

# COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

## SYSTEM LEADERSHIP TEAM (SLT) MEETING

Wednesday, April 17, 2013 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 provide an update on the continuation of prevention programs.
2. To learn about best practices regarding the Prevention and Early Intervention Statewide Projects.

### MEETING NOTES

<b>Meeting Opening</b>	<p><b><i>Debbie Innes-Gomberg, Ph.D., MHSA Implementation and Outcomes Division, County of Los Angeles, Department of Mental Health</i></b></p> <p><b>A.</b> Next month, OSHPD, the Office of Statewide Health Planning and Development will solicit feedback, from the public and the SLT on their next five-year plan for Work Force Education and Training (WET) programs. It will not impact the county and stakeholder approved WET plan.</p> <p><b>B.</b> During that meeting the public can participate freely because OSHPD is soliciting LA County input. Sergio from OSHPD will facilitate that presentation and solicit your feedback.</p> <p><b>C.</b> Second, the public hearing for the annual update for fiscal year '13-14 is tomorrow from 11:30AM to 3PM. Finally, today's presentation from CalMHSA highlights all the statewide efforts that impact LA County and complement local efforts.</p> <p><b>D.</b> An SLT orientation meeting is scheduled for April 22. This is designed to provide information about the SLT, the Mental Health Services Act and LA County planning processes.</p>
<b>Continuation of Prevention Programs</b>	<p><b><i>Dennis Murata, Deputy Director, Program Support Bureau, County of Los Angeles, Department of Mental Health</i></b></p> <p>Presentation slides included in the SLT meeting packet.</p> <p><b>FEEDBACK</b></p> <p>1. <b>Question:</b> Do the gross dollars take care of some of the 65%? <b>Response:</b> The gross dollars are looked at in terms of our overall programs because that is the level that we are providing services at. It includes the gross dollars.</p> <p>2. <b>Question:</b> Does the prudent reserve honor the 65% that is allocated to children and families and PEI? <b>Response:</b> The prudent reserve is used in an economic downturn to fill whatever gap exists. Prudent reserve gets</p>

used in an economic downturn to maintain services.

3. **Question:** During the November meeting, Dr. Southard indicated the need to spend some money--where it had been overspent and memorializing those expenditures.
  - a. **Response:** With CSS--the department went into the prudent reserve. That was CSS and not PEI.
4. **Question:** How are under-spending programs held accountable? What corrections are implemented to make sure they spend out their dollars?
 

**Response:** The programs are monitored. Most of those programs are also given some one-time dollars. If they are not accessing those one-time dollars they will not receive that money. Program review shows who uses those dollars. Monitoring shows that the staff that gets trained, the turnover--all of those other things.
5. **Question:** Can you clarify the line titled "unspent amount?" For example, in 2009-10- there is an allocated amount on \$98 million but an unspent amount of \$159 million.
 

**Response:** It is cumulative. Consider this: these are all allocated dollars. We did not start ramping up the program. These are our expenditures. Whatever the difference is gets rolled over and accumulates. As our expenditures go up, the department will need access to those dollars.
6. **Question:** In 2012-13, \$74 million is allocated. The unspent is \$68 million and the amount spent is \$130 million. Can you clarify that?
 

**Response:** That is a projection. In a sense what it means is that we need both the allocation and what is unspent to cover that \$130 million.
7. **Question:** Is the "unspent" money sitting in a different pot?
 

**Response:** The money can be considered separately. Those dollars were used to roll forward for exactly these purposes.
8. **Question:** Last year \$3.6 million was allocated for CAPS, the UCLA program for early intervention for people with severe mental illness. Has the program been implemented? If not, why not? What is the status?
 

**Response:** The CAPS program was bid out at the end of 2012 through a full solicitation process. It will be implemented in all eight service areas. The proposals are being evaluated right now. Once the recommendations are scored--that will go to EMT and the Board for approval. It will be a few more months.
9. **Question:** With regards to the one time funding discussed, is this another one time funding for fiscal year 13-14 for agencies and programs that were able to spend the original one time funding?
 

**Response:** Yes.
10. **Question:** Can we please get a breakdown of this chart by the 4 different age groups served?
 

**Response:** We will send that out.

	<p><b>11. Question:</b> This is one of those examples where the SLT wants to see and hear about the evaluation of these programs in order to concur with the department or suggest options. The group can ask questions such as; “where do you intend to go?”; “What areas are you intending to provide services?”; “Does it meet the goals that the department has set out before? “</p> <p><b>Response:</b> This is a 'slippery slope.' A solicitation process was conducted. The evaluation criteria and what it was based on, must be discussed with the Board of Supervisors. If you want we are willing to briefly tell you of the components. We are talking about CBLs, right?</p> <p><b>12. Question:</b> Yes. The issue is 'what did we learn from this effort?' and 'what happened to the clients that got these services? Did it do better for the client–did it not?' 'Were we really achieving what we intended to achieve to help the community?'</p> <p><b>Response:</b> Those things were factored in. It is important to take a look at the outcomes and take a look at how these agencies fulfill their commitment and their compliance to the model that they agreed to.</p> <p><b>13. Question:</b> It is important to learn about approaches and the findings. Let us say out of the 54, 34 did these things, this is what happened, this is how it worked, this is how it happened, we could not see that in the others. What was the learning?</p> <p><b>a. Response:</b> We will write up information from this process. The department and CBOs learned quite a bit about being part of our system as well. Given the nature of these funding—many were small 'mom and pop' organizations—unlike the ability for cash flow advances for larger agencies. For those agencies it is really difficult for them to get off the ground.</p> <p><b>b. Response:</b> In terms of learning the practices agencies were not given \$100,000 to do whatever they want to do. The department produced outcomes in alignment with a prevention initiative related to mental health.</p> <p><b>c. Response:</b> The agencies were evaluated according to the performance-based criteria in their contract. They were asked that they provide surveys to their participants to assess the quality of services provided. There will be a report discussing what services were provided, what strategies there were, and other things related to those contracts.</p> <p><b>d. Response:</b> The issues related to the concerns about leveraging will be different in the future then in the past because EPSDT has changed so that it is no longer 90% but a 50% match. They will be in exactly the same leveraging boat as the adults will be.</p>
<p><b>CaIMHSA Presentation on PEI Statewide Projects</b></p>	<p><i>Dr. William Arroyo, Medical Director of the Child, Youth, and Family Administration, LA County Department of Mental Health</i></p> <p>A. It is my great pleasure to have staff of CaIMHSA speak with the SLT. CaIMHSA is an independent, administrative, and fiscal inter-governmental structure that allows counties to act jointly,</p> <p>B. CaIMHSA rolled out 3 initiatives that Dick and other OAC members approved a few years ago. Those are the student mental health initiative, suicide prevention, and stigma and discrimination reduction. I worked with and had an active part in</p>

developing the programming, and reviewing RFP's.

**Presenters: Anne Collentine, Program Director, CalMHSA and Sarah Brichler, Program Director, CalMHSA**

Presentation slides included in SLT Meeting Packet.

## FEEDBACK

1. **Question** The presentation indicated that the campaign was for middle-aged men and Latinas. They talked about older adults having a high suicide rate. Was there any thought about reaching out to that population? Second, it was my understanding that the successful rate for suicides among Latino teenagers. The Latina girls will do more the gesture while the Latino boys hang or shoot themselves or use their vehicle to be much more effective in their suicide.
2. **Question:** I was wondering where the LGBT youth are in this?
3. **Question:** Has there been any consideration for veterans?
  - a. **Response:** We have a lot of conversations on 'where do we start?' We started where we could make the most difference via a very general public message. It is not possible to target the entire general population of California effectively. While it is a general population campaign, the targets are only the emphasis. So when we are talking about the white, middle-aged men it is actually helpers of the white, middle aged men. With Hispanics, it is families and we use the biggest 'draw in' from what the mothers and parents told us at focus groups on how to communicate with them.
  - b. **Response:** For LGBTQ, the interesting fact is that pain is not always obvious--actually came from that group. That is who it resonated with the strongest within our focus groups. They are part of the focus for the next phase in our campaign. The limited amount of marketing dollars means that we cannot provide materials that look and feel like everyone within the state of California so we pick and choose.
  - c. **Response:** A lot of the suicide prevention pieces themselves actually do not have images. It just has messages so that they are appropriate for a wide audience. With phase 2 we will go back and apply and be more specific to certain audiences.
  - d. **Response:** We are just barely scratching the surface of what is being done. There are a lot of suicide prevention efforts that are also underway through our student mental health initiative. We have some specific efforts to serve veterans and LGBT youth.
4. **Question:** In LA we have many monolingual languages here. How hard would it be to change some of the languages? The stigma is so great within ethnic populations.

**Response:** You can use these stories how you want. All the files are available. If you want to add subtitles or voiceovers in any language you can do that.

5. **Comment:** LA is unique in the sense that they are trying to develop the brochures in 5 different African languages. These immigrants come here and are often isolated. Targeting the African immigrant population and giving them information would be great.

6. **Question:** When you were talking about the campaigns and the parents of 0-8 is there anything in the plans that are going to actually target those children, maybe 2-8 years old?

**Response:** Thank you. I do not have a response to that but I will take that comment back to Stephanie.

7. **Question:** What are hobbyists? How long will the materials be on the websites? How long can materials be accessed? Once the project is finished can materials still be accessed?

a. **Response:** Hobbyists are people who blog. Our project actually is through June 2014. We are currently in discussion with our board members regarding what would be sustained.

b. **Response:** Originally, the oversight and accountability commission allocated a total of \$160 million over a period of 3 years for these projects. So these will be coming to a close in mid 2014. At a CalMHSA retreat last week the board embraced the idea of trying to identify monies for 2014-2015 fiscal year. That might be an opportunity for LA to extend these initiatives. When that allocation originally provided by the OAC finishes these projects will come to a close.

c. **Response:** . \$160 million was the target allocation if counties agreed to fund it. Counties had to agree, individually, to put money in to CalMHSA. The additional money came into CalMHSA as counties voted to do that or the director's association makes a challenge to its own members to continue to fund CalMHSA.

d. **Response:** The other issue informing whether things will end next year as is how much money remains in the pot in CalMHSA and, "do we need to adjust the reversion clause on that?" It is a very open question as to how these programs might function after July 1 of next year.

e. **Response:** This may be part of the discussion around the integrated plan in the fall. It might be a good idea to think about the investments that we made locally with prevention and early intervention and the statewide efforts, looking at the evaluation

8. **Comment:** I am not seeing American Sign Language as one of the languages. I do not seeing deaf people--an underrepresented population--there is nothing there. We want to be involved too.

9. **Comment:** The normal routine is to look at the 0-5 children because we want to emphasize their caregivers and the early

childhood education-. That population is not in school. Families who really do not know they should seek help.

**Response:** Thank you for the feedback. One example I can provide is that we are expanding suicide prevention crisis lines around the state to provide services via chat online and also via text.

**10.Question:** Do you interview clients or try to get evaluations on how they feel about the program? Do you consider not having their supervisors do it or the people in their program?

**Response:** This is an independent evaluation. When questions are asked, we want clients to feel free to talk with us in that interaction. We want them to know that they are safe after that interaction.

**11.Question:** I did not hear anyone bring up the blind and partially blind?

**12.Question:** In case we need to continue with the funding is there a place for us to get the funding?

**13.Question:** I did not hear any talk of work with the Asian and Pacific community. This is a large community and is mostly ignored. This goes way beyond what has been mentioned: the need to work with the families of those who look up as the primary clients.

**14.Question:** Are you doing something with those people that already teach in the classes?

**15.Question:** By the end of the day today we will have 8000 students who have been pushed out. We know that they are brown and black--the majority of the students. Something is not working, especially after the Mental Health Services Act was passed. There is a gender divide. A lot of our boys that are of color are ending up in prison. We have an ethical responsibility to address this.

- a. Response:** I heard API, physically limited, and working with families, and student mental health--spending more time on this--especially around the gender divide. My response is we are limited by funding. We are doing initiatives to work in all of those populations.
- b. Response:** In terms of the issue of training for teachers, all of our initiatives, pre K-12, huge investments in training teachers who are in the classroom right now around suicide prevention, mental health conditions of individuals, and working with families, working in all of the 11 statewide regions in California; huge amounts of anti bullying campaigns going around but working with teachers specifically because, we need to do that work.
- c. Response:** We are working with faith based organizations locally, knowing that that is a community of partners that is huge, that is rich with relationships and do outreach in completely different ways than is normally done.
- d. Response:** It is the intersection between the PEI statewide projects and LA County's investment now and investment in the future. I have taken quite a bit of notes in terms of the issues that have yet to be addressed.

**16.Question:** How are you measuring cultural competency and disparity as it relates to these programs and what we are

	<p>learning from that in order to enhance the outcomes? There is a lot of learning that needs to occur about using this knowledge to develop learning and improving the process.</p> <p><b>Response:</b> This applies to more than these statewide projects. This is the total statewide PEI evaluation. The contract was negotiated with RAND because the money was set aside. CalMHSA was to expand well beyond the 3 projects and look at a modal operational set of evaluation guidelines for all of PEI and all counties and programs.</p> <p>17. <b>Question:</b> The data is not being broken out by ages, by race, ethnicity; it is difficult for me to evaluate the relative weight. I do not have an issue so much with the goodness of each program until RAND give us their evaluation. As I look at this, I ask "how much does this matter?" "How much weight is given?" "How much is budgeted to each one of these programs?" "Exactly which population is being served?"</p> <p>18. <b>Comment:</b> I want to commend you on the work with teachers as far as how to identify students with potential mental health issues. One of the things that teachers have to do as part as keeping their credential is to have continuing education credits. Having a percentage of the credits that they need for keeping their credential could entail getting some additional or updated mental health training.</p> <p>19. <b>Comment:</b> In response the question about specific populations, we have an accountability framework for reporting. We are beginning to gather that data. All of our contractors report that information to us on a quarterly basis. We are expecting them to reach into a diverse population. California is getting a lot of national interest on such a broad base; a state taking on this type of initiative.</p> <p>20. <b>Comment:</b> We just added to our evaluation a specific component looking at cultural competence and disparity. CalMHSA already had some work under way. We think it is a thread that runs through everything, but also deserves some very specific and focused attention.</p>
<p><b>Public Comments and Announcements</b></p>	<p>1. <b>Announcement:</b> Cherry Blossom festival. Saturday and Sunday 4/30 and 4/31.</p> <p>2. <b>Comment:</b> Client operated service project, evidenced based program by Gene Campbell out of University of Missouri was suggested for SLT to contact.</p> <p>3. <b>Announcement:</b> LA County client coalition: Regular monthly meeting, every 3rd Friday. We are an advocacy, client run organization. We talk about advocacy, education, employment, housing, benefits, services, legislation, etc. Lunch is provided. The meeting is targeted toward clients but everyone is welcome. Conference is 6/3: Innovations and Recovery. Cost is free, includes breakfast and lunch.</p> <p>4. <b>Announcement:</b> Tomorrow night: Conference hosted by Holly Mitchell about in home support services.</p> <p>5. <b>Comment:</b> I did not agree with last month's closed portion of the meeting--has had bad experiences with being pushed out</p>

	of meetings, experience was traumatic. Please print on agenda which items which will conducted under a closed session.
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