COUNTY OF LOS ANGELES–DEPARTMENT OF MENTAL HEALTH
SYSTEMS LEADERSHIP TEAM (SLT) MEETING
Wednesday, March 16, 2016 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 on behalf of the County of Los Angeles Department of Mental Health
2. Share information on State legislative and/or budget items
3. Give a summary presentation of the Fiscal Year (FY) 2016-2017 Annual Update
4. Recommend continuation of the Peer Run Respite Care Home (PRRCH)

NOTES

Update - State Legislative & Budget Items	**Susan Rajlal, Legislative Analyst, County of Los Angeles, Department of Mental Health** **CA Legislative Leadership** – The new leaders of the California Senate (Kevin de Leon) and Assembly (Anthony Rendon) are from Los Angeles and very interested in mental health. **No Place Like Home** – A very important legislative proposal at this moment for the mental health community is "No Place Like Home." It seeks to use MHSA funds to build housing for those who are homeless and mentally ill over the course of a 30-year period. Kevin de Leon's office is gathering information for this proposal; anyone who wishes to obtain information or give input, please call his office because there are a number of critical issues that need to be defined and studied closely for this proposal, such as: How will homelessness, chronic homelessness, and mental health illness be defined? How will MHSA be used to fund the program? It is expected that draft language for this proposal will be available within the next two or three weeks, which will be shared with the broader community. **SB-614: Peer Certification Bill –** This bill allows statewide peer certification, giving peer certifications more portability, allowing Medi-Cal billing for peer services, and generating more competitive wages with the potential to create a career track. The Department of Health Care Services has expressed concerns about different aspects of the bill. If you want the bill to continue it forward, send letters of support to DHCS in Sacramento. **Involuntary Treatment** – There are about 50 bills involving involuntary treatment: three bills in assisted outpatient treatment; three bills involving conservatorship; and numerous bills involving children, foster care, schools, and criminal justice. There is a push to take MHSA funds to fund these other pieces. **Discussion** **Q1:** *The No Place Like Home bill seeks to use MHSA funding. How much does that bill leave for actual treatment if the funding is used for construction of housing?* **A1:** I do not think anybody is against housing for mental health illness. DMH is asking that there be funding for treatment along with housing, including that flexible funds be broadened for all programs. However, we are concerned that the bill does expose us to that issue.

	Q2: *Would the actual children and families of children with mental health issues not be included in this bill?* **A2:** There is currently not enough language to tell at this point. But if you or anyone else is interested, please could call Kevin De Leon's office. **Q3:** *Can you provide us the bill number and point of contact for the peer certification bill?* **A3:** The bill number is SB 614 and Mark Leno is the point of contact. **Q4:** *Many individuals need to obtain involuntary treatment yet many of them are not getting the help they need in a conservatorship. Can I meet with you to discuss which of these bills would be helpful towards this cause?* **A4:** Yes. **Q5:** *We need to be very careful about letting individuals taking money off the top from the MHSA. Pretty soon they will take money from the top to fund everything and anything.* **A5:** I urge you to call Kevin De Leon's office regarding this concern. **Comment:** *Any proposal to amend MHSA has to be consistent with its goals. There are many eagle eyes on that issue.* **Q7:** *Has there been talk about money heading towards educating the community about mental health?* **A7:** There are a number of programs to fight mental health stigma of mental health and to educate the public, including mental health first aid programs. **Q8:** *There needs to be a working understanding of how MHSA money would be used for housing because there seems to be some confusion.* **A8:** Until there is actual language attached to this bill, it is difficult to have a concrete discussion about this item.
Update - Fiscal Year 2016-2017 Annual Update	**Debbie Innes Gomberg, Ph.D., Program Manager III, MHSA Implementation and Outcomes Division, County of Los Angeles, Department of Mental Health** Dr. Innes-Gomberg gave a presentation on the MHSA Annual Update, Fiscal Year 2016-2017, followed by a discussion. Please see handout for more information. **Discussion** **Q1:** *I am glad individuals meet their goals but I am skeptical about those who have lost contact with us or who are unknown. We have several difficult FSP clients whose providers are trying to get rid of them anyway possible. This issue needs to be examined. I also have been examining the percentage of children who are new clients and those who are leaving, but have not been able to look closely at adults. The percentage seems to be unbalanced. We need to look at the real story involving the 'unknown' and the ones we have lost contact with.* **A1:** Regarding the average length of stay, children have the lowest length of stay, which is a positive outcome because it shows that children are being given the help they need. But there is a tension with the issue of the optimal length of service in FSP for each age group. At what specific point could they transition out of a FSP? This issue is central to the consolidation of work plans we will tackle next year. **Q2:** *We have invested in evidence-based practices that are supposed to work, such as Family Functional Therapy. Are these practices going to be used in conjunction with FSP or are we doing a different plan for those practices?* **A2:** I do not have data today on the evidence-based practices, but I can bring data in the future.

Q3: *You mentioned that there are actually far less children who are now homeless. Is there a way of telling which children who are not homeless anymore were placed somewhere else and not with their families?* **A3:** Yes, we have that data and track it.

Q4: *What does "disenrollment from FSP really mean? Does it mean they are no longer connected with any health services? Do you have statistics about this?* **A4:** It means they left the FSP, but it may also mean they went to a lower level of health services or that they are no longer receiving health services from the County of Los Angeles. We track the reasons for disenrollment.

Q6: *I am curious to know how many of the youths are boys of color, overlap with the juvenile justice system? This statistic is critical. It speaks volumes and is quite alarming as it reflects what is happening across the State and especially in Los Angeles. I just want to make that point.* **A6:** Thank you for that point and we will follow up.

Q7: *We clearly need more strategies to deal with kids going to juvenile hall. We should look at programs that have active peers in programs and see if there is a difference between programs with active peers against those that do not. I believe it would make a big difference.* **A7:** Yes, we quite agree with that.

Q8: *This question refers back to FSP disenrollment and the 'length of stay' issue. My question has to do with those leaving without positive outcomes. Has there been a comparison between those leaving without positive outcomes versus those leaving with positive outcomes? What are the differences between the two in terms of demographics and/or services? These differences can help us change the plans accordingly.* **A8:** That's actually a wonderful question and feedback. Unfortunately, I am not completely aware if there is a comparison, but we will see what can be done.

Q9: *Regarding housing placement services, are the numbers you provided refer to the services given to individuals or individuals placed in housing?* **A9:** The numbers refer to the individuals that housing services have worked with.

Q10: *Is the issue of the MHSA CSS work plan consolidation going to be placed on our agenda for this incoming year?* **A10:** Due to the need for some IT identifiers that need to be created, the Department has chosen to postpone the work plan consolidation for a year. The plan will be part of the next MHSA 3 year Plan to be started in the Fall.

Q11: *I want indicators to show a reduction in costs. Is there an indicator that shows "by providing treatment, we deflected that cost"? For instance, are we showing that the cost of placing individuals in prison is higher than providing programs?* **A11:** We did this sort of analysis in Innovation 1. We can talk more about this and see if we have the expertise within our Department to obtain this information.

Q12: *I just want clarification on the issue of work plan consolidation. The current pilot work program consolidates FCCS and FSP. So does the Department have plans for new agencies to join the pilot program? Also, is it possible to make requests for more information and outcomes?* **A12:** A year ago, the pilot became an ongoing project for participating providers. The Department is working on opening up to adults and older adult providers in the beginning of the fiscal year. It is not a question of 'if' but 'how' the pilot program will be open to other providers. We had a meeting recently and hope to issue guidelines involving outcome collection while gathering information.

	Q13: *Regarding the gaps in services for someone in an institution or county jail, it would be good to have some form of care provided to these individuals during these gaps, because these individuals lose contact and the feeling of trust they developed before entering the institution. Is it possible to look at?* **A13:** We are examining this issue with such programs as Jail Linkage. **Q14:** *I am interested in three different kinds of contacts: How do these numbers compare to the total number of unique clients served by the department with all their funding sources? Do we have any known way of seeing what the overall "need" is? Also, the slides you displayed using 'multiple years' are much more helpful because I can see a trend. Are the older reports online and can we go back to compare the numbers?* **A14:** I am glad you find those helpful since I do as well. Our prior annual updates are still online. DMH is currently working on creating a trends document. **Q15:** *It is actually really difficult to read the slides. Is there a way to place these slides online for us to view or to make the fonts bigger next time around? Also, the cost to build housing units for mental health consumers is extremely expensive per single square foot. A 'sharing housing' model is much less expensive. We currently have 37 vacancies in our sharing housing model, and we can move individuals in tonight. You only require the support of certain services such as critical time services. We do want to end homelessness. The first amount from MHSA has only housed 5,000 individuals and we have way over 20,000 mentally ill homeless individuals still on the street. So if we want to end homelessness, we need to pick a strategy that does not cost us as much.* **A15:** When we use slides, we'll try to make the fonts bigger and thank you for your comment. **Q16:** *For someone who dis-enrolls from a FSP program, do you offer other services to continue with their care?* **A16:** Yes, we offer additional services. In fact, we offer services both for step downs and step ups. The services actually go both ways.
	Debbie Innes Gomberg, Ph.D., Program Manager III, MHSA Implementation and Outcomes Division, County of Los Angeles, Department of Mental Health A panel of presenters shared information about the Peer-Run Respite Care Home. See handouts for more information. **Discussion** **Q1:** *Is this one-time or ongoing funding?* **A1:** It is ongoing funding since the money is already in the CSS Plan. It is already in a provider's contract but have not spent it. **Q2:** *Will the organizations that are seeing their funds reallocated because they have not spent it, have an opportunity to explain why they have not spent it?* **A2:** Absolutely. In a way, this is the beginning process to address what you just described. **Q3:** *Are these funds for two different programs? Or is the money going to build more housing for people to have these opportunities? Can individuals stay longer than 2 weeks?* **A3:** The funds are for the two existing houses. Individuals can stay up to 29 days at these two houses. Two weeks is the average time for people to get on their feet. **Q4:** *How will the funding be used?* **A4:** Most of the money is spent on direct services. Both programs have two staff members per shift for 24 hours a day, every day. There is food, peer supports, self-help, and other services available.

Q5: *It seems to me the funds could be spread around a little bit more than just two houses.* **A5:** What we could do is bring information next month for you to better understand how the money is being spent.

Q6: *What services are not being fully implemented and what programs is the money being pulled from?* **A6:** They are unspent dollars based on delayed implementation. Some individuals are now covered 100% by federal dollars, thus not drawing from MHSA dollars.

Q7: *Most of the questions being asked have to do with funding sources and program costs. It is important to clarify to the group what we are doing with the dollars. I know there is a lot of spending being done. It is urgent to fully know what is occurring.* **A7:** I think we might need a budget presentation to provide a better framework

Q8: *If all the information is going to be provided next month, why are we voting on it now? I cannot come to a decision if they are telling us we will discuss it for next month* **A8:** It is because if it is not part of our annual update it has to be a mid-year adjustment to our annual update. The impact would be that they would have to stop their operating for about two or three months. This vote, in a way, does depend on a leap of faith. However, we could share with you the valuable outcomes next month.

Q9: *What is the capacity of these houses? Are you booked all the time or are there vacancies?* **A9:** We have a five-bedroom house but we use the fifth as an office and the rest are for the clients. People are welcome to stay for a two-week period and when they leave, we can bring someone else in. We served over 296 individuals in total. There is a no limit on how many times you can return back to this place. But we are at full capacity and we have some people on a waiting list, we call and provide them with services as they wait.

Q10: *This is what we went through with the other three Innovation 1 models: we were asked to vote as a group to approve and extend something that has already been established, and then we got more details the next month. I am seeing an incredible potential linkage with spiritual communities. Are the rooms at these houses a single bed or are they shared bedrooms.* **A10:** One house consists of a single bed while the other house has two shared rooms.

Q11: *All I need to know, for myself, is that these are two different programs. Right?* **A11**: Yes, those two are different programs. The current program is a recovery retreat, where you can call and they can tell you when we have vacancies. The program was only supposed to serve 208 individuals per year, if each individual stayed the entire two week period.

C1: *I have no problem with the money being spent, just spend the money*

C2: *I just want to say that we are in support of this item. I think it is a needed service for the community. I just got the feeling that you are doing more than you are explaining, but I think you should do a better job at showing the whole picture. Just lay it out a bit better.*

Voting: Continue funding two (2) PRRCH Programs with allocated unspent CSS monies.

One individual blocked the proposal and requested a six-month extension from July through December 2016, with the option of coming back next month to reconsider motion again. After deliberation, the six-month extension proposal was then voted on and blocked by two

	individuals. The facilitator explained that the group needed to vote on the original motion. It gets 60% or more, the motion passes as a recommendation. 93% voted in favor of the original motion.
Update - Department of Mental Health	**Robin Kay, Ph.D., Acting Director, County of Los Angeles, Department of Mental Health** In light of time constraints, Dr. Kay asked SLT members to pose questions that she could respond to. **Q1:** *Two questions. Is there any update on the Drug Medi-Cal application?* **A1:** We submitted the Drug Medi-Cal application to the State. No county in California has been approved of the waiver, yet. This does not necessarily mean we are not going to get approved. It is just taking longer than we originally anticipated. We do not know when we are going to get approved; perhaps in the next couple of months. **Q2:** *Regarding the upcoming alternative state hospital: Will the beds be considered LPS or will the stay be considered IMDs? What is the time table for the alternative state hospital?* **A2:** It is a state hospital alternative and all the beds will be LPS. The current discussion is that the alternative hospital will be LPS designated but rehabilitative in nature. We are currently searching for new places within Southern California since the first location did not work out. **Q3:** *Where we are in the process of the "one health agency" and the integration of mental health services with other services. Where we are in getting our new mental health director?* **A3:** We are doing a lot of work within integration through different arrangements. That is a whole subject for another day. On the search for a new director, two weeks ago the question was asked and the application process is still open until the end of March. The Board will then make a decision in some time in April. **Q4:** *Can we give updates on the health agency and the various workgroups to the SLT on a monthly basis? I want to make sure we are keeping pace with the changes that occur and get left behind.* **A4:** There is going to be a retreat some time in April to help develop a common format to make it easier to present. Right now, those eight workgroups are coming up with different materials and it makes it hard to have a coherent presentation. We are interested in developing a common framework across the workgroups.
Public Comments & Meeting Adjourned	No public comments. Meeting adjourned at 12:28 PM.