>: In regards to INN plan, a suggestion was made to move from a two to three year program.</p> <p>16. <u>Comment</u>: A recommendation was made to introduce PIER to EDIPP into Los Angeles beyond UCLA.</p> <p>17. <u>Question</u>: Why is the API percentage low? a. <u>Response</u>: This information needs to be incorporated into the cultural competency plan.</p> <p>18. <u>Question</u>: Where will the Department use WET funds?</p> <p>19. <u>Comment</u>: There is a need for more certified peer workers to satisfy RFS needs. a. <u>Response</u>: Currently, there are various efforts to train peer workers. Due to the timing of the annual update, reports of programs that were implemented recently were not included.</p> <p>20. <u>Question</u>: In regards to COS billing, how can the new IBIS system capture the COS elements more effectively?</p> <p>21. <u>Comment</u>: ASL is being overlooked. ASL is one of the top three languages referring to the CCS Plan.</p> <p>22. <u>Question</u>: Can we drill down on clients leaving FSP services for reasons other than ‘meeting outcomes?’</p> <p>23. <u>Question</u>: Can WRAP be added to the list of PEI Evidence-based Practices (EBP) and can it be coded to its use? a. <u>Response</u>: Yes, this would require appropriate training, monitoring and outcome management.</p>	<p>19. A report will be issued of all the programs and number of people that were trained.</p> <p>22. Yes, the Department will work on that and IBIS might have opportunities.</p>
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24. Question: Is recovery-oriented training for MD residents who enter psychiatry as part of WET funding program?
25. Question: How can county provider agencies be notified and informed about location of computers for consumer and family access?
26. Comment: Under PEI for subgroups, the deaf and hard of hearing and ASL is missing for a population greatly affected by mental illness and suicide.
27. Comment: In regards to ethnicity and primary language, a concern was raised over the Spanish-speaking area?
28. Question: What goals are being met as a reason for disenrollment?
29. Question: How did the FSP get a 60 percent increase in the number of clients in juvenile hall?
30. Question: When the numbers are wrong, is the issue always data collection?
31. Question: In regards to the clients served by age category, how does this compare to the dollar distribution in the PEI plan?
32. Question: Is there a plan to include AB 109 front-end and back-end clients in MHSA services?
 a. Response: The AB 109 services are an expansion of what the Department is already doing through MHSA. The Department expanded the intensive community-based services using largely FSP providers.
33. Question: Is the peer training for 2013-2014 the same or different from the current training?
34. Question: Is there any data about people being put on 'waiting lists' at clinical?
 a. Response: The Department is in the process of analyzing the waiting list data.
35. Question: How many service extenders are serving older adults? Are these peers?
 a. Response: The Department is concerned that the original population-based allocations have changed. However, their services will be increased and fast-tracked because of the prudent reserve investment.
36. Question: How many peer advocates have been trained in County? How many are employed?
37. Question: Can more information be provided on the cost and accuracy of self-reporting versus unobtrusive selected sample with investigative follow up?

38. Comment: A concern was raised over the FCCS child baseline being very high.
39. Question: Are the right things being measured?
40. Question: In regards to FSP disenrollment, is child and adult 'N' identical?
41. Question: Are FSP homeless adult and older adult percentage clients and days identical?
42. Question: In regards to the \$18 million shortfall, will that come from the prudent reserve and how will that be used?
- a. Response: The money will come out of the prudent reserve specifically for CSS. The \$18 million shortfall is only for one year.
43. Comment: There is a need for employee assistance for hired customers, including onsite training support and job coaches within the Department and within contract agencies.
- a. Response: The department has an employee assistance program. This is a good recommendation in terms of supporting people in the workforce.
44. Question: How can ethnicity and language be measured better in the CSS plan?
45. Question: How are system failures measured?
46. Question: Do urgent care centers get MHSA funding when they are designated LPS?
47. Question: Can the FSP data demonstrate the ethnicity breakdown and age groups?
48. Question: In regards to CSS, how are the family support services for children used?
49. Question: How is it determined which wellness centers are client-run?
50. Question: How much money will be allowed for CAPPs?
51. Question: In regards to PEI, how can primary language results be reported better?
52. Question: Will new computers go to wellness centers and who will determine which centers they will go to?
53. Question: Why are there no stipends available for doctoral students?
54. Question: Why is American Sign-Language not listed?

55. Question: What do the numbers truly represent?
56. Comment: A recommendation was voiced to provide a synopsis narrative with outcome measures.
57. Question: What is the state of peer run crisis centers?
58. Comment: There should be an analysis highlighting trends to develop strategies as opposed to just reporting the numbers.
59. Question: Who is asking the questions?
60. Question: How can peer advocates and community workers be counted on as a power source to social workers in clinics?
61. Question: How is education being reflected?
62. Question: What is the Department doing to service incoming veterans and veterans that may not want services from the VA hospital?
- a. Response: The Department is expanding services to returning war veterans and their families. The Department is moving the veterans program into Patriotic Hall for additional visibility and to increase the ability to support other veteran programs.
63. Question: Why are INN funds being used for the prudent reserve as opposed for their intended use?
- a. Response: Those funds were going to revert back to the State and the Department wanted to use those funds locally.
64. Question: Is the Department really funding and fostering innovations?
- a. Response: MHSA requires that 5 percent of CSS and PEI be reserved for innovative programs and the Department has met that requirement.
65. Question: Where is the Department with PEI? Is the Department on target with the realignments?
66. Question: Is there a formal mechanism for obtaining viewpoints and information from service providers?
- a. Response: Yes, practice networks are starting with about five or six EBPs associated with PEI.
67. Question: In regards to the service providers, is the Department referring to the executive managers or practitioners/line clinical staff?
- a. Response: Both.
68. Question: How much money will be taken from the prudent reserve over a two-year period? Will the

	<p>prudent reserve need to be rebuilt at some point?</p> <p>a. <u>Response</u>: The Department is putting money into the prudent reserve from the INN plan. What the Department is putting in is more that what is being taken out.</p> <p>69. <u>Comment</u>: There is an opportunity to create a statewide approach to data collection for MHSA. In a combination with OAC and whatever happens with SB 1136, the Department will have a better idea of what may be required in the future to collect data. Currently, this data does not explain why things are improving. There is an opportunity for the SLT to take a greater role in quality improvement related to MHSA.</p>	
<p>Public Comments and Announcements</p>	<ol style="list-style-type: none"> 1. <u>Question</u>: A concern about mental health treatment in the Twin Towers correctional facility was underscored. Is there any allocation to train the deputies about mental illness and getting more feedback from inmates? Who can be contacted? 2. <u>Comment</u>: A concern about services for veterans was underlined. 3. <u>Question</u>: A concern was voiced about the lack of services for older adults. What is the department doing to serve older adults, the fastest growing population? 4. <u>Announcement</u>: An announcement was shared pertaining to 19 new apartments at the TAY group. 5. <u>Question</u>: How does a client transfer from one service area FSP program to another FSP program if they move to another service area? 6. <u>Question</u>: How can family members give feedback to MHSA, etc.? 	<p>Next Meeting: May 16, 2012 9:30 – 12:30 PM St. Anne’s Auditorium</p>