



# **MENTAL HEALTH SERVICES ACT (MHSA)**

**SYSTEM LEADERSHIP TEAM  
STAKEHOLDER MEETING**

**March 20, 2013 Focus Group Discussion**

# Focus Group Ground Rules

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- Everyone's opinion is valuable and matters
- Be respectful of differences. Don't discount others' ideas
- Address the process not the individual; no finger pointing
- Criticize only ideas, not people
- Expect to change your own mind, but don't expect to change another's mind
- Agree to disagree
- Remain open to new concepts and to concepts presented in new ways

# Assessment Process

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- Each participant selects an assessment area (no more than 15 individuals per group)
- Each group will have 30 minutes to discuss the assessment area and develop a list of ideas to help create an effective planning process for the upcoming 3-year MHSA Integrated Plan
- Each group will be assigned a note taker and facilitator

# Assessment Areas

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## 1. Stakeholder Participation

- What did we learn about how we organized the last PEI & CSS and how can we apply those lessons for the future?
- How can we best gather input from stakeholders?

## 2. Program Priority

- As the plans have been implemented and as the system has evolved, what insights do we have about the ongoing changes and priorities?
- How can we best carry those insights forward into planning the 3-year plan?

## 3. System Leadership Team

- What did we learn about how the System Leadership Team function and how do we make it better?



# Stakeholder Participation

# Legislative and Regulatory Requirements

- Guidance for county planning and implementation provided through the MHSA legislation, component guidelines, promulgated regulations relevant State Department of Mental Health Information Notices and Letters.
- AB 100, enacted in 2011, made a number of significant changes to the state's administration of the MHSAs; including eliminating requirements that:
  - CA DMH and the Mental Health Services Oversight and Accountability Commission (MHSOAC) annually review and approve expenditures for county MHSAs plans;
  - Requiring counties to submit to the state an annual update for the county's three-year plan, and
  - That the plans be approved by DMH after review and comment by the MHSOAC.

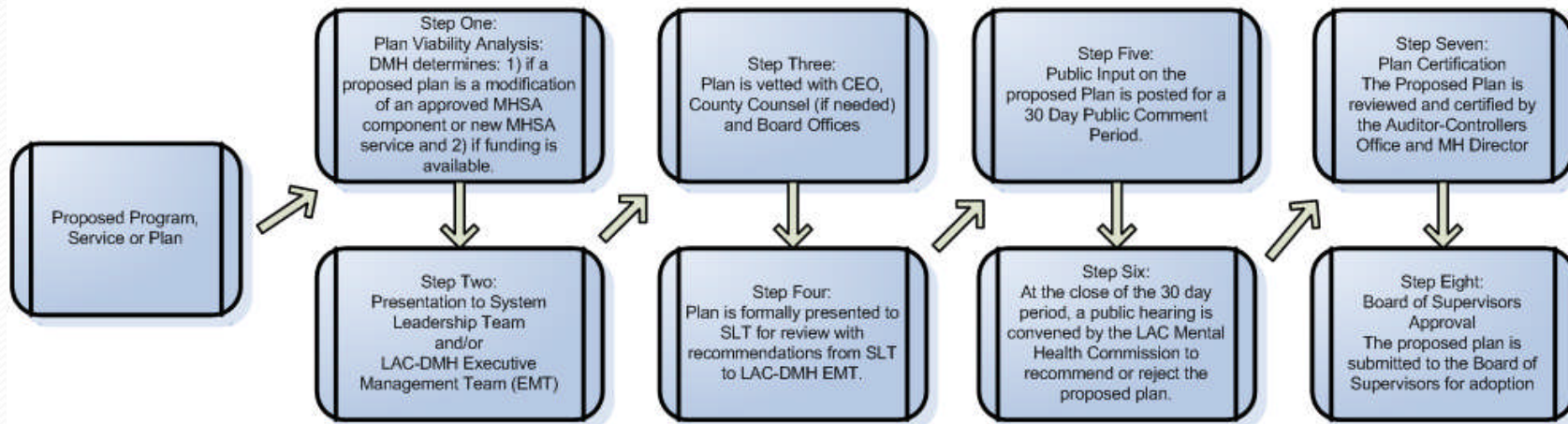
# Legislative and Regulatory Requirements

Assembly Bill 1467 was the omnibus trailer bill that was passed as part of the Governor's FY 2012-13 state budget. AB 1467 made additional changes to the MHSA in the following areas:

- Submission and Approval of County MHSA Program Plans – Must be adopted by the Board of Supervisors and submitted to the MHSOAC within 30 days of Board adoption. Certification by county mental health director and county auditor controller.
- Stakeholder Engagement Provisions- meaningful stakeholder involvement on mental health policy, program planning, implementation, monitoring, quality improvement, evaluation and budget allocations. Identifies providers of drug and alcohol services and health care organizations as stakeholders to be engaged in the development of 3-year plans and annual updates.
- State-level evaluation lead by the CA Health and Human Services Agency.

County of Los Angeles Department of Mental Health  
 MHSA Process for Annual and Mid-Year Update and Expenditure Approval

*AB1467: Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations.*



**Stakeholders:** "Each three-year program and expenditure plan and update shall be developed with local stakeholders, including adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests."

(Note: The Department's System Leadership Team (SLT) has representatives from each of these stakeholder groups including the Mental Health Commission and serves as the Department's advisory group.

**Public Input:** Counties are still required to include stakeholder representatives and conduct a stakeholder process in MHSA community program planning as initially enacted which includes a 30 day public comment period and public hearing convened by the County Mental Health Commissions.

(Note: The public hearing requirements applies only to Three-Year Plans and Annual Updates. Mid-year updates are adopted after the 30 day public comment period if there are no substantive changes. Public hearings are open to stakeholders and the general public)

**Plan Certification:** County MHSA plans, updates and expenditures must now be certified by the county mental health director and the county auditor controller as complying with the MHSA (programs meet all MHSA requirements including nonsupplantation and stakeholder participation).

**Board of Supervisors Approval:** County MHSA plans, updates and expenditures must now be approved locally by County Board of Supervisors (BOS)





# Program Priority

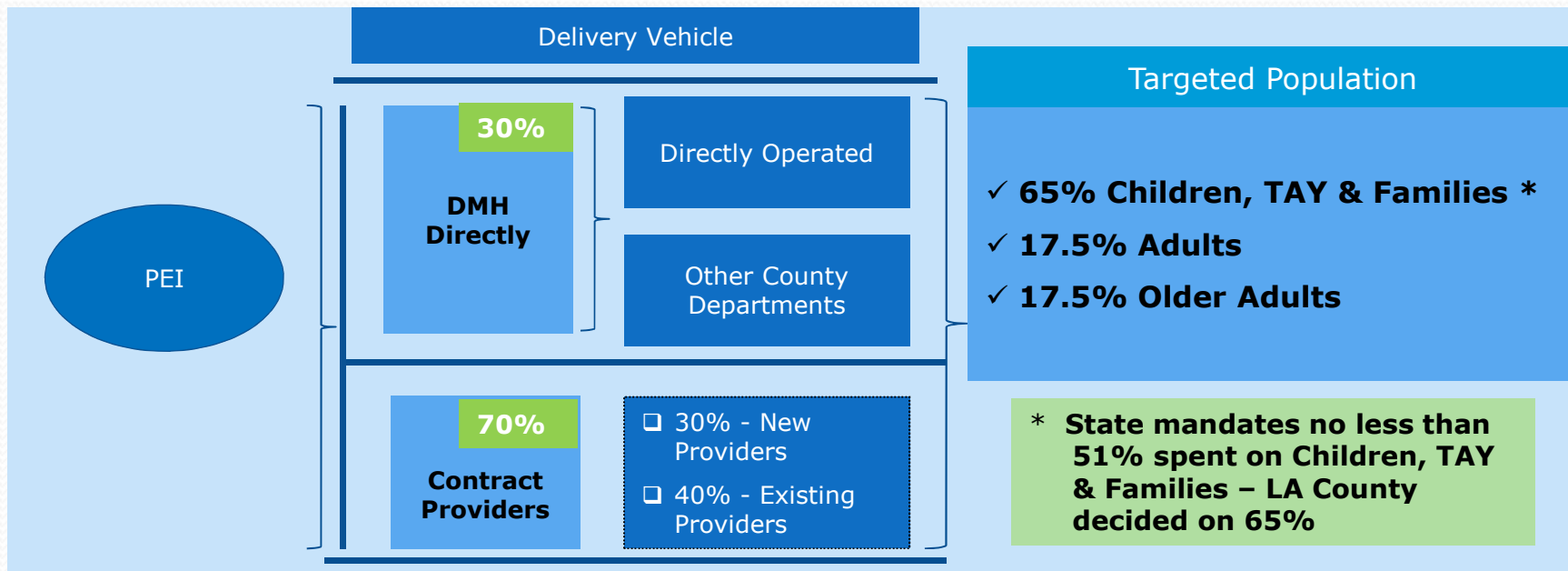
## **MHSA Statutory and Regulatory Funding Principles**

- By Statute, 51% of CSS must be used for Full Service Partnership (FSPs) for all age groups
- Must be used to expand mental health services, cannot supplant County/State services
- Cannot pay for persons incarcerated or parolees
- Long-term hospitalization or institutional care not eligible
- CSS/PEI - Year-to-Year funding varies drastically making it difficult to budget for and illustrates benefit to using unspent funding and roll forwards in future years
- CSS/PEI- Approved LA County plan established requirements for allocation among types of providers, between age groups and by type of programs, which poses tremendous challenges.

# MHSA High-Level Process Overview

Mental Health Services Act	MHSA Components	Plan Description and Requirements			
	<b>Community Services Support (CSS)</b>	<ul style="list-style-type: none"> <li>By Statute, 51% must be used for Full Service Partnership (FSPs) for all age groups</li> <li>Services for individuals with serious mental illness and children/youth with serious emotional disturbances</li> </ul>	<b>80% Ongoing</b>		
	<b>Prevention &amp; Early Intervention (PEI)</b>	<ul style="list-style-type: none"> <li>State defined the Focus Areas: 13 Focus Areas in Los Angeles County</li> <li>Required planning be done within specific geographic areas (8 SPAs)</li> <li>Each SPA required to develop priorities to meet population needs</li> <li>Some services centralized to meet specific population such as Native Americans</li> </ul>	<b>20% Ongoing</b>		
	<b>Innovations</b>	<ul style="list-style-type: none"> <li>Innovative Pilot Program – LA County selected to dedicate efforts in preparing for Health Care Reform</li> </ul>	<b>(5% PEI &amp; 5% CSS)</b>		
	<b>Capital Facility and Information Technology</b>	<table border="0"> <tr> <td data-bbox="591 963 1167 1134"> <u>Capital Facilities</u> <ul style="list-style-type: none"> <li>Distribution to County Departments Only</li> <li>Used to remodel or build new facilities where MHSA services are delivered</li> </ul> </td> <td data-bbox="1173 963 1794 1134"> <u>Technology</u> <ul style="list-style-type: none"> <li>Development of Electronic Health Record System for DMH and Contractors</li> <li>Technical Assistance for Contractors</li> <li>Family and Client Computer Lab</li> </ul> </td> </tr> </table>	<u>Capital Facilities</u> <ul style="list-style-type: none"> <li>Distribution to County Departments Only</li> <li>Used to remodel or build new facilities where MHSA services are delivered</li> </ul>	<u>Technology</u> <ul style="list-style-type: none"> <li>Development of Electronic Health Record System for DMH and Contractors</li> <li>Technical Assistance for Contractors</li> <li>Family and Client Computer Lab</li> </ul>	<b>Statewide One time</b>
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<b>Workforce Education and Training</b>	<ul style="list-style-type: none"> <li>Professional Development Training such as:               <ul style="list-style-type: none"> <li>Support for Graduate Students</li> <li>Education for individuals whose family member has Mental Health related issues</li> <li>Development of training opportunities for individuals in recovery</li> </ul> </li> </ul>	<b>Statewide One time</b>			

# Funding Flow for PEI – Stakeholder Process

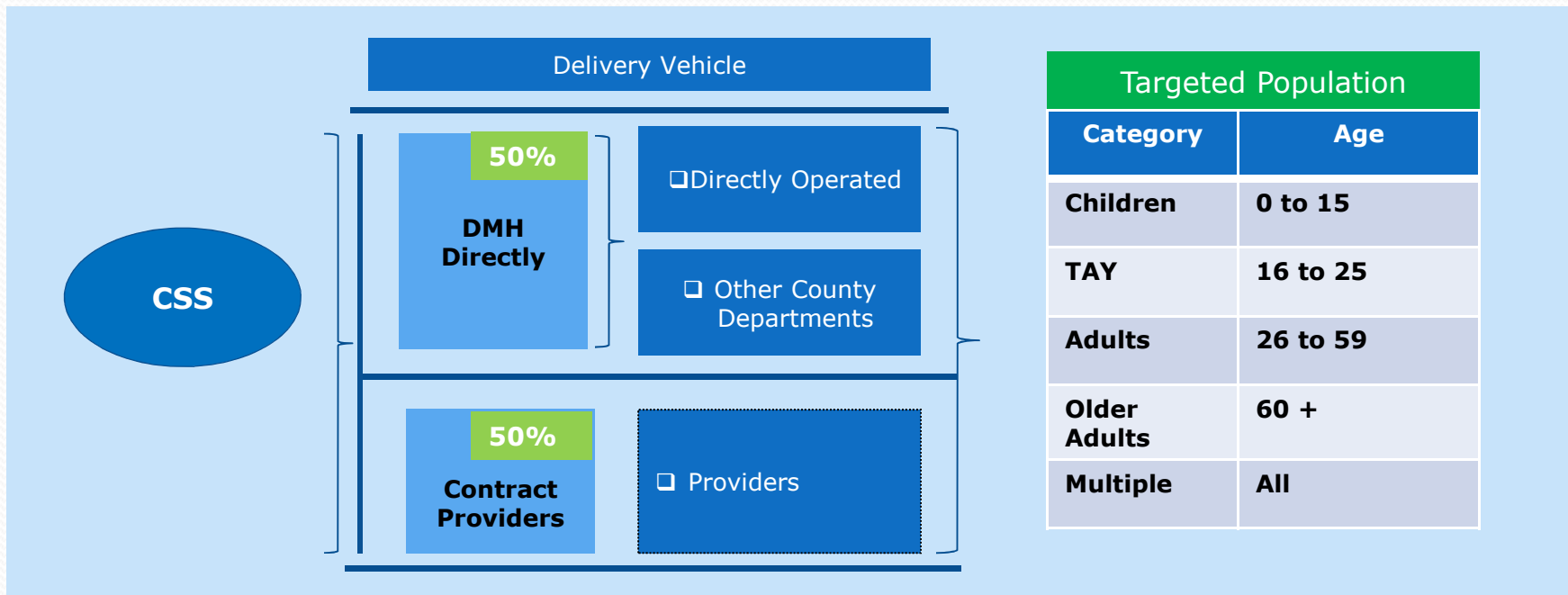


## 13 Focus Areas

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| <ol style="list-style-type: none"> <li>1. Early Start – Suicide Prevention</li> <li>2. Early Start – School Mental Health Initiative</li> <li>3. Early Start – Antistigma Discrimination</li> <li>4. School Based Services</li> <li>5. Family Education &amp; Support Services</li> <li>6. At Risk Family Services</li> <li>7. Trauma Recovery Services</li> </ol> | <ol style="list-style-type: none"> <li>8. Primary Care and Behavioral Health</li> <li>9. Early Care and Support for TAY</li> <li>10. Juvenile Justice Services</li> <li>11. Early Care and Support for Older Adults</li> <li>12. Improving Access to Underserved Population</li> <li>13. American Indian Project</li> </ol> |
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Program	Children 0- 15	TAY 16 - 25	Adults 26-59	Older Adults 60+	Total
<b>Total Number Served</b>	<b>32, 119</b>	<b>13,476</b>	<b>14,984</b>	<b>1,531</b>	<b>66,669</b>

# Funding Flow for CSS





# **System Leadership Team**

# System Leadership Team

Org. Affiliation	Member Name
1 LAC-CEO	Vincent Amerson
2 SAAC 6	Dorothy Banks
3 LAC-DHS	Karen Bernstein
4 LACCC	Catherine Bond
5 LAC-CEO	Elizabeth Boyce
6 Consultant	Diana Concannon
7 LA Police Dept.	Charles Dempsey
8 LAC-DMH	Carmen Diaz
9 Community of Friends	Dora Gallo
10 Probation	Andrea Gordon
11 CA Network of MH Clients	Joseph Hall
12 City of Los Angeles	Helmi Hisserich
13 SHARE	Ruth Hollman
14 LACCC	Pamela Inaba
15 Heritage Clinic	Cynthia Jackson
16 PACSLA	Mariko Kahn
17 LAC-CSS	Kochen, David
18 SAAC 6	Eddie Lamon
19 City of Long Beach	Patti LaPlace
20 LAC-DMH	Anthony Leggitt
21 LAC-MH Commission	Jerry Lubin
22 In Our Own Voice	Stella March
23 AFSCME	Teddy Mckenna
24 LAC-DMH	Carl McKnight
25 LAC-DMH	Joan Miller

Org. Affiliation	Member Name
26 Project Return	Keris Myrick
27 COJAC	Jim O'Connell
28 GLAD	Jennifer Olson
29 Pacific Clinics	Emma Oshagan
30 Hospital Association	Mara Pelsman
31 MH Advocacy	Jim Preis
32 LAUSD	Cecilia Ramos
33 NAMI	James Randall
34 Green Dot Public Schools	Paco Retana
35 LAC-DPSS	Maria Rivera
36 LAC-Public Defender	Joanne Rotstein
37 Junior Blind	Lisa Rueda
38 DMH-American Indian Counseling Center	Paul Sacco
39 ACHSA	Bruce Saltzer
40 L.A. Gay & Lesbian Center	Curtis Shepard
41 LAC-DCFS	Lisa Sorensen
42 Commission on Children and Families	Nina Sorkin
43 LAC-DMH	Ana Suarez
44 LAC-Public Health	Wayne Sugita
45 UREP	Romalis Taylor
46 MHALA	Richard Van Horn
47 USC-Universities	William Vega
48 SEIU	Marlon Young
49 Vacant	
50 Vacant	

## Next Steps

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- Develop report with stakeholder findings to share with everyone.
- We will also include the following:
  - A high-level description of the differentiating factors between the 3-year plan and the annual report
  - The process for processing midyear adjustments to plan.
  - The process for introducing a new program, once the plan is established.





**Questions?**