

# COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

## SYSTEM LEADERSHIP TEAM (SLT) MEETING

Wednesday, July 18, 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 provide information on the State budget ad related issues.
3. To provide information on consumer and family access to computers at DMH Wellness Centers.
4. To review and agree on strategies to strengthen the SLT.

### MEETING NOTES

<b>Department of Mental Health - Update</b>	<p><i>Robin Kay, Ph.D., Chief Deputy, and Debbie-Innes-Gomberg, Ph.D., MHSA Implementation Unit, County of Los Angeles, Department of Mental Health, provided an update from the Department of Mental Health, which included information over AB 1467, the Board of Supervisors role in approving plans, the approval of the annual plan update, and the OAC's contract with an evaluation consultant.</i></p> <p><b>Feedback</b></p> <ol style="list-style-type: none"><li>1. <b>Question:</b> Where are the instructions on the integrated plan going to come from? <b>Response:</b> The Department of Health Care Services (DHCS) in conjunction with the OAC and the California Mental Health Directors Association may collaborate to develop those instructions for the integrated plan.</li><li>2. <b>Question:</b> Is there any possibility that the instructions could be comprehensively integrated with the dual eligible project pilot? <b>Response:</b> Unfortunately, the answer was not known. A key issue was raised underlining that there is no deputy director for behavioral health at DHCS. Additionally, there is no deputy director for mental health, for substance abuse, or ADP. However, the issues around the dual eligible pilot project are being sorted out. In fact, a conference call with the California Coalition for Mental Health was organized to address the issue of not having a deputy director.</li><li>3. <b>Question:</b> Why is there no discussion about Medicare being carved out? <b>Response:</b> These are the types of conversations that the Department is currently having with LA Care and Health Net.</li><li>4. <b>Question:</b> A concern was raised about the possibility of the Department refocusing away from its traditional focus, which has traditionally been on severe and persistent mental illnesses. The concern pertained to the Department's focus shifting over to people who are depressed.<ol style="list-style-type: none"><li>a. <b>Response:</b> In light of recent planning discussions around the tier two populations, which is a PEI population, the Department is not refocusing away from its traditional and prioritized populations.</li><li>b. <b>Response:</b> The partnership with D.D. Hirsch has been magnificent. The integrated behavioral health model is working as it was designed, which is helping to identify individuals in need services and connecting them to appropriate services.</li></ol></li></ol>
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5. **Question:** What was the name of the evaluation consultant?

**Response:** Joan Gizelle.

6. **Comment:** A concern was raised over the MediCal benefits that would be carved out of the dual eligible pilot project.

**Response:** In regards to the dual eligibles pilot project, the plan is to have the MediCal benefits carved out and still attached to specialty mental health care.

7. **Question:** What is referred to as MediCal benefits?

a. **Response:** The reference to MediCal benefit refers to the specialty mental health benefit, which is guaranteed for the first year. However, the legislature has not ruled out the possibility of a future carve-in. The language in the State plan indicates that, for the first year, the MediCal benefits will continue as part of the specialty mental health system. In the future years, the mental health system and the health providers must work on care integration and management. The language on the State plan states that, for the first year, it will preserve the 1915 B waiver, which may actually continue for more than one year.

b. **Response:** The Department has a State statute that would actually have to be amended before things could change drastically.

8. **Question:** In regards to stakeholders, what is at stake in terms of the carve-in and carve-out?

**Response:** When the State passed the 1915 Waiver, also known as the freedom of choice waiver, specialty mental health was recognized as a separate and preserved system for which funding was also separately established. Importantly, the need was recognized for a preserved and specialized system of care for individuals with serious and persistent mental illness and children with serious emotional disturbance. Basically, it is the substrate for the entire system that is currently in place for specialty mental health services for people with serious mental health issues. Otherwise, the Federally Qualified Health Centers (FWHCs) and others will be responsible for delivering what is described as non-specialty mental health services for people that do not meet the MediCal medical necessity criteria. For example, without that waiver, the Department would have no peer services. The Department would not have rehabilitation mental health services and it would deliver services primarily by psychiatrists, psychologists, and licensed social workers in a very traditional way. Moreover, the waiver and the specialty mental health carve-out has been the mechanism by which the recovery movement has been able to establish a foothold and flourish. There is speculation that the carve out relates to the funding and the types of services. There are those that would state that carving the funding back into health can be done while preserving the recovery orientation and rehabilitation options within the Department. However, in fairness to those entities that manage the health systems and health plans, by carving out specialty mental health services, the integration of those services with health services has been challenging. Those individuals that suggest that the funding should be carved-in approach that as a way to ensure better integration.

9. **Question:** In regards to the MHSA annual update public hearing meeting, where any of the recommendations or issues raised by the SLT included in the plan?

**Response:** All of the comments from the SLT members, from the mental health commission, and from the public were

	<p>included in the annual update. However, there was no motion or any particular recommendation that required a mid course correction.</p> <p>10. <b>Question:</b> Can the discussion on the carve-in and carve-out of specialty mental health care become an agenda subject for the upcoming SLT meeting?</p>
<p>State Budget Update and Related Issues</p>	<p><b>Susan Rajlal, Legislative Analyst, County of Los Angeles, Department of Mental Health, provided an update on the State budget and related issues.</b></p> <p><b>Feedback</b></p> <p>1. <b>Question:</b> If Proposition 30 does not pass, it may lead to many layoffs in the Department. Has the Department looked at that? Will this result in changes to programs?  <b>Response:</b> At this time, the Department has not reflected or analyzed the outcome if Proposition 30 does not pass. However, although it would mean a shortage of funding, the Department would not be in as great danger as perhaps law enforcement or education.</p> <p>2. <b>Question:</b> Is it possible to receive the questions one or two months in advance in order to properly represent constituencies?  a. <b>Response:</b> The process may be revised to allow the planning group to come forward with the recommendations early in the process and for the recommendations to go out through the mental health commission to the SACs.  b. <b>Response:</b> In regards to the SLT and agenda development, the Department would like to think six months to one year in advance in terms of the work in this group.</p> <p>3. <b>Comment:</b> A concern was voiced over a measure that may harm Governor Brown's measure in the November 2012 elections.  <b>Response:</b> Unfortunately, the outcome will depend on the voters. The concern cannot be addressed at the moment.  <b>Action Item:</b> Susan Rajlal will be asked to provide more information over the mental health budget, specially managed care, EPSDT, and the growth formula.</p> <p>4. <b>Question:</b> In light of the partnerships established with the Department of Mental Health to provide mental health treatment services, there have been many challenges dealing with the non-violent, non-sexual, and non-serious crime offenders. In particular, the individuals released from Pelican Bay County are serious offenders, dangerous, and have serious mental illnesses that need treatment. If the initiative does not pass, it will be highly likely these operations will not be financed out of a strictly county budget.  <b>Action Item:</b> Susan Rajlal would be asked to come back and address the concern.</p> <p>5. <b>Comment:</b> A concern was raised over the time allowed for planning. There has to be time for ideas to be looked at critically. There needs to be better communication between the SLT, the SACs, the Mental Health Commission, and the health deputies.</p>

<p><b>MHSA IT Project: Consumer and Family Access to Computers</b></p>	<p><i>JC Duvall, Chief Information Office, County of Los Angeles, Department of Mental Health, provided information on consumer and family access to computers at DMH Wellness Centers. For additional information, please refer to the slides entitled, "Consumer Access to Computers."</i></p> <p><b>Feedback</b></p> <ol style="list-style-type: none"> <li>1. <b>Question:</b> Does this work in the Los Angeles City library as well? <b>Response:</b> No, the Los Angeles City Library is a different system.</li> <li>2. <b>Comment:</b> The Department is trying to get consumers comfortable with going to the public library. In many cases, consumers do not have a Los Angeles County Public Library within their immediate jurisdiction, such as the city of Palmdale. Some county libraries have been taken over by the cities and or have been privatized. For example, there are no county libraries in downtown Los Angeles.</li> <li>3. <b>Question:</b> Are there plans to involve the city library and other library systems? <b>Response:</b> No, the Department is targeting DMH sites, such as clinics and wellness centers, provided that they have space and that they are open to getting involved.</li> <li>4. <b>Question:</b> Is there access for families? <b>Response:</b> Yes, consumers and their families can use the computers. However, only adult consumers with a chart at that facility can get their library card processed through the staff at the DMH site. Parents must take their children to County Library to get a card issued.</li> <li>5. <b>Question:</b> What is being planned for the 50 percent of the consumers in the mental health systems who are served in the community agencies? <b>Response:</b> There is IT funding available to the non-directly operated sites that can be used to create a similar Consumer Family Access to Computer Resources project. However, none of the providers have used their MHSA funds for this type of project to date.</li> <li>6. <b>Comment:</b> The IT funds had been accounted for a long time ago, which is a shortfall in this component of the system. <b>Response:</b> Actually less than half of the \$22 million allocated through MHSA IT to the Legal Entity Contract Providers has been committed to projects, so there are still ample opportunities for many providers to use their MHSA IT funds for similar consumer focused projects.</li> <li>7. <b>Question:</b> Why are there no peer run centers that are directly operated? How can the non-directly operated sites access the IT funds? <b>Response:</b> The IT funds can be accessed through the Contract Provider Technological Needs Project. A total of \$22 million has been allocated to the various legal entity contract providers. Currently, only \$10 million out of the \$22</li> </ol>
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million has been committed to approved projects.

8. **Question:** If a provider wanted to access the IT funds, would they need to have the same exact system?

**Response:** No. Legal Entity Contract Providers who use MHSA IT funds to implement similar programs are free to configure those programs to their own specifications. They are not required to use the same system and their program will not be linked to County Library unless they establish a contractual relationship with County Library.

9. **Question:** Will there be opportunities to take people to the library to get their library cards?

**Response:** Absolutely. In fact, the original plan was to take people to the libraries to get their library cards. However, over the last few months, the library offered the opportunity to speed the process of issuing cards at the sites. The Department is trying to get individuals ready to use the computers as soon as they are installed.

10. **Comment:** A concern was raised over the technological divide impacting monolingual individuals and the visually impaired. For example, how can visually impaired individuals access the technology?

**Response:** The monolingual and visually impaired have not been addressed.

11. **Question:** Can more information be provided on the link between mental health and the computer system?

**Response:** Without additional clarification, we are unable to answer this question.

12. **Question:** What kind of access is the Department providing for the deaf and hard of hearing population?

**Response:** This population has not been addressed in the program.

13. **Question:** Are there any plans to help consumers, who cannot come into the clinics, access computers?

**Response:** Consumers who cannot come into the clinics have one other option and that is to access computers available at a County Library near them.

14. **Comment:** A concern was raised regarding the \$22 million IT funds, the EHRS, and the contract providers having access to those funds.

**Response:** As stated in an earlier response, all of the Contract Providers who have accessed the MHSA IT funds have used the funds for EHR related projects. DMH is not in a position to mandate that some of the funds must be used for Consumer related projects. The decision to use the funds for consumer related projects must be left to the discretion of the contract provider.

15. **Question:** Can access to databases be included?

**Response:** There are no plans to include database software. However, Excel is available.

16. **Question:** How does the Department determine which wellness centers get the larger amount of computers?

**Response:** In regards to the questions raised on how the Department determines the amount of computers per location, the locations were decided based on adult systems of care. Determining the number of computers was based

on the following questions: Do the clinics and wellness centers have space? Do they have data jacks? Can they obtain data jacks? Do they have electrical power? How many of their clients are interested?

17. **Question:** What type of training classes will be offered to train individuals who have never used a computer?

**Response:** Basic computer trainings will be offered at the local level and Mavis Beacon typing tutor software is available for typing lessons.

18. **Question:** Can a list of the contract providers that are actually doing this be shared? Can an extension of this list include the contract providers that have access to the funding?

**Response:** Although some contract providers may have consumer family access projects that they have supported without MHSA IT funds, DMH does not have a list of providers who have implemented such projects. As described earlier, to date, none of the providers eligible for MHSA IT funds have used those funds for consumer related projects.

19. **Question:** Do clients have access to their files? What levels of access do clients have?

**Response:** No. And, there are no immediate plans to allow this as it raised HIPAA concerns.

20. **Question:** What will be done about language access for clients who do not speak English.

**Response:** The system is English language based and there are no immediate plans to offer non-English access.

21. **Question:** Is the library card a special card or does a consumer who already has an active library card able to use it to work with the computer at their local clinic?

**Response:** A consumer who already has an active County Library card may use consumer-dedicated computers at DMH clinic locations.

22. **Question:** Will Roybal and USC to get computers? Will parents and caregivers have access to computers when their children are in a particular clinic? A concern was raised over the limited amount of clinics that do not have children services.

**Response:** Children cannot get their library card through this process because the parent has to go to the library and sign additional paperwork that will provide information on whether the children have access to the Internet. However, children can use the computers as long as they have their own library card and their PIN number. Children will not be able to access social media websites. In contrast, adults will be able to use social media website but they will not be able to access gambling or pornographic websites.

23. **Question:** Is growth opportunity for more computers, especially for service area one?

**Response:** Opportunity for growth will be based on bandwidth capacity. The opportunity for more computers will grow depending upon funding, bandwidth, how many other ABA requirements can be addressed, and how much other software access or trainings can be provided.

24. **Question:** Will there be an outcomes report on how much the computers are being used?

**Response:** Yes, but this may be based solely on the number of Library Card applications processed at each site.

	<p>Additionally, we will query staff at clinic locations to assess utilization. We are working with Library to determine if other means of assessing computer utilization are or will be possible.</p>
<p>SLT Ad Hoc Committee – Strengthening the SLT</p>	<p>The SLT Ad Hoc Committee presented information over seven proposals, including communication, attendance, agenda development, public participation, advocacy, monitoring function, and SAAC - SLT representation. For additional information, please refer to slides entitled, “System Leadership Team.”</p> <p><b>Feedback</b></p> <ol style="list-style-type: none"> <li>1. <b>Question:</b> In regards to the proposal on the attendance policy, will there be replacements?  <b>Response:</b> If a SLT member is not able to attend, that individual member will be marked absent. Still, a replacement may be sent to the SLT meeting to bring the information back to the SLT member.</li> <li>2. <b>Question:</b> A clarifying question was raised over the role of SLT members and advocacy.  <b>Response:</b> Each SLT member may advocate for the communities they represent. However, no county body, such as the SLT, can advocate without the specific approval of that advocate position by the board of supervisors.</li> <li>3. <b>Comment:</b> The SLT attendance policy should accommodate SLT members who are absent due to a disability.</li> <li>4. <b>Comment:</b> A concern was voiced pertaining to the duplication of data collection.</li> <li>5. <b>Question:</b> What would assure that the voices of ‘advocates’ for children and PEI are included in these two items?  <b>Response:</b> If there were a sub group selected, those individuals would need to be seen and perceived as having the capacity to be open to more than just their constituency group.</li> <li>6. <b>Question:</b> In regards to advocacy, a recommendation was voiced pertaining to ensuring that the SLT provides a meaningful platform for analyzing critical information.  <b>Response:</b> Ultimately, the SLT has one advocacy target, which is the director of the Department of Mental Health. The platform for analysis will continue as it has always been.</li> <li>7. <b>Question:</b> In regards to communication, how will the public be able contact SLT members? How will the public get information to SLT members?  <b>Response:</b> The proposal is designed to address the use of the SLT email list as a collective email list. The proposal does not restrict or confine a public member from communicating with individual SLT members.</li> <li>8. <b>Question:</b> What is going on with the outcomes?  <b>Response:</b> DMH collects outcome data and produces reports for FSP, FCCS, alternative crisis programs, Wellness/Client Run Centers, PEI, and has a contract with UCSD to collect and report on outcomes for Innovation.</li> </ol>

9. **Comment:** In regards to monitoring, a concern was raised pertaining to the burden of collecting data by the providers in the SACs.
10. **Comment:** In regards to outcomes, the subcommittee or work group should consider creating a uniform, streamlined, and user-friendly data collection process across all of the programs, including CSS and PEI.  
**Response:** The Department is currently working on this matter. The purpose of the process was to collapse the SLT data-needs directly into the Department's consideration. Therefore, the goal would be to bring in various provider and stakeholder expertise to address the question of what is necessary and not, as part of the whole process on developing a shared data set.
11. **Comment:** A recommendation was made to include a robust process for selecting SLT members and also for providing input in the agenda development process.
12. **Question:** There needs to be a robust way for the SLT to measure whether or not the SLT members are communicating with their SACs and other constituencies. Can the communication expectations between the SLT, SACs and other constituencies be clarified?  
**Response:** SLT members represent one or more constituent groups and are expected to communicate information from the SLT meetings to that group or groups. In the same way, it is the responsibility of the SLT to communicate constituent group feedback to the SLT as it relates to the SLT's mission and work.
13. **Comment:** A concern was raised over the communication system between the SLT, Board of Supervisors, and the Department.
14. **Question:** In regards to communication, is turning the email list into an undisclosed list serve optional? In regards to the public participation process, will members of the public have the option of commenting during both rounds of public participation?
15. **Question:** Should there be any presentation in the SLT that is not either a response to something the SLT already had some kind of recommendation to or a presentation where the SLT is being required to make recommendations for?  
**Response:** The vast majority of presentations would fall into those categories.
16. **Comment:** Clinicians should not be collecting data. A recommendation was voiced around using sample methods rather than census to collect data.
17. **Comment:** A concern was raised over proposal six, which does not involve consumers in the planning process for tier two.
18. **Comment:** A recommendation was made to institutionalize the role and importance of the deaf and hard of hearing, visually impaired, veterans, and so forth in the SLT.
19. **Comment:** If an SLT member is eliminated, a suggestion was made to ensure that their interests are included in their replacement.

<p><b>Public Comments and Announcements</b></p>	<ol style="list-style-type: none"> <li>1. <b>Question:</b> With the additional MHSA funding, will there be additional funding for the API community? Although the utilization evaluation was three percent for Asian and one percent for Pacific Islander, the data does not reflect the real need for funding in the API community due to stigma and discrimination.  <b>Response:</b> The Department will be focusing on reducing the disparities within the API population particularly as it relates to PEI this year. In the upcoming SLT meeting, there will be a discussion on how to use the cultural competency plan to address this matter.</li> <li>2. <b>Question:</b> Will there be room for inclusion of this information in programs and activities in DMH?  <b>Response:</b> In regards to the issue around client run centers or respite programs, as soon as providers are selected for those programs in the INN plan, the Department we will let you know the status of the implementation around that.</li> <li>3. <b>Question:</b> If you lose a library card, would you be able to get another library card for free?</li> <li>4. <b>Question:</b> Would the consumer be able to download the 'dragon and jaws' program?</li> </ol>
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