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September 20, 2011

TO: Each Supervisor  
FROM: Marvin J. Southard, D.S.W.  
Director

SUBJECT: **AUTHORIZATION FOR THE DIRECTOR OF MENTAL HEALTH TO EXECUTE AMENDMENTS WITH EXISTING LEGAL ENTITY CONTRACTORS TO SUPPORT IMPLEMENTATION OF POST-RELEASE COMMUNITY SUPERVISION (BOARD AGENDA ITEM A-6, SEPTEMBER 20, 2011)**

On August 30, 2011, the Community Corrections Partnership (CCP) presented to your Board a plan to implement Public Safety Realignment as a result of Assembly Bill (AB) 109 and AB 117. These bills transfer certain State responsibilities within the criminal justice system to counties effective October 1, 2011.

As part of the CCP plan, the Department of Mental Health (DMH) will perform key roles in the Post-Release Community Supervision (PRCS) required under AB 109. AB 109 transfers to the L.A. County responsibility for supervising inmates who are released from prison after serving a sentence for a non-violent, non-serious, non-sex offense.

Currently, the County estimates that 8,000 to 9,000 low-level offenders will be released to Los Angeles County under PRCS in Fiscal Year (FY) 2011-12, of which approximately 30 percent are anticipated to require mental health services. A significant number of these clients likely will have co-occurring mental health and substance abuse disorders.

In anticipation of PRCS, DMH has been working with the Chief Executive Office (CEO), Probation Department (Probation), Department of Public Health, and others to develop a strategy for serving these clients. This memo describes DMH's proposed program and actions necessary to implement the program.

## **MENTAL HEALTH SERVICE COMPONENTS**

Based on its experience with the Non-Revocable Parolee population and information on the general parole population, DMH anticipates that PRCS clients will need a full range of mental health treatment options – including inpatient and Institutions for Mental Diseases (IMD) beds, residential treatment and various levels of outpatient services.

Early identification of the level of acuity and treatment options available, as well as immediate access to services, is critical to assisting PRCS clients' successful re-integration into the community and reducing the risk of recidivism. Therefore, DMH is proposing to establish a new program, the PRCS Community Reintegration Program (PRCS CRP), within its Countywide Resource Management Division (CRM) to screen, assess, and coordinate the care of PRCS clients. CRM currently provides similar services to mentally disordered offenders being released from the criminal justice system and State hospitals, as well as to Non-Revocable Parolees. The unit will consist of a supervisor, eight Psychiatric Social Workers, and one clerical position.

The PRCS CRP will use a case management approach combined with a continuum of care as described below.

### **Screening, Assessment, and Case Management**

DMH's involvement with the PRCS clients will begin prior to or at release and will continue through discharge from services. To the extent that the California Department of Corrections and Rehabilitation (CDCR) provides information and clinical records regarding PRCS parolees' mental health status prior to release, DMH will perform upfront screening of PRCS clients. Upfront screening would allow DMH staff to review the individuals' mental health histories, triage the need for post-release mental health and/or substance abuse services, and work with Probation to outline any additional conditions and reporting requirements that may be requested based on this assessment to be included in the parole agreement. In absence of such upfront screening, all PRCS parolees would need to be assessed when they report to Los Angeles County.

DMH will assign staff to work with Probation when PRCS parolees report to their assigned locations in Los Angeles County. DMH staff will assess the individuals as they are received in the Los Angeles County PRCS program. Based upon this assessment, staff will determine the individual's need for mental health services, for co-occurring mental health and substance abuse services, or for substance abuse services only; provide immediate crisis counseling if needed; and link the individual with the appropriate community-based programs. Staff will also provide targeted case management services for PRCS CPR clients, with an emphasis on those who are determined to have a higher acuity and require a higher level of care.

### Community-Based Treatment

DMH intends to provide the majority of the community-based mental health services through its existing legal entity network. In August, DMH issued a Request for Information to its legal entity providers to determine which providers were interested in providing the services and had existing programs and/or experience in treating formerly incarcerated clients. Fifty-one (51) agencies responded. Based on those responses, DMH intends to negotiate with providers that have demonstrated experience in treating persons released from incarceration or who are on parole/probation, currently have existing programs that are able to meet the needs of the PRCS CRP population, and are able to provide the necessary levels of service. Contract amendments will be required to increase the availability of specialized services, such as IMD Step Down and Residential Treatment, and to expand outpatient services with agencies that currently have intensive and field capable services in the geographic areas where services will be needed to accommodate PRCS CRP clients.

As PRCS CRP client participation in mental health services is voluntary, DMH anticipates that many lower acuity clients will opt only to maintain their medications. Therefore, DMH is recommending the addition of three psychiatrists to provide medication monitoring and psychiatric services to those PRCS CRP clients who do not need or want more intensive services.

### Field-Based Response

The County anticipates that a portion of the population will either fail to report/register in the PRCS program or will abscond. Persons who have mental health and/or substance abuse disorders have among the highest recidivism rates, especially when they refuse treatment. DMH is proposing to hire two additional clinicians to work with law enforcement personnel through existing programs where law enforcement and mental health personnel respond together in situations involving mental health clients. This will allow DMH to assist law enforcement personnel with the anticipated increase in field responses that may be required as the result of PRCS.

### Outcomes and Tracking

In order to assess the effectiveness of the various programs and to track PCS CRP clients and their outcomes, DMH is requesting the addition of one staff who, using the DMH Integrated System and other resources, can track PRCS CRP clients, the level of services and client outcomes. This information will be used by program staff to identify barriers to successful re-entry and to inform treatment options for clients. In addition, it will allow monitoring of resource utilization and funding.

## **FUNDING**

Based on a preliminary estimate of available funding, DMH has based its proposed program on an estimated allocation of \$6 million from the Public Safety Realignment to support the provision of services to those who have mental health disorders or who have co-occurring mental health and substance abuse disorders during FY 2011-12. The Department of Public Health (DPH) also has committed a portion of its realignment allocation to support the provision of integrated services to PRCS CRP clients who have co-occurring mental health and substance abuse disorders.

Although it is anticipated that virtually all of the PRCS CRP clients will be indigent upon release, it is anticipated that some clients will be able to establish eligibility for benefits, which may include Social Security Income for those who have severe and persistent mental illness and Healthy Way L.A. for those meeting the 1115 Waiver Demonstration Project guidelines.

DMH currently estimates that the total cost of the proposed program in FY 2011-12 will be approximately \$10.8 million. The estimate is based on an expectation that new PRCS CRP clients will enter treatment in October with the number of clients increasing each month. Therefore, the current fiscal year estimate includes \$1.7 million for directly operated staffing and services and supplies for nine months; \$1.4 million in medication costs; and \$7.7 million of contracted services. Of this amount, it is anticipated that approximately \$800,000 would be offset from either Short-Doyle and/or other federal revenue under the 1115 Waiver Demonstration Project.

Program amounts will be adjusted, as necessary, when final funding allocations are determined by your Board. Staffing will be requested as part of the CEO's overall request to your Board for County departments impacted by AB 109 and AB 117.

## **RECOMMENDATIONS**

It is recommended that your Board delegate authority to the Director of Mental Health (Director), or his designee, to:

1. Prepare, sign, and execute amendments to existing DMH Legal Entity Agreements with contract agencies for FY 2011-12 as needed to enable DMH to offer clinically appropriate, client-centered services to PRCS CRP clients provided that: 1) any such amendment expands programs to serve PCS CRP clients; 2) your Board has appropriated sufficient funds for the services; 3) approval by County Counsel, or designee, is obtained prior to any such amendment; and 4) the Director, or designee, notifies your Board and the CEO of Agreement changes in writing within 30 days after execution of each

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amendment. These amendments would be funded by AB 109 realignment funds designated for mental health and substance abuse services, federal Short-Doyle/Medi-Cal, and federal 1115 Waiver Demonstration Project Funds.

If you have any questions or need additional information, please contact me, or your staff may contact Robin Kay, Ph.D., Chief Deputy Director, at (213) 738-4108.

MJS:RK:KD:kw

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors  
Probation Department  
Department of Public Health  
Chairperson, Mental Health Commission