COUNTY OF LOS ANGELES—DEPARTMENT OF MENTAL HEALTH

NOTES FOR THE SYSTEM LEADERSHIP TEAM MEETING
Wednesday, May 16, 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 give an update on the State budget.
3. To give a presentation on MHSA Expansion and Restoration.
4. To give a presentation on Workforce Education and Training.
5. To present the proposals to strengthen the SLT's role.

Agenda Item	Presentation, Feedback & Agreements	Action Items / Next Steps
REVIEW MEETING AGENDA AND MATERIALS	No corrections were made to the April 25, 2012 meeting notes.	
DEPARTMENT MENTAL HEALTH UPDATE	*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 the State budget, AB 109, and health reform. FEEDBACK 1. Question: Was there a resolution in regards to the growth factor and the growth allowance in the new realignment? a. Response: Unfortunately, not a lot of information was known. The administration's proposal entails a growth mechanism. For instance, if the whole amount of growth is 'one,' then about 65 percent of that growth factor will be assigned to the 91' alignment. The remaining 35 percent would be assigned to the new alignment. Then, the behavioral health benefit would be given a higher priority than what the Department is used to because it is an entitlement. Moreover, the growth is an entitlement program, which translates into services for children under EPSDT. The Department needs to have access to the federal entitlement. 2. Question: Is there information about the integrated care with the public health care system? To what extent is that going to be predictable in terms of its ability to sustain the current level of integration of care and the intent to fully integrate care? a. Response: The issue pertains to how much of the ACA mandate survives. For example, if the ACA mandate were not to survive, then the basic plans within Los Angeles would be sustainable in a broad sense because the Department is doing the Medicaid expansion component. If the Medicaid expansion would rollback, then that would be a major problem. No one knows exactly what will happen. Moreover, no one has figured out what to do with the 'residually uninsured'	

	population and how care will be made part of that system. The next steps will be known once the Department knows the baselines, which will come out of the Supreme Court's decision. 3. Question: Where does the conversation start in regards to the behavioral sub-account and alcohol and drug? Will that happen at the county-level or will it be a combination of county and State? a. Response: It will happen at the county, at the State, and at the federal level. It will be a change to the State plan, which would be approved by CMS. Individuals from large and small counties, alcohol and drug providers, and mental health providers are convening to think collaboratively. In particular, the LA Health Action committee is focusing at a local level. The Department will look at the Kaiser benefit because Kaiser will provide substance abuse benefit at a certain level whether or not their employers paid for it. Kaiser's health care costs went down when they provided substance abuse. In addition, the anti-craving medications may be beginning to have a much bigger impact than before. 4. Question: Under the new alignment, will there be dedicated funding for EPSDT and Katie A. related clients? In terms of the overall mental health services, will there be a slight increase due to changes in the old realignment formula? a. Response: The old realignment realigned the mental health programs that the State used to be responsible for, and the counties became responsible for paying for the programs with a dedicated funding source. The problem was that the growth formula was allocated in a fashion whereby the Department almost never got any. The good thing is that the same person who designed the 91' realignment is designing this realignment. She has determined that she does not want to make the same mistakes that hurt mental health in the first realignment. She will try to fix the things that went wrong in the 91' realignment, which is why the growth mechanisms have been adjusted in both the 91' realignment and the new realignment.	
STATE BUDGET UPDATE	*Susan Rajlal, Legislative Analyst,* County of Los Angeles, Department of Mental Health, provided an update on the State Budget, which included information from the governor's budget proposal, the coordinated care initiative, the superstructure realignment bill, the MediCal parole trailer bill, and the MHSA fund balance report. FEEDBACK 1. Question: Is there information over potential cuts in CalWorks? a. Response: Information over CalWorks was provided in the packets distributed to the SLT members. Basically, people will be able to be in CalWorks for four (4) years, which would be the maximum. Individuals will be able could count unpaid work experience as participation in order to keep people from being cut off the program. More specifically, there is an augmentation for the mental health component of CalWorks. The last part of the CMHDA memo has more information on CalWorks as well.	The Senate budget subcommittee will meet on Monday, May 21, 2012 to review the governor's May revision budget. On Wednesday, May 23, 2012, there will be an assembly where the Health and Human Services committee will review the budget.

	2. Question: How can SLT members get a copy of the superstructure realignment trailer bill? a. Response: The superstructure realignment trailer bill will be sent out to the SLT members. 3. Question: Can more information be provided over the MediCal trailer bill? a. Response: The MediCal trailer bill is primarily for parolees in the California Department of Corrections and Rehabilitation (CDCR). Basically, the bill puts forth regulations that require CDCR to get people benefits and it refers to funding for various services that were received in the county. 4. Question: In regards to the proposal, what will happen in education? a. Response: Information over education was included in the senate overview, which was provided to the SLT members. 5. Question: When will the Senate budget sub-committee meet? a. Response: The Senate budget sub-committee will meet on Monday, May 21, 2012.	Action Item #1: Send superstructure realignment trailer bill to SLT members, including the link to the website where it can be downloaded. Action Item #2: Re-send information that Susan Rajlal mentioned was shared with SLT members.
MHSA EXPANSION AND RESTORATION	*Debbie Innes-Gomberg, Ph.D., MHSA Implementation Unit,* County of Los Angeles, Department of Mental Health, gave a presentation on MHSA Expansion and Restoration. FEEDBACK 1. Question: In regards to CAPPS and the $3,500,000 that will be allocated, how many clients does that translate to? a. Response: Unfortunately, the response to this question was not known yet but will be determined as the RFS is finalized. 2. Comment: In addition to what has been done in the past, the 65 percent should also cover what is being done with military families. a. Response: The original language in the plans needs to be reviewed and clarified. The Department will review the minutes and will honor commitments. 3. Question: Will the $11 million be used to continue doing what the Department is already doing? a. Response: Yes. Otherwise, the Department would have to end those programs. 4. Question: Is the Department looking at how well the programs are doing before deciding to continue funding them? a. Response: Yes, that was a discussion that the executive management team had. The data will be used to the degree that the Department can bring consumers and families in and look at their experiences in regards to the practices. The Department will bring that information into the decision-making process.	Action Item: Terri Boykins to report back once this information is known Action: Re: comment 2, according to the PEI Guidelines which the Department based its plan on, a minimum of 51% of the overall PEI component budget must be dedicated to individuals who are between the ages of 0 to 25, hence the focus of services for our 65%

	5. Question: When will the SLT get to see what the Department is coming up with? a. Response: The information will be posted by May 30, 2012. 6. Question: In regards to the adult wellness centers, if clients are receiving fewer services, why is $1.8 million being allocated? a. Response: Looking at the data, there have been about 3,700 new clients coming into adult directly operated programs. Of those new clients, many fall into CSS services. The belief is that the Department could serve more clients with those funds. The Department needs to do more for the clients who are in wellness centers. 7. Question: Is there a cap in terms of the emergency shelter beds? Is there a length of time? a. Response: Yes, 36 nights with a possible extension of up to 45 nights. 8. Question: Would that translate into about 100 youth? a. Response: Yes, that is correct if the youth maximize those nights. However, many youth do not maximize the 45 nights and are able to move into a better living situation earlier. 9. Question: Where are the emergency shelter beds located? a. Response: The emergency shelter beds are located in various areas, including Long Beach, El Monte, East Hollywood, and there is a confidential domestic violence shelter in Service Area 6 and in the South Bay. There is a shelter in Service Area 6 that is non-confidential in the Height Park area. The Department is looking to expand into other areas. 10. Question: Where will the crisis service centers or the urgent care centers be located? a. Response: There is an urgent care center in West Los Angeles, another in LAC-USC, and another in Long Beach. 11. Question: Can the specificity of the proposals be clarified? a. Response: The proposals are open to what the Department needs to do. The discussion component involves each of the deputy directors of the different age groups. Each of the age groups has been given the charge of moving forward with the discussion group. 12. Comment: Within the self-sufficiency work group, the group has mentioned that drop-in senators have no been particularly effective. a. Response: A suggestion of connecting with the age groups was recommended. 13. Question: Will the TAY probation navigator be someone who will work at the Department of Children and Family Services (DCFS)? a. Response: Since the Department started the navigation program; the Department has received an increasing amount of requests from DCFS and the Probation Department for navigation	should be on children and TAY. Action Item: Terri Boykins to provide information.

services. This will allow the Department to focus on more navigation services related to DCFS and Probation youth. It is not specifically to deal with crossover youth.

14. Question: Would it be providing navigation services for both Departments?
    a. Response: Yes.

15. Question: Is there are plan to increase programs for adults in FSP?
    a. Response: Currently, there are no plans. The two areas that need attention involve the drop down to field capable clinical services and the great increase in clients and the wellness centers.

16. Question: In regards to the older adult wellness centers, is the Department planning to offer specialized assessments, such as the mini-medal status evaluation? How will the Department implement those specialized assessments with some of the current wellness centers? Are there plans for augmenting staff?
    a. Response: The Department is excited about the opportunity to enhance services for older adults and specifically in the wellness centers. Although there are a high number of older adults in the wellness centers, many of the staff is not specifically trained in older adult issues. The Department is proposing to fund a clinical position at the psychiatric social worker level to augment the services that are being provided in the wellness center. The bureau will provide enhanced training in terms of older adult issues. In regards to staffing, the plans include bringing in actual clinical staff, such as an MSW, MFT or LCSW.

17. Question: Is the entire funding dedicated to support infrastructure for the Department?
    a. Response: Yes.

18. Question: In regards to older adults, will the gross affect the ratio of costs per slot?
    a. Response: The number of clients could change. However, the number of clients reflected what the Department perceived it could leverage. The expansion dollar amount is only MHSA.

19. Question: Are the currently operating wellness centers both for contract providers and DMH? Can the funds be used to develop new wellness centers?
    a. Response: The Department ran a report that indicated that hundreds of older adults are already being served in wellness centers. The Department wants to improve the quality and augment the services for those existing older adults that are being served in wellness centers.

20. Question: How are the allocations going to take place? Are the allocations going to be for existing programs or are they going to be for new RFPs?
    a. Response: Given the time, the allocations will most likely go to existing providers. The Department will not open this up to an RFS process.

21. Comment: A concern was voiced over the high amount of caseloads for line staff.

	a. Response: The Department is working on a clinic redesign process. The Department went through a transformation process that had an effective increase in people's caseloads. At the same time, the traditional population did not decrease it actually increased. Thus, the caseloads and pressures were much more substantial. On the positive side, the Department did not have to go through furloughs, layoffs, and pay cuts. The Department got through the crisis by doing more work and being more effective. Unfortunately, there was a price that had to be paid. 22. Question: In regards to the adult age wellness centers, are those client-run centers or are they traditional wellness centers as defined by 50 percent peer and 50 percent clinical staff? a. Response: The 50 percent are expected to be individuals with lived experience working at the wellness centers. The intention is to focus on the wellness centers rather than the client-run centers. 23. Comment: A concern was raised pertaining to the lack of focus on client-run centers. a. Response: The comment was acknowledged as a very good point. More discussion was welcomed. 24. Comment: A concern was voiced regarding funding transition age youth emergency shelter beds when permanent support housing is immediately available. An objection was raised pertaining to the Department's lack of consideration of contractor's needs or peer services. 25. Comment: Where are the available permanent supportive housing located? a. Response: Individuals interested in housing should call 1-877-SHARE49. There are over 200 houses all over Los Angeles County. Last month, 19 new units were opened for permanent supportive housing. 26. Comment: The concern over case manager caseloads was reiterated. a. Response: The Department has been learning about models that will help reduce caseloads.	
MHSA ANNUAL UPDATE – FOLLOW UP	*Debbie Innes-Gomberg, Ph.D., MHSA Implementation Unit,* County of Los Angeles, Department of Mental Health, presented information over the questions and comments that were raised in April's SLT meeting related to the presentation on the MHSA Annual Update. FEEDBACK 1. Comment: Los Angeles County has gone ahead of other Counties in terms of looking at evaluation processes and how to handle data. The Department is considering approaches to help determine what leads and prevents quality. The Department looks forward to developing the total package. 2. Comment: A concern was raised over the data metrics, which are based on self-evaluations and reports that cannot be validated. The Department can obtain better data if the input process made sense and	Please see the attached link for the MHSA Annual Update, which reports on the implementation of MHSA in FY 10/11 and our projected plan for FY 12/13: http://file.lacounty.gov/dmh/cms1_179197.pdf

was validated by other means.

3. Comment: A recommendation was made pertaining to future meetings. In particular, when there is a substantive presentation, it would be helpful to have the presenter return and briefly comment on the themes.

4. Comment: Having meaningful information within the COS was emphasized.

5. Comment: The Department needs to measure and track resources that are mobilized to deal with individuals. The Department needs to identify if some compositions of assistance through peer or professionals work better.

6. Comment: The Department should look at Evidence-Based Practices in terms of ethnicity and the measurable impact.

7. Comment: The Department should not lose focus of age groups, especially with children 0-5 years old. Ensuring that measureable outcomes were captured for children 0-5 was underlined.

WORKFORCE EDUCATION AND TRAINING

Angelita Diaz-Akahori, Psy.D, Division Chief, MHSA Workforce Education and Training, County of Los Angeles, Department of Mental Health, presented on Workforce Education and Training. For additional information, please refer to the slides entitled, "Mental Health Services Act (MHSA) Workforce Education and Training (WET) Division."

FEEDBACK

1. Question: Is there a breakdown in terms of the investment of dollars for professionals? How many of those are child specialist?
    a. Response: The investment of dollars for professionals is identified according to program funding taking into considerations projected through FY 2011 – 2012 including trainings and fiscal intermediary programs:

TARGET PARTICIPANTS	Expenditures Through FY 2011-2012	Allocation For FYs 2012-2013 Through 2015-2016	TOTALS
Licensed/Registered Staffing *	$ 9,676,828.00	$ 24,401,539.00	**$ 34,078,367.00**
Parent Advocates/Parent Partners	$ 95,300.00	$	**$ 95,300.00**
TOTALS	**$ 9,772,128.00**	**$ 24,401,539.00**	**$ 34,173,667.00**

* Includes WET Plans designed to enhance clinical staff skills.

b. Response: WET clinical training offerings are available to all professionals in the public mental health system. While the attendees include members from all age groups, at this time it is

unknown how many are child specialist.

2. Question: Is the $11 million going to sustain the PEI one-time training program?
    a. Response: No, the $11 million will not be used to sustain the PEI one-time training program.

3. Question: Can more information be provided over the role of the health navigator?
    a. Response: The health navigator program is intended to train peer advocates, community workers and medical caseworkers assist consumers actively navigate for their health care needs. The training covers essential components that include engagement, assessment, goal setting, goal achievement, navigation, monitoring progress, documentation and integration. More specifically, it involves twenty- four (24) hours of didactic instruction, eight (8) hours of shadowing a Health Navigator, twelve (12) hours of individual/group supervision, Supervisor Orientation and outcome measures at 3 months and 6 months.

4. Question: Are there any plans to outreach to any of the California State Universities?
    a. Response: Given the limited resources and overwhelming needs of community colleges, the program is exclusively for this academic community.

5. Question: Why are faith-based programs only in Service Areas 6 and 7?
    a. Response: The program began as a pilot project. Selection of these Service Areas were based on established faith-based programs, interest by the District Chiefs as well as a need to outreach to the underserved communities such as the Latino and African American communities. The program is expanding to two (2) additional Service Areas for FY 2012-2013.

6. Question: Is something going to be done over the lack of information on community mental health in college and university curriculums?
    a. Response: MHSA WET has been funding the College/Faculty Immersion program since FY 2007-2008. The objective was and is to inform college/faculty staff (responsible for preparing our future workforce) on important agendas/issues facing our mental health system (i.e., transformation, MHSA recovery/resilience/wellness). These endeavors are implemented through the one (1) – four (4) hour Village Immersion experience, classroom presentations and curriculum consultation. While the College/Faculty Immersion Program offers one method of outreach, our MHSA- WET College Collaborations (day long symposium) offer other opportunities to engage in information and referral services. It links the directly operated programs and contractors with the community college staff/personnel and students directly. It has proven to be quite an effective means of sharing and engaging the community about mental health services.

7. Question: Why are doctoral students not getting stipends?
    a. Response: At the present time financial incentive programs for psychologists are offered at the

post doctorate level. Seven (7) post docs are funded at Harbor UCLA and plans call for additional post docs to be offered in other specialty areas. The funding of Post Docs affords opportunities for highly specialized training in and in return training of others in EBPs models in addition to assuming direct clinical services.

8. Question: Is there a plan to educate people in the system to work better with peers?
    a. Response: This is a system wide issue, which requires engaging line staff, supervisors, program managers and administrators in the discussion. MHSA – WET is funding a Recovery Oriented Supervision Training (8 Service Areas, training, following consultation and supervision) that addresses the importance of inclusion of advocates into in the planning and delivery of mental health services. The program is funded through FY 2015-2016.

9. Question: Is there a way that the Department can train staff to make referrals?
    a. Response: I am not sure the level of staff (i.e., community workers, advocates, case managers, employment specialist, etc.) that requires training. I am available to speak to the individual who is inquiring about such need for training.

10. Question: How are attendees followed up with, whether or not they are individuals going into the mental health field?
    a. Response: The reporting of outcomes generally within three (3) months of completion of the training. The data also includes whether the unemployed trainees pursued other endeavors such as volunteering and/or returned to school.

11. Question: What is the performance measure? How are attendees evaluated?
    a. Response: Performance measures are contingent on each individual program and their targeted population. These range from gaining employment in the public mental health system to satisfaction evaluation for those already working in the system or attending community outreach events.
        i. Response: The training that is targeted to personnel desiring to enter the public mental health workforce is measured by the number of graduates who gain employment in the system. Graduates are surveyed 3 months post-graduation to inquire about employment, volunteer, or student status. The contracted vendor continues to provide assistance to individuals unable to secure employment after graduation.
        ii. Response: Trainings intended to enhance the current public mental health workforce are measured by participants' satisfaction and ability to utilize the content of the training in their delivery of mental health services. At this time, attendees have not been evaluated.
        iii. Response: Community outreach events are open to the general public and are measured by the number of attendees.

	12. Question: Can more information be shared in regards to graduates? How can the graduates be accessed? What is the breakdown of graduates? a. Response: Contact information is kept for all participants, except those in the College Faculty Immersion Program. Graduates' information may be accessed by contacting the vendor secured to provide the training. Additional inquires should be directed to the WET Division. b. Response: Graduate breakdown information was included in the PowerPoint presentation distributed during the SLT Meeting. 13. Question: Based on health care integration, what will happen in 2012-2013? a. Response: With regard to MHSA – WET, the Health Navigator Training Program is being considered for additional funding. With the other MHSA – WET Programs, such as Peer Support and MH Rehabilitation Training Specialist Programs, we are requesting that these trainings be updated to include health care integration topics. 14. Question: The Department has been working with GLAAD to develop training. Where do the deaf and hard of hearing fit into that training? a. Response: Plans call for a 3-hour training to be offered in September 2012 focusing on critical issues relevant to the work with the deaf and hard of hearing consumers and their families. GLAAD staff will be conducting the training. Additional training is anticipated for the spring of 2013. 15. Question: How can people who have been trained be contacted? a. Response: Please refer to the response to question #12. 16. Question: Are there plans for staff development? Staff should be more accepting of peer individuals. a. Response: Please refer to the response to question #8. 17. Comment: It is important to deal with individuals with impaired hearing and with all types of physical handicaps.	
PUBLIC COMMENTS AND ANNOUNCEMENTS	1. Comment: There needs to be a relationship between the SLT and the California Network of Client implementation as well as the Client Coalition. The RFS is out for the peer run crisis center under the INN plans. 2. Question: More clarification is needed on Workforce Training for integrated models, such as Health, Behavioral Health, and Addiction. What is the plan in regards to new "innovation' models for medical home interface/collaboration and DMH?	**Next Meeting:** July 18, 2012 9:30 – 12:30 PM St. Anne's Auditorium

	3. Comment: In-Home Supportive Services (IHSS) were encouraged to family members of mentally ill patients. The family member will be paid for by IHSS to watch the patient and monitor the behavior. It is an effective approach to helping the patient recover with self-awareness.	