

# COUNTY OF LOS ANGELES–DEPARTMENT OF MENTAL HEALTH

## SYSTEM LEADERSHIP TEAM (SLT) MEETING

Wednesday, June 17, 2015 from 9:30 AM to 12:30 PM

St. Anne’s Auditorium, 155 N. Occidental Blvd., Los Angeles, CA 90026

---

### REASONS FOR MEETING

1. Provide an update from the County of Los Angeles Department of Mental Health.
  2. Inform the SLT on MHSA housing-related programs.
  3. Issue a recommendation on one-time funding and ongoing use of accumulated and unspent CSS and PEI funds.
  4. Give MHSA-related announcements.
- 

### MEETING NOTES

<b>MHSA Related Announcements</b>	<p><i>Debbie Innes-Gomberg, Ph.D., District Chief, MHSA Implementation and Outcomes Division, Los Angeles County of Department of Mental Health</i></p> <p>On May 28, 2015, the Mental Health Services Oversight and Accountability Commission approved the Innovation 2 Health Neighborhood proposal. The Department is now engaging in a number of task:</p> <p>First, the Strategy Leads are getting together to work on drafting the Request for Services (RFS) for implementation for the strategic partnerships that are happening in different areas. We are also working on the RFS for evaluation services. About six weeks ago or so, we sent all SLT members information on how to get on the Master Agreement list so that you can disseminate it to any interested groups for Innovation 2 or the Innovation 2 evaluation. We want to make sure you all received that. If you did not, we can send it out again. Distribute it widely and let any agency or entity that might be interested in being on the Master Agreement list to be a lead agency for Innovation 2 to organize a Health Neighborhood, that they should get on the MHSA Master Agreement list for INN 2.</p> <p>Debbie and her team started going out to the Service Area Advisory Committees (SAACs) to present on what ‘Innovation’ is, what Innovation 2 is about, and about the MHSA itself. She went to SAAC 8 about two weeks ago, and is on the agenda for SAAC 5, SAAC 2 and SAAC 7 so far and has been talking with SAAC 4. If she is not on the agenda for your SAAC, please contact her.</p> <p>MHSA Annual Update: The public hearing was also on May 28, 2015. It went very well. The presentation of the material was different due to the fact that Debbie was in Sacramento. Dennis was the MC with the component leads presenting on their programs. The Mental Health Commission will deliberate next Thursday to approve the MHSA Annual Update and Debbie will be present at the meeting. Assuming that the Commission approves the Annual Update, the next steps would be to draft the Board letter and to get on the Board agenda for this.</p> <p>The presentation you are going to hear today is about some ongoing and mostly one-time CSS funds and PEI funds. If you approve those recommendations today then that will be part of a midyear adjustment to the Annual Update so that we can move this forward.</p> <p>SLT Standing Committee: The recommendations you will make today around unspent CSS and PEI funds will then drive a larger</p>
-----------------------------------	--

	<p>discussion around what these services look like and how you would like to be able to evaluate their effectiveness. It will also involve the role of the SLT in monitoring and making recommendations around the service effectiveness.</p> <p>Do you want to add anything else on this item, Rigo?</p> <p><b>FACILITATOR:</b> The SLT Standing met on June 4, 2015, and focused on how to best utilize the SLT’s time for the remaining part of the year.</p> <p>The group recognized that there were some important yet unknown conditions coming up, largely around the Board’s consolidation motion and how this would likely impact the SLT and the Department. Rather than be paralyzed by the Board’s decision that may or may not happen, the Committee developed three ideas—one was a process idea and the other two were ideas about content areas to focus on.</p> <p>The process idea is to form a planning team—whether it is the current SLT or an expanded body based on the Board’s decision—that will strengthen the stakeholders’ voice. The planning team would create specific work groups to be able to take a deep dive into content areas. The two content areas were (a) prevention and early intervention and (b) the safety net for clients who are often ignored or underserved by current systems. Finally, the Committee agreed that ‘health neighborhoods’ would be included in both topics.</p> <p><b>DEBBIE:</b> We had a successful meeting on updating our PEI regulations. There is a second meeting tomorrow where we are going to really examine the various components of the regulations and what it would take to implement in terms of resources, time, approach, and where we would make recommendations to the OAC about postponing certain regulation. Richard Van Horn will be joining us.</p> <p><b>QUESTION:</b> I would like to go back to the Innovation 2 discussion a little bit. It sounds great that the program was approved on the May 28, 2015, like you said and that you are working on issuing an RFS. I am curious to know if you have some major scheduled milestones that you can share with us for Innovation 2, like when the RFS will be released, when you would hope to get that out, and eventually issue the contracts. Can you share any of that at a top level?</p> <p><b>RESPONSE:</b> Yes, it is actually all in the plan that was approved. So around January, 2016, we hope to be able to have an approved RFS that would be issued and then a bidder’s conference around February. My hope would be that by July, 2016, we would have contracts in place. So that would trigger the first year of the four-year project. Also, our hope is that we can issue contracts to the lead agencies and to the evaluator around the same time so that the evaluation can take place at the start of the project.</p>
<p><b>Department of Mental Health - Update</b></p>	<p><b>Dr. Robin Kay, Chief Deputy Director, County of Los Angeles, Department of Mental Health</b></p> <p>The most important items are the status of three waivers: the 1915b Waiver; the 1115 Waiver; and the Drug Medi-Cal Waiver.</p> <p>The 1915b Waiver is the most significant for us. It is the ‘freedom-of-choice’ waiver, which established the specialty mental health system as a separate carve-out. The last time it came up for renewal the federal government gave us a two-year renewal. There was some concern about what that meant: whether it meant that there was an intention to carve specialty mental health into the physical</p>

health care side. The State has been negotiating with the Center for Medicare and Medicaid Services (CMS) and it looks likely at this point that they will approve another 1915b Waiver, this time for a period of five years but with strings attached. CMS has been emphasizing that their concern is that California counties are failing to meet certain access requirements. The requirements will be much more stringent than they have been before including requirements about reporting on the elements that CMS is going to be focused on.

On the access side, DMH and all of our providers have been doing a really good job since the last 1915b Waiver and putting in place a way of tracking access to care. We have a number of initiatives right now within the Department focused on enhancing access to underrepresented individuals including those with linguistic needs. Dr. Southard and I feel really good about DMH's ability to accomplish those access requirements, bearing in mind that CMS will hold the State and all the counties accountable, not just Los Angeles. It is cautiously optimistic good news that we are looking at probably a five-year extension; and then there is the necessity of making sure that we do a really good job of providing access to care, providing access to underserved individuals including those who need special language capability, and that we report on how we are doing in that area.

The 1115 Waiver comes up for renewal in October 2015. It appears there is the possibility of establishing behavioral health homes. So, we are looking at language about how and in what way DMH would participate in that aspect of the 1115 Waiver. We are also close to having a Drug Medi-Cal Waiver for California.

Based on what we are hearing from the Board and our constituents, we are focusing on three major areas for the coming year. Those areas are jail diversion, homelessness, and Transition Age Youth (TAY). This is not to say that we do not continue our efforts to decompress the psychiatric emergency rooms, that we will abandon our priority for kids in foster care, or that any of the other ongoing issues we have been focusing on will become less than important. It is just to say that we are recognizing, particularly where the County is right now and what the Board's priorities are, that we need to dedicate some enhanced focus to jail diversion, homelessness and TAY. There is a lot that is evolving and going to be implemented over the course of the next year in all three of those areas.

## DISCUSSION

**QUESTION:** Could you talk about the initiative that just passed by the Board last Tuesday in terms of the restructuring of jail mental health?

**RESPONSE:** Back in January, when the Board passed the motion approving in concept to the agency model, the Board also tacked on a request that the CEO and the Departments of Mental Health and Health Services and the Sheriff's Department consider the manner in which services are delivered in the jail. Since that time there has been work done primarily in these three Departments looking at what the best way is to integrate the services within the jail. These are totally different issues than the one that are the basis for the agency consolidation because the jail is an institution, and the way that services get organized and delivered within the confines of what is a very large institution are completely different than the discussion the Board is having around how services get organized across three Departments.

Last Tuesday, the Board heard a plan that would create a new structure within the jail. It would create a Director of Jail Services

	<p>position, reporting to the Sheriff as well as to DHS. That person would have responsibility for jail mental health services, jail health services, substance abuse services in the jail—which have yet to be really developed. So, all medical, mental health, substance abuse services to people in the jail would be under the oversight of that person. We would continue to have a Director of Jail Mental Health Services, a Director of Jail Substance Abuse Services (which would be a new position), and a Director of Jail Health Services. That person reports, I believe, up to DHS.</p> <p>There are a number of phases to this plan. We are in phase zero right now where we are looking at the personnel classification, funding kinds of issues, trying to tease out what DMH has been supporting in the jail versus those primarily MHSA-funded services that are linked with the jail but not really a part of the jail. All of those technical issues. At the six-month point, the expectation is that the jail mental health services staff would transition over to DHS in order to better integrate that care. The jail mental health staff will not transition. We are working on two requests from the CEO and the Board that would enhance services and enhance positions in the jail, so it is just the opposite. Although that will become DHS' decision, I do not anticipate that anybody would be let go; just the opposite, we are trying to augment the staffing.</p> <p><b>QUESTION:</b> The potential five-year potential extension that counties are going to have to improve access has a condition to increase linguistic access. I know that Los Angeles County is a role model, a leader, in the state. But are we going to be judged as part of the whole state? Do we have to really look at stepping into a statewide leadership role?</p> <p><b>RESPONSE:</b> We are not sure. I think we will have a big influence on how it goes. If we can meet the access requirements in Los Angeles County in a way that is exemplary, we are going to set the stage and the results will be apparent. They will be reported to CMS. Since we are more than 30% of the State's funding and population, to the extent that we are successful, we are going to drive those statistics in a positive direction. The waiver is a statewide waiver, so if we were to do a great job and if every other county did a miserable job, five years from now CMS might come back and say this is not so good. I do not think that is going to happen. Actually, it is much easier to meet access standards in a small county than it is in a big county like Los Angeles.</p> <p>Moreover, we have been working on access in a very rigorous way for the last number of years and that will become a part of what CMS will look at. Additionally, when the External Quality Review Organization (EQRO) comes out every year, access is one of the areas they focus on. That EQRO visit and the data they examine gets posted on their website and it gets shared with other counties. They are regularly reporting, holding webinars, sharing best practices from the other counties, so all of that will be done.</p> <p>If we have ways to enhance that leadership role and be a good example to other counties, by letting that be known, through carefully orchestrated publicity about what is happening here, I think that is all very important.</p>
<p><b>MHSA Housing Panel</b></p>	<p><b>Maria Funk., Ph.D., District Chief, County of Los Angeles, Department of Mental Health, Countywide Housing, Employment and Education Resource Development Division</b></p> <p><b>DEBBIE:</b> A couple months ago when we were providing updates on the implementation status of the MHSA Three-Year Program and Expenditure Plan, particularly for fiscal year 2014-15, an issue surfaced about moving funds that were originally allocated for the Housing Trust Fund to the MHSA Housing Program administered by CalHFA in Sacramento. Today, we want to provide you with</p>

some background information on our investments in housing and to distinguish between CalHFA and our housing programs more broadly. Maria Funk agreed to give a presentation about our housing investments, which are substantial and very impressive.

**MARIA FUNK** gave a presentation on the various housing investments. Please refer to the slides distributed at the meeting. Afterwards, she introduced Steve Renahan, from the Shelter Partnership and a member of the MHSA Housing Advisory Board.

**STEVE RENAHAN:** I have been around for 28 years in the housing field and our organization conducts policy and advocacy work on homeless issues, which includes a lot of work on what permanent housing interventions are most effective in ending homelessness. I am quite pleased now to have joined the MHSA Housing Advisory Board.

At the Advisory Board's March meeting, a decision was made to resurrect the Finance Committee to look at the need for further resources for this program. At that time, the Board recommended a \$15 million investment. When it was later learned that your Budget Committee was contemplating a greater investment than that for today's meeting, the Advisory Board unanimously endorsed the \$25 million investment in this type of housing.

There are a lot of really good reasons for this recommendation. First of all, there is a leveraging opportunity. For every dollar you invest in this program, you get many more dollars from other investors, including other levels of government that invest in affordable housing and private money as well. Banks and other financial institutions are invested in the production of housing. You also get units that are dedicated for 55 years. For human service programs, it is just extraordinary to have this resource locked in for 55 years. So you know when you make this investment this housing will be there to serve your consumers for 55 years.

DMH administers the program in a way that ensures that all appropriate services are provided. At Shelter Partnership, we work with a lot of government entities that invest in affordable housing and special needs housing. So I have seen a lot of different approaches to the service plan element within affordable housing and special needs housing, and no other organization does a better job than DMH at ensuring that projects do not move forward until they have comprehensive service plans with commitments of service money. That is not just the mental health money; that is all the other services that low-income people and people with special needs must have to stay in their housing long term and not drop out of the housing.

As Maria mentioned, your housing investments also make it possible to develop projects in all areas of the county. We know that the private sector market does not do that on its own. The private sector market does not produce housing for extremely low-income consumers of mental health services in Venice without this kind of intervention—and that is true of most areas in the county at this point. Because people who need this housing live in all areas of the county, it is appropriate to develop housing in all over the county.

There is also an expectation that this housing investment will contribute to a long-term, more comprehensive solution to homelessness in general in LA County. We know there is an acute shortage of affordable housing units throughout Los Angeles county. So any housing program, any homeless program that is dealing with permanent housing, must be involve in producing more affordable units to address this shortfall.

This housing program is a small part of the solution in producing enough affordable units, but it is a tremendously important part of

that solution. Finally, the United Way *Home for Good Plan* has been endorsed unanimously by the Los Angeles County Board of Supervisors. It strongly endorses the production of this type of housing. There is a growing body of evidence nationwide, and in fact beyond the United States, that this type of housing is a tremendously effective solution.

The United States Interagency Council on Homelessness is a group that is composed of 17 federal agency heads, including President Obama's Cabinet members, provide technical assistance and review and synthesize all available research on ending homelessness. The conclusions reached are:

'The most successful intervention for ending chronic homelessness is permanent supportive housing which couples affordable community-based housing with supportive services that target the specific needs of an individual or family. Supportive housing has been showing to be a cost effective solution in communities across the county when targeted to people with the most extensive needs, including individuals with mental illness. Expanding the supply of affordable housing is critical homelessness and targeting housing subsidies to those most at risk will enable these vulnerable families and individuals to staff off the street and out of shelters.'  
So your MHSA Housing Advisory Board requests that you endorse the recommendation.

**MARIA:** All of these different groups were meeting at the same time. The SLT Budget Committee met two weeks ago, followed by a separate meeting to discuss housing. The Department participated and supports this recommendation, including the full funding request.

**DISCUSSION**

**QUESTION:** I think we can all agree that permanent supportive housing is the way to go. I think we can also agree that we need to have multiple strategies to do this. I have a problem. If you look at page six, the first slide, it indicates that our contribution to these programs is close to \$100,000 per unit. We give agencies that apply for this money more points if they leverage more dollars. So when I did the math on these units, it turns out that the average unit cost (the average 300 square foot single) is around \$100,000, but the average cost for the whole unit is \$472,000. I think that we need to come up with some guidelines.

One of the projects in Sun Valley averages \$727,000 per unit. They get more points because they are leveraging all of this money. I would rather have the money go to more units than give the extra money, and I do not know what they are doing with this \$727,000. But when we are putting our \$100,000, it seems like we are paying for the same thing over and over again.

That is where I think we need to come up with some principles on how we allocate money. We should have leveraging so that we pay our money and we got more out of it. But for every time we do this, there is a boundary on the other side where we do not want to just be saying, 'Oh, the more money you bring in to house for the same one person, it is okay.' I would like the SLT to convene some sort of committee to look at what we need to do in order to have a more reasonable housing program that houses even more people in the permanent supportive housing that we all agree on.

**RESPONSE:** The Housing Advisory Board has developed funding principles and they use those principles to make recommendations. It has already published its funding principles to make decisions. One of them calls for leveraging. They look at leveraging in a very positive way, because the more resources someone can bring into the project allows us to invest less. So we encourage leveraging,

which obviously brings up the cost of unit.

**QUESTION:** I would kind of share some of what Ruth had to say. I think on a weekly basis I get calls from hospitals saying, ‘I hear about the expansion of housing opportunities for permanent supportive housing but we are not seeing it.’ So I guess I would support that concept of having a more robust discussion about housing investments. Is there any connection between this housing and the Coordinated Entry System (CES)?

**RESPONSE:** Yes. CES has rolled out. We are changing our procedures so that these units will be accessed through CES. For some projects, they already are but some are not yet. It partly depends on the developers and their regulatory agreements. Dora could probably speak better about that from a developer’s point of view. But, yes, they are on CES.

**QUESTION:** Is a certain percentage of this housing or all the housing that is being funded through this portfolio, going to be coordinated through CES?

**RESPONSE:** Essentially all of it. Even the Housing Authorities, however, have said four out of five units have. So it depends. There have been a lot of discussions with attorneys and people interested in fair housing to make sure that people that do not want to participate in CES still have access to housing. So it is not an absolute that every single unit is on CES, but the majority is.

**QUESTION:** Some of you might be wondering what CES is. It refers to Coordinated Entry System. My question for you is this. It is always wonderful to see great housing development and certainly I think all of us are for having more affordable units available, but what kinds of things are also being put into place for housing retention? I think that is a really important issue when we are working with the population that may have not been housed for many years and have particular struggles and oftentimes the very behaviors that led them into homelessness in the first place can also lead to them to losing their housing, once placed in housing. So I wanted to know if there has been any discussion or ideas that you are looking at for housing retention as well.

**RESPONSE:** Housing retention is one of the most important elements in the service plans that are required before projects are funded. They start with an assessment and an individualized service plan for each tenant. Those plans are re-evaluated continuously. When you have case managers on site frequently interacting with the tenants and identifying issues as they occur, even before they occur, that supports housing retention. The Department keeps track of housing retention statistics in this program and they are outstanding.

**QUESTION:** In terms of getting more housing faster, is there any way that there could be a new paradigm developed to produces more housing? I mean, it is so wonderful what you all have done and it is amazing work, but there is such a huge deed out there. Maybe that is what the committee could talk about.

**RESPONSE:** One aspect of spending the money in this way is that you expand the supply of affordable housing in Los Angeles. Other interventions that can be put into place more quickly are often rent subsidy interventions, which take existing units out of the market. So in their own small way they are exacerbating the problem of the shortage of affordable units countywide. With this program, creating more affordable units is a step in the right direction.

**QUESTION:** My question is, Why do we care if other people invest more money if all we are investing is \$97,000, for a unit in Los Angeles county?

**RESPONSE:** I think we need to be clear about what leverage means in this program. The Department's intention is to minimize the number of dollars that the Department invests in these projects, not to cause there to be a free-for-all to invest more and more money in the projects. The other government funders also have their own caps on the programs as well. So what the Department is trying to do is to make the limited money that is available go as far as it can to fund as many units as possible for your consumers. That does not mean that this approach towards leveraging drives up the total cost of the projects. It does not.

**RESPONSE:** Yeah, I get that. That is why I am saying, 'What is the problem?'

**QUESTION:** Maria, you talked about Los Angeles and then Glendale, Pasadena and Long Beach having their own counts for homelessness and that we do not really know the number of mentally ill in the homeless population. Do our housing projects overlap with Glendale, Pasadena and Long Beach?

**RESPONSE:** Yes. Those numbers will come out. It's just that the preliminary numbers came out. Each of those Housing Authorities probably has some information out, but they have not all been put in one report, yet. But the 44,000 number I mentioned includes all continuums.

**QUESTION:** So my question is on the other end. Permanent housing is the methodology, so to speak. But for the people who go into permanent housing, what is the rate at which they can leave? Otherwise, it is the same person living there for 55 years. I do not think that is the goal.

**RESPONSE:** No, absolutely not. But that is the work of our service providers: to keep providing services to people to help them reach their goals. If they can go to school and get a job, that will help them be able to move out of these units. One strategy that HACLA started (the Housing Authority for the City of Los Angeles) was to allow people that had the shelter-plus-care-subsidy, or that were living in project based housing, to move out after a year and to take that subsidy. This is because people are often still poor and they cannot afford to go and take on the full rent of an apartment. They can take their rental subsidy and go to the market rate unit and move out of one of these units. However, this is more expensive because it is permanent supportive housing, and by design it targets the most acute population. So if people do not need to stay there, you are absolutely right. There are also more opportunities to move out. Even through the United Way Funder's Collaborative there is a program called *Moving On* which supports people as they move out of permanent housing into other apartments in the community and supporting them in that effort.

**QUESTION:** I had a question about the \$423,000 that has been allocated for subsidies for TAY up until fiscal year 2030-31. Is that a set amount?

**RESPONSE:** That is the amount that we, through the stakeholder process, allocated for that purpose. It was allocated at a budget of \$423,000 per year. It is in our annual budget. So we just moved that up there. We asked for 20 years, which is somewhat unusual for the county to ask for a 20-year commitment. So we did it for 20 years but as long as we keep getting the money it is still in our budget.

So it will be beyond fiscal year 2030-31. You all could add more.

**QUESTION:** My members are concerned with people who are being pulled out of the community and placed into housing where they are really detached from their families. So what criteria is being used to prioritize permanent supportive housing?

**RESPONSE:** It is absolutely the client's choice. If the client does not want to live in a building, they would never be moved into that building. It is where people want to live that they have opportunities to live. The issue that you bring up is very important, that people live in communities where they feel connections, whether it is family or other connections.

There is no system that just puts someone into an apartment. Someone has to want to live there. They may be given the opportunity through CES, which we talked about earlier. But if someone does not want to, they do not have to and they just look for the next building that is the one they want to move into.

**QUESTION:** I have a question about MHSA housing and its connection to FSPs. Clearly, FSPs include another housing subsidy, to some extent. My first question is, Do we know how much money is spent on housing through FSPs? My second question is, Is there a coordination between the housing that is being developed with the funds that you are describing and the FSPs?

**RESPONSE:** I am talking more about the subsidies and the housing services, rent and services.

**RESPONSE:** We can let Debbie respond to that question. My experience is that, even in our own division, most of the FSP money is being spent on security deposits and household goods. Once someone moves into an apartment, we can help them. We cannot help them if they do not have a security deposit. That is huge. We also do not want people living in empty apartments, and we have certainly heard stories about that. So we are helping them set up their apartment. I know we manage the Department's directly operated FSP money. A certain percentage of that money is used for ongoing rental subsidy. I think Renee said about 50 people on average per month, just in the Directly Operated programs, that we are using money for. So I can say on the Directly Operated side that is about what it is. Sometimes a lot of those people are not eligible for other housing resources. Maybe they are undocumented or have other situations, such as criminal histories, that make them ineligible for other resources that we are able to subsidize.

**DEBBIE:** I will work with the age group MHSA leads to obtain that information.

**RESPONSE:** So, once you work on that number, my future question will be this: Is our FSP housing adequate to really deal with the housing needs of people in FSPs?

**QUESTION:** We need to have a detailed discussion of the in-flow along with data on the retention rate, so that we can determine the move-through rate to get a whole picture of a continuum and be able to make the wisest decisions on an ongoing basis.

**QUESTION:** I have a three-pronged question. When you talk about diversity, do we have stats on the actual demographics of the folks that we are serving there? I presume it is predominantly People of Color? Also, with immigrants, how are we working with that group? The other part of the question would be the actual partnership with DMH and with the nonprofits and having actual services at these

units, especially the large ones. Are we looking at having a community room where we could teach education classes and where we could provide mental health services? I know it is talked about but I would like to see that implemented or worked on a little bit further. Lastly, the social services I mentioned right now that are needed, they are at the units. But a lot of times the mental health folks cannot get out and we need to service them and deliver the services there in the facilities.

**RESPONSE:** Yes, we have demographics. We can send them to you all. I did not bring them with us. They really mirror the homeless population, of which the highest percentage is the African American population. Regarding immigrants, as we have already talked about, these projects involve many different investments. Many of them have investments from HUD and the Housing Authority to subsidize the rent, and there are regulations around that. People have to meet certain criteria. If you are asking about immigrants that are not documented, they are not eligible for most of these units. That is why we create many different options. That is also why we just talked about how people can use their FSP money to subsidize rents so we can have other opportunities for people who do not meet the eligibility for these buildings that we are investing in. So, sometimes it is another funding source that determines who can live there. It is not just our funding because we do not have that rule but other funding sources might. Regarding your issue about space, most buildings have space for social services onsite. There is sometimes a large room, sometimes they create offices, because they want service providers to come onsite and see clients there. They have their own service providers that work there, too. So, absolutely, there is space, except in a building that has very little space, like the Horizon Apartments in Venice that I showed you. They have a very small room but it is because of the spatial limitations. They remodeled the building. If you are doing a rehab, you have less flexibility versus building from the ground up. But I would say, almost universally, they have space for services.

**RESPONSE:** I would observe that when you construct a building that has offices for case managers and other services and large community rooms and so forth, that does drive up the cost a bit. So when you do an average cost per unit, it includes those design features that are essential for successful long-term tenancies.

**QUESTION:** I noticed you put nine units for TAY youth.

**RESPONSE:** Nine projects, nine developments.

**QUESTION:** Nine projects. I want to know specifically how many of them will focus on the youth transitioning out of foster care because that is a big thing for me. These kids are coming out of foster care and they still have issues coming out of DCFS and I want to make sure there is some place they can go and get some help to transition to their life.

**RESPONSE:** For our TAY projects we define our target population as individuals who are homeless or are transitioning from a juvenile facility or from foster care. So we have not designed a building specifically targeting that population but they are eligible to apply to any of our TAY funded projects, units. Are you working with DCFS to make that happen?

**RESPONSE:** We are not specifically working with DCFS on that, but our units are available to them. We post the openings of our units. The network of mental health providers is aware of those units. We publicize them and we post them. So any person who is TAY can apply for any open MHSA-funded TAY unit.

	<p><b>QUESTION:</b> I am not going to beat this to death, but I want you to understand these kids do not understand that. So it is going to take DCFS to step up and work with you to make sure they are aware that these units are available.</p> <p><b>RESPONSE:</b> There is also another answer to that question which is outside the parameters of Maria’s discussion. We do have a transitional living program project with DCFS, which is specifically for emancipating youth with mental health issues. There are three projects right now. We are working with LAHSA, DCFS, and Probation. We have been reevaluating that program. It is not part of the MHSA Housing Program. It comes out of the TAY Division. So we are happy to share that with you at another time.</p> <p>I also want to add, as I was scanning the speakers of the grand openings of these units as they have opened, that I have attended, I think all but one of them was a former foster youth. So, I think the typical profile of a foster youth is somebody who thinks they are going to strike it out on their own, be independent, do everything they want to do, but it does not work and they end up then finding us through that thing.</p> <p>As Robin was saying, we try to link kids up on the front end but a lot of times their first impulse is, ‘No more institutions, I am on my own, I want to be on my own.’ And then we are there as a safety net when it does not work. We should link people as best as we can but sometimes it is hard.</p> <p><b>FACILITATOR:</b> One of DMH’s priorities, as Robin mentioned at the beginning, is TAY. I just checked in with Robin and she said that this issue can be included in that discussion.</p>
<p><b>SLT Budget Workgroup Recommendations</b></p>	<p><i>Dr. Robin Kay, Chief Deputy Director, County of Los Angeles, Department of Mental Health</i></p> <p><b>DEBBIE:</b> Dr. Robin Kay and Ruth Hollman will share a budget proposal coming from what used to be the Budget Mitigation Work Group, which is now is the Budget Committee. She is going to present a proposal that has been vetted and unanimously approved by the Budget Committee.</p> <p>Dr. Robin Kay clarified that the SLT would discuss CSS funding for the first budget item. After the CSS budget discussion is done, another time-sensitive PEI one-time funding issue will be discussed today so that we avoid a gap in PEI funding for a prior program. It is a separate stand-alone PEI budget item that had to be pushed ahead of the PEI discussion that will occur in the Budget Committee. The Budget Committee is going to convene over the summer to address the broader PEI budget issues.</p> <p style="text-align: center;"><b>ITEM 1: CSS BUDGET PROPOSAL</b></p> <p><b>ROBIN:</b> I am going to ask Ruth to join me. She is going to say a couple of very quick introductory words and then I will launch into the details. Because the Budget Committee has been very active and very robust for a number of years, the Budget Committee has helped the Department navigate the economic downtown and stay afloat. Now, happily we are revisiting some issues that are more hopeful. So I would like to ask the people that have been on the Budget Committee to stand up because we have had several meetings in the last couple of weeks. I want to just thank you Mariko, Romalis, Cynthia, Larry, Tony, and Marcelo.</p>

**RUTH:** The money we are looking at here is for the most part one-time money that is left over. When we came together, we looked at what was going on and see if we could right things that were not quite right in the budget, to use this money to make things better. So, you all know that the PEI money was used for ‘transformation’ when we all lost a lot of County General Funds (CGF) money for the Children’s providers and we were using Evidence Based Practices (EBPs). This caused a lot of problems. We lost a lot of clients there. So one of the things we are doing is ‘righting’ that by putting money back in for clients that do not fit into the EBPs.

There is also one Service Area that does not have a TAY Wellness Center Clubhouse, so we are ‘righting’ that in terms of putting funds there. We are also addressing the Board priorities of homelessness, jail diversion and TAY in this budget proposal. Finally, we are balancing the directly operated services with the contract services. When we hand out money, we try to keep some sort of balance there between the two and so that is what we are doing. So, I think this was a well thought out budgets. Lots of people worked on it. I want to thank everyone for working on it and thank Robin for her leadership on all of this.

Dr. Kay reviewed the budget proposal in detail. Please see the budget proposal handout for details.

### QUESTIONS OF CLARIFICATION

**QUESTION:** Are these funds left over from our past fiscal year that service providers did not utilize? Does it have to be spent before the end of this fiscal year or for next year?

**RESPONSE:** For the most part, there is a little bit of increase in ongoing funding. As MHSA revenues rise, we have some ongoing funding. So where you see the ongoing priorities, most of that is funded with an increase in MHSA that is ongoing. However, the big bump was due to one year where the MHSA revenues were a lot higher than projected but then the following year it went down. That creates a pool of money that is essentially a one-time because it is not sustainable. It is really challenging when we have this one-time pool of money to try and figure out how to use it for just for a one-time purpose. Some of the available funds, a little bit, are due to implementation delays on the part of providers. That used to be the case before, but for the most part that is not the case anymore. It is really that one-time bump in MHSA revenues.

**QUESTION:** Regarding the FCCS for providers that only have FSP, is that for all Service Areas and all age groups?

**RESPONSE:** Yes.

**QUESTION:** Regarding the Forensic FSP, people are slowly not using that term anymore because forensic has to do with a much bigger beast in terms of crime and all that, so the term is slowly becoming ‘justice’ mental health. On that, just before you ask for FCCS monies for FSP programs that do not have FCCS, would FSP and FCCS have a multi-level care within the FSP, like the pilot FSP project?

**RESPONSE:** That is a discussion that we can have in the future. I do not see anything that would preclude it except that there is a recognition that many of the clients that we are talking about have really significant needs and we are increasingly being held accountable by the Sheriff’s Department and others to make sure that we have visible and accountable FSP slots for this population.

**QUESTION:** I have questions regarding MHSA dollars and Medi-Cal funded or leveraged services, such as EPSDT, intensive care coordination, intensive home based services, and other. Are spending this MHSA money and/or will it be reimbursed through EPSDT, for example?

**RESPONSE:** We do intend that it will be reimbursed through EPSDT. This is the match money.

**RESPONSE:** Is this true for all children’s services?

**RESPONSE:** It is true. Everything you see on here is potentially Medi-Cal reimbursable. What we are showing you is not the total program budget; we are only showing you the required net amount of MHSA funding. In most cases—with the exception of the general administration and the Health Neighborhood line, which is more administrative than anything else, and the Rise program and the employment program—most of these services can all leverage Medi-Cal, such as Medi-Cal that comes with SSI where there is a 50% match for adults. The Medicaid expansion will also be factored in. So, the total program amount for any of these line items that are eligible for Medi-Cal reimbursement the total size of the program is going to be much bigger than this.

**RESPONSE:** Did the Budget Committee look at the big number to estimate what would be leveraged and how much to expect?

**RESPONSE:** We did not do this for a number of reasons. We are still developing budgets. The last time I saw this document, ‘draft’ was across it in big letters. But there is sensitivity about the timing. So, we are happy to report back when the numbers are generated. These should be considered placeholder numbers right now.

**RESPONSE:** So, for now we just know that there is a big number behind these smaller numbers.

**RESPONSE:** Correct, a much bigger number.

**FACILITATOR:** Another point I interpreted from your question is that this money will not be reimbursed. It is money that is being used to leverage more money. I just want to make sure you all do not leave here thinking that you will be recovering this money.

**RESPONSE:** Oh, no, it will not come back. We are going to spend it and we are going to draw down federal dollars as well.

**QUESTION:** In regards to SB 82 triage units and the housing allocation, is that also going to depend on CES graduation as well? To what degree is it going to be for the chronically homeless?

**RESPONSE:** Regarding the SB 82 teams, it would be helpful to think of them as helping people to qualify for CES. So, if we identify someone through an SB 82 mobile triage team and we need to have discretionary emergency money—like the TAY emergency shelter bed program; the purpose of that service is that we can get somebody into a location off the streets—we can begin working with them as we go through the CES process to get people into permanent housing.

**QUESTION:** I am wondering about the pilot-project programs that shifted their FCCS funding into FSP. In terms of restoring the transformation, I know more than one of the pilot projects had big transformations. So I am concerned about not having access to these funds by labeling them FCCS or having to abandon a big chunk of the pilot project. I am wondering if there could be a friendly amendment that this could be FCCS or the FSP-light, in that context.

**RESPONSE:** Here is the concern. I have traveled in a lot circles lately and there is a tremendous demand from the Sheriff's Department, from the District Attorney, and from the Courts for FSP mainly because there are a lot of people who really need intensive services. I think what we have to do is we have to listen to the fact that that community is telling us they need really intensive slots. If we go back later and look at the pilot program and how this all fits within the context of the pilot program, I think the department is open to doing that. But I think, to be quite honest, we really have got to listen to the fact that they want FSP-level slots.

**RESPONSE:** I am talking about the FCCS dollars and the pilot projects. I am looking at the FCCS step-down, the extension for underrepresented groups, the restoring transformation with CSS, FCCS, and then under other budget lines both say FCCS.

**RESPONSE:** I think you are going to have agencies both small and very large who have no or minimal FCCS programming anymore because they are part of the pilot project.

**RESPONSE:** So, if we could slash, I think I would speak not just for our agency but also for all of the pilot agencies, that would be really important.

**RESPONSE:** I am just going to tell you that in some of these categories, like the transformation with CSS, FCCS really pertains to kids mostly.

**RESPONSE:** There were adults and older adult agencies that were transformed at the time, too.

**RESPONSE:** I understand. But this piece pertains mostly to restoring the investment for Children's programs because this is about the transition, not the original transformation. This was the transformation to PEI, and that was exactly the amount we transformed for the Children's programs. That was the intent, but in other areas your point would apply.

**COMMENT:** I think the SLT member was talking more about the two lines about the FCCS step-down services because the people involved in the pilot no longer have FCCS. They had to transform from their FCCS to FSP. Correct?

**RESPONSE:** Well, yes, I was actually clearly talking about all of them; I was talking about Skid Row and everything else, too.

**RESPONSE:** The proposed amendment will apply in some places, probably less so depending on the intent of that particular expansion. But, I do not have an issue with that one line about the Children's providers.

**RESPONSE:** I think that the SLT member's question is another example of the fact that these are very broad categories. We have not in some cases defined exactly how the money would be allocated and what the decisions would be. The one that I know for sure is the

\$12.8 million because that is specifically for Children’s programs. So there is another level of discussion that I think that the Department needs to have. We can do it as part of the Budget Committee as long as we understand in concept that we are allocating funding in these categories.

**RESPONSE:** As long as the concept includes the FSP Level 3, except for the Children’s category and except for the restoring category, I totally understand that.

**COMMENT:** I think the issues we are discussing have to do with folks not understanding the whole pilot program. So it is hard to understand what we are talking about. There is this FSP pilot where programs like the ones we are referring to, we took our FCCS and FSP programs and turned them into one program with five levels. This is what the SLT member means when saying ‘FSP Level 3.’

**RESPONSE:** I have to go through this in more detail and we can take this discussion offline, but I am looking at the expansion into Skid Row. I do not think the pilot program is in Skid Row.

**COMMENT:** I believe it is for only the line item, it is only for the line that says FCCS between parenthesis, step down (inaudible).

**FACILITATOR:** The interest I detect in this discussion is to avoid making a decision that might undo a lot of wonderful work that occurred through the pilot project that sought to create a better articulation of FCCS and FSP.

**RESPONSE:** Yes, there really is because there are providers that are in that Service Area, whether they are in Skid Row or not. More than one provider.

**QUESTION:** Regarding jail diversion, men’s integration program, and jail linkage, I know in Service Area 2 we only have two navigators for people that are getting out of jail to get back into the community. I am wondering if there is going to be funds for more navigators? I have been in touch in the past with these navigators and there is no way they can handle the situation.

**RESPONSE:** That is a great question. What is happening actually is that, weirdly, there is funding for jail in-reach and jail navigation coming from lots of different places right now. So our SB 82 plan has funding for jail in-reach staffing. There is funding for jail in-reach coming from a couple of grants that the county has received recently that provide for jail in-reach. So we are not asking for MHSA funding for it because there is additional funding coming from a lot of other places and right now truthfully the other place that is coming is in the Jail Plan, not MHSA. Part of the Jail Plan that we are presenting to the Board includes funding for jail linkage, so we are not asking for it here.

**RESPONSE:** For a number of years I have been in favor of education-based incarceration programs for jail mental health inmates. It finally got started on one pot out of money. But not enough inmates have access to it and I am wondering if more money can be allocated, because if we want them to be successful when they leave and enter the community it would be helpful if they had training like the other inmates are getting.

**RESPONSE:** Actually, MHSA funding cannot be used for that purpose.

**RESPONSE:** Okay, I was just wondering if you heard through the grapevine from others.

**RESPONSE:** I do not know about that. Quite frankly I think we have to be cognizant of the fact that this is all happening against the backdrop of the transition of the jail programs for mental health to DHS. Actually, these will not be our programs to run in six months.

**RESPONSE:** But we need to advocate for them no matter what.

**QUESTION:** For the expansion of Flexible (Flex) Funds, I know you have not talked about it yet, but I want to keep in mind that there are still uninsured people and uninsurable especially in the UREP population. That is where a lot of them are.

**RESPONSE:** Flex funds are not Medi-Cal...

**RESPONSE:** No, it is not Flex funds. It is for the FCCS expansion, for example, that we maintain some dollars that are not leveraged, that are not leveraged with Medi-Cal. So the UREP population, that does not capacity to get Medi-Cal, will still have some access through Flex funds.

#### DELIBERATION

**FACILITATOR:** We just finished asking questions of clarification. Now we are asking you to weigh in on the motion, which is to endorse the proposed budget that came from the SLT Budget Committee. The fine line here has to do with conflict of interest. So when we test for agreement, I will ask if any organization stands to gain or lose from this recommendation and then at that point those of you that do have a conflict of interest you will be asked not to weigh in on the decision.

**COMMENT:** In the past, we have always voted on budgets and so I do not understand why at this point you are asking us to refrain from voting. It is not like we are voting on a particular program for a particular thing. We have always had everyone vote. I am just afraid that we are going to lose sixty percent of the SLT to be able to vote on it. Does that mean that the Directly Operated cannot vote on it either because they all benefit from money going to Directly Operated?

**Debbie:** Remember when we were voting on the amendments the MHSA Three-Year Plan; we did the same thing as well. There is a smaller group of people that vote on it but you cannot vote on something that you could potentially stand to gain from.

**RESPONSE:** That is not my understanding. We cannot vote if we are voting to say this agency is going to get this money.

**FACILITATOR:** I understand your opinion on this matter, but this is the same method we have used and it is grounded in what General Counsel's opinion. Let me just clarify: if you look at the proposed budget, there are two types of categories here. The first is broad category like FSP that does not specify which agency gets funding. When you vote on broad categories without specifying agencies, you are in safe zone there. But there is a second category that names a specific agency and program, such as the Gay and Lesbian Center for the Rise Program. There is also the example of the API organization that does outreach. This second type of

category introduces something different than in other budget processes, where we voted only on broad funding categories. In this budget, for example, there is an agency or two mentioned. So, if you are one board of directors for any of the agencies, my recommendation is that you abstain from voting when we get to that point.

**COMMENT:** That is a better clarification. What you are saying is that if there are particular agencies that are called out...but for the right categories that would be necessary.

**FACILITATOR:** Right. However, because we embedded these two types of categories in this budget, unlike other budgets, let us pause here for a moment so that we are all in the clear and we protect everybody and ultimately the clients you serve. So, in prior budget processes we did not name organizations. Here, in this budget, we do name some organizations. This puts us in a gray zone. That is why I am being a bit more assertive about calling out the conflict of interest.

**QUESTION:** When we first started I thought we were talking about one-time money. Are we talking about more than one-time money now?

**RESPONSE:** Right. So there were the three categories, the true one-time money, the one-time money that is being stretched over a number of years and then a little bit of additional ongoing money. So, in the Budget Committee, we broke it out that way. It is not broken out that way now. The last two categories were combined under number two on this budget.

**FACILITATOR:** One final process clarification. During the deliberation, you can weigh in on any item. It is at the moment of voting that I will ask again test for conflict of interest. If you can declare that conflict of interest then, it would be helpful.

**QUESTION:** So if somebody is an agency that has FSP but does not have FCCS yet, is that still the level of conflict or not?

**FACILITATOR:** For the deliberation can weigh in. But you are asking a question where things are a bit more grayish to me. So, for example, if the budget line item is just an automatic granting or re-granting of funds towards your organization, it seems to me that that is really close. But I will go with your opinion. I am just trying to protect the process.

**COMMENT:** If the agency has an FSP and one of the FSPs does not have FCCS, so they most likely will get FCCS from this, then that person needs to walk away?

**FACILITATOR:** That is my interpretation right now but when we get to the point of voting, let's revisit that point. Perhaps the deliberation will give us more clarity on that question.

**COMMENT:** I already said number one earlier about not matching every dollar. Number two is about the homeless count issue. In certain communities you do not see as many homeless counted because it is really more of an extreme overcrowding issue than a true out-on-the-streets issue. You might have 20 people in the room. That is true in a lot of the Latino communities. So I think in the Latino communities, especially in Service Areas 7 and 3, we are always undercounted in terms of homelessness and therefore we get less resources because they are not as obvious. But actually if you see newspaper articles and stuff there is an awful lot of people that are

not homeless but are homeless.

**COMMENT:** In the interest of time, and I am glad to hear that there was a unanimous decision on the budget committee, I wanted to make a few comments earlier about the housing recommendations. I do support that. I am going to be one of those who are probably conflicted or whatever it is. But one of the things I do want to say is that I am here because I am an advocate for people with mental health diagnoses. So it is important for us to understand that while it may be perceived as expensive, it is buying apartments for people over the long term, 55 years for person with mental health issues—and it will be affordable over that long-term period. I also want to make a comment about the leveraging issue. If you see some of these buildings, they are beautiful. Yes, they are expensive and they have the amenities, and without DMH participating in those apartment projects, we will never get the clients that we want and the consumers that we want living in those buildings. So for less than \$100,000, I think it is something certainly to consider and as Cynthia said, ‘What is the big deal?’ The last thing I want to say is that there is a lot of focus right now on homelessness. But you are also aware there is a lot of focus on Veterans housing and there are more and more resources being allocated to Veterans housing. I have to admit for developers, whether they are affordable housing developers, nonprofits or for profits, people chase the money. Right now while there are resources from MHSA coming through, you get developers who traditionally will not service our consumers. If we do not continue to put money in there they are going to start focusing on Veterans housing who not necessarily may be the people that DMH services. Our Board has been talking about flavor of the month, you know, it is not a nice term. But we want to make sure that we continue to get the emphasis and people developing housing for people with mental health needs and people who are homeless. In that interest we should continue to allocate resources that we have available.

**QUESTION:** So just a matter of clarity, but it is important of those of us in Service Area 1 to know whether the TAY drop-in center will be Service Area 1. I believe it is, and if so I would have a conflict of interest potentially to vote there.

**RESPONSE:** It is not a conflict because this is a nonspecific category. This is the funding for the remaining eighth TAY drop in center. Because we never said the others were going to be in Service Areas 2 through 8, this just provides funding for the one service area that was left out. I do not know which one that was.

**COMMENT:** I would like to underline what the SLT member said. The leveraging issue is incredible. What we have been able to accomplish out of the \$400 million that came off the top statewide, it is generally, like, \$7 billion worth of housing. Now, yes, that means huge expenses per unit but the problem is that you need to remember that these units are often rehab and changeovers of historic buildings like the 28<sup>th</sup> Street. And here in the LA, brand new construction has to abide by all kinds of rules in terms of prevailing wage, etc., which makes them look nothing like you would spend on your own home remodel. What you can do for \$200 a square foot cannot be done in the public sector with prevailing wage issues for under \$500 or \$600 a square foot. The point is if we can get a unit for \$97,000 of our money, more power to it. It may cost a huge amount with all that leveraging. But remember also what this is doing is providing well-paying jobs for lots of folks as well as investment capabilities for folks. So there are lots of different pieces when you get into this leveraging and the complexity of it is just insane, but it is.

**COMMENT:** I have a very strong feeling that I am going to have to recuse myself from voting because of all the FSP and FCCS. But I did want to speak in favor of this. I think we have spent a lot of time at the committee level trying to figure out how best to leverage the funding that we have and it has been a very thoughtful process. We have had many interesting and sometimes divisive discussions

but I think the fact remains that we ended up coming out unanimously for it.

Thank you SLT member for mentioning the homeless issue. Certainly for APIs we do not have a lot of homeless but we have people that are moving around. But I would not want that to be the reason why we do not approve this. The homeless situation when you go to Skid Row, I was so stunned and those people are in such dire need. So I hope that we do not let the ethnic interest stop us from doing the right thing. And I know your heart is in the right place.

**COMMENT:** I want to piggyback on what SLT member said. As Maria Funk gave her presentation on the 2015 homeless count, what I wanted to say was this number here, this 44,000, I personally believe it is so far off because for three different homeless counts I participated so many people are sleeping behind buildings and what have you, in places that you cannot see them from the cars that you are riding in or the little bit of walking in certain areas you might do. So I would like to know is there a number that is added to the actual count that is turned in for those that are not seen. In other words, the money that is allocated towards those groups that are not seen, you know, is there an amount that is going in that direction and or those that are sleeping, 15, 20, in one location?

**RESPONSE:** I will not go into the whole issue of the homeless count in depth right now because we are way beyond time, but let me just say that as it pertains to this budget for homelessness, the Department has been increasing through SB 82 and Path and HPI money. We are increasing homeless services all over the county. We are making sure that there are core services in every Service Area. That being said, Service Area 4 presented some unique challenges because, first of all, it is a large Service Area, spanning the homeless in Hollywood and the homeless in Skid Row—and these are two different communities. Also, there was just recognition that one team to cover both of those homeless communities just did not work. And I will say that I witnessed the Board action last week, and this was a message from the Board. Now, as stakeholders, you are not subject to the Board directing anything here. But the Department’s role is to bring to this conversation to you on the Board’s priorities. It is then up to the stakeholders to decide whether or not we feel that there should be an emphasis in the Skid Row area.

**COMMENT:** I want to comment on Veterans. Yes, there is a huge amount of federal interest in housing homeless veterans. And in fact one of the bright spots in the homeless point-of-time count is that veteran homelessness has gone down. However, there are a substantial number of homeless veterans who do not qualify for VA. According to the VA, there are about 15%, so about 1,000 or so veterans in LA County will never see any of that money because they do not qualify for VA because of their discharge status or because of not having enough time in service. So I disagree with a prior statement. They are a part of our population. Those are individuals that are being left out. So we are serving them. But there is a huge population of homeless veterans who will never get the VA housing because they do not qualify.

**FACILITATOR:** Thanks for sharing your perspective, and what I got from the other SLT member’s point was a broader concern with only following the money, which can lead us to away from focusing on persons with mental health needs. But I also see your point that there are veterans with mental health needs that will continue to need support, because they do not qualify for VA benefits.

**RESPONSE:** But on the flipside, when you do get everybody involved, the federal, state, local county level, good things can happen. And we are seeing that. But to be accurate there is a huge population out there who will never see that federal money.

**COMMENT:** So just to be on the record, SEIU 721, supports this budget because although it seems that the economic times right now seem to be improving, people are still under economic stress. So I believe that this serves the homeless population well and those who serve them.

**QUESTION:** Maybe this is a clarification question, too. Using one-time money for ongoing services, you talked about a five-year period but do these items basically become just part of that base of ongoing MHSA dollars? Or do they have a different status than what is the base?

**RESPONSE:** The answer is 'yes' to both of those questions. There is some debate about that. If we establish some of these programs with five years of funding, there is recognition that after five years it could go away. I will say that if we get to the point in five years where there is not sustainable funding for the MHSA programs, I would think that we use the same process that we used when we did the transformation before everything will be on the table. Hopefully, we will not get to that point.

**RESPONSE:** Right. I want to hear that answer and so I do support the proposed budget. It is difficult to use one-time money on an ongoing basis. But I think we can look at a positive economy in the next couple of years and potentially it is a reasonable risk to sort of build this into our base.

**RESPONSE:** I think so. Again, if we were to suffer another downturn like we did in the 2000s, everything would be on the table. We would look at everything. In the meantime, for the next five years, we will have served a lot people.

**COMMENT:** Congratulations to the committee on your hard work. Obviously you guys put a lot of thought and this is very comprehensive. Everything that I was thinking about is on each and every one of these line items, so congratulations. Specifically, I am happy to see the health neighborhood and the faith outreach lines. I completely support this budget here. I also want to say that I echo and support the SLT member's comments regarding our other cultural needs. I know this is more of an implementation for later on and so forth, but we do need to keep in mind the true housing issues that our underrepresented culturally diverse populations are facing and of course the need for funds for the indigent population, so just to keep that in mind for future implementations of these programs.

**COMMENT:** A point of clarification for myself. I feel like I have been dumped into the deep end with way too little expertise, but there is so much expertise in this room I am making an assumption that as we had the Budget Committee meetings, as we held work groups, as we had the Standing Committee, that expertise was freely shared amongst everybody until we reached a point of consensus where everybody is unanimously agreed. So, if a lot of the people at this table end up having to recuse themselves because of a conflict of interest and I am the only vote, I have an absolute trust that this process represents every stakeholder. [Audible laughter.]

**QUESTION:** Thank you Dr. Kay and your Budget Committee for the great work. I have a couple of questions or thoughts. I support it totally by the way. At the bottom there, there is a grand total of \$90 million available and we are only spending about \$85 million. Can \$5 million be disseminated into the TAY drop-in center, getting everything they need and the equipment they need and also with the jail diversion programs? I think we need to do a lot there. IHS, I do not see anything here about in home services for family members with mental illness. Maybe some professionals can go out and visit them if we have any funding to help them in their needs.

**RESPONSE:** It does total \$90 million. If you look at the grand total in the bottom it does add up. The law enforcement teams have put a TBD there only for the work plan. The hard thing for us to explain to you, and I almost feel like I need a running board, is that right now the Department is building programs with a combination of MHSA, SB 82, jail diversion money, and the funding is coming from a wide variety of places. Giving you the total picture is really a challenge. The law enforcement teams are also getting money from a variety of other places. But to augment them, we want to use some MHSA funding. On the issue of providing mental health services in people's homes, that is actually what FCCS is intended to. It refers field capable clinical services with the idea that if people have a preference for services in their home, schools, parks, Starbucks, that that is where the providers will deliver them, so good question.

**FACILITATOR:** Let me ask, members of the public, is there someone that wants to weigh on this particular issue? Alright, since there is not someone that is going to weigh in on this issue from the public, then we are going to test for agreement.

**QUESTION:** What about Directly Operated staff?

**FACILITATOR:** Technically, Directly Operated staff members do not have a conflict of interest. They represent the public. I have gone through this as a community advocate numerous times arguing that folks who work for the County have a conflict of interest but technically, legally, they do not. I really do not want to debate at this point on this item.

**QUESTION:** I am trying to figure out if I have a conflict of interest right now. Is there any money that could potentially go to my organization here? The answer is yes.

**FACILITATOR:** Okay. So, let's come back to this question. If you are voting on a broad budget category, the same as we have done in the past, you do not have to worry. However, if you are associated with an organization that is named here, either you work there or sit on the Board of Directors, it is better to err on the safe side and avoid voting today. If you are not sure if you have a conflict of interest given these definitions, I would suggest you err on the safe side just to protect yourself from being rendered ineligible to apply for funds as well. If you think you have a conflict of interest, please put your iClicker in the front so we can all see it.

**QUESTION:** Another option is to pull out individual budget items where people have conflicts, so that they can vote on the other points?

**FACILITATOR:** [Audible 'no' from audience.] Let's try this method first.

**Voting Results: Support budget proposal.**

**19 A – Strongly Agree**

**3 B – Agree**

## **ITEM 2: PEI BUDGET PROPOSAL**

Lynn Morris from Didi Hirsch Mental Health Services presented a provided background on the Suicide Prevention Center and explained a budget proposal. [Please refer to the handouts.]

**DISCUSSION**

**QUESTION:** The County used to give money to CalMHSA for suicide prevention and the other projects. So is it fair to say that the money we are no longer giving the State, we now have that money to spend?

**DENNIS:** Yes and no. CalMHSA spent all of their dollars or the majority of them...

**RESPONSE:** But then they asked the counties for money...

**DENNIS:** Yes, they have asked and we have not given it to them.

**RESPONSE:** So, if in another world you might have given the money back to CalMHSA, they could have continued this service?

**DENNIS:** Yes, we could have. So, this is something that goes back a few years back and they really were not our dollars. We were simply a pass-through agency. There were roughly \$40 million dollars that counties were assigned from statewide dollars that went to CalMHSA, but they did not come out of our local MHSA planning dollars. It was not part of our local allocation. CalMHSA is now asking us to contribute some dollars to them, but that would then mean that we have to make some decisions about whether we want to fund CalMHSA prevention efforts—which have had very good outcomes—versus not funding something else locally. It is a different discussion that we will have this time about CalMHSA.

**QUESTION:** For purposes of time, do you need a motion for this item?

**DENNIS:** Well, I would like to get any feedback through this discussion.

**RESPONSE:** Through NAMI, we definitely support this proposal.

**FACILITATOR:** We are really way past time. From a process standpoint, I am wondering if you are okay staying another 10 minutes or 5 minutes.

**DENNIS:** Are there any major concerns about this?

**FACILITATOR:** Can I test for agreement? [Audible ‘yes’ from audience.] Okay. Just to be clear, I heard two numbers, \$2.8 million and \$1.4 million.

**DENNIS:** The \$2.8 million is the gross budget. The proposal today is for \$1.4 million.

**FACILITATOR:** So you are being asked to support a proposal for \$1.4 million for this project.

	<p><b>Voting: Support PEI allocation</b> <b>13 A – Strongly Agree</b> <b>4 B – Agree</b> <b>1 D – Disagree</b></p>
--	--